Bird	1999	Americans between the ages of 18 and 65 who were employed.	*Psychological distress* is measured using the modified version of the CES-D scale. Includes 7 items (going, sad, sleep, effort, lonely, blues, mind). *Mental health status* was measured using the mental health subscale of the short form 35 known as the Mental Health Index 5. It measures 8 domains of health-related quality of life. It is a 5 item index that represents the four major mental health dimensions.	*Time spent in household work* is measured as the total number of hours per week spent on 9 types of household tasks (cooking, cleaning, grocery shopping, doing laundry, and dishes, doing repairs, paying bills, making arrangements, and caring for children). *Percentage of housework* is measured based on respondents' reports of the percentage of housework that they do. *Sense of control* is measures using the Mirowsky-Ross sense of control scale which is based on level of agreement with statesment in each of the four categories: claiming control over good outcomes, claiming control over bad outcomes, denying control over good outcomes, and denying control over bad outcomes. Uses 8 items.
Coltrane	2000		review of other articles and books on household labor *see article*	
Glass & Fujimoto	1994	Americans between the ages of 19 and 65 who were married or cohabitating where both the main respondent and the spouse completed the questionnaire.	*Depression* was measured using the 12-item short version of the CES-D scale which measure psychophysiological symptoms. Respondents were asked to report the frequency of each symptom on an 8-point scale.	*Hours of household work* were calculated by summing the amount of time each respondent repoted spending per week in 9 different types of domestic labour, ranging from paying bills, auto repair, and shopping to cooking, washing dishes, and doing laundry. *Proportion of housework* was measured by dividing each respondent's housework hours by the total number reported by both partners.

Robinson & Spitze	1992	Respondents were from the Albany-Schenectady-Troy, New York metropolitan area and were over the age of 40	*General unhappiness* was measures by asking how if they were very happy (1), pretty happy (2), or not too happy (3).	*Housework task performance* was measured by asking respondents who usually did a series of 6 tasks (grocery shopping, cooking meals, doing laundry, providing local transportation, doing house repairs, yardwork, and similar chores, and cleaning the house). For each task they were also asked if anyone else helped with it and for each individual listed they were asked how often each performed the task. These frequencies were converted to monthly frequencies. These were further divided into female and male tasks. Proportional measures were also calculated as the respondents share of the combined frequency of all housework completed in the home.
			Distress was measured using 10 items to which respondents were to respond that they were true or not true.	*Perception of fairness* was measured using a summed 2-item scale asking if the partner should do more and whether the respondent did more than their fair share. Responses were coded on a 4-point scale from strongly agree to strongly disagree.
Ross, Mirowsky, & Huber	1983	Americans between the ages of 18 and 65.	*Depression* was measured using a modified CES-D scale where respondents were asked to report how many days in the past week they had each of 12 symptoms.	*Husband's help with the housework* was measured using an index composed of the average response to 5 questions on household chores (meals, shops, children, daily chores, & cleans after meals). Responses were wife always (1), wife usually (2), both equally (3), husband usually (4), and husband always (5).

Chapter 2 – Review of the Literature

This chapter begins with a brief explanation of the theoretical framework guiding this study. Following this, research findings on men's and women's mental and physical health are presented followed by findings on the gendered division of household labour. Next, literature examining the relationship between the division of household labour and men's and women's mental and physical health is summarized. In this section, the literature is presented in terms of four different measures of housework: time spent in housework on work days, time spent in housework on non-work days, relative contribution to housework, and perceptions of fairness about the division of household tasks. Finally, this chapter closes with a discussion of the ways in which other family demands, family resources, work demands, work resources, and age are related to both the division of household labour and health.

Theoretical Framework

To answer our research questions, we draw upon Voydanoff's (2004, 2005) conceptual model of work-family fit. Work and family demands are often separated by time and location, yet they also impact one another (Bedeian, Burke, & Moffett, 1988). Work permeates family life and family life permeates work in both positive and negative ways in what is often referred to as work-family facilitation or work-family conflict, respectively (Small & Riley, 1990; Grzywacz & Bass, 2003). According to Voydanoff, work and family demands are associated with work-family conflict, while work and family resources are related to work-family facilitation. Demands from one domain may restrict involvement in the other since there is limited time and energy to complete tasks. On the other hand, resources from one domain may improve performance in the other as a result of skill development, psychological rewards, positive attitudes, and increased energy and motivation. Research also suggests that work and family not only influence each other, but that the relationship between them is also related to mental and physical health (Bianchi & Milkie, 2010; Fudge, 2011). Work-family conflict may be related to depression and poor physical health, while work-family facilitation may improve well-being (Frone, Russell, & Cooper, 1997; Grzywacz & Bass, 2003).

Gender Differences in Health

Research frequently shows gender disparities in mental and physical health (Moen & Chermack, 2005). Women tend to experience poorer mental health, higher rates of depression and distress, and longer periods of treatment for depression than men (Bergdahl, Allard, Lundman, & Gustafson, 2007; Bird, 1999; Kessing, 2005). Women also tend to have poorer physical health, more acute and chronic illness or disability, and more frequent interactions with health professionals while men tend to have infrequent, but more life-threatening illnesses (Krantz, Berntsson, & Lundberg, 2005; Macintyre, Hunt, & Sweeting, 1996; Ross & Bird, 1994; Verbrugge, 1983). Based on this, we hypothesize the following:

Hypothesis 1: Women will report worse mental and physical health than men.

Gender Differences in Perceptions of Domestic Equity

Perceptions of domestic equity are the extent to which an individual feels that the division of household labor between them and their spouse is fair. Research examining gender differences in perceptions of domestic equity suggests that there are significant differences between men's and women's assessments. Specifically, women are more likely than men to report that the division of household labor is unfair to themselves, while men are more likely to report that the division is unfair to their spouse (DeMaris & Longmore, 1996; Lennon & Rosenfield, 1994; Robinson & Spitze, 1992; Tao et al., 2010). Put another way, both men and women tend to recognize that wives complete an unfair share of the housework. Despite this, research also shows that a majority of men and women feel that the division of household labor is fair to both spouses (Carriero, 2011; Coltrane, 2000; Lennon & Rosenfield, 1994). We therefore hypothesize the following:

Hypothesis 2a: Women will be more likely than men to report that the division of household labor is unfair to themselves.

Hypothesis 2b: Men will be more likely than women to report that the division of household labor is unfair to their spouse.

Hypothesis 2c: Men and women will be equally likely to report that the division of household labor is fair to both spouses.

The Relationship between Perceptions of Domestic Equity and Health

Perceiving the division of household labor as unfair may have implications for mental and physical health (Bird, 1999; Robinson & Spitze, 1992; Tao et al., 2010). Individuals may feel that the division of household labor is unfair to either themselves or to their spouse, but it is important to consider that these different experiences may have unique associations with mental and physical health…

Some research shows that feeling the division of household labor is unfair to oneself is related to distress and depression, but that viewing it as unfair to one's spouse is unrelated to mental health (Voydanoff & Donnelly, 1999). Other research, however, suggests that perceiving the division as unfair to *either* spouse may be related to poorer mental health (Glass & Fujimoto, 1994; Lennon & Rosenfield, 1994; Mirowsky & Ross, 2003; Wheaton & Young, 2009). In line with this, equity theory posits that individuals who feel that a relationship is inequitable, either because they are over-benefited or under-benefited, will feel distressed and will try to restore actual or perceived equity (Walster, Walster, & Berscheid, 1978). As such, perceiving the division of household labor as unfair to either spouse may be related to poorer mental health.

In a similar way, it is also likely that feelings of inequity are related to poorer physical health. There has been very little research examining this relationship, but an extension of relational ethics may help to explain how perceptions of domestic equity are related to physical health. Relational ethics suggests that when relationships are no longer characterized by mutual compromise, individuals may experience physical health problems such as sexual malfunction, anorexia, diabetes, and heart conditions (Grames, Miller, Robinson, Higgins, & Hinton, 2008). If an individual feels that the division of household labor is unfair, he/she will likely experience negative physical health effects as a result. Based on these ideas we hypothesize the following:

Hypothesis 3: Compared to perceiving the division of household labor as fair to both spouses, perceiving the division as unfair to either spouse will be associated with worse mental and physical health.

Gender, Perceptions of Domestic Equity, and Health

In addition to gender differences in health and perceptions of domestic equity, it is also possible that the *relationship* between perceptions of domestic equity and health may differ for men and women. As Bianchi, Casper, and King (2005) explain, work and family may impact men's and women's health in different ways, even when they experience similar roles or contexts, as a result of gendered expectations, behaviours, and responses to stress (Froberg, Gjerdingen, & Preston, 1986; Moen & Chermack, 2005).

More specifically, some research shows that perceptions of domestic equity are related to mental health, but only for men (e.g., Tao et al., 2010). The majority of research, however, suggests the opposite – that perceptions of domestic equity are related to women's mental health, but not men's (e.g., Glass & Fujimoto, 1994; Robinson & Spitze, 1992; Voydanoff & Donnelly, 1999). It is also likely that there may be gender differences in the relationship between perceptions of domestic equity and physical health. For example, Krantz et al. (2005) suggest that there may be differences in how men's and women's physical health is impacted by work and family. Their research shows that women's physical health is related to both work conditions and household responsibilities, but that men's physical health is only related to work conditions. It is possible, then, that perceptions of domestic equity will be related to women's physical health, but not men's if men's health is only affected by paid employment. Given the contradictory findings and lack of research, we consider these relationships in an exploratory way. Specific hypotheses are not presented, and instead, we take a more general approach to explore how perceptions of domestic equity are related to men's and women's mental and physical health. We therefore hypothesize the following:

Hypothesis 4: Men's and women's mental and physical health will be differentially related to perceptions of domestic equity.

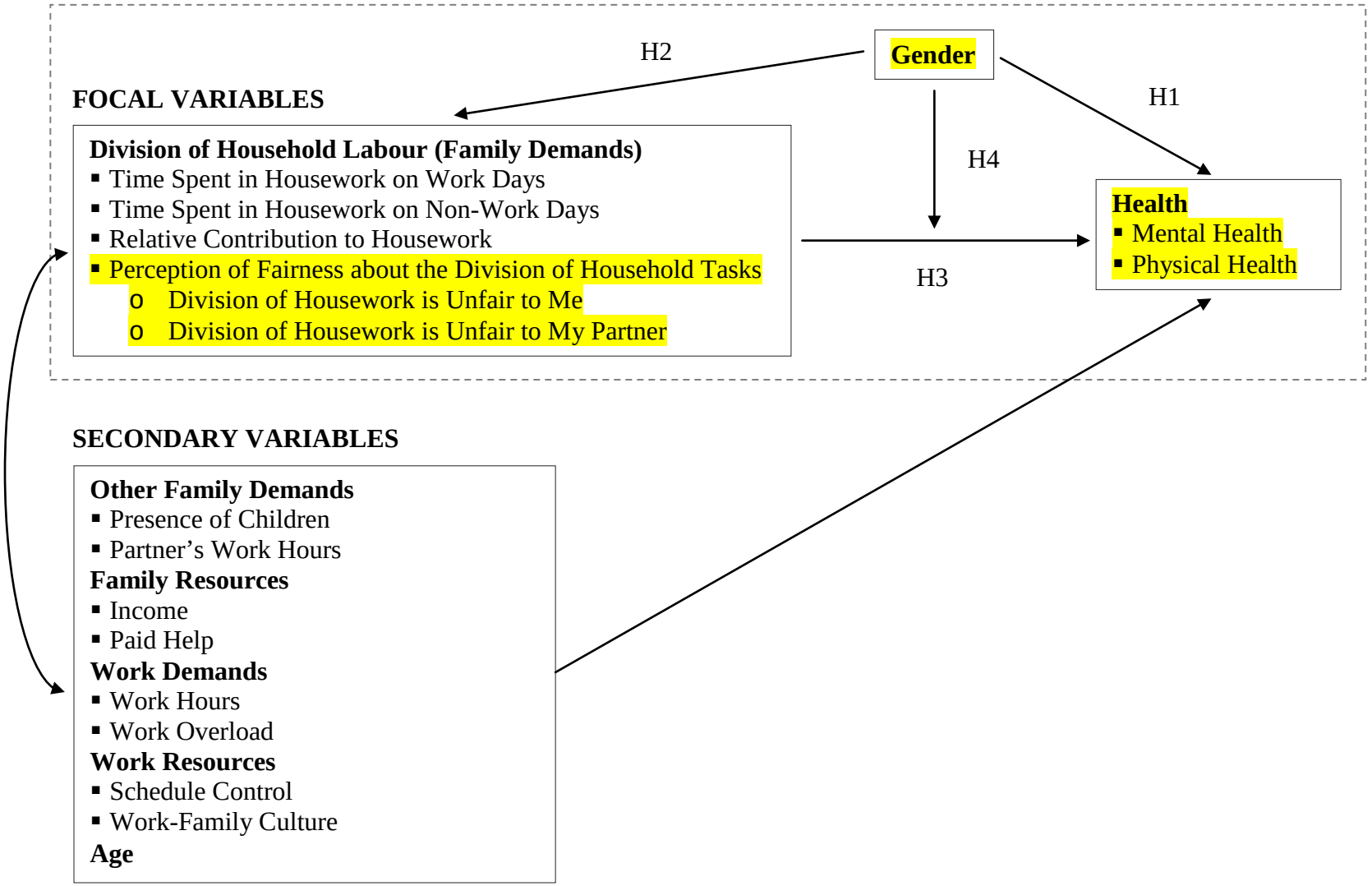

Figure 1. Conceptual model of hypothesized relationships between the focal variables, gender, secondary variables, and health.