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Health Implications of the Swedish Gender Equality Policy

Jämställdheten och hälsan

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Summary

The principal aim of the Swedish government's gender equality policy is for women and men to have the same opportunities, rights and responsibilities in all areas of life. During the last 25 years, women in Sweden have participated in the labour force almost to the same extent as men. There has also been a development towards a more equal division of labour between women and men in the family. All this implies that women and men have very similar living and working conditions. However, in Sweden there are rather alarming differences between the health status of women and men. Women account for two thirds of all sickness absence days compensated by social insurance and more women than men are recipients of a disability pension. This paper, presented at the Fourth International Congress on Women, Work and Health in New Delhi, November 27–30, 2005, sheds light on these differences and discuss why they exist, against the background of the goals of the official Swedish gender equality policy, the developments in the labour market and private sphere, as well as gender theories.

The Swedish labour market is gender segregated. Women and men work to a large extent in separate occupations and branches of industry and in different positions. Also, a gender-based division of labour within the family is still noticeable. Women and men therefore face different health hazards at work and different work loads in the family, which contribute to the differences in their health. The gender order is reinforced by health services, employment services and social insurance offices, which are agencies responsible for assisting people on sick leave to return to work.

Sweden has come a long way with regard to political recognition of the importance of gender issues. At the same time, it is now vital to focus more than previously on information and education at the implementation level. A gender neutral policy framework is not a guarantee for a gender neutral outcome for the individual. If this is assumed, the gender neutral policy rather than being truly neutral risks being gender blind.

More information on these issues is available in *Women, Men and Sickness Absence. Social Insurance in Sweden 2004. Stockholm: Riksförsäkringsverket. http://www.forsakringskassan.se/sprak/eng/publications/dokument/social/sfb04e.pdf*

Svensk sammanfattning

Under de senaste 25 åren har kvinnor och män i Sverige deltagit i arbetskraften i nästan lika hög utsträckning. Samtidigt har familjelivet genomgått stora förändringar. Även om jämställdheten har ökat och kvinnors och mäns livsvillkor alltmer liknar varandra har kvinnors sjukfrånvaro och förtidspensionering ökat mer än mäns sedan 1980-talet. Denna uppsats, presenterad på the Fourth International Congress on Women, Work and Health i New Delhi den 27–30 november 2005, syftar till att belysa orsaker till dessa skillnader mot bakgrund av den rådande jämställdhetspolitiken. Uppsatsen består av en genomgång av de teoretiska utgångspunkterna för ett könsperspektiv på kvinnors och mäns skilda livsvillkor och en beskrivning av kvinnors och mäns situation i arbetslivet och den privata sfären. Vidare diskuterar vi hur representanter för välfärdssamhället i mötet med en person som drabbats av ohälsa kan förstärka bristen på jämställdhet. Ett genomgående tema i uppsatsen är att en könsneutral policy inte per automatik garanterar ett könsneutralt utfall för kvinnor och män.

Det övergripande målet för svensk jämställdhetspolitik ligger väl i linje med välfärdspolitikens allmänna mål, och innebär att kvinnor och män ska ha lika möjligheter, rättigheter och skyldigheter inom alla väsentliga områden. Socialförsäkringarna är i dag till sin utformning könsneutrala. Regelverket ska dock tillämpas i en verklighet där det finns tydliga skillnader mellan de förväntningar och normsystem, men också faktiska omständigheter, som råder för kvinnor respektive män. Detta innebär att tillämpningen av reglerna inte blir könsneutral.

Kvinnor och män arbetar i hög grad i olika yrken, positioner och sektorer. Därmed har de olika arbetsförhållanden, vilket bidrar till skillnader i deras hälsa och arbetsförmåga. Kvinnor har generellt ett större ansvar för hemmet. Konflikten mellan yrkesarbete och hemarbete bidrar i högre grad till kvinnors än mäns sjukskrivning. Såväl arbetsgivare som representanter för välfärdssamhället, såsom sjukvård, Försäkringskassa och arbetsförmedling, som har till uppgift att hjälpa de sjukskrivna att återgå i arbete, förstärker den underordning av kvinnor och överordning av män som finns i familjelivet och arbetslivet i övrigt.

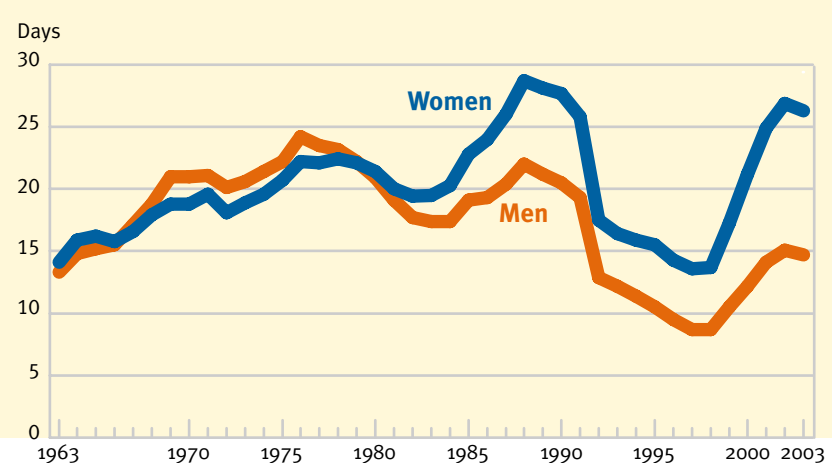
På policynivån har Sverige nått långt i jämställdhet. Representanter för välfärdssamhället och arbetsmarknaden har en viktig uppgift i att göra könsneutrala bedömningar och fatta könsneutrala beslut i tillämpningen av policy. En könsneutral policy garanterar inget könsneutralt utfall för individen. Utgår man från det blir en jämställdhetspolicy inte könsneutral utan könsblind.

Du kan läsa mera om detta ämne i Riksförsäkringsverkets publikation *Kvinnor, män och sjukfrånvaron. Socialförsäkringsboken 2004. http://www.forsakringskassan.se/filer/publikationer/pdf/sfb04b.pdf*

1 Issue

During the last 25 years, women in Sweden have participated in the labour force almost to the same extent as men. There has also been a development towards a more equal division of labour between women and men in the family. These trends have gone hand in hand with the development of Swedish social policy. In Sweden, gender equality in all areas of life is today an official policy goal. For instance, every minister in the government is responsible for analysing, following up and presenting proposals concerning equality between women and men in their respective spheres of responsibility.

All this implies that Sweden has come a long way towards achieving full gender equality and that women and men have very similar living and working conditions. When it comes to health issues, however, rather alarming differences between women and men have been discerned.



Sickness absence rate development over time. The number of benefit days per insured person aged 16-64, not receiving full disability pension.

Since the early 1980s women have been on sick leave and granted disability pensions to a greater extent than men and the gap has grown over time. At present, women account for roughly two thirds of all sickness absence days compensated by social insurance while men make up almost a third. Every tenth woman and every fourteenth man aged 16–64 is a recipient of a disability pension.

2 Aim

The aim of this paper is to shed light on these differences and discuss why they exist, against the background of the goals of the official Swedish gender equality policy, the developments in the labour market and private sphere, as well as gender theories. We discuss the influence that norms and values regarding gender can have on the living and working conditions of women and men and, as a consequence, on their health, sickness absence and withdrawal from the labour force through disability pension.

The first section of the paper shortly lines out the theoretical points of departure. In the second section, Swedish gender equality policy and the situation of women and men in relation to the labour market and the private sphere are presented. Health implications of the gap that exists between policy and implementation, i.e. the "real life" of women and men in Sweden, are discussed in the third section of the paper, which also lines out the differences between the sexes in sickness absence and withdrawal from the labour market due to ill health. Furthermore, we there discuss how it is that representatives of the welfare system and labour market responsible for aiding persons afflicted by ill health, can contribute to reinforcing gender inequalities that already exist. We end the paper with some concluding remarks.

3 Theoretical framework

The line of argument in this paper starts from the basic premise that the gender affiliation and gender identity of individuals affect their living conditions. Gender can be understood both as something that is pre-built into social structures and as something that is created, reproduced and changed in relationships between people.

Gender as a structural principle operates at several different levels at once. Societal gender structures find expression in norms about how women and men "are" or "ought to be", as manifested for instance through politics, public discourse and media. But gender structures are also at work in the organization of the labour market and workplaces, as well as in the way we behave in private relationships within families and with friends. Gender has a powerful impact on the development of a person's identity.

International gender theories describe the gender structures surrounding us at different levels in terms of a gender order or a gender power system. In Sweden, the term "gender based power structure" is used to state the point of departure for the official gender equality policy, namely that there exists in society an unequal distribution of power between women and men, and that the idea of a gender power structure can help us understand why these inequalities persist (Swedish Government 2005).

The gender based power structure can be said to be sustained by two main basic premises: segregation and hierarchy. Segregation means that a distinction is made between women and men, between feminine and masculine and, not least, between the different activities women and men devote themselves to. Hierarchy means that the man represents the norm and that the masculine is ranked above the feminine. According to this view, women, as a group, are thus generally subordinate to men as a group, even though this is not necessarily so in every given situation or each particular case (see Hirdman 1998).

However, the gender based power structure is not static since society, norms and values change over time. Structures arise out of social relations and are therefore the result of actions by individuals and groups. Gender is thus viewed not as something that is fixed once and for all, but as something that is being constructed, by ourselves and others in constant interaction, within the framework of the structures that surround us (for example, Connell 1999)

4 Gender equality in Sweden – a background

4.1 Policy

The principal aim of the Swedish government's gender equality policy is for women and men to have the same opportunities, rights and responsibilities in all areas of life.

Gender equality policy objectives

- Equal distribution of power and influence
- Same opportunities to achieve economic independence
- Equal conditions and opportunities in respect of entrepreneurship, work, employment conditions and career development opportunities.
- Equal access to education and the development of personal ambitions, interests and talents.
- Shared responsibilities for children and the home
- Freedom from sexual (gender related) violence

The strategy to work towards these goals is twofold, namely through gender mainstreaming and focus areas. Gender mainstreaming means that a gender equality perspective is to be incorporated at all levels and in all stages in the decision making progress. Each minister is responsible for the fulfilment of gender equality goals in his or her specific area, and the overall policy is coordinated by the Minister of Gender Equality. Present examples of focus areas are representation, i.e. equal access to positions of power and influence; equal pay for equal work and work of equal value, and a focus on the role of men in the strive towards greater gender equality. Furthermore, over the last years there has been a focus on violence committed by men against women, prostitution and trafficking in women for purposes of sexual exploitation as well as the sexualisation of the public sphere through e.g. advertisements using women's bodies to sell goods and services.

However, gender equality has been an important goal not only in the official gender equality policy, but in the development of all Swedish social policy over the past decades. This has been the case especially in the development of family policy. In close interaction with developments in the labour market during the 1970s and onwards (see below), a so called "dual earner model" came to be established in Sweden. In short, this model means that both women and men should be responsible both for providing incomes to the family and for the household and children. Important milestones have been the separate income tax assessment for wife and husband implemented in 1971, as well as the 1974 decision that parents should be allowed to share parental leave upon childbirth. An imperative aspect has been the development of an extensive public childcare system, which allows for women and men both to have children and be active in the labour market.

Today, a full 90 per cent of Swedish children attend childcare. The present parental leave insurance is payable for 480 days, which are always shared equally

between both parents. One parent may give up the right to parental benefit to the other parent, apart from 60 days. Two months of parental leave are thus reserved for the mother and father respectively, while the remaining days can be shared according to the parent's own choice.

These extensive rights, however, can also have negative effects. For instance, it has been argued that the current design of the Swedish parental insurance, which allows for the parents to choose who should use the lion's share of parental leave, contributes to a traditional division of labour in the home. Today, women claim by far the greater part of parental leave. As long as this is the case, men who have children need not assume the same burden of responsibility for domestic work and care of children as women who have children. Extensive use of parental insurance is a disadvantage for women in working life, in the form of poorer promotional prospects and salary development. This in turn has a negative influence on earnings-related benefits such as sickness cash benefit and also produces a long-term negative effect on women's finances in the form of a lower old age pension (SOU 2004:70).

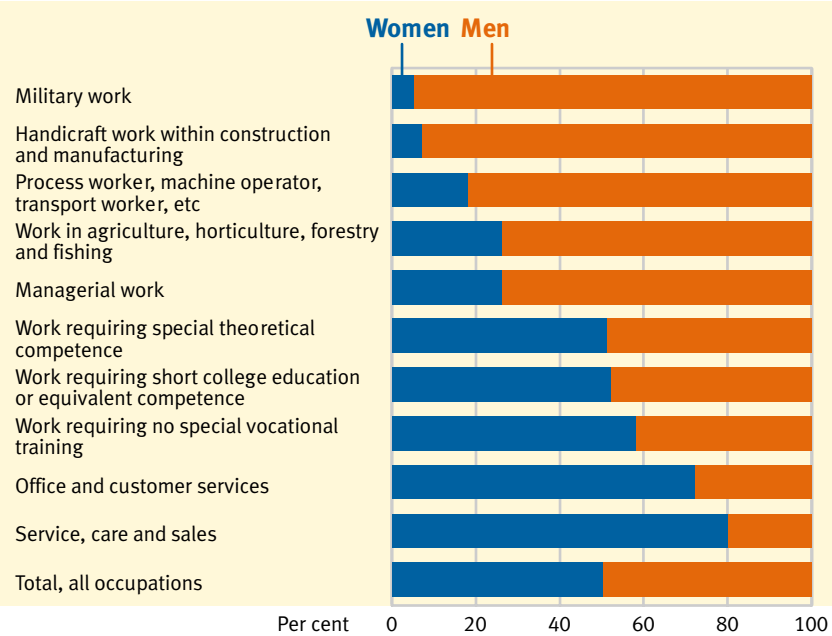
Some notes on the Swedish social insurance system:

- The Swedish social insurance system is **income related**, i.e. compensation is based on previous earnings.
- At present, sickness insurance and parental insurance are compensated 80 per cent of previous income. (Most employees in Sweden have settlements with the employer for an additional 10 per cent coverage, i.e. a total of 90 per cent). Those who have not had any incomes prior to becoming parents get a flat rate parental cash benefit.
- Pensions are based on life time earnings. Persons without (sufficient) earnings receive a flat rate amount.

4.2 Developments in the labour market and within the family

Swedish women's participation in the labour force increased successively during the 1970s and 1980s. This development went hand in hand with the development of social policy outlined above. Extensive social services such as childcare, health care and care for the elderly were a prerequisite for women's participation in the labour market. At the same time, it was in these public sector occupations that women were mainly employed. In a sense, "caring" duties were moved outside the home, but it was still women who performed them. However, the expansion of the public sector in Sweden made the dual earner model possible. Today women are active in all sectors of the labour market and the labour force rate of women is almost equal to that of men, i.e. approximately 80 per cent. Women's participation in the labour force and the possibility to earn their own living and set up autonomous households, have been imperative for the strive towards gender equality.

There is, however, also a backside to these rather rapid developments, namely that the Swedish labour market is gender-segregated. Women and men work to a large extent in separate occupations and with separate work tasks. They are found in separate branches of industry and are concentrated to separate sectors of working life, so-called horizontal segregation. Of the women active in the Swedish labour market, approximately half work in the public sector and half in the private sector.



Gender distribution per occupational category for wage-earning employees.

However, women make up the vast majority of public sector employees, while men mainly work in the private sector. Vertical segregation, in its turn, means that women and men hold separate posts and positions within the same area. Typically, it is more difficult for women in general to advance and reach higher posts, a phenomenon popularly referred to as the glass ceiling. ”Female occupations” tend to be less well-paid than ”male occupations” (that is, occupations where we find most women and most men respectively). But even within the same occupational area, men are paid on the whole somewhat better than women (Jonung 1997, Nyberg 1997, Soidre 2002). On average, women’s salaries are 92 per cent of that of men’s, after that the comparison has been controlled for variables such as education and working hours (SCB 2004). One concrete effect of this wage difference is that women’s compensation from the income related social security system is lower than men’s.

There are also differences between women and men when it comes to terms of employment and job security. Women are more commonly found in part-time and temporary jobs, which weakens their position in the labour market (Soidre 2002). This allows a greater degree of flexibility in relation to the family, and many women typically work part-time while the children are small. However, weaker ties with working life can also mean a weaker opening position in negotiating situations. For example, a substitute worker is likely to have lowest priority when timetable preferences are discussed. The position of men in the labour market is relatively strong. At the same time, it has proved difficult for many men to gain acceptance from employers, managers and colleagues for adjustments of work to family life – men are expected to be available for full-time paid work during all their working years (Hwang 2000).

Family life in Sweden has also undergone great changes in the last few decades. The number of marriages has declined in favour of cohabiting couples and single households. The number of divorces has increased, and therefore also the number of households with single parents as well as the number of restructured families. In this section, the discussion primarily concerns heterosexual pair relationships and parenthood, that is, families that consist of a woman and a man living together with one or more children.

Within this family type, relationships have changed over time, not least with the introduction of the dual earner model. For some decades now, having two breadwinners in the family is normal for married and cohabiting couples in Sweden. The earlier clear division between the woman who was mainly responsible for home and children – that is, the caring function – and the man who provided for his family, has given way to a model where both increasingly share the same areas of responsibility. Nevertheless, men in general still earn more. Women's smaller share of family earnings primarily reflects the fact that they still have greater responsibility for unpaid housework. A gender-based division of labour within the family is thus, despite progress towards greater equality, still noticeable (Nyman 2002, Björnberg & Kollind 2003, Roman 2004).

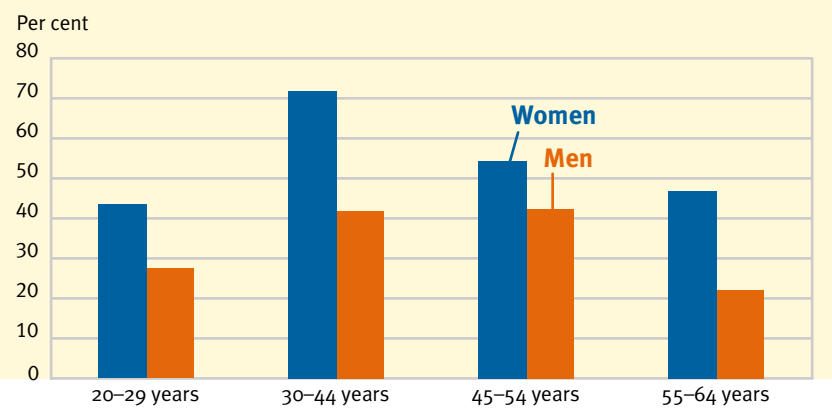
In family research discussions about the ways in which people's family life patterns have changed over the past few decades in the West, a recurrent theme is the increased element of individualism (Beck 1992, Giddens 1995, Beck & Beck-Gernsheim 1995). If marriage between women and men was earlier characterized as a "contract" expected to last a whole lifetime with clear obligations for both partners, modern family arrangements are characterized by the notion of two independent individuals, each with their own life projects, entering voluntarily into a relationship. This also implies that the partners can more easily opt for separation if they feel the relationship and its common goals are impossible to combine with personal life goals. The division of money, time, tasks and responsibilities in most families of today can no longer be taken for granted, but is rather a subject for ongoing negotiations. Compromises must be made between the wishes of the individual and the needs of other family members. Individual needs and family needs must, in their turn, be put in relation to conditions in the world around, such as paid work, social service and the housing market (Bäck-Wiklund & Bergsten 1997, Björnberg & Kollind 2003).

Ongoing negotiations and practical compromises in daily life mean that both women and men spend a lot of time, commitment and energy piecing together the "jigsaw" of daily living. However, women still assume a relatively large share of the responsibility for ensuring that the balance between work and family life functions. They interrupt their careers when the children are born and then, in order to cope with everyday family business, often work part-time while the children are small. Usually it is also the women who make adjustments in their lives in order to help aged parents or other close relatives in need of care. Responsibility for the family's social connections with friends and relatives as well as the task of keeping track of school outings, doctor's appointments or parents' meetings, are further areas of responsibility that often fall to the woman's lot.

Studies have shown that the consequence of these conditions is that women have less time to themselves than men have. Many women are both able to cope with, and happy, balancing work and family life, but nevertheless find they lack time for themselves, either for relaxation or leisure activities. Men, too, experience being short of time, but in general they devote themselves to more leisure activities than women and report having more time to themselves. Being able to take a breather in life and occasionally focus only on oneself and one's own needs is very important for well-being and health (for example, Björnberg & Kollind 2003, RFV 2003). A major survey conducted by the Swedish Social Insurance Agency in the spring of 2002, dealing with sicklisted persons' own perception of their work and family situation, confirms this picture. Personal experience of conflict is more common among women than men in all age groups (RFV 2004a). Thus, taken together, it can be expected that the situation and developments in work and family life described above are connected to the differences between women and men regarding sickness absence and withdrawal from the labour force due to ill health.

5 Health implications of the gap between policy and implementation – how the system and its actors reinforce inequalities

As discussed above, the developments in the gender policy have provided numerous formal opportunities to gender equality in Sweden. People also change their attitudes and behaviour in course of time towards greater equality. Still, traditional gender patterns in the family as well as in the labour market prevail when policy is implemented in "the real life". Consequently, women and men face different health hazards at work and different work loads in the family, which contribute to their ill health and work incapacity.



Personal conflict between professional work and domestic work contributing to sicklisting.

In a recent study, women aged 20–64 indicate, to a greater degree than men do, that a conflict between professional work and domestic work contributed to their sicklisting (RFV 2004a). Therefore, the focus of this paper is on the impact of gender inequality on the health status of women, as well as on sickness insurance and its implementation from the gender equality policy perspective in the Swedish welfare state.

Social insurance in Sweden reflects the norm of equality between women and men. However, its regulations must be applied in a real world where there are different norms for how women and men are expected to act and behave and where their actual conditions differ. As a result, the implementation of the insurance can produce different outcomes for women and men.

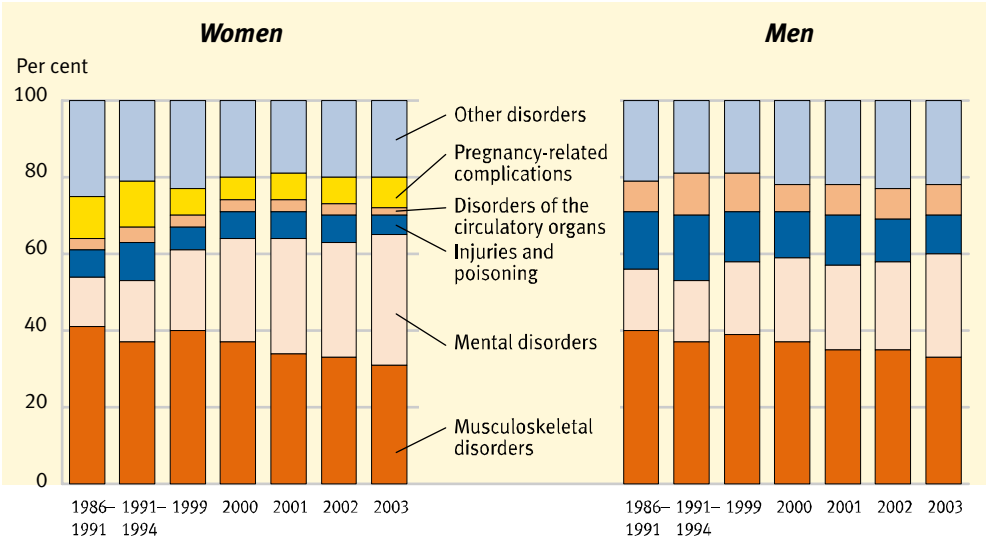
Sickness insurance is an example of this. Although designed to be gender neutral, the outcome of sickness insurance in practice amounts to different things for women and men. For example, the existence of a qualifying day affects women's compensation from sickness insurance more than men's since women are sicklisted more often. Furthermore, a greater excess in the form of a lower compensation level in sickness insurance affects low earners most. Women, who generally have lower incomes than men and more often have small financial margins, are thus affected to a greater extent by a high excess. Another aspect that affects women and men differently is an increase in the responsibility of the employer for the cost of sickness absence, for example by an extended sick pay period. Such responsibility may make the employer more restrictive in the employment of

individuals who are judged to have above-average sickness absence. As a result, many employers may regard women as high-risk labour to a greater extent than men. Thus, despite the fact that the Swedish sickness insurance is designed to be gender neutral, persons on sick leave can experience gender inequality when the insurance is implemented, in their contacts with employers and welfare system authorities.

Women and men struck by sickness or injury may need help to regain their health and return to work. Depending on the cause of the sickness absence, how protracted the condition is and what measures are required, help is available from the medical services, the employer, the Social Insurance Office, the Employment Service and the municipal social services in Sweden. However, the individual is always the main actor. The interaction between the individual and the above actors can influence both parties' picture of and expectations on how women and men act and behave. Research results indicate that all actors are influenced by the current norms relating to gender. They allow, consciously or otherwise, general notions of gender typical relationships to affect their judgements.

5.1 Different assessments in health services

Compared to women, men receive more detailed diagnoses in Sweden (Socialstyrelsen 2004). Women more frequently than men have symptoms that do not fit any particular diagnosis, for example, fatigue, non-specific chronic pain and mild mental complaints. Such symptoms can be difficult to associate with well-defined syndromes. The criteria that must be met for an individual to receive compensation from sickness insurance – sickness and work incapacity – is therefore often difficult to measure with any degree of certainty. The doctor seldom knows what demands the patient's job places on work capacity but has to rely on the patient's description. Assessments can be particularly difficult to make in cases of mental disorders. These illnesses have recently increased most as a cause of sickness absence, to a greater extent among women than among men.



Long-term sickness absence (≥60 days) by diagnosis (ICD10)

According to Swedish and international research, it is more difficult for women than for men to get their illnesses confirmed by doctors (Reid et al. 1991, Bäckström 1997, Ahlgren & Hammarström 2000). Men's detailed diagnoses may depend among other things on the fact that medical research is mainly carried out on men. Thus, men's symptoms are in many cases better known in the medi-

cal profession. Analysed from an overall structural standpoint, this can be understood as an effect of the gender order. The relative subordination of women leads to men's illnesses being perceived not only as "male illnesses" but also as the norm for all illnesses. For example, the "male" norm is seen in the way new, expensive medical technologies and medicines are first spread to middle-aged men and in the fact that women more often suffer from undesirable effects of medicine (Socialstyrelsen 2004).

Men often wait longer than women before getting in touch with a doctor. Meanwhile, men die more often of diseases that could have been prevented or treated (Socialstyrelsen 2004). Men's late contacting of medical services can possibly be explained in part by the dominant male ideal that says men should not show weakness and should manage on their own (Kjellberg 1999, Connell 2003). This too can be seen as an expression of the gender order, in which women are considered to be weaker and in greater need of protection by, for example, doctors.

5.2 Work environment measures preferably for men

Another example of the impact that gender values and norms have is the fact that employers seem to prefer men to women when improving working conditions and environment and making work adjustments once work incapacity has been confirmed.

In times of increasing sickness absence and work injuries, working conditions always come in for close scrutiny in Sweden. This was the case in the late 1980s. As a direct response to the recognised problems during that period, a new work environment law came into force in 1991. Under the law, employers must adapt working conditions to people's different physical and mental aptitudes. In order to improve the working conditions and environment, a special fund with substantial resources was created from employer contributions. However, the following work environment programmes were conducted primarily within "male" work areas. Private employers, who employ eight of ten men but only five of ten women, were granted three quarters of the funds collected. Employers in the public sector, for example, in health and medical services, where an overwhelming majority of employees are women, thus received only a quarter of the funds (von Otter 1997). At the same time, the sickness absence rate of women was considerably higher than that of men, particularly in the public sector.

The fact that Swedish public employers applied for so relatively few grants from the fund demonstrates their lack of insight into the significance of working conditions for the health, work capacity and productivity of their employees. Moreover, after the funds ran out in mid-1990s, severe cuts and reorganizations were made in the public sector. However, health hazards were often ignored in the reorganizations that were carried out in nursing, schools and care services (SOU 2001:79). There are many indications that poor working conditions and increased demands on staff due to downsizing have contributed to the fact that women's sicklisting has increased more than men's during recent years (Bäckman 2001).

5.3 Workplace adjustments and other measures to facilitate return to work

Swedish employers are responsible to identify and investigate sicklisted employees' need of rehabilitation. Employers shall also establish an organisation for vocational rehabilitation and adaptation of workplaces. This means, among other

things, that when necessary, the employer will offer employees special work aids or provide other work tasks more suited to the state of health of the employee.

Insufficient work adjustment can be a factor in explaining why women are sick-listed for longer periods than men in Sweden. Recent studies indicate that the employers have helped long-term sicklisted men by adjusting the workplace and providing alternative tasks to a greater extent than long-term sicklisted women (Bergendorff et al. 2001, RFV 2004b). These results indicate that employers view men as a more important labour force than women. From a gender theory perspective, the efforts on behalf of men could be interpreted as an expression of expectations of men's traditional role as breadwinner. Perhaps men are also regarded as more indispensable than women for their employer or for trade and industry as a whole. On the other hand, public sector employers often claim that work adjustments are more difficult to introduce in nursing and care services, where many women work, than for example in industry and trade, where many men work. That is a possibility that cannot simply be ruled out. It cannot, however, be the only explanation of differences in the gender related behaviour of employers.

5.4 Different assessments by the social insurance offices

The Social Insurance Office is responsible for ensuring that rehabilitation needs of persons on long-term sick leave are investigated, and also for coordinating the various measures necessary to help them to regain their work capacity and the possibility of supporting themselves through gainful employment. The Swedish legislation governing the implementation of sickness insurance by the Social Insurance Office provides no separate rules for women and men. However, differences appear in the assessments of women's and men's rehabilitation needs and potential that the case officers of the Social Insurance Office make. When a large number of case officers were asked to assess the rehabilitation possibilities for authentic typical cases where the persons had *identical* backgrounds and aptitudes but were of different sex, case officers regarded the family situation as an obstacle to rehabilitation for one fourth of the women and for a few per cent of the men. Furthermore, they recommended medical rehabilitation and work training to a greater extent for women and further education or relocation to other work tasks for men (Walestrand and Overgaard 1998).

Several Swedish studies have pointed out differences in vocational rehabilitation between women and men in the real world, too. Women receive rehabilitation measures later in the course of the illness, for shorter periods and to a lower cost than men (Sennvall 2002, Sennvall 2003). Furthermore, men receive further education to a greater extent, while women more often are referred to work training (RFV 1997, RFV 2001, Ahlgren & Hammarström 2000). At the same time as the difficulty in finding alternative work for women is recognized as a problem in the rehabilitation of women (for example, Bäckström 1997), further education is not often used to equip them better for other types of work.

Men's own suggestions for rehabilitation seem to have greater significance for the chances of receiving a measure, despite the fact that women make suggestions to the same extent as men (Bäckström 1997, Sennvall 2002, 2003). The difference may be due to men's suggestions being taken more seriously. In the existing gender order, there is a built-in communication structure in which men are expected to express their views and needs objectively and directly. Their proposals are approved because they behave ”normally”, that is to say, in the way men do. On the other hand, women often cover up their message in the way

women are expected to do, which does not follow the norm of male – and therefore ”normal” – behaviour (Wahl et al. 2001).

Thus, there is a clear difference both in the Social Insurance Office case officers' assessments of women's and men's rehabilitation needs and potential and in the kind of measures they regard as adequate for women and men respectively. The great majority of case officers are women. There is a good deal of evidence that they often reflect the view of the man as norm and family breadwinner. This may be interpreted to mean that women are not on the whole as indispensable in the labour market as men are. Work seems to be regarded as something so central to a man's life that the energy spent on finding rehabilitation measures for men is greater than that spent on finding measures for women. Therefore, a great variety of vocational courses for man-dominated occupations are available and financed by the office, for example, welding courses, courses for drivers, real estate technician courses and IT courses. The choice of measures is more limited for women (Sennvall 2002, Sennvall 2003). This means not only that horizontal segregation is maintained, but that not all women receive adequate vocational rehabilitation.

5.5 Employment mobility

If sicklisted persons cannot return to their original jobs and the employer cannot offer suitable alternative work tasks, the Labour Market Board can assist in finding other work. Furthermore, the board can offer, for example, training for another profession or various kinds of support to enable sicklisted persons to support themselves via paid work.

Women and men who are both sicklisted and unemployed comprise a group that has long been difficult to rehabilitate. Special collaboration has been established between the Social Insurance Office and the Public Employment Service to help them return to work. The first results from this work reveal that men have to a large extent received some form of employment support, such as a wage subsidy, which means that they have become employed. However, the Employment Service has had difficulties in finding suitable work for sicklisted women who previously worked in women-dominated occupational areas, such as the care sector, and who for health reasons have been unable to continue working in the same field (RFV 2004c). The gender segregated labour market, which we discussed in some detail previously, and a gender typical way of thinking constitute a greater obstacle to finding work for sicklisted unemployed women than for sicklisted unemployed men.

Opportunities for women to change jobs are negatively affected by the fact that their competence development is often adapted to the special requirements of their employer, for example, in nursing, schools and care services, and is seldom of use outside this sector (Evertsson 2004). At the same time, there are very few alternative employers within the occupational areas traditionally found in the public sector. Studies have also shown that women to a greater extent than men like to live close to their workplace, which further reduces opportunities for changing jobs (Arbetsmarknadsstyrelsen 2003). This wish exists within the framework of what women – especially women with children – find reasonable, possible and appropriate for them to wish. These conditions are, however, often unfavourable for women. They contribute to a locking-in of women in their jobs, which in turn may contribute to ill health and work incapacity, at least in the long-run, and to maintaining the horizontal segregation in the labour market.

6 Concluding remarks

Norms and values about women and men, as well as the expectations they meet and the way they behave in different situations, have gone through many changes in Sweden over the past few decades. Women are engaged in paid work and men's participation in household and family has increased. Parallel with these changes, however, strong "traditional" norms and values regarding gender are constantly recreated, both at the structural, organizational and individual levels.

Extensive policy rights are an imperative step towards increased gender equality in a society, and Sweden has come a long way with regard to political recognition of the importance of gender issues. At the same time, it is now vital to focus more than previously on information and education at the implementation level. Gender affiliation and identity are constantly recreated in the interaction between people. This is true for the conversations at the kitchen table between husband and wife, but also for how we behave in our "public" lives. The different representatives of the welfare system and labour market that women and men meet in the sick leave and rehabilitation process thus have an important role in avoiding that decisions that influence peoples lives have a gender dimension. A gender neutral policy framework is not a guarantee for a gender neutral outcome for the individual. If this is assumed, the gender neutral policy rather than being truly neutral risks being gender blind.

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