Journal of Occupational Rehabilitation
https://doi.org/10.1007/s10926-026-10403-w

How Do Self-Employed Workers Navigate Illness? A Gender-Based Analysis of Informal Support Systems

Tauhid Hossain Khan[1,2] · **Ellen MacEachen**[2]

Received: 19 January 2026 / Accepted: 17 April 2026

Abstract

Purpose This study examines how solo self-employed (SE) men and women in Ontario, Canada, navigate informal support systems during periods of illness, injury, or income loss. It investigates gendered motivations for entering self-employment and addresses the research question: How do gender norms shape self-employed workers' access to and use of informal supports during health-related work disruptions?

Methods A qualitative narrative approach was adopted, guided by an interpretive paradigm and an intersectionality framework. Twenty-four solo self-employed workers who experienced illness or income loss were recruited through social media and interviewed online between January and July 2021. Interviews were transcribed verbatim and analyzed using Riessman's narrative thematic method. Deductive and inductive coding informed the development of analytical themes capturing gendered experiences of informal support.

Results Findings show distinct gendered patterns in motivations for self-employment and in accessing informal support. Women frequently entered this work for flexibility linked to caregiving roles and, when ill, relied heavily on close family and emotionally intimate networks. Men more often pursued self-employment for higher income and autonomy and drew on broader peer or community networks for practical assistance, while avoiding emotional disclosure. Across genders, reliance on personal savings emerged as a central coping mechanism due to limited access to formal income-replacement systems. However, low-income self-employed workers, specially gig workers, struggled to save adequately, exacerbating their vulnerability during illness.

Conclusion Informal support systems function as essential but uneven safety nets for solo SE'd workers, with access and usage shaped by gender norms. These findings highlight the need for gender-responsive policy reforms that extend income protection and address structural gaps in social security for the self-employed.

Keywords Self-employment · Informal support systems · Gender · Illness · Gender-based analysis (GBA)

Introduction

Today's labor market is rapidly changing; self-employment (SE) has grown as a key non-standard, precarious, and contingent work arrangement internationally [1–4]. SE is part of a "paradigm shift" from managerial/manufacturing capitalism to entrepreneurial capitalism in the present digital era, appearing in different forms than it did 50 years ago [5, 6]. Mounting research has highlighted SE in relation to gender [7–10], Yet, national injury-reporting systems rarely disaggregate data by both gender and self-employment status, limiting the ability to fully assess gendered health risks within this growing segment of the labor market. Studies of solo self-employed (SE'd) workers in Canada further illustrate how limited institutional supports, precarious client relations, and reliance on informal networks shape responses to injury and illness [11, 12]. In all, these gendered patterns in participation, business structure, sectoral concentration, and health risk underscore the need to foreground gender in analyses of SE, given its implications for labor-market inequality, health vulnerability, and economic security.

✉ Tauhid Hossain Khan
th3khan@uwaterloo.ca

[1] Department of Sociology, Jagannath University, Dhaka, Bangladesh

[2] School of Public Health Sciences, University of Waterloo, Waterloo, ON N2L 3G1, Canada

Published online: 07 May 2026

Literature Review

The proportion of the precarious work, including SE, has been growing rapidly in recent decades due to globalization, automation, and the information revolution [1, 3, 13, 14]. It has been estimated that non-standard employment accounts for more than 60% of workers worldwide [15, 16]. For instance, in Canada in 2023, 13.2% of workers were self-employed (SE'd) [17]. Similarly, 10% of the Australian workforce was SE'd in 2016 [18], and in 2017, SE'd workers comprised 15% of the workforce in Europe [4]. Because of the growing 'gig' economy and the breakdown of traditional employment institutions that had provided secure, lifetime positions with predictable promotions and stable income, the SE trend is intensifying [3, 19–21]. In the Canadian labor market, SE represents a substantial and gendered component of work, with women comprising 37% of all SE'd workers in 2022, showing a notable increase from 26% in 1976 [22]. The structure of SE also varies markedly by gender: approximately 80% of SE'd women operate as solo workers compared with 68% of men, and women remain concentrated in sectors such as health care, social assistance, and professional and technical services, which often entail distinct occupational risks and resource constraint [22].

Given the influx of women entering SE [2, 23, 24], it is important to understand gender-based experiences of SE as well as related support systems for periods of ill-health and disability—topics that remain relatively unexplored in the literature. Studies to date have focused on why SE is gendered, why more women work part-time and as solo SE'd workers, how well-being of male and female workers is affected by SE, and gender-based disadvantages of SE [2, 7, 23–28]. Of importance, women often enter SE as a strategy to achieve economic autonomy, work–life balance, and flexibility in managing paid work and caregiving responsibilities [29], while men are more likely to choose SE as a way to earn more money [29]. Many women pursue entrepreneurial work to avoid structural barriers in traditional labor markets, including gender wage gaps, limited advancement opportunities, and workplace discrimination [30]. Self-employment allows women to design work arrangements that accommodate family responsibilities, particularly childcare and eldercare, which continue to disproportionately affect them [31]. In addition, the growth of digital platforms and service-oriented sectors has created new opportunities for women to establish small businesses or engage in freelance work. However, women's SE is often concentrated in lower-capital and service sectors and may involve higher levels of income insecurity and limited access to social security protections [30]. Despite these challenges, SE remains an important pathway for Canadian women seeking greater control over their economic and professional lives.

Although earlier Statistics Canada data suggest that SE'd individuals report lower occupational injury rates than employees, men nonetheless reported substantially higher activity-limiting injury rates than women in 2003 [11]. Injury types also differ by gender, with women more likely to experience repetitive-strain injuries and men more likely to incur injuries associated with heavy physical labor [11, 12]. These gendered injury patterns extend into the recovery phase, with multi-province Canadian research showing that men and women have different return-to-work trajectories shaped by injury type and social roles. Sectoral analyses additionally report faster increases in workplace-violence-related injuries among women in several industries.

Recent national data highlight growing structural vulnerabilities within SE, particularly among women: in 2023, 26.6% of SE'd Canadians were classified as "gig workers," and women were disproportionately represented (32.2% compared to 23.3% of men), indicating greater exposure to unstable work arrangements [22]. At the same time, only one-quarter of SE'd Canadians report having disability insurance, leaving a significant proportion of this workforce financially unprotected in the event of injury or illness [30].

SE'd workers have tended to be portrayed in the research literature as a special group of homogenous people [14], implying that they possess good health and enjoy the freedoms of being their own boss and having flexible working hours [4, 24], do not rely on government social security protections, and enjoy greater job satisfaction, quality of life, and opportunity to gain work-life balance than employees [2, 4, 24, 32]. They have a reputation for taking on a substantial amount of personal risk in order to build their enterprises and create job opportunities for others [4, 14, 19, 33]. However, mounting international evidence stresses that the changing nature of work is having profound adverse effects on workers' safety, health, and well-being [4, 13, 16, 33–36]. The entrepreneurial depictions mentioned above do not reflect the recent reality of SE, where a significant number of workers in a given society are compelled to undertake this type of work due to unemployment and scarcity of alternatives [4, 33, 37–42]. In addition, many studies stress that new and fast growing groups of SE'd people, such as gig workers, encounter vulnerabilities in terms of job and income insecurity, precarity, lack of social security [43, 44].

Against this backdrop, scholars have noted that the existing social security systems for workers need to adapt to the new labor market [3]. Across jurisdictions, SE'd workers are largely excluded from many social security protections, including workers' compensation coverage, employment insurance, and state pension plans [3, 13, 16, 36, 45]. The ILO's 2020 study of G20 countries found a social protection coverage gap for SE'd workers in many countries [46]. In some countries (e.g., Estonia, Latvia, Portugal, and Slovak Republic), 40—50% of precarious

workers were less likely than employees to receive any form of income support when they were out of work due to injury, sickness or any form of impairment [16, 20, 36]. In this context, Australia (NSW) and Canada (Ontario) are similar, providing limited and partial support for the SE'd workers, with Australian SE'd workers having more schemes to opt into than Canadian workers [36, 45, 47]. However, some welfare states play pivotal roles in terms of protecting SE'd workers [16, 36]. For example, Finland provides a broad support system to workers regardless of employment status, in which SE'd workers are covered with earnings-related pension schemes (old-age pension, disability pension, survivors' pension) and have access to a universal basic social security system (parental and sickness benefits, housing and unemployment benefits) [36, 48]. In all, the absence of a social safety net can perpetuate the distress of SE'd workers; mounting evidence illustrates a strong relationship between precarious employment and poorer health outcomes [4, 16, 36, 49] and numerous social costs [33, 36, 50].

Statutory social supports for SE'd workers worldwide are partial and scanty [16, 36]. Literature shows that, in the absence of such formal supports, an informal support system plays a pivotal role in protecting SE'd workers when they are ill, injured, or lose a job or income [51]. By informal support systems, we refer to the SE'd worker's system of primary relationships with individuals such as family members, friends/social networks, and relatives or neighbors [52], including instrumental, emotional, and informational supports [24]. Hilbrecht (2016) described instrumental supports as including practical assistance concerning concrete skills, actions, or resources, for example, financial support from family members. Emotional supports include providing empathy, reassurance, and understanding; for example, offering counseling and showing empathy toward SE'd workers during economic volatility. Finally, informational supports offer information or suggestions, such as reliable guidelines and information about government-provided support/benefits [24].

Gender norms of a given society might determine support-seeking behavior of SE'd workers. Studies have found that the motives, drives, and intention to choose SE are dissimilar for men and women [53, 54]. Overall, we have surprisingly little knowledge about how gender relations may affect SE'd workers informal support systems and protections during distress. Our past studies have linked SE formal and informal supports to how gender relations are embedded in social structure [16, 36]. In this context, we are interested in unmasking the differences in informal support experiences of SE'd men and women. Therefore, this analysis examines how men and women SE'd workers navigated informal support systems differently when they were injured or ill or facing income loss.

Theoretical Framework

The study used an intersectionality framework to examine SE'd workers' experiences in navigating informal support systems when they are ill or injured. Intersectionality considers multiple categories of identity, difference, and inequality simultaneously, such as gender, race, and class. Intersectionality, first coined by Kimberlé Crenshaw (1989) to describe how such identities can interact with compounding harm or effects, lends itself to considering how the experiences of women SE'd workers, for example, are different than the experiences of men SE'd workers or how the experiences of low-earning SE'd women differ from the experiences of high-earning SE'd men. Crenshaw delineated the "double discrimination" or "injustice squared" that Black women faced in the workplace and in the courtroom when trying to seek remedy (Crenshaw, 2016), especially when it came to discrimination and legal rights, and how the interactions between the two identities created a unique, compounded type of discrimination. This intersectionality farmwork stresses that research conducted along strict single dimensions of identity, such as by considering race and gender separately, may overlook the more nuanced effects on individuals with intersectional identities.

In this context, the intersectionality approach rests on three key assumptions: first, dimensions of social life cannot be separated into discrete strands, and no category of identity is inherently more important than another, resisting essentializing groups (i.e., treating all members of a single social group as the same and assuming they share the same experiences). Second, intersectionality does not simply add categories but examines what emerges at the intersection of multiple axes of oppression, foregrounding lived experiences, social forces, and overlapping systems of discrimination. Third, scholars emphasize working with diverse stakeholders, including policymakers, activists, and multiply oppressed communities, to conduct research and create social change, based on the belief that interlinked oppressions cannot be addressed in isolation. Considering intersectionality, SE'd women may struggle to embrace, express, and advocate for their multiple identities and this may impact their opportunities to be empowered or oppressed or supported with resources, such as informal support systems (Bell, 2016). Accordingly, this paper aims to empower and equip women SE'd workers. According to Crenshaw (1989), if we are not intersectional in our knowledge production, then the most vulnerable may fall through the cracks.

Methodology

Study Design

This study employed a qualitative methodological approach due to our interest in examining how SE'd men and women navigate informal support systems when they become ill or injured and experience job loss or income reduction. Built upon an interpretative paradigm, we utilized the Narrative Thematic Analytical Approach developed by Reissman (2008) to understand the experiences and practices of SE'd workers as stories, or narratives, relevant to their life experiences. Our research questions consider worker narratives within the context of wider societal conditions, including neoliberal socio-economic structures. This approach is sensitive to meanings attributed by individuals, which helped us to analyze participants' understandings of their situations [55]. This methodology aided the unpacking of the hidden meanings in the stories of SE'd workers, such as the ways that daily practices and experiences are placed within broader structural frames (e.g., neoliberal market system, precariat class system, social security system).

Participants, Sampling, and Recruitment

This study chose participants according to the following inclusion criteria: independent contractors with no employees (i.e., solo SE'd), aged 18 years or older, having had experience of illness or injury (work-related or not) while SE'd, main income is from SE, working in Ontario (Canada), and (due to researcher language limitations) fluent in English (Table 1). Participants were recruited through several social

Table 1 Participant characteristics

Pseudonym	Gender	Age	Education	Type of SE'd work	Type of illness/injury	F. Income (CAD)/Year
1.Tasmina	F	32	College diploma	Home childcare	Flu/ fever	50 K
2.Emma	F	36	Undergraduate degree	Catering	Pneumonia	25 K-50 K
3.Ruby	F	42—47	Graduate degree	Notary Public commissioner	Depression stress, obesity	25 K-50 K
4.Sarah	F	54	Graduate degree	Property manager	Stomach pain	50 K-100 K
5.Mila	F	35	Graduate degree	Tailoring	Backpain, fatigue	50 K-100 K
6.Jane	F	33	Undergraduate degree	Actor, Writer	Nervous system disorder	130 K
7.Pablo	F	26	College diploma	Financial advisor	Stress	25 K-50 K
8. Ayla	F	35	College diploma	Grocery business	Cardiology ADHD	50 K-100 K
9.Mary	F	46	High school	Fashion design	Significant autoimmune disorder	< 25 K
10.Faria	F	21	Undergraduate degree	Beautician	ADHD	25 K-50 K
11.Remi	F	45	College diploma	Financial advisor	Asthma, Covid-19	50 K-10 K
12.Sarika	F	50	High school	Cleaner	Sleep disorder	25 K-50 K
13.Habibur	M	22	College diploma	Uber driver	Depression, leg fracture	50 K
14.Zayan	M	22	College diploma	Food delivery: Door Dash Skip dish	Broken ankle	100 K
15.pull	M	62	Undergraduate degree	Actor, catering	Knee injury	50 K-100 K
16.Sumon	M	22	College diploma	Food delivery	Broken right hand	25 K-50 K
17.Scott	M	50	College diploma	Construction	Arthritis	50 K-100 K
18.Ander	M	25	Postgraduate diploma	Online business/ E-commerce	Anxiety, stress, depression	25 K-50 K
19. Bob	M	33	College diploma	Singer, DJ	Anxiety, stress back pain	25 K-50 K
20.Jimmy	M	35	Graduate degree	Data analyst	Regular migraines	200 K
21. Paul	M	32	College diploma	Electrician	Backbone injury	50 K
22.Miller	M	24	Undergraduate degree	Music trainer, musician	Leg injury	50 K
23.Arnob	M	30	Graduate degree	Debate /public speaking trainer	Anxiety, stress, burn injury, depression,	25 K-50 K
24.Mamun	M	45	Graduate degree	Information technology consultant	Spinal injury	45 K

media platforms, including Linked In, Facebook, Kijiji, Twitter, and Tumblr. From the pool of eligible participants, purposive selection was made to include information-rich and heterogeneous cases and a similar proportion of men and women (Patton, 2001). Interviews took place between January and July 2021 and had an average duration of 1.10 h. The age of our final sample ranged between 21 and 62 years, with varied education (college diplomas, university degrees, etc.) and income levels ($25 k/year–$200 k/year). The lead author interviewed 24 participants using audio/video conferencing with Zoom and WhatsApp. At this point, recurring findings indicated that our dataset was coherent and intact. The study was approved by the Research Ethics Board of the University of Waterloo, Canada. All participants provided informed consent prior to the interviews, and strict measures were taken to ensure confidentiality and anonymity, including the use of pseudonyms and the removal of identifying information from transcripts and reported findings.

Data Collection

Since this study included the solicitation of personal experiences of solo SE'd workers, including culturally sensitive information (e.g., income, sickness, personal family lives), an in-depth interview approach was chosen to give each individual an opportunity and time to narrate their situation. The interview guide was semi-structured, informed by the literature as well as discussions with the research team. A mix of questions and probes (follow up questions) offered us breadth of coverage around the following main areas: (a) work-related experiences; (b) illness, injury or income reduction/loss, government and informal social benefit systems used; (c) health and well-being in the context of work. Interviews were audio-recorded and transcribed verbatim by two professional transcriptionists. In addition to a reflexive journal, comprehensive field notes were taken following each interview to capture experiences, encompassing initial impressions and context, as well as analytical insights.

Data Analysis: Narrative Thematic Analytical Method

Guided by the Narrative Thematic Analytical Approach developed by Riessman (2008), this study sought to understand the experiences and practices of SE'd workers as stories (narratives) connected to their life experiences and to the research questions guiding this study [56]. Narrative thematic analysis specifically sheds light on the content of narratives; that is, the "what" of the story, rather than the structure or linguistic features of storytelling. In this context, participants' accounts are seen not simply as descriptions of events but as meaning-making processes through which individuals interpret and organize their experiences. In this sense, narratives reveal how people construct their identities, explain life events, and situate personal experiences within broader social contexts. This approach was particularly useful for examining the day-to-day realities of SE'd workers including how their experiences of illness, work disruption, and informal support were shaped by broader societal structures, including neoliberal labor markets and changing social protection systems. The analysis followed several phases. First, interview transcripts were reviewed multiple times to gain familiarity with each participant's narrative and the overall dataset. Particular attention was given to how participants described key turning points, coping strategies, and support-seeking practices during periods of illness or income loss. Second, a preliminary codebook was developed to capture recurring ideas and narrative elements across the interviews. The codebook contained a combination of 10 deductive and inductive coding [57], some of which were predetermined by the existing literature and research questions, while others were based on issues that emerged during interviews. Third, these codes were systematically applied to the dataset to identify patterns and relationships within the narratives. Finally, codes were grouped into broader themes and subthemes while preserving the coherence of participants' stories, and core narrative elements associated with each theme were identified. This iterative process enabled the interpretation of individual stories while also highlighting common patterns across participants' experiences. This process facilitated a higher level of abstraction and theorization, deepening the interpretation of the research findings and their underlying significance.

The analytical process was further informed by a gender-based analytical lens. Following the approach recommended by the Canadian Institutes of Health Research, gender was considered as a key social determinant shaping experiences, roles, and access to resources [58]. This perspective guided the interpretation of narratives by examining how socially constructed gender norms influenced motivations for SE, patterns of informal support seeking, and coping strategies during illness or income disruption.

In this way, the narrative findings helped to demonstrate the experiences of SE'd workers in specific socio-economic structural settings from the perspectives of intersectionality, that resulted in the development of four themes, as discussed below.

Findings

The findings show how gender shapes experiences with informal support for SE'd participants after they experienced illness, injury, or income loss. They reveal gendered motivations for SE, differences in accessing support networks during illness, and the crucial role of financial savings, which

men and women perceived and used differently during periods of illness.

Opting into Self-employment: Motivations and Circumstances

Historically, career choice is gendered, and career choices have changed due to elevated education and empowerment of women. In our study, both men and women described choosing SE as a positive option. Women emphasized work schedule flexibility as a key reason for engaging with SE. In the most cases, SE was their choice in the context of a household that was not wholly depending on their income. In contrast, men faced different income pressures; they described higher income as a key reason for choosing SE. Many SE'd workers in our study also opted into SE because they enjoy independence, freedom, and a flexible work schedule; however, some had practical circumstances that prompted them to choose SE.

For a 21-year-old SE'd beautician, Faria, having a flexible work schedule was a key reason for SE: "Because … it just worked better for my schedule you know? And it's just much easier to manage for me and I like doing something that I like." (Faria, beautician, woman). Similarly, Ruby also chose SE for independence and freedom:

> I was going to start my own business in my own firm as a paralegal. [….]
> So, I started Notary Commissioning myself. Self-employment equals independence, freedom, … wherever could want to work […] I like to work for myself, I like to work alone. (Rubi, woman, notary commissioner]

Likewise, Tasmina, a home-based childcare provider, highlighted flexibility of work schedule, along with better earning opportunities: "So, the reason is obviously that it's giving me more flexibility on my work because I'm going to work for myself and more money for sure. It's more money flow." Emma provided a similar rationale: "Because I am enjoying this work […] and it's important, you know have additional income." In addition to freedom and flexibility, some people chose SE to avoid employer supervision and related constraints. In the words of Sarah, a SE'd property manager:

> Well, there's flexibility and you know freedom in a sense. […] I mean you are your own boss, you know, [to a] certain extent. […]it allows me more time if I need to […] Normally I would be doing some traveling and stuff like that. So, it allowed me to take time off to do that. (Sarah, woman, property manager).

Some participants did not actively choose SE but went into it because of practical circumstances. For example, although Sarika enjoyed her former job as an employee, she opted into SE because of her changing family situation:

> I really enjoyed the job that I had for a long time. […] My mom is getting older and in my spare time, I do a lot of volunteering with seniors and that was kind of more important to me. The company I worked for unfortunately had no flexibility to do part-time hours. […] Then I started looking for something that was part-time and everything part-time seem to be like, retail with hours that were all over the place -- nothing regular and of course not very good pay. So, I decided, like I said, I had a small cleaning business when I was in high school. So, I was kind of familiar with that. I knew where to start. So that's what I decided, was to go back to cleaning. (Sarika, woman, cleaner)

Sometimes women faced traditional gender-based structural and systematic constraints that prompt them to leave their regular job and into SE. For example, Ruby, a lawyer, described not being comfortable working with unpleasant male senior lawyers. Consequently, she started working as a SE'd notary public commissioner:

> He was rude […] He was just a grumpy old [lawyer] man and then […] that just led me to focus on the notary work. Because it was really busy at the time. I was making good money doing it part time at night and I was doing really good. Then lots of competition started, people started copying me. (Ruby, woman, lawyer)

Gender was also at play for women who strongly emphasized flexibility as a key advantage of SE. In these cases, flexibility was linked to socially prescribed gender roles as primary caregivers within the family. Women in this study noted that SE enabled them to better balance domestic responsibilities, such as household chores and childcare, with income-generating activities. By allowing them to work from or near home and manage their own schedules, SE provided a practical pathway for integrating productive and reproductive roles. Many respondents described this flexibility as one of the most significant benefits of SE, as it reduced the tension between paid work and family obligations. In contexts where formal employment often lacks supportive arrangements for caregiving, SE can therefore function as an adaptive strategy for women seeking economic participation while maintaining their culturally expected roles within the household., staying at home.

The reasons and circumstances behind opting into SE were somewhat different for men, who described money as a key reason for opting into SE. Scott, a construction worker, emphasized higher earnings: "because,[…] I make

good money. It was an honest living […] I could support my family […] But I never thought down the road […] that I was going to end up half crippled." In a similar vein, Paul, an electrician, chose SE based on his SE'd father's financial soundness. He knew from his childhood how his father was finically solvent compared to other parents in regular jobs:

> This is what I learned from him. This is a good trade, you know. […] I tried work […] My father […] will let me do anything I wanted to do […]. But this this is what I chose to do. My father, he made a good living at it, took care of brothers and sisters and my mother, you know. (Paul, man, electrician)

Likewise, Mamun, an IT expert, emphasized income when explaining why he did not pursue a full-time permanent job:

> The rate usually I'm getting, the salary I'm getting as a contractor, as a SE'd employee, [..] is much higher than a permanent employee. That's why I still [do it] now […]. So, till now it is almost 1.5 times or sometimes double [an employee income]. So that's why actually I still decided not to be a permanent employee of any bank or any company. (Mamun, man, IT expert)

Like Mamun, Patrick, who was a SE'd actor and caterer, underlined on opportunities to earn more money. He also emphasized the flexible time schedule: "Because I can make a lot, obviously a lot more money than working for somebody else. And it gives me the enormous flexibility in terms of time to really diversify income. Like […] I'm making three times […] the amount of money I made when I was 40. Okay. And that's, that's a fact." (Patrick, man, actor & caterer).

Like women, men also had practical circumstances that drew them into SE. For example, Bob, a DJ musician, chose this job not because of flexibility or money but because he was competent and really enjoyed it:

> I'm really good at what I do. […] For Weddings, I'm really good at it. I bring something new […] I bring joy to the weddings. This creative stuff, lots of people enjoy my work, lots of people praised my work […] I can jump up dancing. So that is thing, this is joy that I'm doing something and think me in a different way. (Bob, man, musician)

Similarly, Jimmy, a SE'd data analyst, enjoyed his work with different people and locations and the flexibility allowed him to travel on his wife's business schedule:

> I like working with a variety of different people and, and types of data and it keeps things fresh and interesting and then also provides working with different systems sometimes more than you would if you were in an office. My wife also travels for her work, and this allows me to travel with her as well. (Jimmy, man, data analyst)

Although some SE'd gig workers emphasized the flexibility of their schedules, they were mostly students who needed to avoid conflicts between work and class and examination schedules. Sumon, a gig worker, emphasized flexible time because he was a student:

> "The reason of choosing [gig] SE is it's flexible because […] I can choose my time. Like, I'm not bound to our 9am-5 pm shift. I can go to work whenever I want. I can sleep at home if I don't want to go to work. It's totally on me, right? So, I like the flexibility." (Simon, man, gig worker)

Similarly, Zayan, a gig worker and student, emphasis flexibly in lifestyle: "It was more to do with my own scheduling. Being able to do it on my own hours, being able to set my own pay. And also having to do with just being my own boss."

Gendered Informal Support

Regardless of gender, SE'd workers in this study maintained strong larger social networks, including family, friends, and close relatives, and this shaped how they sought and relied on informal support. We found that the women utilized these social networks when they were ill, injured, or losing income. Interestingly, this study found that social networks were male dominated; the range of social networks for men was broader than for women. For example, men usually used a wider social network to seek supports. Some SE'd men also described members of their community as providing financial support when they had to leave work or had reduced working hours due to being ill. This support came in the form of donations of money, food or loans with zero interest and flexible time for repayment. For example, Habibur, a gig worker and international student, received donations from his ethnic community when he was ill and unable to work: "There are many other brothers who used to help me in my impoverished times. Even, when I have issues with my tuition fees, I get help from them." He further added:

> [Benefactor] who used to give me a lot of financial help through the time I have problem, or my sickness, or even if I have problem with my tuition fees. I always just [. . .] call him on say something I have a problem. […] He is helping not only me but other international students. (Habibur, man, gig worker)

In contrast, SE'd women workers preferred their close relatives, such as friends, family members, and former spouses,

for support when they were ill, injured, or lost income. For example, a SE'd cleaner whose earnings were at the subsistence level relied financially on both her husband and her mother when she could not work and earn money following illness or for other reasons: "If I do need financial assistance [initially she usually asks her husband]. If it was over three months, I would have to rely on my mom" (Sarika, woman, cleaner). As well, a SE'd notary public commissioner described approaching her family members for financial support and then sometimes approaching friends:

> "My parents are big support system right now for me. So, if I desperately need money, my dad gives me a loan. Usually, sometimes he can do it, sometimes he can't [. . .] Before my friends, my extended family, my brother, my sister." (Ruby, woman, notary public commissioner)

Women leaned on emotionally intimate and family-based networks for emotional support, with support often involving emotional care, household tasks, and relational stability. For example, Mary, a fashion designer, relied heavily on her best friend and ex-husband during her illness. Her best friend offered daily emotional support, while her ex-husband took over parenting responsibilities, allowing her to focus on recovery. Women tended to balance emotional needs with caregiving roles, often suppressing their own vulnerability for the well-being of others.

Men in this study mainly avoided emotional disclosure, focusing instead on practical problem-solving and peer support. They predominantly relied on practical, peer-based support, often shaped by social expectations around independence, stoicism, and informal reciprocity. Patrick, a caterer, reflected a strong desire to remain self-reliant, stating that although support from friends and family was available, he avoided asking unless absolutely necessary. Zayan, a gig worker, highlighted emotional and mental support from his girlfriend, who offered a non-judgmental space for stress relief.

Resilience Through Smart Saving

Regardless of gender, SE'd workers in this study placed an emphasis on the need to have personal savings in order to get through income fluctuations. However, the level of confidence in savings as a support during illness might be experienced differently by men and women. Previous studies indicate that money-saving behaviors differ by gender, influenced by factors such as risk tolerance, financial literacy, socialization, and income levels [59, 60]. For example, as noted by Habibur: "I used my savings to back up everything." Men participants also voiced the idea that SE'd workers are the architects of their own fortune and well-being. On one hand, it seems that SE'd men were inspired by the inherent neoliberal mindsets; they were aware of government supports but are not interested in them. On the other hand, the SE'd women assumed they needed to save money for the future for things like medications, vacations, and illness. Although both men and women navigated neoliberal conditions, their strategies differed.

Participants sometimes described relying on merely savings during periods of illness, as per Remi's description: "My support system is my own savings money. So basically, when I was sick, I was solely on my own money that I could survive" (Remi, woman, financial advisor). As SE'd workers were not required to contribute to salary replacement insurance or benefits, they believed that neither the government nor private organizations were obliged to protect them. Similarly, a beautician (Farina), noted that SE'd people are obliged to save money given that they have little access to formal supports. However, when prompted to reflect on their access to social security system supports, SE'd workers in this study felt that, because they pay taxes to the government, it was unfair for them not to have access to income-replacement protections following illness, injury, or income reduction or loss. In this regard, Jane noted, "I think everyone has the right to have housing and food, and you do not worry about those things" (Jane, woman, actor).

Regardless of gender, low-income SE'd workers, such as gig workers, encountered a pressing challenge in relying on savings. Although they constitute a growing portion of the SE'd population, they are unlikely to be able to set aside savings and thus may have no funds to support themselves during an illness or injury. As we mentioned earlier, men had a broader social network than the women, and they may receive supports if saving were not adequate. In this context, most low-income SE'd workers could not save enough to support them during difficult times. For example, because Canadian healthcare coverage does not cover the cost of medication, low-wage SE'd participants in this study struggled with the financial challenge of accessing medication and non-core health care, as per the example of Mary:

> I have to pay for my meditation from my own pocket. I have to pay for my IV therapy, a small fee, because part of it is covered under OHIP [Ontario's taxpayer-funded public health insurance]. I have to pay for the transportation to my appointments, my regular doctors' appointments. […] My neurologist […] Blood work is covered […] except what I need a special test every now and then. And it's $60. Like an hour's massages [is] $80 to a $120. I don't have money for that. So, I bought a massage pad to try to help ease those symptoms. I also look for opportunities like […] college students for like, massage therapy, osteopath, those kinds of things where they need people to practice on and they'll do it for free. So, I look for things

like that […] where I can get at least treatment […] at no cost to myself. Because I just don't have any extra money. (Mary, woman, fashion designer).

The women participants also stressed that in some cases, SE'd workers managed their lack of funds by not buying required medications: "I don't take medication either for it. So, because we can't afford it [...] Well, health care is free in Ontario, but medications I can't afford them." (Sarika, woman, cleaner). Describing scarce income and savings, a SE participant similarly said, "I would rather spend this much money on groceries rather than on medicine. However, medicine is important" (Ander, man, e-commerce). Drawing on savings was easier for the higher-income SE'd workers in this study. For example, a financial advisor was able to rely on her savings when ill and additionally had been paying into private critical illness insurance:

I have no choice. I have to use my own savings [. . .] I have saved so much that I can do that. I have enough money to support myself for like two or three years. [. . .] I have insurance, like, critical illness. If I become critically ill, I have disability insurance, I have savings and that's it. So, I just survived. So yeah, my earning [. . .] and my passive income and there is no help from the government. I'm SE'd, everything I pay for myself, my own disability or critical illness. [. . .] Only the plan that I purchased myself through an insurance company for critical illness like cancer, heart attack, stroke, other illnesses and then my disability, if I become disabled [. . .] I wouldn't trust the government. No, no, no, I wouldn't trust the government […] I paid into EI for many years, in jobs before I paid into [EI and] one time I had to claim, and they ask for it back. I don't trust the Government. (Remi, woman, financial advisor).

In a nutshell, SE'd workers in this study underlined saving from current income for future protection irrespective of gender. However, in the case of absence of formal support for SE'd workers, women seemed more inclined to accept the idea that they have to save from their money for future protection. They reasoned that, because they are SE'd, the government has no role to play in this case, and this is normal.

Discussion

Our findings reveal how gender plays pivotal role in shaping the experiences of solo SE'd workers in navigating informal support systems during illness, injury, or income loss. In the absence of robust formal social safety nets, these workers, irrespective of gender, focused on personal networks and self-reliance, but they did so in gender-differentiated ways. This study extends the literature on precarious SE by highlighting that, while informal supports are a critical lifeline, access to and use of these supports is uneven and influenced by gender norms. Consistent with prior studies [61], motivators for entering SE, whereas men emphasized financial gains and independence. Many women described being "pulled" into SE by the promise of flexible schedules that could accommodate childcare or eldercare duties, or to escape inflexible or hostile workplaces. This aligns with national data showing that women are significantly more likely than men to choose SE for better work–life balance or health-related reasons, whereas men are more likely to pursue SE to increase earnings [62]. Such patterns echo longstanding observations in the literature that men's entry into SE is often driven by entrepreneurial opportunity, higher income potential, and desire for autonomy, while women's entry is frequently influenced by caregiving roles and the need to reconcile work and family responsibilities [62]. For example, Marler and Moen's work has shown that fathers are far less likely than mothers to report family reasons for becoming SE'd, instead highlighting job control and earnings, whereas mothers of young children often leverage SE as a strategy for managing the "second shift" of domestic duties [63].Overall, the gendered divergence in motivations we observed is in line with earlier qualitative research and demographic surveys [22], and it reinforces the notion that policy supports for SE'd workers should consider these differing underlying drivers (e.g., providing childcare support for women pulled by family needs).

Gender differences were evident in how SE'd workers mobilized their social networks for support during times of illness or income loss. Men tended to draw on broader, diffuse networks, such as friends, colleagues, and community or ethnic group connections, for instrumental support, indicating that their horizon of social support extended well beyond the immediate family. By contrast, women participants relied predominantly on close-knit networks of family and very close friends. Women commonly turned to spouses or partners, parents, siblings, and lifelong friends as their first line of support when facing illness or work interruption [51]. Hilbrecht (2016) similarly found that SE'd women, especially mothers, often depended on family members (particularly spouses) for both practical assistance and moral support in managing work–family challenges [24]. Our findings align with that pattern, suggesting that women's narrower support circles are rooted in traditional gender norms that cast family as women's primary domain of support. At the same time, this differential access can create disparities; women without family or a partner to lean on may find themselves with fewer lifelines in a crisis, whereas men who lack broader community ties could struggle to replace lost income informally. In other words, informal support is available to all in

principle, but the breadth versus depth of one's network is often gender-influenced, determining how much help one can marshal. This nuance adds to existing literature by showing that informal support systems are not monolithic; they are conditioned by gendered socialization (e.g., expectations that women "rely on family" and men "have buddies to call on") and by the different network-building opportunities available to men and women in their work lives. It also underscores a point for policymakers: strategies that assume family networks will fill the support gap for all SE'd (as is often implicitly the case) risk overlooking those who, due to gender or other socio-demographic factors, do not have equitable access to support-rich networks.

Specifically, with respect to emotional supports, the way men and women sought and received during periods of illness or stress diverged notably, reflecting entrenched gender norms. Women in our study leaned on emotionally intimate relationships for encouragement, understanding, and care. Many female participants described close friends or family members providing not only a listening ear but also tangible help with domestic tasks and childcare while they were incapacitated. Findings of our study are emblematic of women's socialization to both give and receive care within personal networks; women often feel more comfortable sharing vulnerabilities with trusted confidantes, and their support networks reciprocate with empathy and practical caregiving. This finding is in line with broader research showing that women typically have higher utilization of emotional support and are culturally expected to maintain strong family bonds and friendships that can act as coping resources during tough times (e.g., Beehr & Zimmerman, 2012). Men, on the other hand, exhibited a more guarded approach to emotional support. Men in this study emphasized self-reliance and stoicism, often preferring to "tough it out" or limit discussions of their health struggles to problem-solving rather than seeking solace. This behavior aligns with traditional masculinity norms identified in the psychology literature, where men are less likely to seek help or openly express vulnerability due to ideals of toughness and self-sufficiency [64].

A striking commonality across our participants was the emphasis on personal savings as a safety net. Regardless of gender, most solo SE'd workers in our study viewed accumulating savings as essential to survive periods of illness, injury, or income interruption. This is not surprising given the structural context: across many jurisdictions in which SE'd workers are largely excluded from public income protections like Employment Insurance, sickness benefits or employer-sponsored disability leave [16, 53]. Thus, our study revealed gendered differences in financial coping; men often showed confidence in handling adversity independently, emphasizing financial buffers and self-reliance, a reflection of a "neoliberal mindset" that values individual responsibility and resilience [16]. This aligns with views of the SE'd "rugged individual" who plans and copes alone [65]. Women prioritized saving, and often did so more proactively, anticipating future needs such as healthcare or childcare. This may stem from their caregiving roles and awareness of support gaps. Prior studies suggest women are generally more risk-averse and inclined toward precautionary saving than men [66]. In this sense, women paced security over the neoliberal ethos.

A critical insight from this research is that informal support systems, while indispensable, are not equally accessible to everyone, and these inequalities often fall along gendered lines. Women and men experienced different pressures and opportunities in seeking help. For instance, a single SE'd mother without a nearby family may have no informal safety net at all if she becomes sick, whereas a SE'd man integrated into a strong community network might receive considerable aid. These disparities are seldom visible in aggregate statistics, but our narrative approach exposes them in the lived stories of workers. In doing so, our study both aligns with and adds nuance to existing literature on precarious employment.

Where our findings diverge and contribute new knowledge is in illustrating how these macro-level issues play out in gender-specific ways within the microcosm of informal support. For example, policy analyses often treat "the self-employed" as a homogeneous group, yet our results show that a support mechanisms that might be accessible to one subgroup (e.g., financial help from peers for a male contractor) might not be for another (e.g., a female freelancer who feels she can only ask her aging parents for help). This suggests that one-size-fits-all policy remedies may fall short.

The findings suggest that existing policy frameworks often overlook gendered differences in how SE'd workers access and mobilize informal support during periods of illness or income disruption. The evidence underscores the need for more nuanced and gender-responsive policy design. For instance, voluntary insurance or savings schemes could be tailored to account for caregiving-related work interruptions that disproportionately affect women, while also recognizing men's preference for maintaining autonomy and self-reliance in seeking support. At the same time, the findings demonstrate that informal support mechanisms alone cannot compensate for structural gaps in formal social protection systems. Addressing these disparities therefore requires policy interventions that complement and strengthen informal networks while reducing gender-based inequalities. Integrating a gender lens into social protection policies can contribute to improving equity, financial security, and overall well-being among SE'd workers [45].

Conclusion

This qualitative study investigated how men and women solo SE'd workers in Ontario, Canada, navigated informal support systems during times of illness, injury, or income loss. Through an interpretive narrative analysis, we uncovered distinct gendered patterns in motivations for SE. Women were often driven to SE by the promise of flexibility, and they leveraged tightly knit family networks for both emotional solace and material aid when adversity struck. Men, in contrast, were more frequently motivated by financial opportunity and autonomy and they tapped into broader peer and community networks for practical support, while typically shying away from overt emotional help-seeking. Both groups shared a heavy reliance on personal savings as a buffer against income loss—a reliance born out of necessity in a policy environment that largely excludes the SE'd from formal safety nets. Indeed, navigating illness or income loss as a solo SE'd worker is a precarious journey, one that men and women traverse with different tools and constraints. Informal support systems act as the unsung social safety net, but they are patchwork and prone to failure where needs outstrip capacity. By shedding light on the gendered dimensions of these informal supports, this study contributes a nuanced perspective to the discourse on precarious work. Ensuring the health and resilience of the ever-growing SE'd workforce will require addressing both the structural gaps, through inclusive policies and social insurance reforms, and the social dynamics, by recognizing and bolstering the varied support systems people rely on. Ultimately, a more equitable and secure future of work must integrate the lessons from such qualitative insights: that no worker, regardless of gender or employment status, should have to face a personal crisis with only their savings and the goodwill of others to depend on. We hope that these findings inform both further research and practical action, so that the burden of illness or adversity is not borne by individuals, and their families, alone but supported by a society that values and protects all workers.

Acknowledgements Authors would like to thank to the participants who shared their views in this research.

Author Contributions THK and EM designed the study; THK collected and analyzed the data; THK wrote the manuscript; all authors critically reviewed and improved this manuscript. The final manuscript was also approved by all authors.

Funding This research was funded by the SSHRC/CIHR Healthy Productive Workforce Partnership Grant (# 895–2018–4009 and #159064).

Data Availability The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Conflict of interests The authors have no relevant financial or non-financial interests to disclose.

Ethical Approval This study received ethics approval from the University of Waterloo Research Ethics Board (ORE # 42202 on January 7, 2021). The authors confirmed that informed consent was obtained from all participants in this research. The informed consent was verbal and was asked from each participant before the interviews started, the ethics committee approved this. The authors also confirmed that all methods were carried out in accordance with the declaration of Helsinki, which was approved by the University of Waterloo Research Ethics Board. This includes the study design, data collection methods, data analysis, and the method of reporting results, maintaining the confidentiality and anonymity of the participants.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication Not Applicable.

References

1. Law Commission of Ontario. Vulnerable workers and precarious work: final report. 2010. https://lco-cdo.org/en/publications/vulnerable-workers-and-precarious-work-final-report/
2. Wall S. Dimensions of precariousness in an emerging sector of self-employment: a study of self-employed nurses. Gend Work Organ. 2015;22(3):221–36.
3. Behrendt C, Nguyen QA. Ensuring universal social protection for the future of work. Transf: Eur Review Labour Res. 2019;25(2):205–19.
4. Sharp L, Torp S, Van Hoof E, de Boer A. Cancer and its impact on work among the self-employed: a need to bridge the knowledge gap. Eur J Cancer Care. 2017;26(5):e12746.
5. Bögenhold D. From hybrid entrepreneurs to entrepreneurial billionaires: observations on the socioeconomic heterogeneity of self-employment. Am Behav Sci. 2019;63(2):129–46.
6. Weil D. Understanding the present and future of work in the fissured workplace context. RSF: The Russell Sage Found J Social Sci. 2019;5(5):147–65.
7. Georgellis Y, Wall HJ. Gender differences in self-employment. Int Rev Appl Econ. 2005;19(3):321–42.
8. Tervo H, Haapanen M. The nature of self-employment: how does gender matter? Int J Entrep Small Bus. 2010;9(3):349–71.
9. Weller S. Using internet video calls in qualitative (longitudinal) interviews: some implications for rapport. Int J Soc Res Methodol. 2017;20(6):613–25.
10. Rico P, Cabrer-Borrás B. Gender differences in self-employment in Spain. Int J Gend Entrep. 2018;10(1):19–38.
11. IWH IowaH 2022 Review synthesizes differences between men, women in injury risks and outcomes. https://www.iwh.on.ca/plain-language-summaries/review-synthesizes-differences-between-men-women-in-injury-risks-and-outcomes
12. Biswas A, Harbin S, Irvin E, Johnston H, Begum M, Tiong M, et al. Differences between men and women in their risk of work injury and disability: a systematic review. Am J Ind Med. 2022;65(7):576–88.
13. Quinlan MG. The effects of non-standard forms of employment on worker health and safety. Geneva: International Labour Organisation; 2015.

14. Taylor M, Marsh G, Nicol D, Broadbent P 2017. Good work: the Taylor review of modern working practices.chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://assets.publishing.service.gov.uk/media/5a82dcdce5274a2e87dc35a4/good-work-taylor-review-modern-working-practices-rg.pdf
15. ILO: world employment social outlook. 2015. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_337069.pdf
16. Khan TH, MacEachen E, Premji S, Neiterman E. Self-employment, illness, and the social security system: a qualitative study of the experiences of solo self-employed workers in Ontario. Can BMC Public Health. 2023;23(1):1–14.
17. Lovei MH 2024. Vincent: labour statistics at a glance: experiences of self-employed workers in Canada, 2024. 2024. https://publications.gc.ca/site/eng/9.937247/publication.html
18. Clare R, Craston A. Super and the self-employed. Sydney, Australia: The Association of Superannuation Funds of Australia Limited (ASFA); 2016
19. Facey ME, Eakin JM. Contingent work and ill-health: conceptualizing the links. Soc Theory Health. 2010;8(4):326–49.
20. OECD employment outlook 2019: The future of work [https://doi.org/10.1787/9ee00155-en]
21. Apouey BH, Stabile M. The effects of self and temporary employment on mental health: the role of the gig economy in the UK [Internet]; 2019.
22. Uppal S. Self-employment among women in Canada. Statistics Canada = Statistique Canada; 2023.
23. Vosko LF, Zukewich N. Precarious by choice? Gender and self-employment. In: Precarious employment: understanding labour market insecurity in Canada; 2006, pp 67–89.
24. Hilbrecht M. Self-employment and experiences of support in a work–family context. J Small Bus Entrep. 2016;28(1):75–96.
25. Boden RJ Jr. Flexible working hours, family responsibilities, and female self-employment: gender differences in self-employment selection. Am J Econ Sociol. 1999;58(1):71–83.
26. Budig MJ. Gender, self-employment, and earnings: the interlocking structures of family and professional status. Gend Soc. 2006;20(6):725–53.
27. Marlow S, Carter S. Accounting for change: professional status, gender disadvantage and self-employment. Women Manag Rev. 2004;19(1):5–17.
28. Sevä IJ, Vinberg S, Nordenmark M, Strandh M. Subjective well-being among the self-employed in Europe: macroeconomy, gender and immigrant status. Small Bus Econ. 2016;46(2):239–53.
29. Lovei M, Hardy V. Experiences of self-employed workers in Canada. Canada: Statistics Canada Statistique; 2024.
30. Cukier W, Gagnon S, Hodson J, Saba T, Grandy G, Morton S, et al. The state of women's entrepreneurship in Canada. Canada: Women Entrepreneurship Knowledge Hub; 2022.
31. Bari L, Turner T, O'Sullivan M. Gender differences in solo self-employment: gendered flexibility and the effects of parenthood. Gend Work Organ. 2021;28(6):2180–98.
32. Ostrow L, Smith C, Penney D, Shumway M. "It suits my needs": Self-employed individuals with psychiatric disabilities and small businesses. Psychiatric rehabil J. 2019;42(2):121.
33. Rietveld CA, Van Kippersluis H, Thurik AR. Self-employment and health: barriers or benefits? Health Econ. 2015;24(10):1302–13.
34. Quinlan M. Workers' compensation and the challenges posed by changing patterns of work: evidence from Australia. Policy Pract Health Saf. 2004;2(1):25–52.
35. Yoon J, Bernell SL. The effect of self-employment on health, access to care, and health behavior. Health. 2013;5(12):2116.
36. Khan TH, MacEachen E, Dunstan D. What social supports are available to self-employed people when Ill or Injured? A comparative policy analysis of Canada and Australia. Int J Environ Res Public Health. 2022;19(9):5310.
37. Arnold NL, Ipsen C. Self-employment policies: changes through the decade. J Disabil Policy Stud. 2005;16(2):115–22.
38. Ashley D, Graf NM. The process and experiences of self-employment among people with disabilities: a qualitative study. Rehabil Counsel Bulletin. 2018;61(2):90–100.
39. Fossen FM, König J. Public health insurance, individual health, and entry into self-employment. Small Bus Econ. 2017;49(3):647–69.
40. Hartman E, Oude Vrielink H, Huirne R, Metz J. Sick leave analysis among self-employed Dutch farmers. Occup Med. 2003;53(7):461–8.
41. McNaughton D, Symons G, Light J, Parsons A. " My dream was to pay taxes": the self-employment experiences of individuals who use augmentative and alternative communication. J Vocat Rehabil. 2006;25(3):181–96.
42. Vermeylen G, Wilkens M, Biletta I, Fromm A, Parent-Thirion A, Rodriguez Contreras R. Exploring self-employment in the European Union. Dublin: Eurofound; 2017.
43. Wu D, Huang JL. Gig work and gig workers: an integrative review and agenda for future research. J Organ Behav. 2024;45(2):183–208.
44. Zietlow RE. The new peonage: Liberty and precarity for workers in the gig economy. Wake Forest L Rev. 2020;55:1087.
45. Khan TH. Self-employment, health, illness, and social security among solo self-employed workers. Dissertation, UWspace: University of Waterloo; 2022.
46. ILO: Ensuring better social protection for self-employed workers. In. Saudia Arabia: International labour organization (ILO) Organisation for Economic Co-operation and Development (OECD); 2020. https://www.ilo.org/publications/ensuring-better-social-protection-self-employed-workers
47. Khan TH, MacEachen, Ellen, Dunstan, Debra: Self-employment and social supports in Canada and Australia: a comparative policy analysis. In: Alberta, Canada: Canadian Association for Work & Labour Studies 2021.
48. Salonen J, Koskinen L, Nummi T. The risk of under-insurance in the Finnish statutory pension scheme for self-employed workers: a trajectory analysis. Int Soc Secur Rev. 2020;73(4):25–48.
49. Lewchuk W, Clarke M, De Wolff A. Working without commitments: precarious employment and health. Work Employ Soc. 2008;22(3):387–406.
50. Dahl MS, Nielsen J, Mojtabai R. The effects of becoming an entrepreneur on the use of psychotropics among entrepreneurs and their spouses. Scandinavian J Public Health. 2010;38(8):857–63.
51. Khan TH, MacEachen E. The role of informal support systems during illness: a qualitative study of solo self-employed workers in Ontario, Canada. PLoS ONE. 2024;19(3):e0297770.
52. Lipman A, Longino CF Jr. Formal and informal support: a conceptual clarification. J Appl Gerontol. 1982;1(1):141–6.
53. Khan TH, MacEachen E, Hopwood P, Goyal J. Self-employment, work and health: a critical narrative review. Work. 2021;70(3):945–57.
54. Allen WD, Curington WP. The self-employment of men and women: what are their motivations? J Lab Res. 2014;35(2):143–61.
55. Archibald MM, Ambagtsheer RC, Casey MG, Lawless M. Using zoom videoconferencing for qualitative data collection: perceptions and experiences of researchers and participants. Int J Qual Methods. 2019;18:1609406919874596.
56. Andres L, Anisef P, Krahn H, Looker D, Thiessen V. The persistence of social structure: cohort, class and gender effects on the occupational aspirations and expectations of Canadian youth. J Youth Stud. 1999;2(3):261–82.

57. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. Int J Qual Methods. 2006;5(1):80–92.
58. (CIHR) CIoHR: Canadian Institutes of Health Research (CIHR). 2018. Sex- and gender-based analysis in health research: a guide for CIHR Applicants. 2018. https://cihr-irsc.gc.ca/e/50833.html
59. Fisher P: Gender differences in personal saving behaviors. J FInanc Couns Plan 2010, 21(1). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2803965
60. Fisher P, Hayhoe C, Lown J. Gender differences in saving behaviors among low-to moderate-income households. Financ Serv Rev. 2015;24(1):1–13.
61. Khan TH, MacEachen E. A furnished house without walls: examining the work and health support systems of self-employed workers in Ontario. Can Saf Health at Work. 2022;13:S201.
62. Battams N: Women are more likely than men to choose self-employment for work–family balance. 2024. https://vanierinstitute.ca/families-count-2024/women-are-more-likely-than-men-to-choose-self-employment-for-workfamily-balance/
63. Marler JH, Moen P. Alternative employment arrangements: a gender perspective. Sex Roles. 2005;52(5):337–49.
64. Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM. The role of masculinity in men's help-seeking for depression: a systematic review. Clin Psychol Rev. 2016;49:106–18.
65. Hamilton E. The discourse of entrepreneurial masculinities (and femininities). Entrep Reg Dev. 2013;25(1–2):90–9.
66. Rai J, Kimmel J. Gender differences in risk preferences: an empirical study using attitudinal and behavioral specifications of risk aversion gender in the Labor market. England: Emerald Group Publishing Limited; 2015. p. 61–91.