



## Women in The Work Force: A Status Report

For decades, the proportion of women entering the work force has been rising — from less than 34% in 1950 to more than 55% in 1985. At the same time, the proportion of employed men has declined from 86.8% to 77%. Should the trend continue, the proportion of working women will equal that of working men after the turn of the century. High divorce rates, out of wedlock births, delayed fertility, and the increasing life spans of American women are expected to continue as major forces contributing to increased female participation in the work force.

Family structure and household composition will continue to change as growing numbers of women go to work. There will be a further rush for women to enter professional positions. Although most women are still concentrated in lower paying jobs, growing numbers of them have entered professional careers, and even more are expected in the years ahead. Currently more women are enrolled in U.S. colleges than men.

Since women are unique compared to men in terms of their anatomical, psychological and socio-cultural orientation, their needs for health care and wellness promotion will also be different.

Many women are forced to make hard choices between their responsibility to work outside the home and their responsibility for home and children. Child day-care will become even more important as more women enter the work force and nuclear families continue to dissolve.

Although smoking rates for the nation as a whole have decreased, the rates for young women have increased. A possible reason for this increase is the stress of trying to combine career and family life. Lung and breast cancer are the two leading causes of cancer deaths among women.

Women are also choosing to stay in the labor force longer than men. In 1950, 46% of men over 65 continued to work; in 1981, only 15.8% did. In contrast, the proportion of older women remaining in the work force has fallen only moderately, from 10% of women over 65 in 1950 to 8% in 1981.

Heart disease is not as prevalent in women as it is in older men partially due to the unique hormonal influences in women. However, due to the same hormonal influences, older women are much more likely to develop osteoporosis — often resulting in crippling and chronic disabilities if preventive measures are not initiated at an early age.

Many employers have the opportunity to provide health promotion and preventive health services. The changing demographics regarding female employees will certainly impact these services.

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### References

1. U.S. Bureau of the Census, Series P-25, No. 952, 1984.
2. 1983 **Handbook on Women Workers**, Bulletin 298, U.S. Government Printing Office, 1983.
3. **The Future of Work and Health**, Findings of "The Future of Work and Health: The National Assembly," Leesburg, Virginia, March, 1987.

## Member Question Box

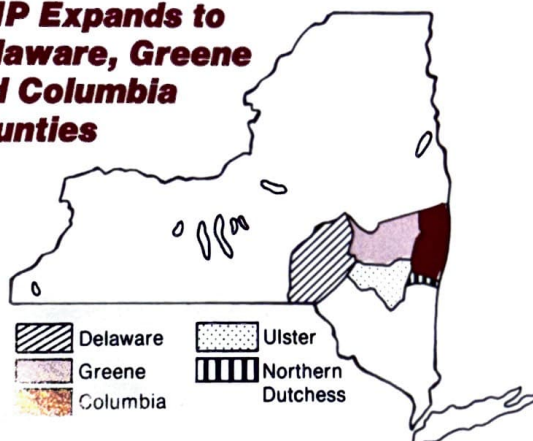
**What do I do if I receive a bill from a specialist, a hospital, or a laboratory?**

As an MHP member, usually you will not receive any bills for services rendered to you. However, if you mistakenly receive a bill, do not ignore it. If the bill is for a covered service that has been authorized by your Primary Care Physician (PCP), please send it to the Claims Department at MHP.



## MHP Snapshot

### MHP Expands to Delaware, Greene and Columbia Counties



## Tips . . .

### Pregnancy and the Working Woman

Over one million American women working in a wide variety of jobs and surroundings become pregnant each year. Many of these women work until a short time before delivery and return to work within weeks or months of the baby's birth.

If you're a normal healthy woman — with an uncomplicated pregnancy and a normally developing fetus (unborn baby) — and you work in a job that presents no greater hazards than those in daily life, you can usually keep working until labor begins and resume working several weeks after giving birth.

If your job is strenuous or requires a lot of standing or walking, your doctor may ask you to cut back on work hours or stop working a few weeks before delivery.

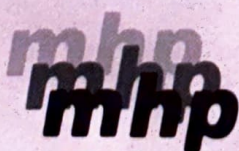
As part of your regular pregnancy checkups, you should talk with your doctor about continuing to work. Before making a recommendation, your doctor will take into account your overall health, how you're feeling, how well the pregnancy is progressing, your age, and problems you may have had during past pregnancies. Other questions may include what type of work you do, how many hours per week you work, and any job-related threats to you or the fetus. The doctor's advice may vary during the course of pregnancy depending on changes in your physical condition, your job, or your lifestyle.

If you work while pregnant, take good care of yourself. Have regular checkups. Eat well-balanced, high-protein meals, and if possible, keep some nourishing snacks near your work station. Try to rest during breaks at work.

Source: The American College of Obstetricians and Gynecologists, July 1985

### Correction of Winter '87 Employer Group News

In our last Employer Group News, Winter '87, regarding outpatient mental health benefits, we advised you that "MHP does not cover services for psychotherapy, organic psychiatric conditions, or psychoanalysis." We would like to point out that the word **for** was inadvertently omitted from this sentence. Please take note of the following corrections: "MHP does not cover services for psychotherapy **for** organic psychiatric conditions, or **for** psychoanalysis."



Recently MHP expanded to the counties of Delaware, Greene, and Columbia. We look forward to our association with new employer groups in this area.

Again, MHP would like to thank its members who have continually given their support to our organization.

If you have any questions or suggestions, please give us a call at (914) 338-0202, or stop in at our offices in the Pine Street Professional Park.