

Background

The Australian Longitudinal Study on Women's Health (ALSWH) regularly collects information about how women use their time, including the amount of time spent in paid and unpaid work and leisure, and relates this to health and well-being.

As research has repeatedly shown, Australian women of all ages are spending more time in the paid workforce, but still take the main responsibility for the unpaid care of their families, whatever their paid employment commitments. Despite this, ALSWH data show that, at least in middle age, women with paid work are in better health than those without, but the desirable amount of paid work varies depending on women's other responsibilities.

Employment and wellbeing among mid-age women

Compared to women who are unemployed or not in the labour force, mid-age women in paid work have better physical health and mental wellbeing. Women who are termed "unemployed" are classified as being in the labour force and looking for work. Figure 1 shows that physical health is best among employed women and worst among those who are not in the labour force. Figure 2 shows that employed women have the best mental health, and unemployed women have the worst.

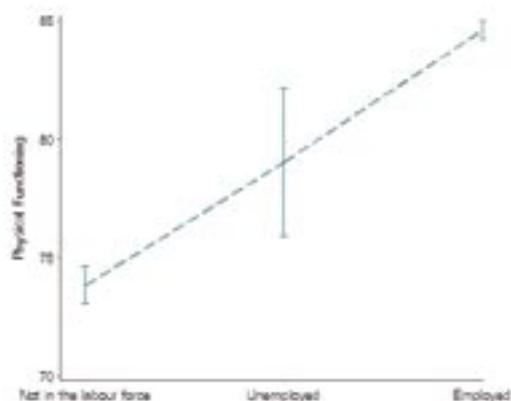


Figure 1. Physical functioning score of mid-age women, according to labour force status (higher score indicates better health) at Survey 3

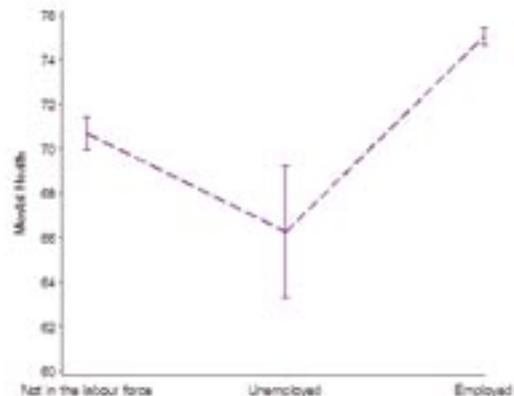


Figure 2. Mental health of mid-age women, according to labour force status at Survey 3 (higher scores indicate better health)

Stability and change in mid-age women's employment

Approximately 40% of mid-age women did not change their pattern of paid work between Survey 1 in 1996 and Survey 3 in 2001 (Figure 3). Although it might be thought that many women would be reducing their participation in the labour force as they move into their fifties, the remaining women were more likely to have increased than to have decreased their hours of paid work.

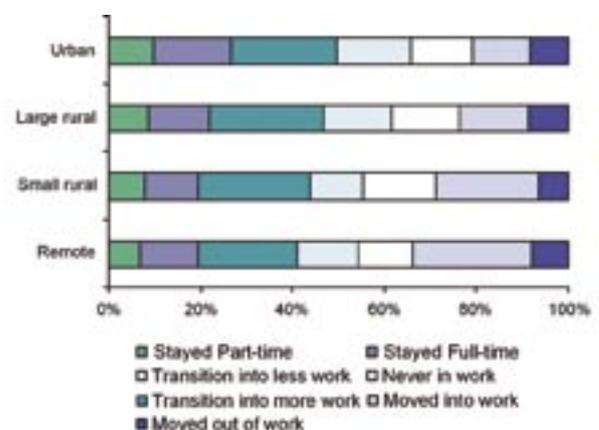


Figure 3. Stability and change in hours worked by mid-age women between Survey 1 and Survey 3, by urban/rural category

Patterns of paid work among mid-age women

At Survey 2, when the women in the mid-age cohort were aged 47 to 52, it appeared that part-time work was the best option for women in this age group. In particular, long part-time employment (about 25-34 hours per week) seemed the most favourable for women's wellbeing at this age, as they were juggling paid work and unpaid family responsibilities.

At Survey 3, three years later, the pattern of paid work which was associated with the best health among these same women had changed from long part-time hours to full-time work. This has co-occurred with life-stage changes. Over the three years between surveys, 20% of women in the mid-age cohort said that their children had moved away from home. This has been associated with a movement into longer hours of paid work, and better well-being among those in full-time employment (see Figure 4).

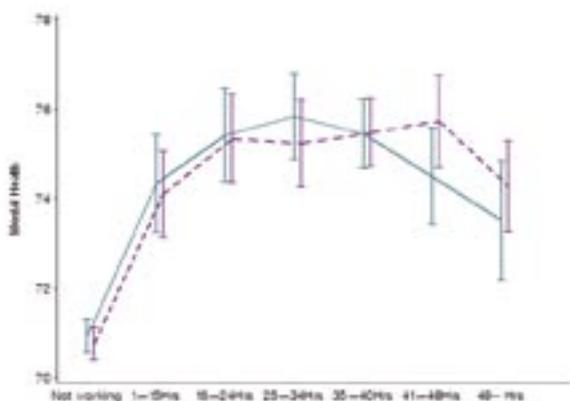


Figure 4. Mental health score of mid-age women, according to hours of paid work, Surveys 2 (solid line) and 3 (dashed line) - higher score indicates better health

For women who change their workforce participation, for example as a result of marriage breakdown, paid work has provided for their independence and financial resources. A significant minority of mid-age women do not have a male partner, with the percentage rising from 16% at Survey 1 to 24% at Survey 3.

Many mid-age women enjoy the challenges and rewards of paid work, but paid work at times has adverse effects on general health, as can be seen from their additional comments.

“

I also have fairly severe pain in my right shoulder & arm pain going into my hand as well. I suspect this is from my job (heavy lifting) over a long period of years working as a nurse.

”

“

I have worked most of my life on the land and mainly as a shearer (not many women shearers) and lately a wool handler (rouseabout) both are physically demanding jobs - this is why I have back and neck problems.

”

Hours of paid work and women's health

Amongst the mid-age cohort, there was an overall increase in hours of paid work over the three years from 1998 to 2001, generally because those with paid work moved to longer working weeks. This suggests women are able to manage longer working hours as their other responsibilities change, but there seem to be some negative effects associated with increases beyond a certain level. At Survey 3, women who were working full-time in 1998, and had further increased their hours by 2001, showed a decline in their mental wellbeing.

“

All my friends (and myself) are employed in professional positions. We are all working longer hours and with more demands than previously - this is particularly so in the last 1-3 years. Several friends who hold senior positions have needed to take extended stress leave or leave for depression. Fortunately this has not occurred to me as I am confident enough to say NO when I think that demands are unrealistic. However I believe that this situation will have a detrimental effect on many women in the future

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Women who indicate that they are happy with their hours of paid work generally have higher scores on both physical and mental health scales than women who are not happy. This is true irrespective of how many hours women actually work, though ALSWH data show that differences in type of occupation, living arrangement (partnered, not partnered) and caring responsibilities (for own children and others) influence women's preferences for the amount of paid work they do.

Preliminary results from ongoing ALSWH investigations into sole motherhood indicate that mid-age sole mothers are as likely to be employed as other mothers, but they experience greater economic stress and poorer mental health.

Time Pressure

At Survey 2, women who would like to work fewer hours had lower mental health scores, compared to other employed women (although not as low as those with no paid work). This points to the health effects of feeling rushed, pressured and too busy. However, it is also notable that ALSWH women in professional jobs, with higher levels of work satisfaction, interest and financial rewards, manage long work hours better than do women in unskilled or semi-skilled work.

The health of mid-age women who consistently remain in paid work is better than those who don't do any paid work, and also better than women who have moved in and out of the paid workforce during the survey period (Figure 5).

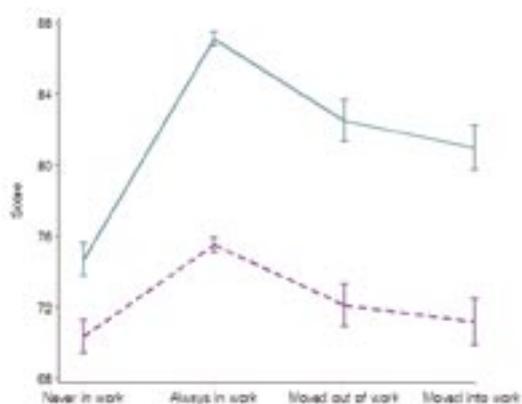


Figure 5. Scores for physical health (solid line) and mental health (dashed line) by change in labour force status between Survey 2 and Survey 3 (higher scores indicate better health)

Those who were doing shift work, night work, and working at home were more likely to move in and out of these situations over the survey period than to show a consistent pattern of work. This suggests that these patterns of employment are difficult to sustain long-term and may be particularly difficult to balance with changing family responsibilities.

Women who care for an elderly relative or for someone who is ill appear to have particular difficulties juggling their time. ALSWH data show that they are more likely to leave the workforce than those who do not become carers.

Employed parents face particular challenges in balancing their work and family responsibilities. Women in paid work who are living with a partner and children are more time pressured than other employed women (see Figure 6).

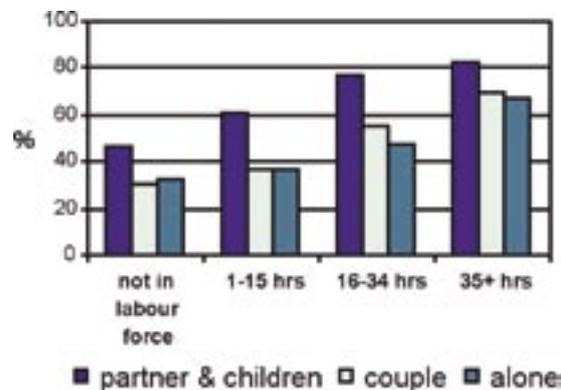


Figure 6. Percentage of mid-age women who report that they often feel time pressured, by household type and hours of paid work, Survey 3

The Next Generation

Although expectations and opportunities for women have changed, the younger generation of women now in their 20s continues to experience the same sense of time pressure that their mothers' generation feels. They too report feeling high levels of time pressure, which increase as their hours of paid work increase. Consistent with the effects on mid-age women, Figure 7 clearly shows that mental health scores decline when younger women experience increases in time pressure.

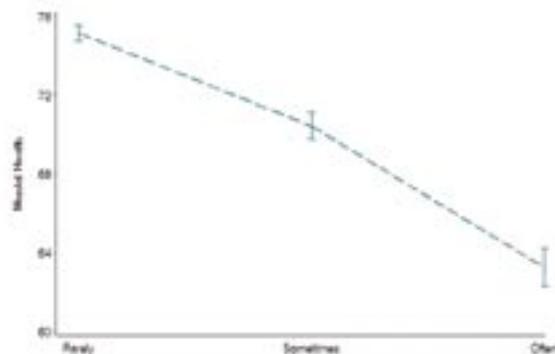


Figure 7. Mental health scores of younger women at Survey 3, by frequency of reported time pressure (higher scores indicate better health)

The Australian Longitudinal Study on Women's Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.
The study:

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

Policy Issues

- The ALSWH finding that paid work is associated with good health is compatible with current policy directions promoting greater work force participation for all Australians.
- While many mid-age women are working longer hours, those who feel time pressured report lower levels of well-being, and this raises questions about the culture of long hours amongst Australian workers.
- Women with a partner and children are more likely to feel time-pressured than women living alone, or living only with a partner. This is associated with adverse effects on their wellbeing. Amongst Australian workers, partnered couple families are in particular need of support.
- Women with a stable employment history experience better health than those who move into and out of the workforce. The trend to move out of the workforce includes women whose own health is poor, but also those who leave work to care for a relative. For such women strategies are needed to enable them to more readily combine their paid and unpaid work responsibilities.
- In middle age, Australian women are working longer hours in paid employment. However many of these women have had fragmented careers earlier in life and as a result may have low levels of superannuation, with implications for their ability to self-fund their retirement in their older years. Questions on the issue of superannuation have been added to Survey 4 of the Mid Cohort and implications will be explored in future analyses.
- Further consideration is needed of the situation of mid-age sole mothers, who are as likely to be employed as other mothers, but have greater economic stress and poorer mental health.



Younger women's aspirations

Younger women have high hopes for the future. By the age of 35, the majority aspire to have a professional or managerial occupation, to have one or two children, and to be in a stable relationship. Comparison with the actual jobs of their mothers' generation is complicated by differences in education and life opportunities, but Figure 8 suggests that they may well not achieve their occupational aspirations, which are considerably higher than the occupations actually undertaken by their mothers' generation.

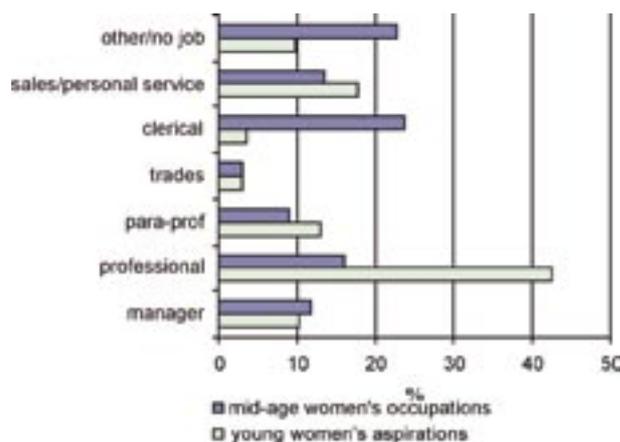


Figure 8. Younger women's aspirations and mid-age women's actual occupations, Survey 1



Find out more

Background information on the entire project can be found in the companion report in this series:
Australian Longitudinal Study on Women's Health: The First Decade.

For surveys, details of scientific publications, and other information see the project website:

<http://www.newcastle.edu.au/centre/wha>

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