



**Women's experiences of paid work and planning for
retirement**

*Report to the Office for Women,
Department of Families, Community Services and Indigenous Affairs*

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THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

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EXECUTIVE SUMMARY

The “greying” of the Australian population is raising many issues for health and social policy, including future service provision for older people and the need to maintain a critical mass in the workforce. As the retirement age is pushed further back, and those who are ageing are encouraged to remain in their homes and in good health for as long as possible, there is a need to know more about the working lives of women, their expectations and plans for retirement, and their continuing participation in paid and unpaid work, including caring. At present there is a lack of research into these issues, with research on retirement tending to focus on men.

The *Australian Longitudinal Study on Women’s Health* (ALSWH – also known as *Women’s Health Australia*) is well placed to contribute information on women’s experiences of work and retirement. ALSWH is a longitudinal population-based study that examines the health of a national sample of over 40,000 Australian women in three age groups. Women in the mid-age cohort were aged 45-50 at the time of the first postal survey in 1996. Since that time, the women have been invited to complete three follow-up surveys: Survey 2 in 1998; Survey 3 in 2001; and Survey 4 in 2004.

While each survey includes a large number of closed questions about health and lifestyle, including work experiences, the fourth survey for mid-age women in 2004 (then aged 53-58) also asked a series of questions about retirement (see Appendix A).

This report includes ALSWH data on paid and unpaid work; mid-age women’s retirement status; their intentions and expectations about age of retirement; retirement income; motivations for retirement; and patterns and predictors of labour market attachment.

Main findings

Paid and unpaid work

- Almost 30% of participants in the mid-age cohort increased their hours of work over the eight years between Survey 1 in 1996 and Survey 4 in 2004.
- More women moved into paid work than moved out of paid work during the period 1996-2004.
- There is a clear association between employment and women’s health. Women who were always in paid work between Survey 1 and Survey 4 had both higher mental and physical health scores than women who were unemployed or whose labour market participation was intermittent, including those who moved out of work, or ‘retired’, during that period.
- Working part-time around 16 to 24 hours per week is consistently associated with optimum mental health for mid-age women. The mental health score of women working longer part-time and full-time hours was higher in 2004 than the score of women who reported those hours at earlier surveys, and this may be linked to a decrease in unpaid work as children move out of home. Working very long hours (more than 49 hours per week) remains prejudicial to mental health.
- While physical health declines generally as women age, some appear to cope better with longer hours of paid work. It is important to remember that the data reported here do not explain the direction of the association, ie. whether good

physical health makes it possible to work long hours, or whether working long hours contributes to good physical health.

- Better health is associated with working the number of hours one prefers. It seems to be immaterial just how many hours this is. This applies generally to physical health but is more marked for mental health.
- In 2004, approximately one quarter of all women in the mid-age cohort were providing care or assistance to someone due to long-term illness, disability or frailty.
- Women who were providing care for someone who was ill, frail or disabled, were less likely to be consistently in the workforce.

Retirement status

- In 2004, 65% of mid-age respondents said they were not retired. Just over 10% said they were 'partially' retired, and about 20% had already 'completely' retired.
- Women who had not retired were more likely to be separated or divorced than married or widowed, have more educational and occupational qualifications, and to have dependent children still at home. Area of residence was not significantly associated with retirement status.

Intentions and expectations about retirement age

- Almost half of the women who were not retired in 2004 did not know when they *expected* to retire, and about a third were not sure when they *would like* to retire.
- Although only 10% *expected* to retire before they were 60, almost 30% indicated they would *like* to retire before 60.
- Some forms of non-standard work, particularly casual work and self-employment, were more likely to be associated with uncertainty about retirement age.
- The less education a woman had, the more uncertain she was about when she might expect to retire.
- Women who would like to work beyond age 60 were more likely to have a tertiary education.
- Women who were not in paid work at Survey 4, as well as those in lower status occupations, were less likely than other women to have a definite idea about when they expected to retire.

Sources of retirement income

- A greater percentage of women who had not yet retired compared with those who were already retired indicated that they will be looking to some form of government support, i.e. an age pension, in their retirement.
- Women who were separated, divorced or widowed will be more likely to be reliant on the government than those who were currently partnered, or those who had never had a partner.
- Women in lower status occupations appeared more likely to be reliant on a government pension to fund their retirement, while the majority of those in higher status professional and managerial occupations were likely to have other sources of retirement income.
- Women who expected to be reliant on government funding reported poorer mental health and also poorer physical health than those who have access to other resources.

Motivations for retirement

- The two factors equally of most importance in women's decision to retire were their own health and their financial security.
- Being able to access superannuation was only slightly ahead of the desire for a lifestyle change as a motivating factor for retiring.
- The need to provide care was also important for over 60% of women.
- ALSWH data show that the retirement of a spouse or partner, whether recent or more long-standing, is significantly associated with women's retirement. The same significance does not apply to a spouse or partner being made redundant, or to the death of spouse or partner. However, a partner's poor health is linked to retirement.
- Although some women retired when their partner was made redundant, or when the partner died, others moved into work, possibly due to the need to bring in replacement income.
- Also linked to retirement was the birth of a grandchild.

Patterns and predictors of women's labour market attachment

On the assumption that there is particular policy interest in understanding why some women 'prematurely' leave the workforce and, conversely, why others remain in paid work in their mid-age years, factors associated with changes in labour force attachment and retirement status over the four surveys between 1996 and 2004 were investigated. The data were analysed using logistic regression models for four groups: women who retired 'early' (i.e. were in paid work at Survey 1 but left the workforce thereafter); those consistently in paid work over the course of the ALSWH; those who moved into and out of employment 'erratically' during this period, and those who were 'later starters' in the labour market (i.e. took up paid work at some time after Survey 1 and remained in employment). These models include factors that may be either a cause or an effect of a particular work pattern.

After adjusting for area of residence, the following factors were associated with increased odds of being an early retiree compared with women who were always in paid work:

- having difficulty managing on available income
- providing care for someone
- partner having retired in the previous year
- rarely feeling rushed
- seeing a general practitioner more often

In contrast, the following factors were associated with decreased odds of being an early retiree, again compared with women always in paid work

- finding it easy to manage on available income
- being single, divorced or separated rather than married or widowed
- having dependent children
- being satisfied with work achievements
- feeling rushed most days of the week
- having more education

The profile of women with an erratic pattern of paid work (compared with women always in work) included the following:

- having difficulty managing on their available income
- providing care for someone
- rarely feeling rushed
- having more general practitioner visits

- living in a rural or — in particular — a remote area

In contrast, decreased odds of working intermittently were associated with:

- having more education
- being married
- feeling satisfied with work achievements

The following factors were associated with increased odds of being a later entrant into the labour market, compared with women who were 'never in paid work' (i.e. not in paid work at any survey):

- having more education
- being divorced or in a de facto relationship or, in particular, being separated
- being satisfied with their work achievements
- experiencing regular time pressure

In contrast, there were decreased odds of being a 'late starter' for women who:

- were providing care for someone
- had difficulty managing on their income
- had more general practitioner visits

As already noted, these factors may either exist prior to, or conversely be the result of, a particular work pattern. For example, the relationship between 'early retirement' and having financial concerns is likely to reflect income after giving up work, rather than before.

Conclusion

The findings detailed in this report highlight the precarious socio-economic situation for many women in mid-age and beyond. Their poorer economic security relative to men has been well-documented in the literature. Women's traditionally poorer attachment to the labour force in their younger years results in disadvantage in regard to retirement income, particularly for those who are separated or divorced. The findings also point to close links between paid work and women's health, and the clear need not only for greater support for carers, who are at risk of poorer health themselves, but also information for potential caregivers about the implications of withdrawing from the labour force. They highlight the importance of education for women, including access to ongoing further education and training in their mature years, and maintaining participation in paid work. Cultural based gendered expectations may be indicated in the extent to which mid-age women are involved in childcare and the influence that the birth of a grandchild has on women's retirement decisions. By implication, the findings also suggest that present generations of younger women need evidence-based information and advice about financial planning.

Further information on women's experiences of paid work and retirement will be available as more data are collected in the longitudinal study. Retirement questions are included in Survey 5, which will be conducted later in 2007. These data will offer the opportunity to look at changes in women's experiences of paid work and planning for retirement as they move further into their late fifties and early sixties.

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PART A

INTRODUCTION

Women, work, and retirement in Australia

o Background to the report

Despite the considerable attention that has been given, both in the media and by government, in the last decade to the ageing of the Australian population and the associated workforce and health implications, little is known either about women's attitudes towards retirement or the factors that shape them (Quine and Carter, 2004; Warren, 2006). As Dowrick and McDonald (2002) remark in their response to *The Intergenerational Report*, projection models cannot rely on current trends because these are subject to variability, particularly with respect to the massive increase in female work participation rates and the accompanying shift in women's attitudes towards work that flowed on from the social liberation movements of the 1960s.

Australian policymakers are confronting issues of future service provision for older people and the need to maintain a critical mass in the workforce. Similar increasing anxiety in regard to these issues has been identified in other western industrialised nations (Auer and Fortuny, 2000). The information in this report is relevant to the federal government's linked policy objectives of increasing the labour force participation rate of older workers and the retirement savings of individuals (House of Representatives, 2005). It is also relevant to government policy aimed at maximising the health and well-being of older Australians.

An important life event for older women is an episode of ill-health. These 'events' have been linked to a higher incidence of retirement in a number of Australian studies (ABS, 1997) and contribute to the tendency for Australian workers to exit the labour market at a higher rate than the OECD average (OECD, 2005).

As the retirement age is pushed further back, and those who are ageing are encouraged to remain in their homes and in good health for as long as possible, there is a need to know more about the working lives of women, their expectations and plans for retirement or for continued participation in paid and unpaid work, including caring.

The *Australian Longitudinal Study on Women's Health* (ALSWH – also known as *Women's Health Australia*) is well placed to allow us to examine these experiences. ALSWH is a longitudinal population-based study that examines the health of a national sample of over 40,000 Australian women in three age groups. Women in the mid-age cohort were aged 45-50 at the time of the first postal survey in 1996. Since that time, the women have been invited to complete three follow-up surveys: Survey 2, in 1998; Survey 3 in 2001, and Survey 4 in 2004. In each Survey, women were asked to answer a large number of closed questions about their health and lifestyle. In Survey 4 in 2004, a series of questions about retirement was included. Data from those questions provides the content for this report. The Study itself is described in further detail in the next section.

o The historical context

Many 'baby boomer' women did not expect to return to work after they had children, but most did return to work and many worked through their childbearing years. Their return to work was legitimated by many social policy advances – EEO, affirmative action, sexual harassment legislation, and the impetus of the women's movement generally (Everingham et al, 2006). Their experiences of paid work were typically fragmented, with accompanying disadvantage in respect of status, seniority and economic returns (see, for example, Game and Pringle, 1983; Waring, 1988; Probert, 1990; Arun *et al*, 2004). Some women were not 'employed' in the conventional sense, but were partners in a 'dual-person' (Papanek, 1973) or 'vicarious' career (Finch, 1983), supporting a husband who was typically in an occupational area such as the diplomatic service or was a self-

employed professional or tradesman. With the introduction of no fault divorce in the 1970s, many left unsatisfactory marriages, but the higher divorce rate has meant that there were more single mothers, for whom life was a struggle until at least their 40s and 50s (Loxton, 2005).

For those who did paid work on their own account, 'retirement' belonged to the world of their breadwinner partners. Retirement can be conceptualised as a doorway through which men pass when they leave the paid workforce. This is not necessarily so for women, particularly those who have spent a considerable proportion of their lives out of the paid workforce, caring for others. Women have been more likely to move in and out of the workforce, juggling work and family, rather than remain on the male career trajectory of full-time work leading to retirement (Everingham *et al*, 2006). Although the increase in dual-earner couples means that retirement decision-making is likely to become more interdependent, women's retirement decisions are still more influenced by their partners than men's (Pienta and Hayward, 2002).

One contrast to the trend for lower workforce participation at older ages is that, unlike men, older women have become more active in the labour force (Parliament of the Commonwealth of Australia, 2000; Vanden Heuvel, 1999). For women aged 45-54 years, participation rates rose from 50.7% in 1984 to 75% in 2004; for women aged 55-64 participation increased from 20.3% to 43.8%. In comparison, participation for men aged 45-54 decreased slightly over the two decades, from 90.1% to 88.0%, although for men aged 55-64 there was a slight increase from 61.2% in 1984 to 65.3% in 2004 (ABS, 2006c).

Although the working lives of women who are now in mid-life may have been fragmented, many of them have developed a very strong attachment to the labour force and in fact have found their careers accelerating into their forties and fifties (Warner-Smith, 1996). There is also an increasing trend to self-employment among older people (Huber and Skidmore, 2003) and women (Cohen, 1996). In the last twenty years the number of self-employed women in Australia has risen by over one third, from about 275,000 in 1984 to over 400,000 in 2006 (ABS, 2006a).

The fact that many 'baby boomer' women are enjoying their independence in these pre-retirement years suggests that they may not necessarily want to retire in their 60s. This problematises the expectation that these women will readily assume caring responsibilities, either for ageing, frail husbands and other relatives, or provide childcare for their grandchildren, in the same way as their mothers have done (Huber and Skidmore, 2003). While they may be prepared to provide such care, their response may be contingent on an unexpected crisis, rather than automatically moving into the carer role as part of their ageing maternal persona. This generation may exhibit quite significant shifts in attitudes towards work and retirement, which will have very important social and policy implications.

○ **The economic context**

A recent report on retirement published by the Australian Government Office for Women (OfW), *Aspects of Retirement for Older Women*, has a particular economic focus and deals comprehensively with issues of financial security (Warren, 2006). The report may be obtained from OfW¹ and therefore the findings will not be repeated here, but they underline the disadvantage faced by many women in retirement compared to men and identify a number of reasons for this.

Firstly, prior to the introduction of compulsory superannuation, women were more likely to be in jobs where their employer did not contribute to a superannuation fund on their behalf. Even with the introduction of compulsory superannuation, women receive less because contributions are usually based on a percentage of total salary and, on average, men's earnings are higher than women's, and more women than men work in low-paying occupations. Furthermore, women are more likely to work part time and to experience periods of career interruption because of caring responsibilities... Even when women re-enter the workforce later in life, their superannuation contributions accumulate far less interest than people who have had an unbroken career path (Warren, 2006).

The threshold for compulsory superannuation contributions is an income of \$450 per month, which is one reason why women, who as noted above are more likely to be in part-time employment, have lower contributions or no contributions. In 2004-05, among retired people only two thirds as many women as men

¹ http://ofw.facs.gov.au/downloads/pdfs/Aspect_of_Retirement%20report_final.pdf

had ever contributed to a superannuation fund. Although this contrasts with the situation for non-retired people, where almost as many women as men (just over 90%) had made contributions to a fund (ABS, 2006b), women have some ground to make up. Data from the HILDA project showed that in 2002, among people aged 55-59 who were still employed, 82% of women and 84% of men had some superannuation, with women having an average of \$69,505 and men averaging \$189,555 (Warren, 2006).

Similar evidence is cited in a research report by Ross Clare for the Association of Superannuation Funds of Australia (ASFA). In 2002, 69% of all men aged 55-64 had some superannuation, with the average amount being \$183,600. This compares with 53% of all women of the same age having some superannuation, with an average amount of \$94,700 (Clare, 2005).

Over the last 20 years or so there have been fundamental changes to occupational superannuation. Most traditional superannuation schemes were based on a model of a male employee, with subsidiary benefits for dependants, defined to be to an opposite sex spouse and infant children. Married women were often forced to leave employment and the superannuation scheme on marriage. Legislative and labour force developments have fundamentally changed the nature of superannuation. ... However, challenges remain. In particular, many women will retire with only modest amounts of superannuation (Clare, 2005).

Modelling indicates that in the year 2019-20 women will hold \$600 billion, or one third of total projected superannuation assets of \$1,800 billion (Olsberg, 2004). ASFA quotes a projected real average superannuation balance for women of \$77,000 in 2019, and \$121,000 for men². This is consistent with the persistence of lower labour force participation rates for younger Australian women compared to men, and their greater representation in part-time work, largely due to the maintenance of the traditional gendered division of labour underpinning family formation (Craig, 2006). This scenario suggests that younger women need good financial planning. While women over 55 often access financial information or advice from government departments and community organisations, the primary source of financial information for younger women is family and friends (Department for Victorian Communities, 2005).

Caring: The 'sandwich generation'

An important life experience of women in this age group is that of caring for older relatives, or other people who are frail, ill or disabled. Approximately 25% of all Australian women in their fifties are carers of other people (ABS 2005a). This high rate is due to a combination of the need for assistance of elderly parents and an increased likelihood of a partner having a disability. Many women concurrently also have children who still rely on them in some way, and they are thus 'sandwiched' between two dependent generations.

UK research has indicated that caring is related to early retirement.

24% of retired men aged 45-59, and 28% of retired women of this age, are carers. Some of them will have given up their jobs prematurely to accommodate their caring role (Yeandle et al, 2006:9).

The need to provide care for a relative in poor health has been cited as the reason for one-sixth of women aged 55 to 59 leaving employment in the UK (Blaikie, 1999). In the United States, the most common reason for men retiring earlier than planned was the offer of a 'golden handshake', whereas for women it was caregiving (Gross, 2005). American wives caring for their husbands were five times more likely to retire than women who were not caregivers, whereas husbands caring for their wives were substantially slower to retire (Dentinger and Clarkberg, 2006). However, workplace policies were found to make a difference in retaining American women with caring responsibilities in paid work (Pavalko and Henderson, 2006).

It is anticipated that the demand for elder and disability care in Australia will continue to rise but that a declining share will be met by informal care (NATSEM, 2004). There is evidence that these elder care roles currently undermine Australian women's ability to participate in paid work. The ABS (2005a) identified that almost 40% of all primary carers would like to combine their caring role with paid work, but many face barriers to participation. As mature age workers, older carers who would like to return to work when their caring responsibilities end, such as when a relative is institutionalised or dies, find it more difficult than younger workers to find employment (ABS, 2005b).

² <http://www.superannuation.asn.au>

In the UK, too, it has been found that many carers want to combine paid work with caring, with some seeing employment as 'saving their sanity'. However, it was also the case that carers' decision-making about work and retirement was influenced by a variety of factors often based on short-term imperatives, and was marked by a lack of information about pension implications and entitlements (Arksey *et al*, 2005).

In 1996, the International Labour Organisation (ILO) noted that '*there are still enormous gaps in the information available to us*' (Hoskins, 1996: 4). It argued that more complex issues required further investigation, identifying a need for specific information about informal caregivers, vulnerable workers, and work-life balance. While this is still the case, research that has addressed this need has shown, for example, that there is a 'business case' for providing carer-friendly policies and practices to facilitate the combination of employment and caring (Swan and Cooper, 2005; Yeandle *et al*, 2006). However, a persistent issue is the extent to which caring responsibilities can also jeopardise the health of employed carers themselves.

Working carers – men and women, in full- and part-time work – pay a considerable penalty in terms of their own health. Those with heavy caring responsibilities are 2-3 times more likely than non-carers to have poor general health. (Yeandle *et al*, 2006: 9)

With paid work normalising for women in the childbearing years, the increasing need for childcare is another issue: one reason for some women wanting to only work part-time in their fifties is so that they have time with their grandchildren. In Australia, around two thirds of informal childcare is provided by grandparents. In June 2002, 48.7% of all Australian children used some form of childcare. Of those who used informal care (32.9% of all children), 19.1% were cared for by grandparent/s (ABS 2002). In 1997, the estimated value of unpaid childcare that was done by grandmothers was over five thousand dollars per annum per woman for women aged 45-54, and almost three thousand dollars for women aged 55-65 (de Vaus, Gray and Stanton, 2003). There is also evidence that grandparental custody and primary care of grandchildren is an increasing phenomenon in Australia, resulting largely from parental drug use (COTA, 2003).

o **Looking forward**

The majority of Australian women approaching 'retirement age' are either not retired or only partially retired. Of the 610,000 Australian women who were aged 55-59 in 2004, 55% were employed either full or part-time, 7% were looking for work, 2% were unemployed and 5% had never been employed for more than two weeks. Less than one third (31%) were retired. Of the employed women, 57% were working full-time and 43% were working part-time. Around seven percent of all employed women in this age group said that they never intended to retire (ABS, 2006b).

Recent policy initiatives aimed at encouraging older workers to remain in employment include gradually increasing the age at which women can access the age pension³, ongoing increases to the minimum age for accessing superannuation benefits, and the introduction of incentives for workers who stay on in employment beyond the Age Pension age (eg the Pension Bonus Scheme) (ABS, 2005b). It may be that the cohort of women now confronting retirement will be more disadvantaged than their mothers' generation, even though they have enjoyed greater freedom throughout their lives (English, 2000).

However, they may be less likely to need healthcare services to the same extent, or at the same age, as today's older women. On the other hand, they may have higher expectations for their health and be more demanding of such services. They are also likely to face a world where services are based increasingly on a user-pays system – for health care, nursing homes and services. It is also likely that many will face old age alone. Despite the trend that shows life expectancies for men and women are edging closer together, the higher death rates for males — exacerbated by the fact that most of the baby boomer women married older partners, coupled with high divorce rates for this group — means that almost two million Australian women may be living alone in 20 years. This is double the present number of elderly single female households (ABS 2005).

³ The eligibility age for men is 65 but it differs for women depending on their age. By 2014 the minimum qualifying age for women will be 65, making it the same for everyone. See http://www.centrelink.gov.au/internet/internet.nsf/payments/qual_how_agepens.htm

Quine and Carter (2004) argue that there is a paucity of published research on Australian baby boomers' expectations for their old age, and that there is a need for empirical research obtaining information directly from baby boomers themselves. Women's longer life expectancy than men's means that it is important to have a sound empirical understanding of the nature of their current employment and retirement plans and patterns in order to consider the implications of the ageing of the Australian population for health and welfare services. The *Australian Longitudinal Study on Women's Health* is strategically placed to explore questions that will contribute to the unfolding debates around issues of employment and productivity in an ageing Australia.

Methods

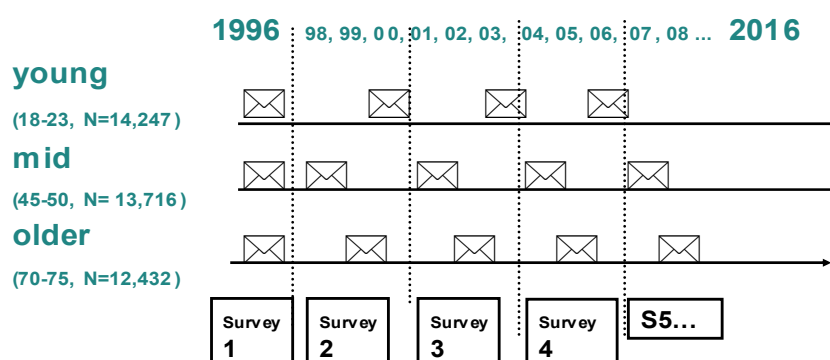
The Australian Longitudinal Study on Women's Health

The *Australian Longitudinal Study on Women's Health* (ALSWH) is a large population-based study planned to run for at least 20 years. In 1996, three age-cohorts of women were established through random sampling from the Health Insurance Commission (Medicare) database. Women living in rural and remote parts of Australia were deliberately over-sampled (at twice the rate of women living in urban areas) to allow precise estimates of health for women living in different parts of Australia and to enable insights into the different experiences and changes in health for women living in different areas.

The ALSWH was designed to explore factors that influence health among women who are broadly representative of the entire Australian population. The study assesses physical and emotional health; time use (including paid and unpaid work, family roles, and leisure); socio-demographic factors (location, education, employment, family composition); and life stages and key events (such as childbirth, divorce, widowhood). The details of the ALSWH methodology have been published elsewhere (Brown *et al*, 1996; Brown *et al*, 1998; Lee, *et al*, 2005) and can be accessed on the Study's website at www.alswh.org.au.

Figure 1 provides an overview of the ALSWH timeline. Women in the mid-age cohort were aged 45-50 at the time of the first postal survey in 1996. Since that time, the women have been invited to complete three follow-up surveys: Survey 2, in 1998; Survey 3 in 2001, and Survey 4 in 2004. In each survey, women were asked to answer a large number of closed questions about their health and lifestyle, and to provide comments in response to a final open-ended question.

Figure 1 ALSWH timeline



The main measure of health used in the study is the Medical Outcomes Study Short-Form 36 (SF-36) Health Survey, which is an international standard generic measure of health-related quality of life. This instrument provides two summary measures: the 'physical health component score' (PCS) and the 'mental health component score' (MCS). Each score is measured on a scale of 0-100, with higher scores representing better health.

Women were asked to provide comments on their own circumstances or on issues raised in the survey by means of the final open-ended question: *Is there anything you would like to tell us? Have we forgotten anything?* Where comments are reproduced in this report, potentially identifying details have been modified in order to maintain the anonymity of the participants.

In Survey 4, a series of questions about retirement was included. Retirement questions were initially based on those used in the Wave 3 Household Income and Labour Dynamics in Australia (HILDA) Survey⁴, but were modified and additions made. See Appendix 1 for the full wording of ALSWH survey questions used in this report. Frequencies for the variables used in the report can be accessed in the data books for the mid-age cohort on the ALSWH web site at www.alswh.org.au.

From this point throughout the report, 'M' followed by a number signifies a specific mid-age survey. For example, M4 refers to the fourth survey for the mid-age cohort.

o **Classifications and definitions**

The following notes provide some explanations for the creation of categories used in this report.

Sampling from the population was random within the mid-age group, except that women from rural and remote areas were sampled at twice the rate of women in urban areas. This over sampling meant that the numbers living outside major urban areas were large enough to allow statistical comparisons of the circumstances and health of city and country women, an important issue for Australia now and in the future.

In 1996, 13716 mid-age women responded to M1. In 1998, 12338 mid-age women responded to M2. In 2001, 11200 mid-age women responded to M3. In 2004, 10905 mid-age women responded to M4. Of the 13716 women who completed M1, 9861 have responded to all four surveys.

Occupation

Occupation was measured at M1, M3 and M4. There were some differences in coding and examples for the occupation question at the three surveys. One major difference was that a registered nurse was classified as a para-professional at M1 but as a professional at M3 and M4. It is obvious that at least 397 women answered according to the classification; others may not have answered this way. As a result of these differences, we have decided to combine managerial, professional and para-professional as professional. Based on this classification, 81% (2793/3455) of professionals at M1 were working as professionals at subsequent surveys or have ceased work. Another difference was the classification of clerical workers as administrative assistant, sales or service worker at M1 and as advanced, intermediate and elementary clerical, sales or service worker at M3 and M4. Therefore the two clerical classifications at M1 and the three classifications at M3 and M4 make up clerical. Other classifications are tradesperson; production, transport or manual worker; and no paid job. Another category at M1 was 'other occupation' and this was recoded to an occupation based on the response at M3. This reclassification would make up occupation at M1 and is used for the tables that include occupation. Women were asked to give their occupation at M2 and these were then coded, whereas in M1, M3 and M4 the women were given occupation categories with examples from which to choose.

Area: RRMA

Women were classified into area using the Rural, Remote and Metropolitan Area (RRMA) classification system. Using the 7 RRMA classifications, area was reclassified as outlined below:

⁴ www.melbourneinstitute.com/hilda

New Classification	RRMA Classification	Old Classification	RRMA Classification
Urban	1,2	Metropolitan	1,2
Large Rural Centre	3	Rural	3,4,5
Small Rural Centre	4	Remote	6,7
Remote	5,6,7		

Retirement Status

Women who were not retired or partially retired were classified as not retired. Women who had retired less than 20 years ago or more than 20 years ago or who had never worked were classified as retired.

Retirement Age

Retirement age was determined for participants whose status was classified as retired at M4. M4 was conducted in 2004, therefore retirement age was determined by subtracting the number of years retired (2004 minus year in which retired) from the participant's age (age at M1 survey plus eight).

Hours Worked

The hours worked were divided into four categories as follows:

Work Classification	Hours worked
Not in paid work	0
Part-time work	1-34
Fulltime work	35-40
Overtime/long hours	41+

Funding Retirement

Sources of income were dichotomised. Participants were entitled to answer multiple options. To make these groups mutually exclusive, anyone who answered that they received an Age pension/Service pension/War Widow's pension or other government pension or allowance, whether they answered some of the non-government options or not, were classified as receiving government funding. Otherwise they fell into the category of non-government funding. The two categories and option classification are outlined below.

Government:

- Age pension/Service pension/War Widow's pension
- Other government pension or allowance

Non-government:

- Lump sum superannuation
- Pension or annuity purchased with super or other funds
- Income from savings
- Income from a business
- Income/pension from spouse/partner
- Financial support from family
- Other

Marital Status

A standard married status variable was created for consistency across the surveys. Same sex and opposite sex de facto relationship categories were combined into one category called de facto relationship. The options for the marital status variable are set out below.

- Married
- De facto
 - De facto opposite sex
 - De facto same sex
- Separated
- Divorced
- Widowed
- Never married

Education Level

The highest education qualification obtained was asked at M1 with six options given. These options were reduced to 4 categories:

- Some schooling (None/year 10)
 - No formal qualifications
 - School or Intermediate Certificate
- Higher School or Leaving Certificate
 - Finished school (Year 12)
- Trade/apprenticeship or Certificate/Diploma
- Degree/Higher degree
 - University degree
 - Higher University degree

Ability to manage on their income

Collapsed from five categories to three:

- Impossible/difficult
- Sometimes difficult
- Not too bad/easy

Managing time

How often participants are rushed, pressured or busy was collapsed into three categories:

- Every day, few times a week
- Once a week
- Once a month, never

Labour Force Characteristics

- Paid work
- Unemployed and looking for work
- Work without pay in family business
- No paid work

Dependent Children

'Dependent on income but not living at home' was combined with 'children living at home' to create the variable 'dependent children'.

Provision of Care

In regard to the regular provision of care or assistance to any other person because of long-term illness, frailty or disability, M2, M3 and M4 asked whether the person lives with you or elsewhere. M1 didn't provide the option. For the models the options were combined to answer the question, 'Do you provide care?'

Health service usage: Family doctor or another general practitioner

GP visits were collapsed into 3 categories:

- 0-2 visits per year
- 3-4 visits per year
- 5+ visits per year

PART B

RESULTS FROM THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

1 Paid and unpaid work

1.1 A note on methods used in this section

- Women were considered part of the labour force if they were working full-time, part-time, or casual; or were working without pay; or were unemployed. Women engaged in home duties, study, or unpaid voluntary work, or who were unable to work or were retired were considered not to be in the labour force.
- Women were considered to be in paid work if working full-time, part-time or casual. They were deemed not to be in paid work if doing work without pay.
- For those in paid work, 1-34 hours was considered 'part-time' and 35 hours or more was full-time work.
- Transition in hours worked was determined by looking at hours of paid work at M1 and M4.
- In analysing transition associations between employment and health, mean Mental Health (MH) and Physical Functioning (PF) scores were determined for the participants who had always been in work, never been in work, moved out of work and moved into work.
- Summary mental health (MCS) and physical health (PCS) scores were used as indicators in analysing associations between hours of paid work and health for women who had completed all four mid-age surveys.

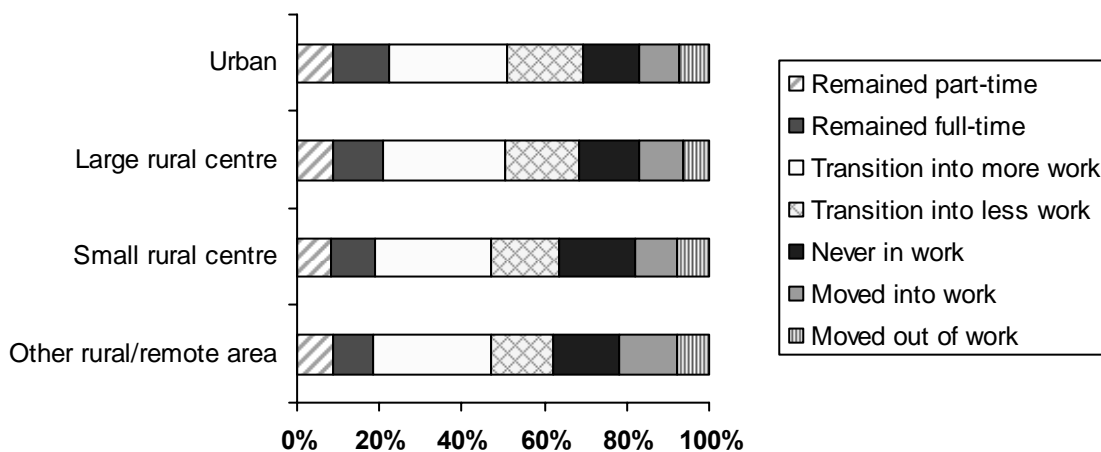
1.2 Patterns of paid work

Many women now in mid-age did not expect to return to 'work' after they had children. Most did, but the following comment from one ALSWH participant who never returned to paid work illuminates the ambiguities around the concepts of 'work' and 'retirement' for this generation of Australian women.

*I gave up paid work at age 25 when I had my first child. Retired seems to mean old people. I gave up work to become a mother, I did not 'retire'.
(M4 respondent, 2004)*

However, ALSWH data indicate that in their late forties and fifties many women have increased their attachment to the labour market. Almost 30% of participants in the mid-age cohort increased their hours of work over the eight years between Survey 1 in 1996 and Survey 4 in 2004, and more women moved into paid work than moved out of paid work during that period (Fig 2).

Figure 2 Stability and change in hours worked by mid-age women between M1 (aged 45-50) and M4 (aged 53-58), by area of residence (N=9669)



Mid-age women may be finding a newfound freedom to pursue a career after their children are grown. ALSWH qualitative data suggest that some women are resentful at the thought of retiring now that they are ‘just getting going’, but also fearful at the thought of retirement, particularly with financial insecurity.

The comment from this ALSWH participant illustrates the appeal that paid work now has for some women in this generation.

I have just realised how much my answers have changed, or how I feel about my answers, since the last survey. I started working for a Chocolate Co. about 3 months ago, 5 days a week 6 hrs a day. I haven't had this much money to myself since I had my first child. I feel so independent and confident in myself. It has done wonders for my wellbeing and my spirit. I have just come back from a holiday on the Sunshine Coast, that is why this will be a bit later than usual.

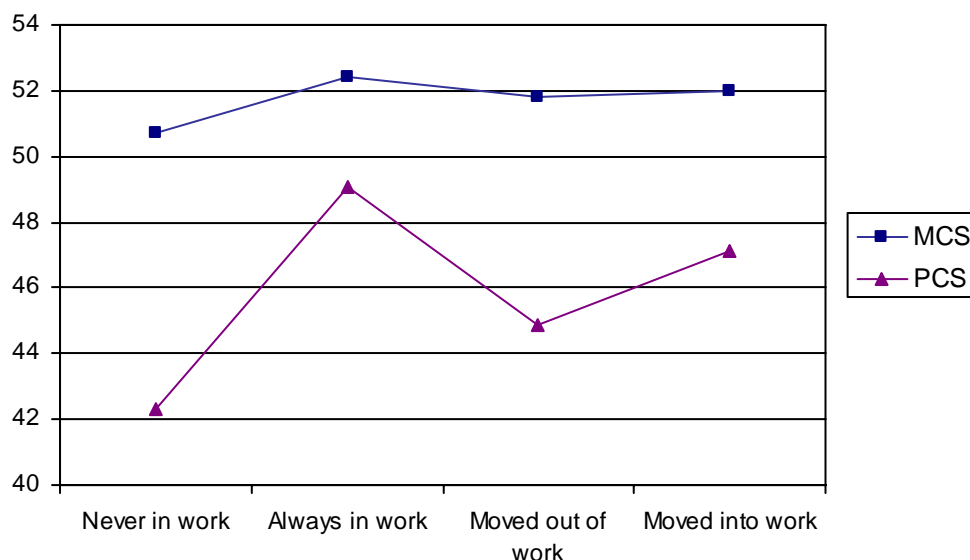
As Figure 2 shows, although some women in the mid-age cohort are working fewer hours, some are increasing their hours of paid work. One of the ALSWH respondents to the M4 pilot survey, a nurse working long hours, identified both negative and positive aspects of her work. While work was stressful, she valued her relationships with colleagues, and also cared passionately about her vocation.

You ask about stress factors but don't ask if they're in relation to work or home. I am a midwife and work in a public hospital. Work is my only stress factor. We are continually understaffed and very much undervalued. I don't want to cope any more with this and have thoughts of leaving the system, the only thing that keeps me going is my friends at work, most of them feel the same as me. We all feel that we can't deliver quality of care—and after all this is why we became nurses. The system at ground level stinks!!!

1.3 Employment and women's health

ALSWH data show that there is a clear association between employment and women's health. In Figure 3, below, women who were always in paid work between M1 and M4 had both higher mental (MCS) and physical health (PCS) scores than women who were not employed, or whose labour market participation was intermittent, including those who moved out of work, or 'retired', during that period.

Figure 3 Physical and mental health scores associated with patterns of paid work between M1 and M4



○ Hours of paid work

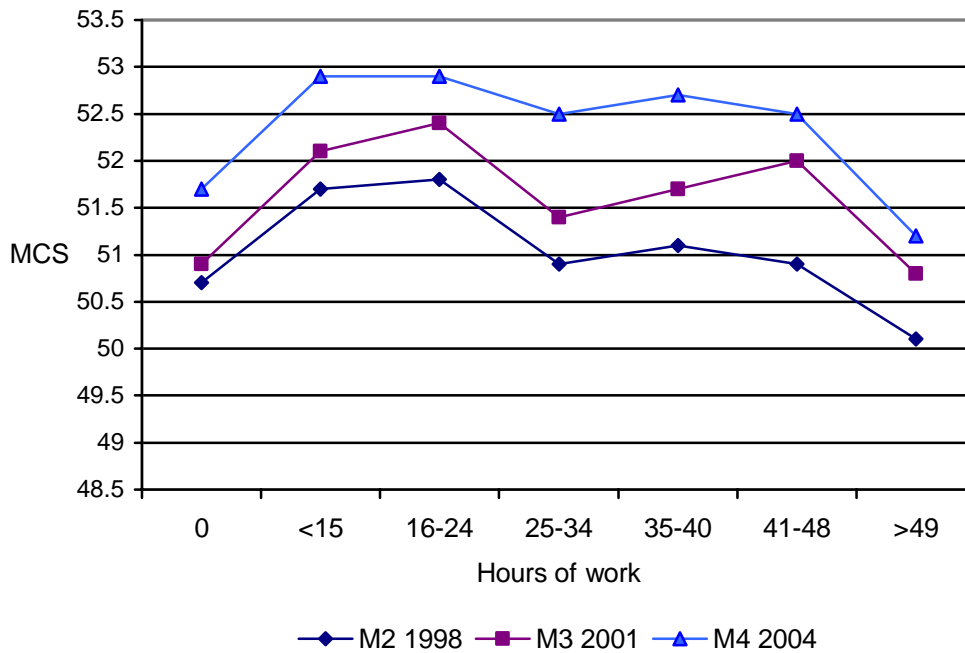
Figures 4 and 5 show changing patterns of associations between hours of paid work and women's physical and mental health over the period 1998-2004. While physical health inevitably declines with age and mental health appears to improve over time, this does not explain the change in the patterns of women's health during the period.

Figure 4 shows associations between mental health and hours of work between 1998 and 2004 for the women who completed all four ALSWH surveys. A lack of participation in paid work is persistently associated with poorer mental health. Part-time employment of around 16 to 24 hours per week appears to remain associated with optimum mental health for mid-age women across the six years of these surveys, although it is particularly marked in the earlier periods.

It would be expected that this pattern of part-time employment allowed women to juggle their paid work with their unpaid work and family responsibilities (Bryson and Warner-Smith, 1998). At Survey 4, in 2004, when the same women were 53-58, this pattern had changed and those who were working full-time or even 41-48 hours per week had mental health scores closer to those who were working 16-24 hours per week. A contributory factor might have been children leaving home during this period. As the domestic burden on employed women lessens, and there is an easing of work-family tensions, they may be better able to cope mentally with longer hours of paid work.

It is of note that working longer part-time hours (25-34) is less beneficial than either working shorter hours or full-time. These hours often translate into virtual full-time work, and it may be that women with this pattern of paid work are also struggling to cope with caring responsibilities, particularly in the earlier survey periods.

Figure 4 Mental health score at M2, M3 and M4 according to hours of paid work —higher scores indicate better health (N=9861)



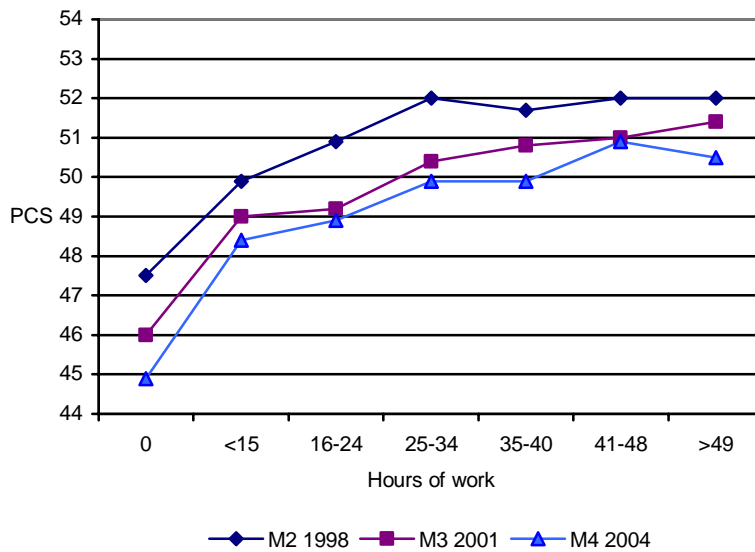
Working very long hours (more than 49 hours per week) remains associated with poorer mental health. The toll on women’s emotional wellbeing when they are working long hours was expressed in this comment by a participant in the M4 pilot survey.

*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.
(M4 pilot respondent, 2003)*

As might be expected, Figure 5 shows the general decline in physical health as women age. Women who are not in paid work have poorer physical health than employed women, as well as poorer mental health, and this is irrespective of how many hours the employed women are working.

In regard to associations between paid work and physical health as women age, the long part-time optimum that was seen at M2 was replaced by longer hours at M4. This contrasts with the findings for mental health seen above. It is important to remember that the data reported here do not explain the direction of the association, ie. whether good physical health makes it possible to work long hours, or whether working long hours contributes to good physical health.

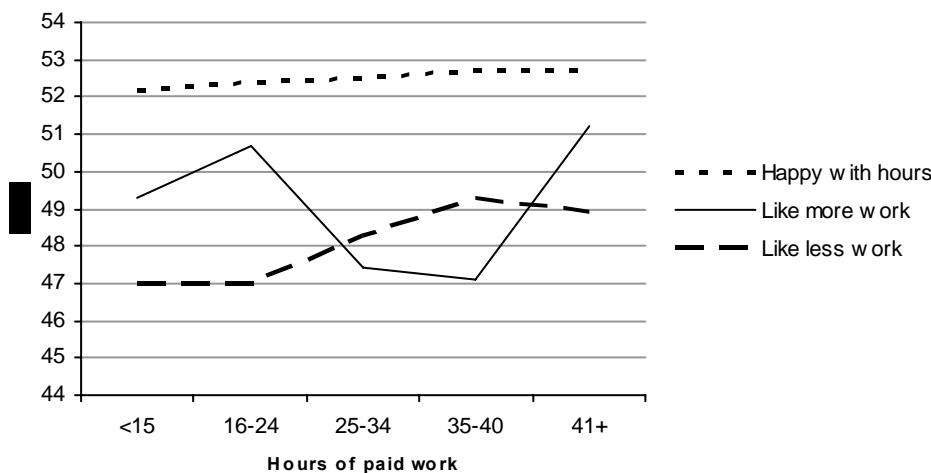
Figure 5 Physical health score at M2 and M3 according to hours of paid work — higher scores indicate better health (N=9861)



○ **Preferences for hours of paid work**

An important factor in associations between employment and women’s health is the extent to which hours of paid work fit with women’s preferences. ALSWH data show that better health is associated with working the number of hours that one prefers (Figure 6). It seems to be immaterial just how many hours this is. This applies generally to physical health but is more marked for mental health (Warner-Smith and Mishra, 2002).

Figure 6 Mental health score (MCS) by satisfaction with hours of paid work at M2 - higher scores indicate better health



While employment and better health seem to go together, it has not always been easy for older women (and men) to return once they leave the workforce (Encel, 2003).

Since becoming full time carer 4 yrs ago I'm so scared to have to return to the work force. I have lost all my self esteem & confidence and at 53, uneducated, I fear how I will support myself when my caring days will end. All my super was lost as my last employer went into liquidation.

(M4 respondent, 2004)

As this comment implies, there are also significant associations between women's health and their unpaid work, particularly their caring responsibilities.

1.4 Caregiving and women's health

Data from M4 provide evidence of 'the sandwich generation'. In 2004, approximately one quarter of all women in the cohort were providing care or assistance to someone because of their long-term illness, disability or frailty. The qualitative data powerfully illuminate the 'sandwiching' of this age cohort.

At the moment I feel particularly stressed. My daughter had her third baby in 3 years, and he has been diagnosed as severely (handicapped)... His oldest brother (3 yrs) is also severely (handicapped). So I try to help out by going with my daughter to doctor appointments, video conference, hospital etc. The 2 older boys often stay with me. Usually I drive a total of 4 hrs return trip twice weekly. Also my mother has been separated from my abusive and sometimes violent father for the last 11 months, and she has been living with us. She still maintains contact with him, and as she does not drive, I have to take her to visit him.

(M4 pilot respondent, 2003)

I think the issue of dealing with a parent whose health is deteriorating is draining and difficult. To try to keep a positive approach to such a difficult issue as the role reversal (where the parent becomes more child like in their needs). And one inevitably sees oneself struggling on this unattractive pathway in the future. Quite depressing & little support for it. Then the grand kids on the other side!! That is looking at our own old age when we look at our mother. The sandwich generation is indeed a good term because I find myself subjugated quite a bit.

(M4 respondent, 2004)

About 45% of women were providing care for grandchildren or other people's children, at least occasionally, and qualitative data from the open-ended comments illustrate the phenomenon of grandparents as full-time carers for grandchildren.

As a grandmother raising my 6 year old grandson (my husband and I have custody) I feel I do not fit the general stereotype. My days are filled with school, canteen duty, after school sport and the day to day work of raising a child. Add this to helping out with my 87 year old mother and 74 year old mother-in-law, my and my husbands days are very full.

(M4 pilot respondent, 2003)

I'm a full time carer and receive \$87 per fortnight for looking after dad. This is not looked on as a job nor does the government recognise how much we save them by caring for our aged loved ones.

(M4 respondent, 2004)

My husband has become very unwell in the last three years. My mother now lives with us & has declining health. I am carer for both. I have very little time for me. Money is very tight so am unable to get out on my own to do any thing just for me. My stress levels are high. I do what I can when I can for me. I hope things improve in the future.

(M4 respondent, 2004)

Over 60% of ALSWH mid-age participants said that needing to provide care for someone would be very important in deciding whether to retire (see Figure 20 below). Other ALSWH data show that women carers in both the mid-age and older age cohorts are likely to have poorer health than those who don't have caregiving responsibilities (Lee and Gramotnev, 2006) and that women who are providing care for someone who is ill, frail or disabled, are less likely to be consistently in the workforce (Ford *et al*, 2004).

2 Retirement status

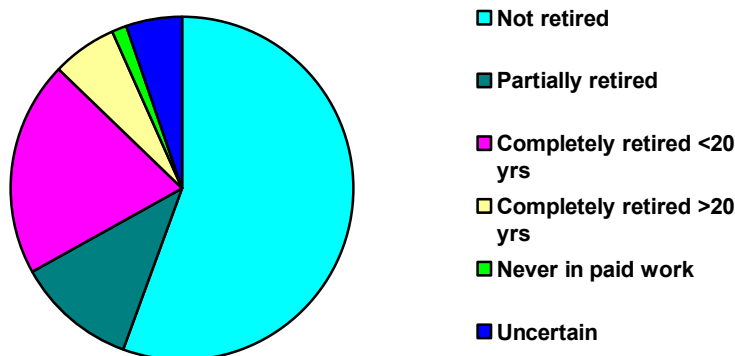
2.1 A note on methods used in this section

Questions about women's retirement status were asked in M4. Respondents were categorised as either retired or not retired. Women who were not retired indicated when they would like to retire and when they expected to retire. Women in the retired group gave the year when they had retired. The occupation of those who had already retired by M4 was determined by referring to M1, in which participants were asked '*What is/was your main occupation*'. The occupation of women in the not-retired group was obtained from M4. Hours of paid work for the retired group were obtained from M1, whereas the hours of paid work for the not-retired group were obtained from M4. The data are cross-sectional and weighted for area. Other comparisons use M4 responses.

2.2 Retirement status and age of retirement

At the time of the fourth survey in 2004, 65% of ALSWH mid-age respondents (then aged 53-58) said they were not retired. Just over 10% said they were partially retired, and about 20% had already retired (Figure 7). A small number retired more than twenty years ago — although most would probably have been in unpaid work during that time — and a few had never had a paid job.

Figure 7 Retirement status of ALSWH mid-age women, aged 53-58, in 2004 (N=10,519)



The ALSWH survey asked in what year the participants retired and it is therefore possible to calculate how old they were at retirement. Figure 8 shows the percentage who retired in their late teens and early twenties, which were the childbearing years for this generation.

Figure 8 Actual ages at retirement, mid-age women already retired in 2004

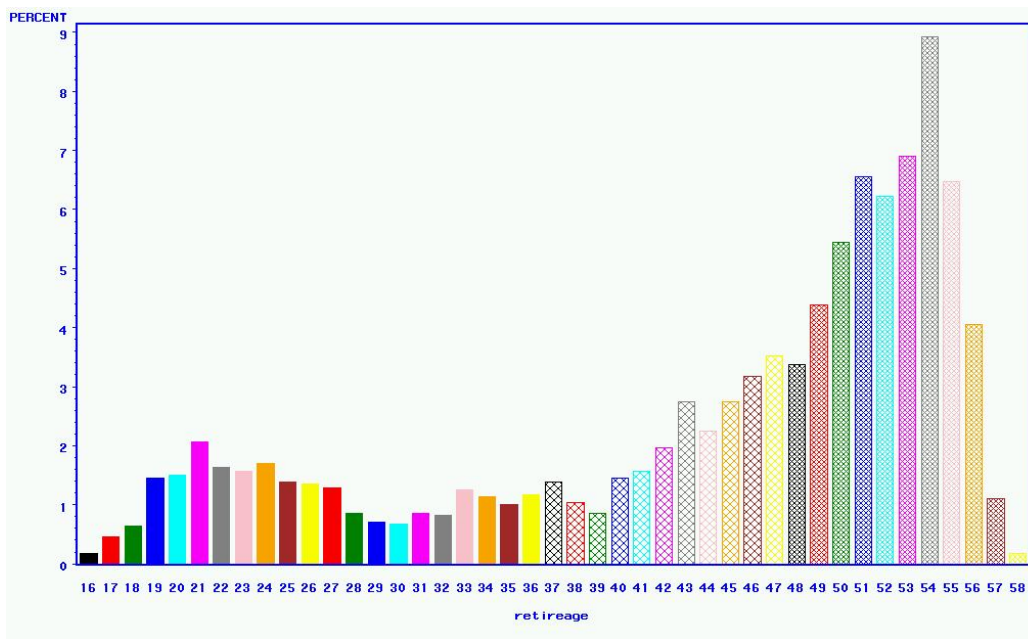


Figure 8 shows a flattening out of the incidence of retirement when the women were in their thirties until the rate began rising again in the mid forties. The data for ages 53 to 58 are incomplete because this represents the five year age span of the cohort at M4.

2.3 Retirement status and personal characteristics

There are significant associations between women’s personal relationships and their retirement. Table 1 shows personal characteristics according to retirement status, where ALSWH mid-age participants have been categorised according to whether they were retired or not retired in 2004. ‘Retired’ is defined here as completely retired. ‘Not retired’ therefore includes women who reported that they were partially retired.

Generally speaking, women who had a partner were more likely to be retired than those who were on their own, but the effect of formal marriage was stronger than being in a de facto relationship. Women who were married or widowed were more likely to be completely retired than other women, including those who were separated or divorced.

Lesbian women in a de facto relationship were the least likely to be retired but ALSWH data here are based on a small number. Women who had never married and were not in a relationship were very unlikely to be retired in their fifties.

Women’s ‘social class’, as represented by education and occupation, was also associated with their retirement decisions. Those with more educational qualifications were more likely to remain working in their fifties than women with less education. Almost 60% of all ALSWH participants who said that they had completely retired by 2004 also reported that they had left school at year 10 or earlier.

Similarly, women in occupations requiring fewer qualifications were more likely to report that they were completely retired. Women managers, administrators, professionals and paraprofessionals were more likely to be working in their fifties than women who reported at M1 in 1996 that they were in trade, clerical or manual occupations.

In regard to the kind of household in which the women lived, there was a greater likelihood that women living with dependent children under 16 years of age would still be working.

Note that numbers of *retired* and *not retired* vary slightly, principally due to missing responses to particular survey questions.

Table 1 Personal characteristics of not retired/partially retired women and completely retired women (2004)

	Not retired		Retired	
	N	%	N	%
Marital status at M4				
Married	5282	70.4	2997	79.7
De facto opposite sex	457	6.1	100	3.5
De facto same sex	62	0.8	5	0.2
Separated	315	4.2	92	3.2
Divorced	869	11.6	205	7.1
Widowed	243	3.2	137	4.7
Never married	274	3.7	46	1.6
Education level				
Some schooling	2974	39.5	1651	57.2
Completed Year 12 or equivalent	1268	16.8	510	17.6
Trade / Diploma	1675	22.2	475	16.5
Degree / Higher degree	21	21.5	253	8.8
Occupation at M1				
Manager	1127	15.2	288	10.5
Professional	1541	20.8	290	10.6
Paraprofessional	795	10.7	169	6.2
Trade	223	3.0	113	4.1
Admin Assist	1897	25.6	759	27.5
Sales/service	999	13.5	475	17.3
Machine operator	140	1.9	124	4.5
Manual worker	609	8.2	388	14.1
Never paid work	21	0.3	81	2.9
Children <16 living with you at M4				
0	7132	94.0	2737	94.1
1	360	4.8	109	3.7
2	78	1.0	43	1.5
3	18	0.2	20	0.7

Retirement status according to area of residence is shown in Table 2. There was no difference in the relative percentages of retired women living in urban and large rural centres, but women in small rural centres were more likely to be retired compared both to women in other rural and remote areas, as well as those in more densely populated centres.

Table 2 Retirement status by area of residence at M4

	Urban	Large rural centre	Small rural centre	Other rural/remote area
Not retired	2980 73.4	1035 73.4	1025 69.4	2515 71.0
Retired	1079 26.6	375 26.6	450 30.5	1026 29.0
Total	4059	1410	1475	3541

2.3 Retirement and caregiving

As shown in Table 3 below, retired mid-age women were more likely to be providing care for someone who lived with them than mid-age women who were not retired.

As might be expected, retired caregivers provided greater amounts of care than caregivers who were not retired. Nonetheless it is of note that, for example, almost 30% of women who were not retired were regularly providing care for someone who was ill, disabled or frail, either living with them or living elsewhere.

Table 3 Provision of care for someone who is ill, disabled or frail, at M4

	Not retired		Retired	
	N	%	N	%
Regularly provide care / assistance for				
Someone who lives with you	487	6.4	369	12.7
Someone who lives elsewhere	1595	21.1	630	21.7
No-one	5498	72.5	1905	65.6
Time spent providing Care / assistance on each occasion				
No care given	5437	72.0	1879	65.3
All day/night	105	1.4	150	5.2
All day	128	1.7	77	2.7
All night	16	0.2	2	0.1
Several hours	1262	16.7	568	19.7
About an hour	604	8.0	203	7.1
How many people with long-term illness, disability, frailty do you provide care for				
No care given	5437	72.0	1879	65.0
One person	1504	19.9	781	27.0
Two people	417	5.5	197	6.8
>Two people	199	2.6	34	1.2

Similarly, retired women were more likely to be looking after grandchildren or, less commonly, other people's children. But, again, more than 40% of all women who said they were not retired were providing childcare at least occasionally.

Table 4 Provision of unpaid childcare, at M4

Regularly provide care for grandchildren/other children	Not retired (2004)		Retired	
	N	%	N	%
Daily	218	2.9	169	5.8
Weekly	849	11.2	492	17.0
Occasionally	2092	27.7	902	31.2
Never	4401	58.2	1334	46.0
Total	7559	100.0	2897	100

2.4 Retirement and paid work

Over half of the women who were retired at M4 had not been in paid work at M1. This suggests that a weak attachment to the labour market in their forties is associated with 'early' retirement for many women, although the fact that 16% of women who were not retired at M4 had not been in paid work at M1, indicates that this is certainly not the case for all mid-age women.

The data in Table 5 also suggest that the more hours of paid work women were doing at M1, the less likely they were to be retired at M4.

Table 5 Hours of paid work at M1 (1996)

Hours in paid employment (1996)	Not retired (2004)		Retired (2004)	
	N	%	N	%
Not in paid work	1196	16.0	1596	56.2
1-15 hrs	740	9.9	263	9.3
16-24 hrs	982	13.1	220	7.8
25-34 hrs	1148	15.3	203	7.1
35-40 hrs	1960	26.1	340	12.0
41-48 hrs	967	12.9	161	5.7
49 hrs or more	509	6.8	56	2.0
Total	7501	100.0	2839	100.0

Section 6 of this report provides further information about the characteristics of women with particular patterns of paid work.

3 Intentions and expectations about retirement age

3.1 A note on methods used in this section

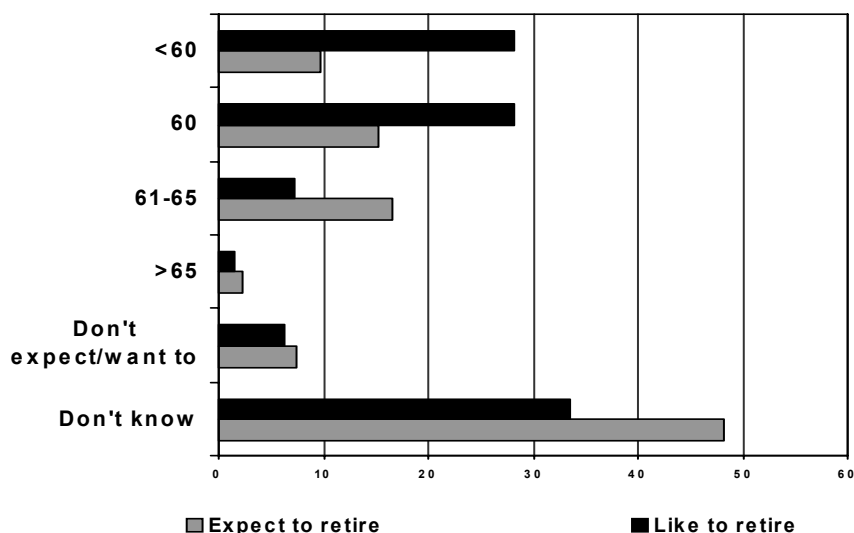
Those women who were not retired were asked their intentions and expectations about retirement. Hours of paid work at M4 were divided into *no paid work*, *part-time work*, *full-time work* and *long hours*, as outlined in the classifications and definitions. The level of education was asked at M1.

3.2 Differences between preferences and expectations

The data reveal clearly that retirement is a problematic concept for women. As Figure 9 below shows, almost half of the women who were not retired in 2004 did not know when they *expected* to retire, and about a third were not sure when they *would like* to retire.

It is also clear that many women would like to retire earlier than the age at which they expect to retire. Although only 10% expected to retire before they were 60, almost 30 per cent would like to retire before 60.

Figure 9 Intentions and expectations concerning retirement age, M4, % (n~7500)



The percentages of those who expected or wanted still to be working when they were more than 65 are very similar, suggesting that this is a small group of women who are very committed to the work they are doing, although they may not have sufficient savings to retire and be motivated by a desire to accrue more superannuation.

3.3 Factors associated with expected age of retirement

This section provides figures showing the age at which women expect to retire, and the age at which they would like to retire, according to the following factors:

- hours of paid work
- non-standard paid work
- education
- occupation
- marital status
- provision of childcare
- provision of caring for frail, ill, aged

Differences between the extent to which women do not know when they expect to retire, compared to when they would like to retire, are generally reflected in the following figures.

○ **Hours of paid work**

In the first figure (Figure 10a) below, there is a trend showing that the fewer the hours of paid work that they do, the more likely women are to be uncertain about when they expect to retire. The same trend applies to women’s preferences for retirement age (Figure 10b), although it is less marked. Many women working full-time or long hours of paid work show a preference for retiring by age 65 or earlier, suggesting that women find it difficult to cope with demanding hours of work as they get older, as indicated in qualitative comments reported earlier. However, these groups are more likely to have accrued superannuation than women with fewer hours of paid work.

Figure 10a Expected age of retirement by hours of paid work in previous week, women not retired at M4

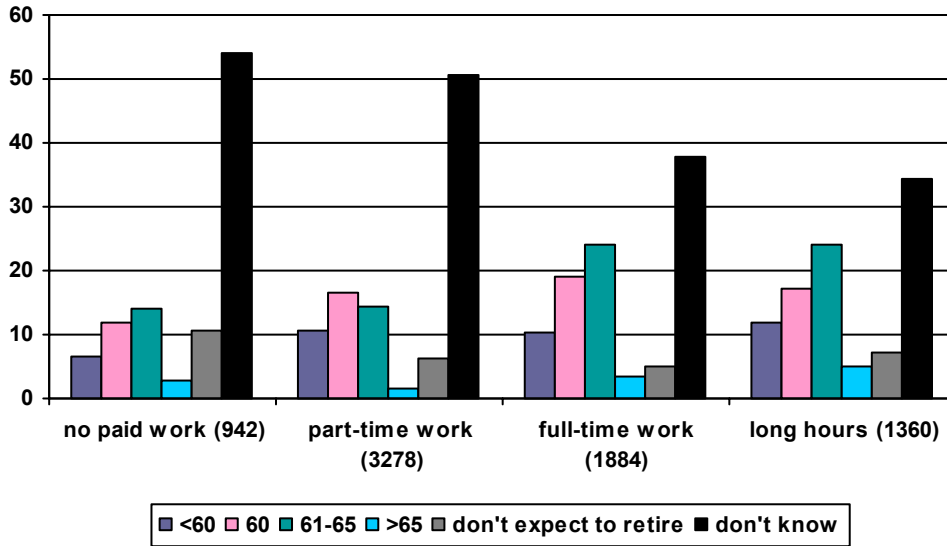
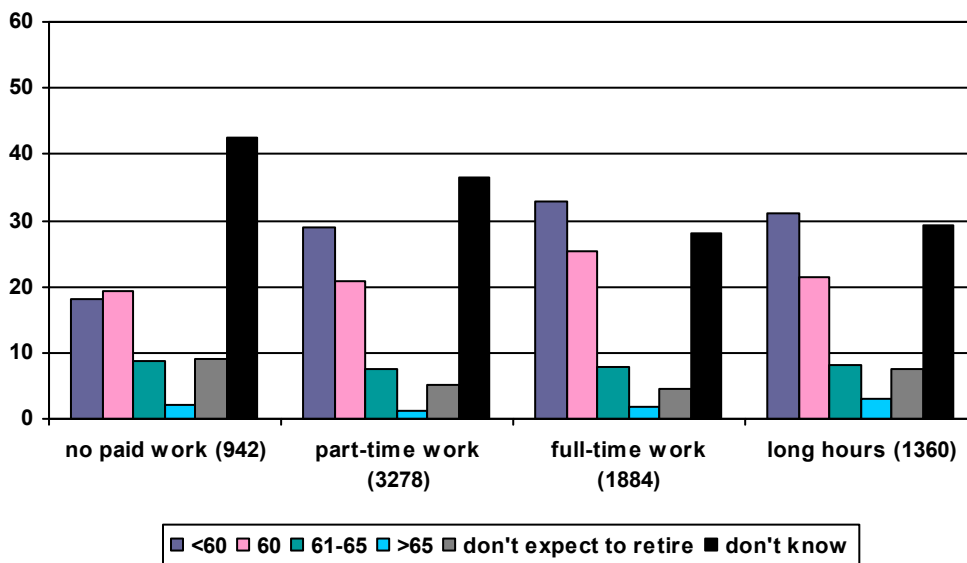


Figure 10b Preferred age of retirement by hours of paid work in previous week, women not retired, M4



○ **Non-standard forms of paid work**

Figure 11a shows the same general lack of certainty about retirement age, but also indicates that some forms of non-standard work, particularly shift work, casual work and self-employment, are more likely to be associated with uncertainty.

Figure 11a Expected age of retirement by non-standard forms of paid work, women not retired, M4

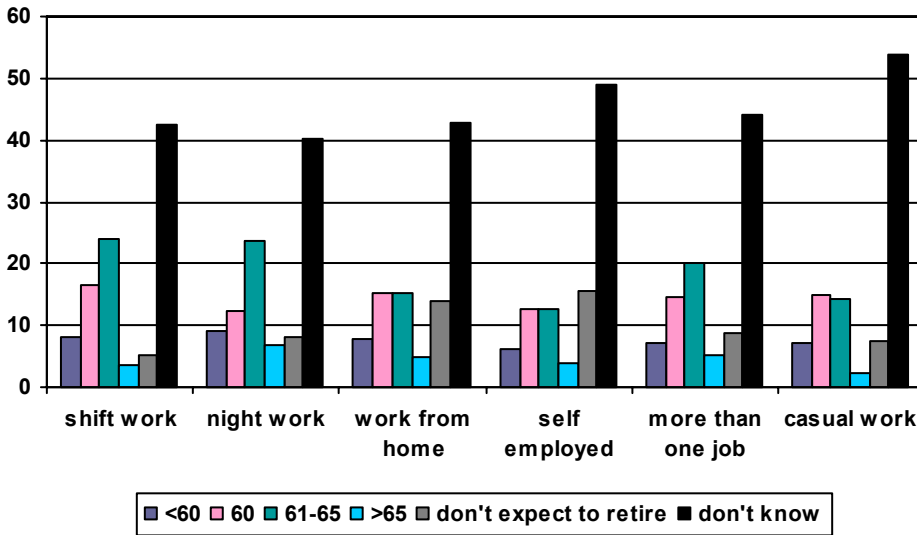
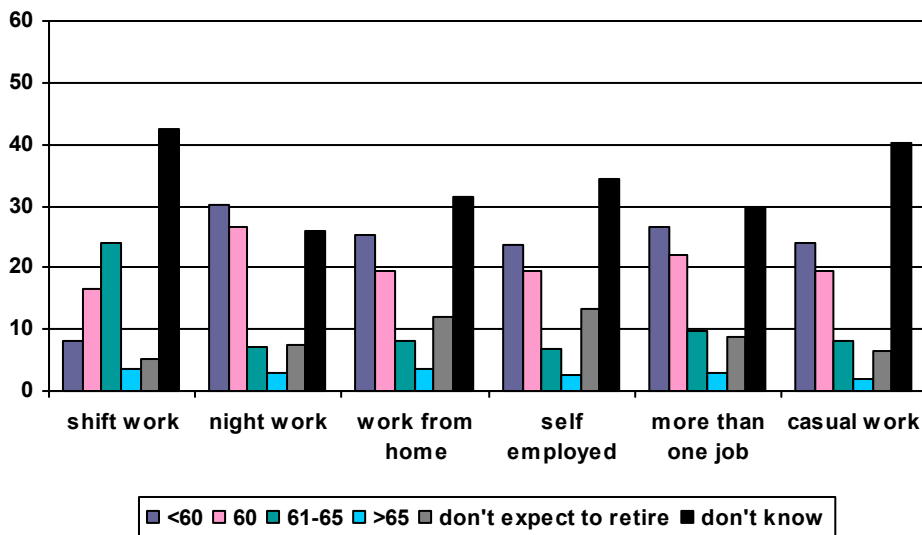


Figure 11b Preferred age of retirement by non-standard forms of paid work, women not retired, M4



○ **Education**

The less education a woman has, the more uncertain she is about when she might expect to retire (Figure 12a). Women who would like to work beyond age 60 are more likely to have a tertiary education (Figure 12b).

Figure 12a Expected age of retirement by education, women not retired, M4

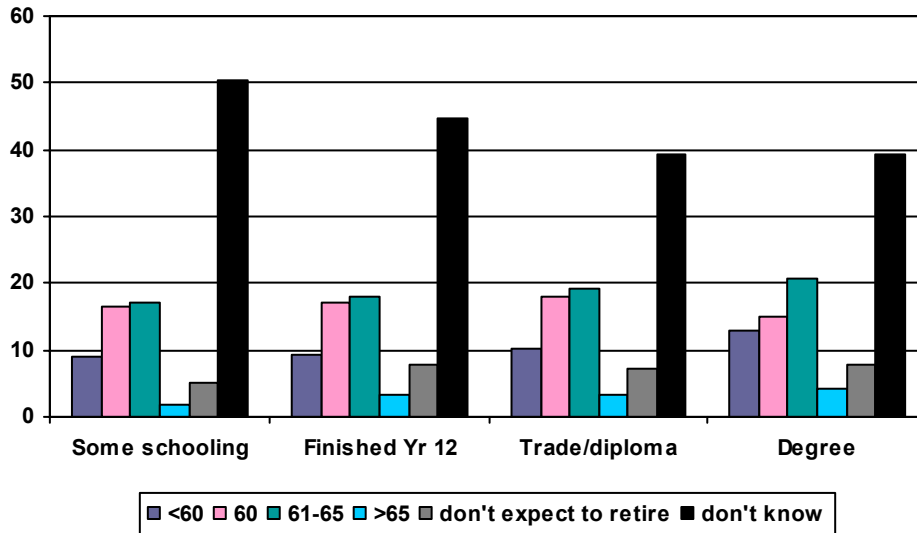
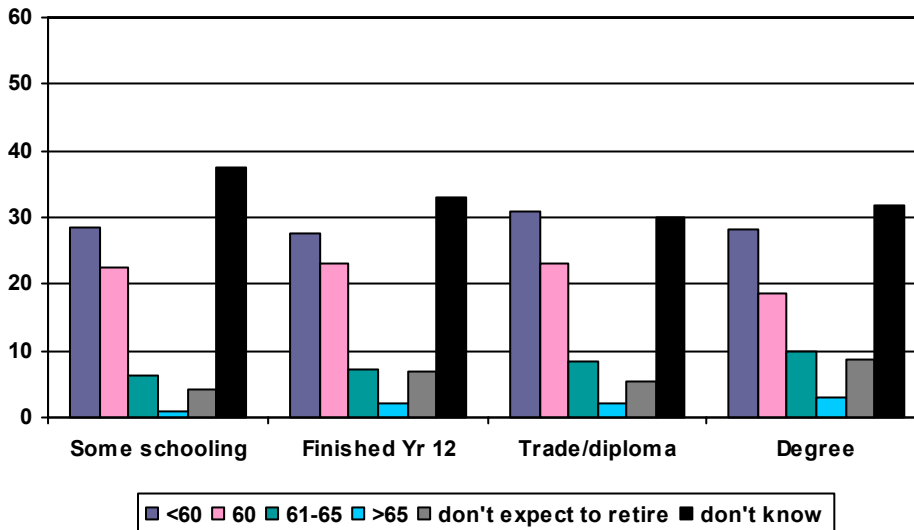


Figure 12b Preferred age of retirement by education, women not retired, M4



○ Occupation

There is a very clear indication that women who were not in paid work at M4, as well as those in lower status occupations, are less likely than other women to have a definite idea about when they expect to retire (Figure 13a).

Figure 13a Expected age of retirement by occupation, women not retired, M4

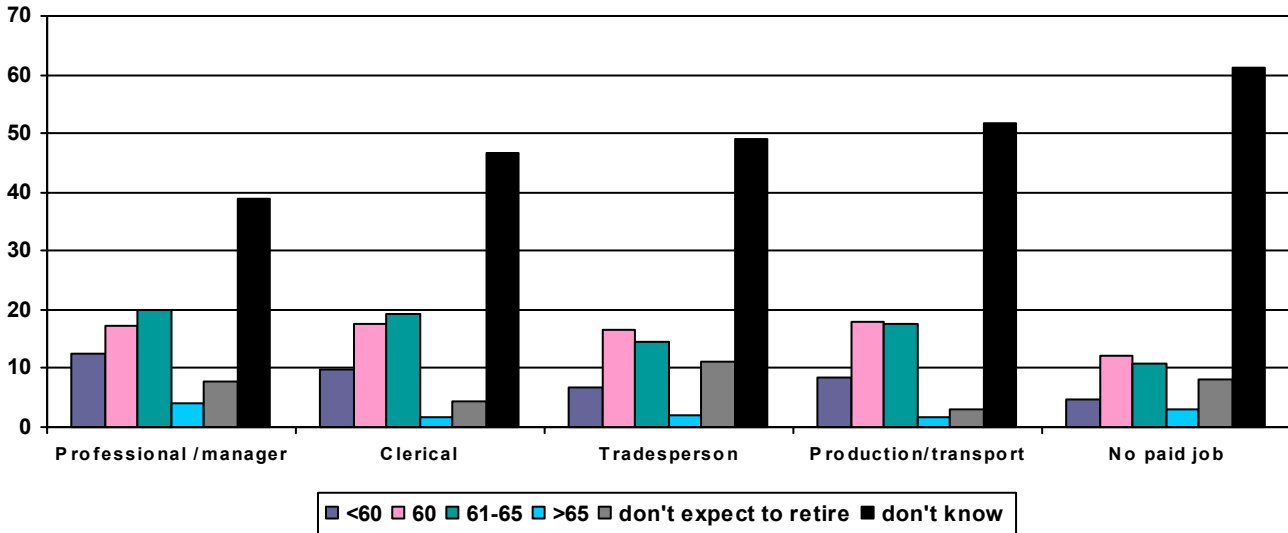
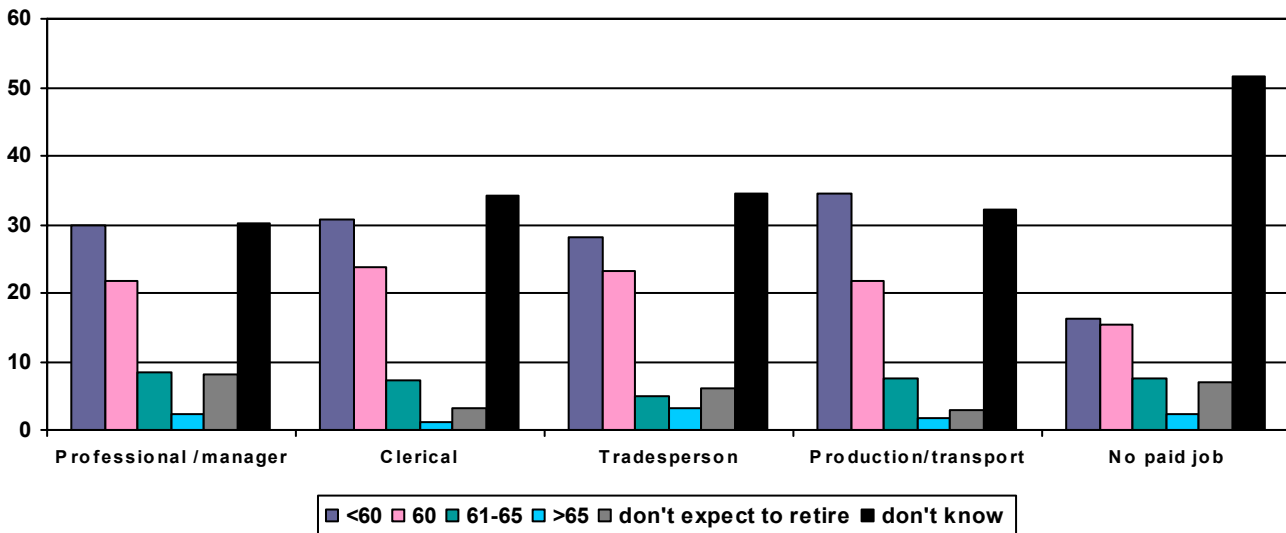


Figure 13b Preferred age of retirement by occupation, women not retired, M4



○ **Relationship**

Being partnered, whether in a formal marriage or a de facto relationship, affected women’s expectations of retirement age. Currently partnered women were more likely than other women to expect to retire at 60 or before.

Expectations were similar for separated, divorced and widowed women, while women who had never married seemed to be the most uncertain about when they might retire.

Figure 14a Expected age of retirement by marital status, women not retired, M4

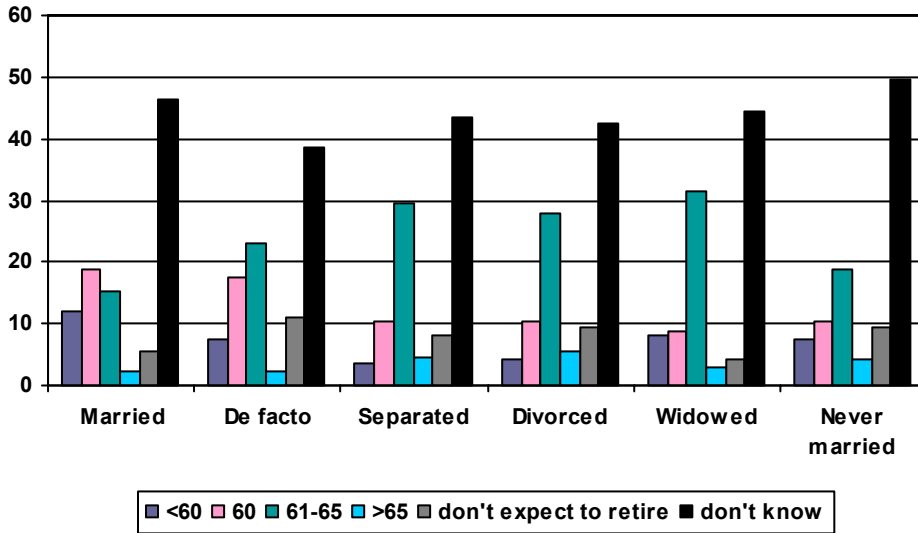
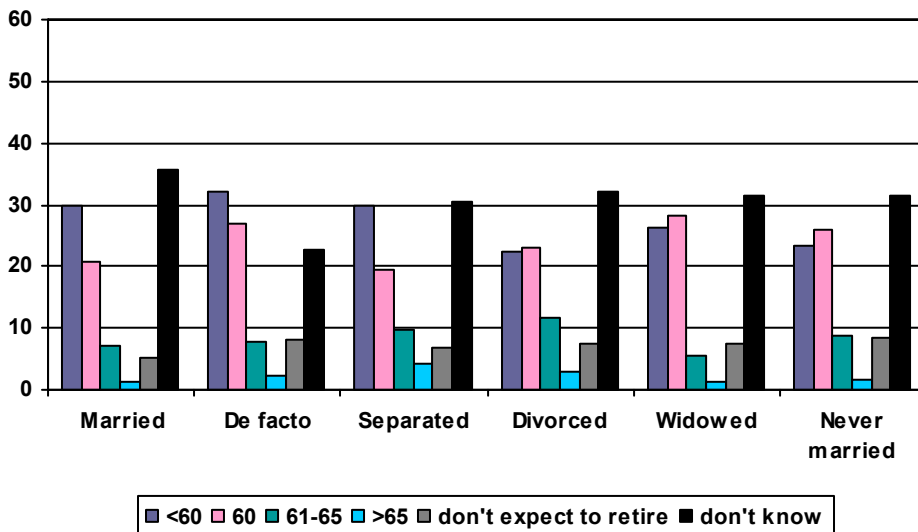


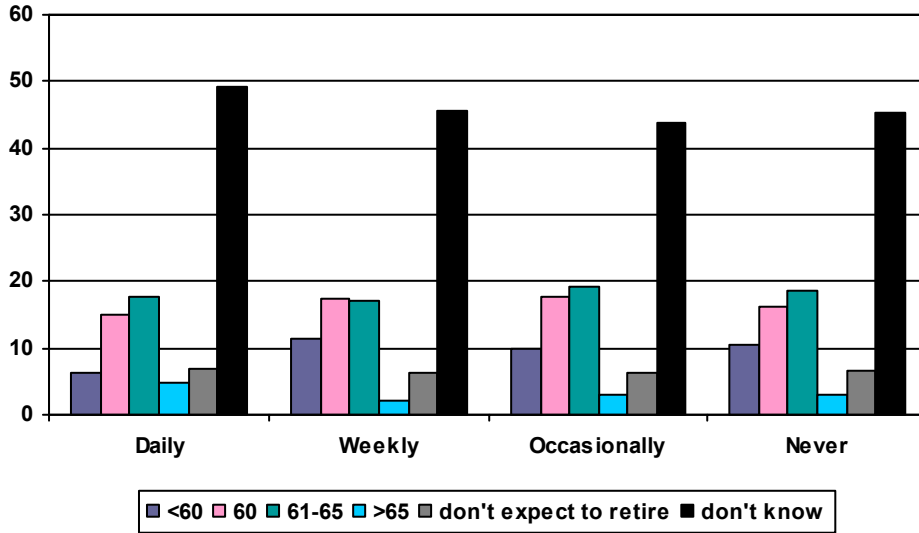
Figure 14b Preferred age of retirement by marital status, women not retired, M4



○ Provision of childcare

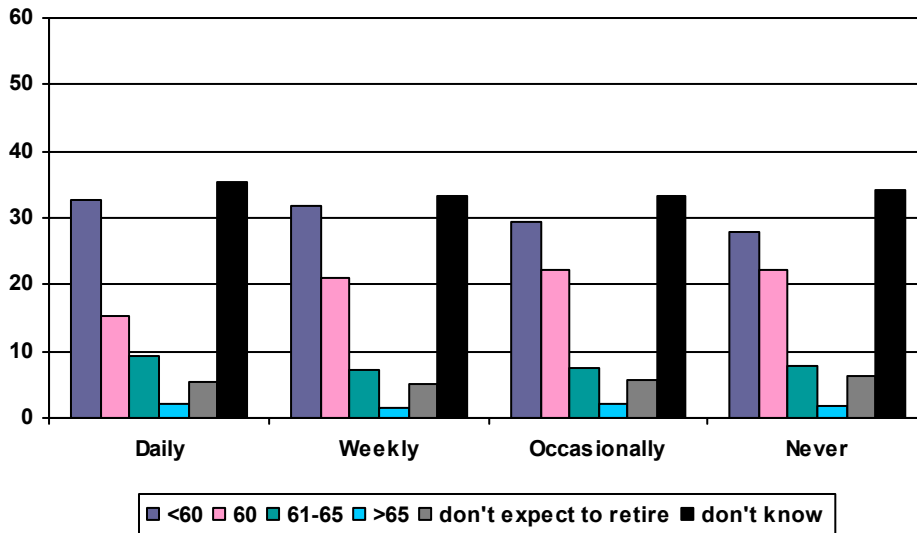
Whether women were providing childcare or not did not seem to affect their expectations of retirement, nor did expectations differ according to how much childcare was being provided.

Figure 15a Expected age of retirement by regular provision of care for grandchildren or others' children, women not retired, M4



However, women who were regularly caring for children appeared to want to retire earlier than those who were not caring for children at all, and also those who were only providing occasional childcare.

Figure 15b Preferred age of retirement by regular provision of care for grandchildren or others' children, women not retired, M4

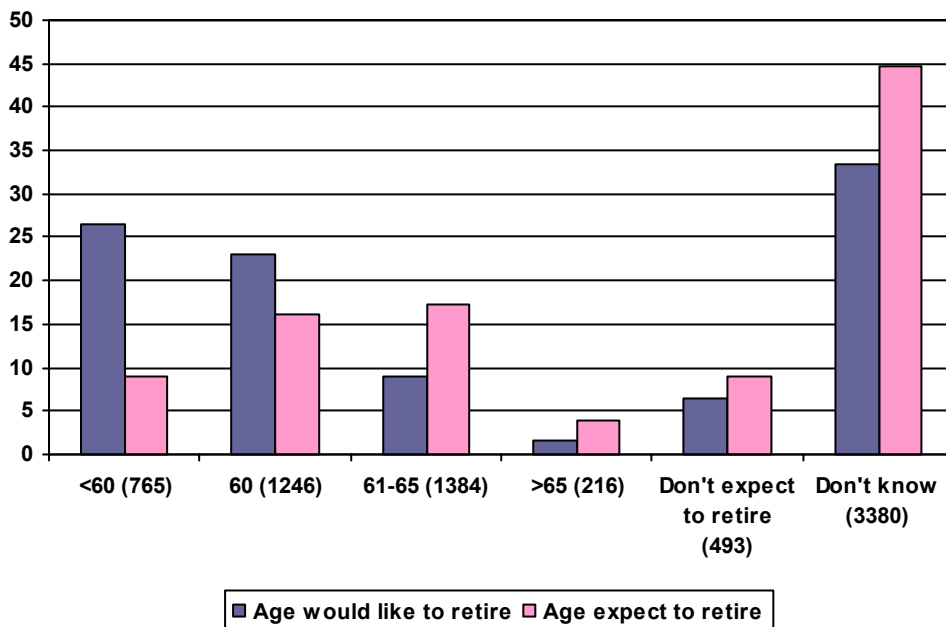


○ Regular provision of care

Women who were regularly providing care for someone who was living with them generally would like to retire earlier than the age at which they expected to retire. Almost half did not know when they would actually retire,

but one third didn't know when they wanted to retire. This is consistent with the desire that many women have to combine caring with paid work but also suggests the precarious situation for caregivers who often may not know how long their caring responsibilities will last.

Figure 16 Expected and preferred age of retirement by regular provision of care for someone who lives with you, women not retired, M4



Appendix B includes tables that provide further detail about associations between caring responsibilities and women's expected and preferred age of retirement. The first two tables show expected and preferred age of retirement according to the number of people being cared for. The next pair of tables shows expectations and preferences according to the amount of time that women spend providing care on each occasion.

4 Sources of retirement income

4.1 A note on methods used in this section

Women who responded to M4 were asked what their sources of income were if they were already retired, or what their expected sources of income in their older years would be if they were not retired. They were divided into two groups: those who were receiving, or expected primarily to receive, some form of income from the government, and those with income from private sources.

To make these groups mutually exclusive, anyone who answered that they received an Age pension/Service pension/War Widow's pension or other government pension or allowance, whether they answered some of the non-government options or not, were classified as receiving government funding. Otherwise they fell into the category of non-government funding.

As before, the occupation of the retired group was determined by referring to M1 whereas the occupation of the not-retired group was obtained from M4.

Same sex and opposite sex de facto relationships were combined into the category of *de facto*.

4.2 Actual and expected sources of retirement income

Women now in mid-age have lower levels of economic assets and superannuation than men (see, for example, Warren, 2006) and ALSWH data show that a greater percentage of women who are not retired compared to those who are already retired indicate that they will be looking to some form of government support in their retirement.

Women who were already retired in 2004 said that they were reliant principally on income from a partner, a pension from sources other than the Age or Widow's pension, or savings and investments.

Forty-five percent of the women who were not retired expected to be on a government pension, compared to only just over 20 per cent of women who were already retired.

Table 6 shows the percentages in detail. Note that these categories are not mutually exclusive.

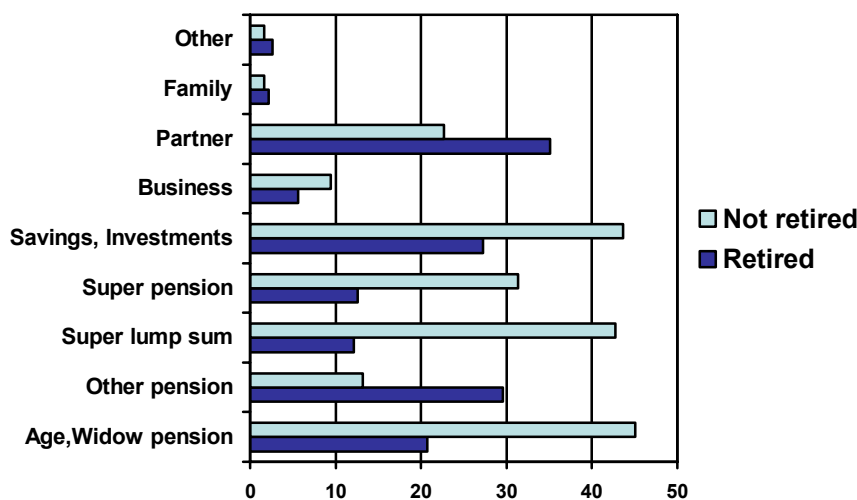
Table 6 Actual sources of retirement income for women retired at M4, and expected sources of retirement income for women not retired at M4

Source of funding	Not retired	Retired
*Age/service/war/war widow pension	45.1	20.77
*Income from savings and investments	43.6	27.2
*Lump sum superannuation	42.7	12.1
*Pension or annuity	31.4	13.5
*Income/pension from spouse/partner	22.7	35.1
*Other government pension or allowance	13.2	29.5
*Income from a business	9.5	5.6
Don't know	7.2	5.2
Other sources	1.7	2.6
Financial support from family	1.7	2.2

* Statistically significant (p = <0001).

Figure 17 graphically indicates differences in source of retirement funding depending on retirement status. As noted above, while these categories are not mutually exclusive, the figure shows that the differences in these two groups are quite marked, with many of those who had already retired being supported by more 'traditional' resources including husband or partner. This group also includes women on other pensions, such as women with a disability and carers on limited incomes.

Figure 17 Source of retirement income (actual and expected) according to retirement status



Appendix C provides both participant numbers and percentages of reported sources of retirement income according to retirement status.

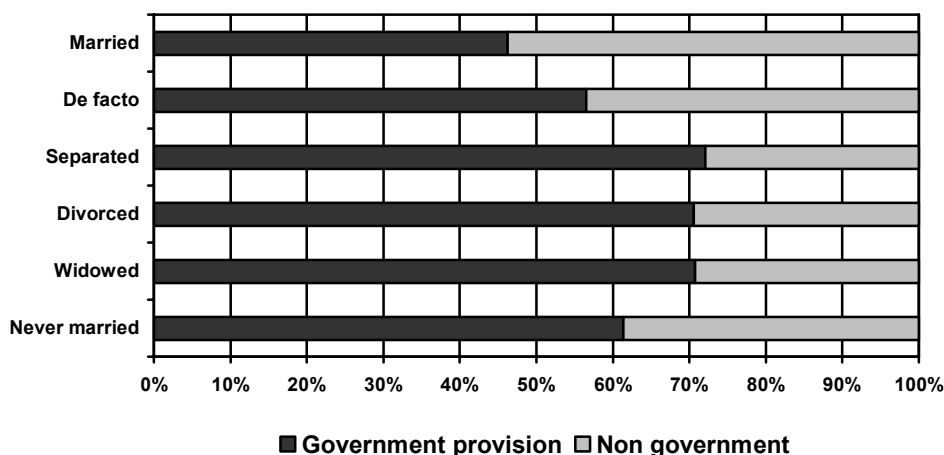
4.3 Sources of funding and personal characteristics

As noted above, respondents were divided into two main categories according to retirement income: those who were receiving or expected to access some form of government provision such as the Age pension, and those who were receiving or expected to have some other form of income, which is termed here 'non-government provision'. The following section explores associations between primary source of funding and participants' personal characteristics.

o Relationship

Differences in (expected or actual) sources of retirement funding according to relationship status were demonstrated (Figure 18). It seems that women who have had a partner at some time in the past, but are now separated, divorced or widowed will be more likely to be reliant on the government than those who are currently partnered, or those who have never had a partner. Regardless of whether they become supporting parents or not, women who have had a weak attachment to the labour market when they were younger are likely to face difficulties getting back in to paid work (Probert and Macdonald, 1999).

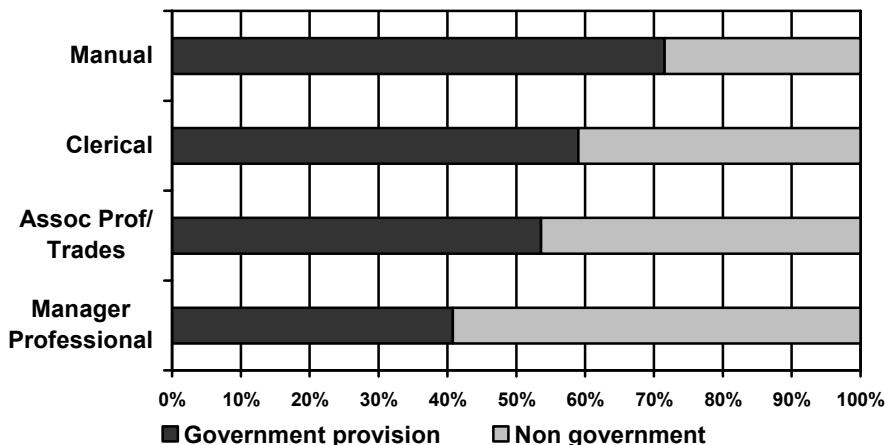
Figure 18 Expected or actual source of retirement income by relationship status



○ **Occupation**

It is also very clear from the results shown in Figure 19 below that women in lower status occupations are more likely to be reliant on a government pension to fund their retirement, while the majority of those in the higher status professional and managerial occupations are likely to have other sources of retirement income.

Figure 19 Expected or actual source of retirement funding by occupational category



○ **Caring responsibilities**

The following table shows actual or expected source of retirement funding according to various aspects of the provision of care to someone frail, ill or disabled, or to the provision of childcare.

There is a statistically significant difference in the expected or actual sources of income of caregivers compared to women not providing care. Caregivers are more likely than non-caregivers to be (or expect to be) reliant on government funding in their older years. This is particularly true for women providing care on a daily basis.

Table 7 Retirement income (actual or expected) by provision of care

	Government provision		Other income	
	N	%	N	%
Regularly provide care/assistance for				
Someone who lives with you	528	10.8	274	5.8
Someone who lives elsewhere	1042	21.3	995	21.1
No-one	3327	67.9	3441	73.1
How many people with long-term illness, disability, frailty do you provide care for				
One person	1149	23.6	965	20.5
Two people	313	6.4	255	5.4
More than two people	131	2.7	83	1.8
No care given	3282	67.3	3402	72.3
How often do you provide care for someone with long term illness, disability or frailty				
Every day	515	10.6	278	5.9
Several times a week	431	8.8	395	8.4
Once a week	371	7.6	354	7.5
Once every few weeks	221	4.5	207	4.4
Less often	60	1.2	70	1.5
No care given	3282	67.3	3402	72.3
How much time do you spend providing care				
All day and night	157	3.2	88	1.9
All day	108	2.2	81	1.7
All night	9	0.2	7	0.1
Several hours	906	18.6	783	16.7
About an hour	403	8.3	340	7.2
No care given	3282	67.5	3402	72.4
Do you regularly provide unpaid care for grandchildren or other people's children				
Daily	199	4.1	159	3.4
Weekly	612	12.5	622	13.2
Occasionally	1502	30.8	1277	27.2
Never	2569	52.6	2645	56.2

All associations were statistically significant ($p = <.0001$)

○ **Mental and physical health**

There is an association between source of retirement income and women's health, with women who expect to be reliant on government funding reporting poorer mental and physical health than those who have access to other resources. The mean mental health score of women expecting to be, or currently, dependent on government provision was 51.1, compared to 52.6 for those who expect to be reliant on other sources. The physical health scores were 45.3 for women dependent on government provision compared to 49 for women with other sources of income.

5 Motivations for retirement

5.1 A note on methods used in this section

Women who indicated they were not retired at M4 were asked about factors that could be important in their decision-making about retirement. Factors considered to be *not important* and *of limited importance* were grouped together, and factors *important* and *very important* were grouped together.

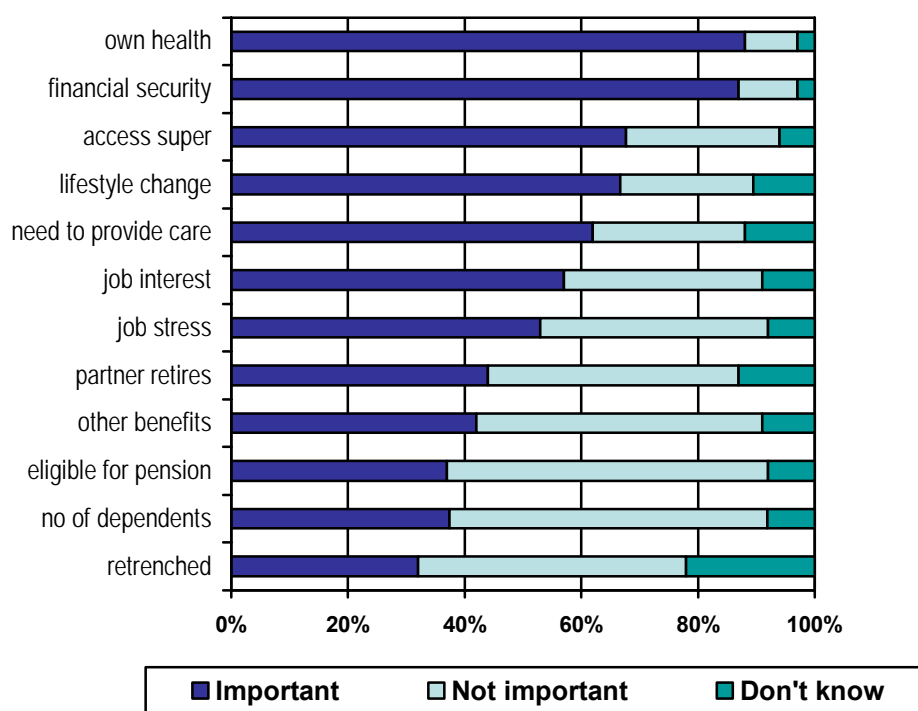
All respondents to M4 were categorised into *retired* or *not retired* in order to look at differences in life events. The occupations of women who responded at M4 were categorised based on the outline provided in the classifications and definitions.

5.2 Factors motivating retirement

Figure 20 shows the ranking of the factors that women considered could be important in their decision-making about retirement. The two factors equally of most importance were women's own health and their financial security. These were followed by being able to access superannuation, but this was only slightly ahead of whether they wanted a lifestyle change. The need to provide care was also important for over 60% of women. Other factors that were of some importance were losing interest in their job, or that their job was becoming very stressful.

In lower order of importance for women's retirement decision-making was a partner's retirement, followed by being able to access various benefits, becoming eligible for the pension, and the number of people dependent on their income. Being retrenched from their job was ranked as the least important of all of these factors.

Figure 20 Factors motivating retirement



Clearly, many contingent factors are involved in women's retirement decisions, and it is questionable as to how many of these factors are within their control. However, as shown in research by others (eg Warren, 2006), the data suggest that partners make retirement decisions together, or at least that the retirement of a partner affects a woman's retirement decision-making.

Each ALSWH survey asked a number of questions about important events that have occurred in the women's lives. The table below shows 'yes' responses for selected events at M4, according to whether women were completely retired or not.

These data indicate that the retirement of a spouse or partner, whether recent or more long-standing, was significantly associated with women's retirement status. The same significance did not apply to a spouse or partner being made redundant, or to the death of spouse or partner. However, a partner's poor health was linked to retirement, as was the birth of a grandchild.

Table 8 shows associations between retirement status and a range of variables. It should be noted that these associations cannot be interpreted as having a causal or specific temporal link. This analysis does not include the date of the woman's retirement and therefore, for example, although a woman whose partner retired from work in the previous 12 months was more likely also to be retired, she could have left work at the same time, or 15 or 20 years earlier.

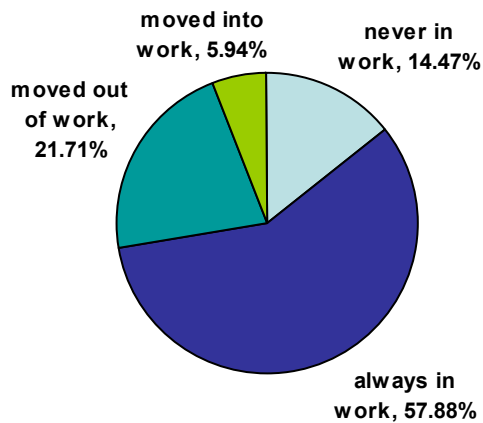
Table 8 Life Events

Life Event	Not retired %	Retired %
*Partner or spouse retiring from work in last 12 months	3.7	7.4
Being made redundant in last 12 months	2.4	1.3
Spouse or partner being made redundant in last 12 months	1.9	2.3
Decreased income in last 12 months	19.4	17.8
Moving house in last 12 months	9.3	10.8
*Spouse or partner retiring more than 12 months ago	7.2	20.8
Being made redundant more than 12 months ago	5.83	5.2
Spouse or partner made redundant more than 12 months ago	6.5	7.7
* Decreased income more than 12 months ago	17.3	27.7
Moving house more than 12 months ago	23.9	24.0
Death of spouse or partner in last 12 months	0.4	0.6
Death of spouse or partner more than 12 months ago	3.8	4.6
*Birth of a grandchild in the last 12 months	15.3	18.7
*Major decline in the health of spouse/partner in last 12 months	7.6	11.2
*Birth of a grandchild more than 12 months ago	24.4	32.9
*Major decline in the health of spouse/partner more than 12 months ago	8.2	11.7
Child or family member leaving home in the last 12 months	12.6	10.0
Child or family member leaving home more than 12 months ago	26.6	24.4

* Statistically significant ($p = <.0001$)

Although some women retired when their partner was made redundant, or when the partner died, as Figure 21 shows, others moved into work, presumably driven by the need to bring in replacement income. Note that these data are from the third survey in 2001.

Figure 21 Labour force participation for women whose partner has retired, M3 (N=387)



The following comment from a mid-age respondent illustrates some of the repercussions that a woman may face when her husband is made redundant.

*The loss of my husband's job when he turned 60 has given me periods of emotional turmoil. Our relationship is not the same & has suffered due to anxiety about reemployment ... now due to his loss of income and the fact that he has gone from a professional status to a factory worker's causing him to lose his self confidence. We tend to argue more, as he comes home very tired not being accustomed to long periods of physical work, home maintenance & lawns & other jobs are being left now, and I get upset. My physical health is very good & **I have taken on extra work** but my mental & emotional health & family relationship have suffered.*
(M4 respondent, 2004 – emphasis added)

6 Patterns and predictors of women’s labour market attachment

This section aims to identify factors that are associated with changes in labour force attachment and retirement status over the four surveys between 1996 and 2004. On the assumption that there is particular policy interest in understanding why some women ‘prematurely’ leave the workforce and, conversely, why others remain in paid work in their mid-age years, particular attention has been paid in the following analyses to four groups: women who have retired ‘early’, those who have consistently been in paid work over the course of the ALSWH, those who intermittently moved into and out of employment during this period, and the ‘late starters’ who entered the labour force at some time after 1996 and were still in paid work in 2004.

6.1 Methods

In 1996, 13716 mid-age women responded to M1 and 9458 of these women provided answers to questions on paid work at the three subsequent surveys. Women who have dropped out of the ALSWH are likely to have less education (Lee et al., 2005). Also, the women who answered all surveys were more likely to be in paid work at M1 (69%) than those who only answered some of the surveys (59%). Hence the results are likely to overestimate the proportion of women who were in paid work at subsequent surveys.

For the analyses in this section, women were initially placed in one of two groups depending on their paid work status: paid work (PW) or not in paid work (NPW). Women were considered in paid work if they were working full-time, part-time or casual. They were not in paid work if they were doing the following: work without pay, looking for work (unemployed), home duties, unpaid voluntary work, or studying and not involved in paid work. The groups are mutually exclusive. There were four time points when this question was asked, therefore there were 16 possible outcomes.

Table 9 Classifications according to pattern of paid work participation

M1	M2	M3	M4
PW	PW	PW	PW NPW
		NPW	PW NPW
	NPW	PW	PW NPW
		NPW	PW NPW
NPW	PW	PW	PW NPW
		NPW	PW NPW
	NPW	PW	PW NPW
		NPW	PW NPW

The 16 outcomes were reduced to 5 categories:

Always Working: women who were in paid work at all four survey points (n=4432)

Later starters: women who were not in paid work at M1, but who subsequently joined and stayed in the workforce at subsequent surveys (n=832)

Early Retirees: women who were in paid work at M1, but left the workforce at some time thereafter and did not return to paid work in subsequent surveys (n=1476)

Intermittent workers: women who had an erratic pattern of paid work over the four surveys (n=1242)

Non-workers: women who were not in paid work at any survey (n=1476)

Here we are interested in three models. The first model compares the profiles of women who were early retirees with those who have continued to work over the four surveys (Always Working). The second model compares the profiles of women whose work pattern was erratic with those who were always working. The third model investigates differences in the profiles of women who were not working at M1 but subsequently joined the workforce (Late Starters) with those who were not in paid work over the eight years to 2004.

In the results shown in this section, we will firstly describe the characteristics of the women who were working at all surveys, the reference category for the first two models. The data were analysed using logistic regression models for women who were early retirees (Model 1) or intermittent workers (Model 2) with women who were always working as the reference category. For the third model, we will describe the characteristics of the women who were not working at any survey. Logistic regression was used to analyse differences in predictors for women who were late starters in the workforce compared to women who were non-workers at all surveys.

All models initially included socio-demographic, work and health variables. Educational qualifications (M1) and ability to manage on available income were included to adjust for socioeconomic status. Family and social factors included marital status; dependent children and the provision of care; whether the woman's partner or spouse had been made redundant or retired in the last year; or whether the partner's health had declined in the last year. Work related factors included satisfaction with what the woman had achieved in terms of work and career in her life, and feeling rushed, pressured or busy. The number of general practitioner visits in the last year was used as an objective measure of a woman's health.

Unless otherwise indicated all factors were measured at M4. These factors may be either a cause or an effect of a particular work pattern.

All analyses were adjusted for area of residence to allow for the over-sampling of women living in rural and remote areas. Only those variables that were found to be significantly associated with employment patterns are shown in the tabulated results of the models.

○ Characteristics of women in paid work at all surveys

Table 10 shows the socio-demographic, family and social, work-related, and health factors that were included in the preliminary analysis of data for mid-age women in paid work at all surveys. Percentages were weighted for area of residence.

The findings for mid-age women in paid work at all surveys were:

- Many women (47%) had completed post-school qualifications by M1
- Most women were married (70%) or living in a de facto relationship (7%); one in eight women was divorced and 4% separated
- More than two-thirds of women found managing on their available income was either not too bad or easy, almost a quarter had difficulty some of the time and 6% found it difficult all the time or impossible
- More than 40% of women still had dependent children either living with them or away from home
- More than a quarter regularly provided care for someone
- Two percent had a spouse or partner who had been made redundant in the last year
- Four percent had a spouse or partner who had retired in the last year
- Seven percent had a spouse or partner who had a major decline in health in the last year
- Most women (92%) were satisfied with their work achievements in their life so far
- Most women (84%) were satisfied with what they had achieved in their career
- Almost two-thirds of women felt rushed, pressured or busy at least a few times a week, 17% felt that way about once a week and 17% rarely felt rushed
- Around 40% of women had up to two general practitioner visits in the last year, 31% had three or four visits and a quarter had five or more visits in the last year

Table 10 Variables used in subsequent analyses comparing early retirees and intermittent workers with women who were always in paid work

Data are for 4432 women who were in paid work at all surveys

	%
Highest level of education	
10 years school or less	36.1
11 or 12 years school	16.3
Trade or diploma	22.6
University degree	24.9
Marital status	
Married	69.7
De facto	7.1
Separated	4.2
Divorced	11.7
Widowed	3.2
Never married	4.0
Ability to manage on available income	
Impossible / difficult all the time	6.4
Difficult some of the time	23.4
Not too bad / easy	70.2
Dependent children	
Dependent children	42.8
Regularly provide care for someone	
Provide care	26.6
Spouse / partner made redundant	
In last 12 months	1.7
Spouse / partner retiring from work	
In last 12 months	3.9
Spouse / partner's health declined	
In last 12 months	7.4
Satisfaction with work achievements	
Very satisfied / satisfied	92.3
Satisfaction with career achievements	
Very satisfied / satisfied	83.5
Feel rushed, pressured or too busy	
Every day / a few times a week	65.4
About once a week	17.3
Once a month / never	17.4
Number of GP visits per year	
1 or 2	43.9
3 or 4	31.0
5 or more	25.1
Area of residence	
Urban	40.0
Rural	54.9
Remote	5.1

Percentages weighted for area of residence

6.2 Three models of work and retirement

o Early retirees

Table 11 shows the odds of being an early retiree compared with the odds of always being in work for various socio-demographic, work-related and health variables. For example, the estimated odds ratio of 1.90 in Table 11 (relating to a spouse retiring from work) implies the odds of being an early retiree compared with the odds of always being in work, is about two times higher for women whose spouse had retired compared with those whose spouse had not retired in the last year. The odds ratios do not imply either temporal or causal relationships.

When all the variables were in the model, several factors were not significantly associated with early retirement. These factors were a spouse being made redundant or having a major decline in health and satisfaction with career achievements. While these effects were significant in univariate analyses, once other income, family and work-related factors were included in the model, they were no longer significant.

After adjusting for area of residence, the findings for mid-age female early retirees (compared with those women Always Working) were that:

- Women who had more education had decreased odds of being early retirees
- Women who were not married had decreased odds of being early retirees
- Women who had more difficulty managing on their available income had increased odds of being early retirees, while those who had least difficulty managing on their available income had decreased odds of being early retirees
- Women who had dependent children had decreased odds of being early retirees
- Women who were providing care for someone had increased odds of being early retirees
- Women whose spouse had retired in the last year had increased odds of being early retirees
- Women who were satisfied with their work achievements had decreased odds of being early retirees
- Women who felt rushed most days of the week had decreased odds of being early retirees, while those who rarely felt rushed had more than twice the odds of being early retirees
- Women who had more general practitioner visits had increased odds of being early retirees

Table 11 Logistic regression model for leaving work at Survey 2, 3 or 4 and staying out of work at subsequent surveys, with those who had worked at all surveys between 1996 and 2004 as the reference group

	Odds ratio (95% confidence limits)
Highest level of education	
10 years school or less	reference
11 or 12 years school	0.80 (0.66;0.97)
Trade or diploma	0.77 (0.64;0.91)
University degree	0.63 (0.52;0.77)
Marital status	
Married	Reference
De facto	0.56 (0.41;0.77)
Separated	0.46 (0.31;0.70)
Divorced	0.44 (0.33;0.57)
Widowed	0.59 (0.39;0.88)
Never married	0.57 (0.37;0.86)
Ability to manage on available income	
Impossible / difficult all the time	1.94 (1.52;2.49)
Difficult some of the time	Reference
Not too bad / easy	0.74 (0.63;0.87)
Dependent children	
Dependent children	0.64 (0.55;0.75)
Regularly provide care for someone	
Provide care	1.43 (1.23;1.66)
Spouse / partner retiring from work	
In last 12 months	1.90 (1.44;2.50)
Satisfaction with work achievements	
Very satisfied / satisfied	0.53 (0.43;0.67)
Feel rushed, pressured or too busy	
Every day / a few times a week	0.46 (0.39;0.56)
About once a week	Reference
Once a month / never	2.59 (2.15;3.12)
Number of GP visits per year	
1 or 2	Reference
3 or 4	1.34 (1.14;1.59)
5 or more	2.08 (1.77;2.46)

○ Intermittent workers

Table 12 shows the odds of being intermittently in paid work compared with always being in work, for various socio-demographic, work-related and health variables. For example, the estimated odds ratio of 1.70 in Table 12 (relating to difficulty managing on income) implies that the odds of being an intermittent worker compared with the odds of always being in work are almost twice as high for women who find it impossible or always difficult to manage on their income, compared with those who don't have difficulty managing financially. The odds ratios do not imply either temporal or causal relationships.

When all the variables were in the model, several factors were not significantly associated with an erratic pattern of paid work. These factors were having dependent children, a spouse being made redundant, retiring from work or having a major decline in health, and personal satisfaction with achievements in career. While these effects were significant in univariate analyses, once other income, health and work-related factors were included in the model, they were no longer significant.

The findings for mid-age women with an erratic pattern of paid work (compared with those women Always Working) were that:

- Women with more education had decreased odds of being an intermittent worker
- Women who were not married tended to have decreased odds of being an intermittent worker, but this was only significant for divorcees and women who had never married
- Women who had difficulty managing on their available income had twice the odds of being an intermittent worker
- Women who were providing care for someone had increased odds of being an intermittent worker
- Women who were satisfied with their work achievements had decreased odds of being an intermittent worker
- Women who felt rushed most days of the week had decreased odds of being an intermittent worker, while those who rarely felt rushed had more than twice the odds of being an intermittent worker
- Women who had more general practitioner visits had increased odds of being an intermittent worker
- Rural women, and particularly those living in remote areas, had increased odds of being intermittently in paid work

Table 12 Logistic regression model for an erratic pattern of work over the four surveys, with those who had worked at all surveys between 1996 and 2004 as the reference group

	Odds ratio (95% confidence limits)
Highest level of education	
10 years school or less	reference
11 or 12 years school	0.93 (0.77;1.12)
Trade or diploma	0.65 (0.54;0.77)
University degree	0.43 (0.35;0.54)
Marital status	
Married	Reference
De facto	0.78 (0.58;1.04)
Separated	0.73 (0.51;1.06)
Divorced	0.53 (0.41;0.69)
Widowed	0.79 (0.54;1.14)
Never married	0.63 (0.53;0.75)
Ability to manage on available income	
Impossible / difficult all the time	1.70 (1.34;2.16)
Difficult some of the time	Reference
Not too bad / easy	0.69 (0.59;0.81)
Regularly provide care for someone	
Provide care	1.48 (1.28;1.72)
Satisfaction with work achievements	
Very satisfied / satisfied	0.42 (0.34;0.53)
Feel rushed, pressured or too busy	
Every day / a few times a week	0.63 (0.53;0.75)
About once a week	Reference
Once a month / never	1.58 (1.29;1.93)
Number of GP visits per year	
1 or 2	Reference
3 or 4	1.23 (1.05;1.45)
5 or more	1.29 (1.09;1.53)
Area of residence	
Urban	Reference
Rural	1.41 (1.22;1.64)
Remote	2.13 (1.60;2.83)

○ **Characteristics of women who were not in paid work at any survey**

Table 13 shows the socio-demographic, family and social, work-related and health factors that were included in the preliminary analysis of data for mid-age women who were not in paid work at any survey. Percentages were weighted for area of residence.

The findings for mid-age women who were not in paid work at any survey were:

- Many women (63%) had 10 or fewer years of schooling by M1
- Most women were married (81%), divorced (7%) or widowed (5%)
- More than half the women found managing on their available income was either not too bad or easy, more than a quarter had difficulty some of the time and 18% found it difficult all the time or impossible
- More than 40% of women still had dependent children either living with them or away from home
- Over a third regularly provided care for someone
- Two percent had a spouse or partner who had been made redundant in the last year
- Four percent had a spouse or partner who had retired in the last year
- Ten percent had a spouse or partner whose health had a major decline in the last year
- Most women (79%) were satisfied with their work achievements in their life so far
- Two-thirds of women were satisfied with what they had achieved in their career
- Forty percent of women felt rushed, pressured or busy at least a few times a week, 20% felt that way about once a week and 40% rarely felt rushed.
- One third of women had up to two general practitioner visits in the last year, 27% had three or four visits and 40% had five or more visits in the last year

Table 13 Variables used in subsequent analyses comparing late starters with women who were not in paid work at any survey

Data are for 1476 women who were not in paid work at any survey

	%
Highest level of education	
10 years school or less	62.6
11 or 12 years school	17.9
Trade or diploma	13.7
University degree	5.8
Marital status	
Married	81.5
De facto	2.0
Separated	2.5
Divorced	7.4
Widowed	5.0
Never married	1.5
Ability to manage on available income	
Impossible / difficult all the time	18.4
Difficult some of the time	27.2
Not too bad/ easy	54.3
Dependent children	
Dependent children	41.2
Regularly provide care for someone	
Provide care	34.5
Spouse / partner made redundant	
In last 12 months	2.0
Spouse / partner retiring from work	
In last 12 months	4.5
Spouse / partner's health declined	
In last 12 months	10.4
Satisfaction with work achievements	
Very satisfied / satisfied	78.5
Satisfaction with career achievements	
Very satisfied / satisfied	66.8
Feel rushed, pressured or too busy	
Every day / a few times a week	39.6
About once a week	20.5
Once a month / never	39.9
Number of GP visits per year	
1 or 2	32.1
3 or 4	27.1
5 or more	40.8
Area of residence	
Urban	27.4
Rural	65.9
Remote	6.7

Percentages weighted for area of residence

○ Late starters

Table 14 shows the odds of being a late starter compared with not being in paid work at any survey for various socio-demographic, work-related, and health variables. For example, the estimated odds ratio of 2.06 in Table 14 (relating to satisfaction with work achievements) implies that the odds of being a late starter compared with the odds of not being in paid work are twice as high for women who are satisfied with their work achievements, compared with those who are not satisfied with their work achievements in life so far. The odds ratios do not imply either temporal or causal relationships.

When all the variables were in the model, several factors were not significantly associated with being a late starter. These factors were having dependent children, a spouse being made redundant, retiring from work or having a major decline in health, and personal satisfaction with achievements in career. While these effects were significant in univariate analyses, once other income, health, and work-related factors were included in the model, they were no longer significant.

The findings for mid-age women who were 'late starters' in paid work (compared with women who were never in paid employment during the life of the study) were that:

- Women who had more education had increased odds of being a late starter
- Women who were separated had over three times the odds of being a late starter compared to never being in paid work, while those who were divorced or in a de facto relationship had more than twice the odds of making a later entry into the workforce
- Women who had more difficulty managing on their available income had reduced odds of being a late starter
- Women who were providing care for someone had decreased odds of being a late starter
- Women who were satisfied with their work achievements had greater odds of being a late starter
- Women who experienced regular time pressure had increased odds of being a late starter
- Women who had more general practitioner visits had decreased odds of making a later entry into the workforce

Table 14 Logistic regression model for not working at M1 but entering work at survey 2, 3 or 4 and staying in work at subsequent surveys, with those who had not been in paid work at any survey as the reference group

	Odds ratio (95% confidence limits)
Highest level of education	
10 years school or less	reference
11 or 12 years school	1.00 (0.77;1.30)
Trade or diploma	1.57 (1.21;2.03)
University degree	1.70 (1.18;2.45)
Marital status	
Married	Reference
De facto	2.58 (1.54;4.32)
Separated	3.14 (1.90;5.19)
Divorced	2.51 (1.75;3.60)
Widowed	1.27 (0.78;2.05)
Never married	1.13 (0.52;2.45)
Ability to manage on available income	
Impossible / difficult all the time	0.63 (0.47;0.86)
Difficult some of the time	Reference
Not too bad / easy	0.97 (0.77;1.21)
Regularly provide care for someone	
Provide care	0.67 (0.54;0.83)
Satisfaction with work achievements	
Very satisfied / satisfied	2.06 (1.53;2.76)
Feel rushed, pressured or too busy	
Every day/ a few times a week	1.90 (1.47;2.45)
About once a week	Reference
Once a month / never	0.55 (0.42;0.73)
Number of GP visits per year	
1 or 2	Reference
3 or 4	0.97 (0.77;1.22)
5 or more	0.49 (0.39;0.62)
Area of residence	
Urban	Reference
Rural	0.96 (0.77;1.19)
Remote	0.84 (0.56;1.25)

PART C

Conclusions and future research directions

The findings detailed in the body of this report highlight the precarious socio-economic situation for many women in mid-age and beyond. Their poorer economic security relative to men has been well-documented in the literature as being founded in women's traditionally poorer attachment to the labour force in their younger years and the resulting disadvantage in regard to retirement income, particularly for those who are separated or divorced. The findings also point to close links between paid work and women's health, and the clear need not only for greater support for carers, who are at risk of poorer health themselves, but also information for potential caregivers about the implications of withdrawing from the labour force. They highlight the importance of education for women, including the need for women to be able to access ongoing further education and training in their mature years. Cultural gendered expectations may be indicated in the extent to which mid-age women are involved in childcare and the influence the birth of a grandchild has on women's retirement decisions. By implication, the findings also suggest that present generations of younger women need evidence-based information and advice about financial planning.

Experiences of paid work

ALSWH longitudinal data reported here confirm that mid-age women's attachment to the labour force is strengthening, with more participants taking up employment between 1996 and 2004 compared with those who gave up paid work. A clear association between employment and women's health is revealed in the data. Participants who had been continually in paid work between 1996 and 2004 reported better mental and physical health compared not only with women who had remained out of the labour force, but also with those who had been employed intermittently during this time. In 2004, approximately one quarter of all women in the mid-age cohort were carers, but caregivers were less likely to be consistently in the workforce.

There seem to be specific patterns of paid work that are related to optimum health. Working part-time, around 16 to 24 hours per week, was associated with better mental health at all four time points, while working very long hours (more than 49 hours per week) remains prejudicial to women's mental health. Mid-age women appear physically able to cope with longer hours of paid work even as they age. It is important to remember that the data reported here do not explain the direction of this association, i.e. whether good physical health makes it possible to work long hours, or whether working long hours contributes to good physical health. Better health is also associated with working the number of hours one prefers, irrespective of how many hours this is.

Planning for retirement

The data show that mid-age women are very uncertain about the timing of their 'retirement', bearing in mind that many women have difficulty with the meaning of this term. The problematic nature of the concept is underlined by comments made by ALSWH participants, which confirm that retirement has a very different meaning for many women and does not coincide with the traditional 'gateway' for retiring men. Almost half of the women who were not retired in 2004 said that they did not know when they expected to retire. There was also a mismatch between expectations for retirement age, and women's preferences for when they would retire.

Uncertainty about retirement age was particularly associated with some forms of non-standard work, less education, and lower status occupations. Consistent with the point made above, women who would like to work beyond age 60 were more likely to have a tertiary education. These findings highlight the importance of education for women, and the importance of further education and training to women throughout their lifecycle.

Women who had not retired were more likely to be separated or divorced than married or widowed, have more educational and occupational qualifications, and to have dependent children still at home. These findings

indicate contrasting motivations for women to remain in employment: the need for an income for many women, including the many previously partnered women who find themselves on their own in their middle years; and the desire of women with more qualifications to continue work that they find satisfying. Such 'career' women are more likely than women with less education and fewer qualifications to have had their children at a later age, and these children may still be living at home or financially dependent when their mother is in her late forties and fifties. Area of residence was not significantly associated with retirement status.

A greater percentage of women who had not yet retired compared with those who were already retired indicated that they will be looking to some form of government support, i.e. an age pension, in their retirement. Women who were separated, divorced or widowed will be more likely to be reliant on the government than those who were currently partnered, or those who had never had a partner.

The two factors that were equally of most importance in women's decision to retire were their own health and their financial security. Being able to access superannuation was only slightly ahead of the desire for a lifestyle change (presumably including the 'sea change' or 'tree change') as a motivating factor for retiring. The need to provide care was also important for over 60% of women.

Clearly, family relationships affect retirement decisions. The birth of a grandchild was linked to retirement. Longitudinal ALSWH data show that the retirement of a spouse or partner, whether recent or more long-standing, is significantly associated with women's retirement, as is a partner's poor health. Although some women retired when their partner was made redundant, or when the partner died, others moved into work, possibly due to the need to bring in replacement income.

Patterns and predictors of women's labour market attachment

Finally, factors associated with changes in labour force attachment and retirement status over the four surveys between 1996 and 2004 were investigated. The models developed include factors that may be either a cause or an effect of a particular work pattern.

'Early retirees', compared with women who were 'always in paid work', were more likely to exhibit characteristics that included being a carer; having poor health; having concerns about money; and having a partner who retired in the previous year. They were less likely to have dependent children; feel satisfied with their work achievements; be more educated. While 'intermittent workers' (compared with women always in work) also had increased odds of being a carer, having concerns about money, and being in poorer health, they were also more likely to live in a rural or remote area.

The characteristics of later entrants into the labour market, or 'late starters', compared with women who were not in paid work at any time point in the longitudinal study, were investigated. Factors associated with increased odds of being a late starter included having more education; being divorced or in a de facto relationship or, in particular, being separated; being satisfied with work achievements in life so far; and experiencing regular time pressure. 'Late starters' were less likely to be carers, to have money concerns, or to be in poorer health.

As already noted, these factors may exist either prior to, or conversely be the result of, a particular work pattern. For example, the relationship between 'early retirement' and having financial concerns is likely to reflect income after giving up work, rather than before.

Future research directions

The results from this investigation give rise to many questions that are worthy of further examination, including a closer look at women's health and use of health services as they are associated with their experiences of work and retirement. As an example, we might ask whether the deleterious effect on this generation of mid-age women's mental health of continuing to work long hours in employment, translates into greater health service costs or retirement earlier than preferred.

There is also the potential for further investigation of associations between caring and retirement. For example, it is of note that working longer part-time hours is associated with poorer mental health than either

shorter hours or full-time paid work. These hours often translate into virtual full-time work, and it may be that women with this pattern of paid work are also struggling to cope with substantial caring responsibilities. Such investigations may examine the extent to which caring responsibilities affect or change retirement planning, or conversely how experiences of paid work and retirement influence the strategies employed to cope with issues around caring.

Further information on women's experiences of paid work and retirement will be available as more data are collected in the Australian Longitudinal Study on Women's Health. Retirement questions are included in Survey 5. These data will offer the opportunity to look at changes in women's experiences of paid work and planning for retirement as they move further into their late fifties and early sixties.

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women's
health
australia



F o u r t h
s u r v e y
f o r
m i d - a g e
w o m e n

M a r c h 2 0 0 4

How to complete this survey

This is the fourth “main” survey for mid-age women. As the purpose of the project is to look at changes over time, some of the questions are the same as those in previous surveys.

INSTRUCTIONS:

- Use a black/blue pen or pencil, preferably 2B
- Erase or correct mistakes
- Do not fold or bend this survey

Please mark like this: Example: ○ ● ○ ○

Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.

Please write any comments or important information on page 26. We are not able to read comments written elsewhere throughout the survey.

Example 1:

In general, would you say your health is:

(Mark one only)

- Excellent ○
Very good ○
Good ● *You would mark this one if you think your health is good*
Fair ○
Poor ○

Example 2:

What is your postcode?

(PRINT clearly in the boxes)

2	3	0	8
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If you need help to answer any questions, please ring 1800 068 081 (This is a FREECALL number)

** If you are concerned about any of your health experiences and would like some help, please contact:*

- *Your nearest Women’s Health Centre or Community Health Centre;*
- *Your general practitioner for advice about who would be the best person in your community for you to talk to.*

** If you feel distressed NOW and would like someone to talk to, you could ring **Lifeline** on **131114** (local call).*

women's health *is about how you are feeling*

The questions on the first page ask only about NOW - how your health is NOW and about how your health limits certain activities NOW.

Q1 In general, would you say your health is:

(Mark one only)

- Excellent
- Very good
- Good
- Fair
- Poor

Q2 Compared to one year ago, how would you rate your health in general now?

(Mark one only)

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same now as one year ago
- Somewhat worse now than one year ago
- Much worse now than one year ago

Q3 The following questions are about activities you might do during a typical day.

Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?

(Mark one on each line)

		yes, limited a lot	yes, limited a little	no, Not limited at all
a	VIGOROUS activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	MODERATE activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Climbing SEVERAL flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Climbing ONE flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Walking MORE THAN ONE kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Walking HALF a kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Walking 100 metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The questions on this page and the next one ask about your health
IN THE LAST FOUR WEEKS.**

Q4 During the PAST FOUR WEEKS, have you had any of the following problems with your work (including your work outside the home and housework) or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

(Mark one on each line)

		yes	no
a	Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b	Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c	Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
d	Had difficulty performing the work or other activities (eg it took extra effort)	<input type="radio"/>	<input type="radio"/>

Q5 During the PAST FOUR WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

(Mark one on each line)

		yes	no
a	Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b	Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c	Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

Q6 During the PAST FOUR WEEKS, to what extent have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbours or groups? (Mark one only)

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

Q7 How much BODILY pain have you had during the PAST FOUR WEEKS? (Mark one only)

- No bodily pain
- Very mild
- Mild
- Moderate
- Severe
- Very severe

Q8 During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? (Mark one only)

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

Q9 For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST FOUR WEEKS:

(Mark one on each line)

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a	Did you feel full of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Have you been a very nervous person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Have you felt so down in the dumps that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Did you have a lot of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Have you felt down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Did you feel worn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Have you been a happy person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Did you feel tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 During the PAST FOUR WEEKS, how much of the time have your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (*like visiting with friends, relatives, etc*)?

(Mark one only)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Q11 How TRUE or FALSE is EACH of the following statements for you?

(Mark one on each line)

		definitely true	mostly true	don't know	mostly false	definitely false
a	I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

women's health is about using health services

Q12 How many times have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS?

(Mark one on each line)

		none	once or twice	3 or 4 times	5 or 6 times	7-12 times	13-24 times	25 or more times
a	A family doctor or another General Practitioner (GP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	A hospital doctor (eg in outpatients or casualty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	A specialist doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Have you consulted the following people for YOUR OWN HEALTH in the LAST TWELVE MONTHS? (Mark all that apply)

a	<input type="radio"/> Dentist
b	<input type="radio"/> Physiotherapist
c	<input type="radio"/> Counsellor/ Psychologist/ Social worker
d	<input type="radio"/> Pharmacist
e	<input type="radio"/> Optician
f	<input type="radio"/> Dietitian
g	<input type="radio"/> Naturopath/ Herbalist
h	<input type="radio"/> Acupuncturist
i	<input type="radio"/> Podiatrist
j	<input type="radio"/> Chiropractor
k	<input type="radio"/> Osteopath
l	<input type="radio"/> Massage therapist
m	<input type="radio"/> Other alternative health practitioner
n	<input type="radio"/> None of these people

Q14 When you go to a General Practitioner

(Mark one on each line)

		always	most of the time	sometimes	rarely or never
a	Do you go to the same place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Do you usually see the same doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 How would you rate the cost to you of your LAST visit to a General Practitioner? (Mark one only)

no cost to me	good	fair	poor	don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 In the previous 12 months, has your GP talked to you about making LIFESTYLE changes that might improve your health, such as diet, weight management, exercise, alcohol, smoking etc? (Mark one only)

Have not visited a GP for 12 months Yes No Don't know

Q17 What is your date of birth?

Day			Month		19	Year	

Q18 Do you have a Health Care Card? (Mark one only)

This is a card that entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card.

- Yes No

Q19a Do you have private health insurance for HOSPITAL COVER? (Mark one only)

- Yes
- No – I am covered by Veterans' Affairs
- No – because I can't afford the cost
- No – because I don't think you get value for money
- No – because I don't think I need it
- No – other reason

Q19b Do you have private health insurance for ANCILLARY services? (eg dental, physiotherapy) (Mark one only)

- Yes
- No – I am covered by Veterans' Affairs
- No – because I can't afford the cost
- No – because I don't think you get value for money
- No – because I don't think I need it
- No – because the services are not available where I live
- No – other reason

Q20 When did you last have:
(Mark one on each line)

		In the last 2 years	2-5 years ago	More than 5 years ago	Never	Don't know
a	A Pap test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	A mammogram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Have you EVER had an abnormal result from:

(Mark one on each line)

		yes	no	Don't know
a	A Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	A mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 In the PAST THREE YEARS, have you: (Mark all that apply)
YES

- a** Had your breasts examined by a doctor?
- b** Carried out *regular monthly* breast self examination?
- c** Had your blood pressure checked by a doctor?
- d** Had your cholesterol checked by a doctor?
- e** None of the above

Q23 Are you CURRENTLY taking: (*Mark all that apply*)
YES

- a The oral contraceptive pill?
- b Hormone Replacement Therapy (HRT)?

Q24 Have you: (*Mark one on each line*)

		yes	no	
a	Had a hysterectomy?	<input type="radio"/>	<input type="radio"/>	If Yes, go to Q27
b	Had a period or menstrual bleeding in the last 12 months?	<input type="radio"/>	<input type="radio"/>	If No, go to Q26
c	Had a period or menstrual bleeding in the last 3 months?	<input type="radio"/>	<input type="radio"/>	

Q25 Compared with 12 months ago, are your periods: (*Mark one only*)

- Less frequent
- About the same
- More frequent
- Changeable

Q26 If you have reached menopause, at what age did your periods completely stop?

(*Please print the age in the box*)

		years
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Not applicable

Q27 Thinking about your own health care, how would you rate the following:
(Mark one on each line)

		excellent	very good	good	fair	poor	don't know
a	Access to medical specialists if you need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Access to a hospital if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Access to after-hours medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Access to a GP who bulk bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Access to a female GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Hours when a GP is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Number of GPs you have to choose from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Ease of seeing the GP of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	How long you wait to get a GP appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	The outcomes of your medical care (<i>how much you are helped</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Ease of obtaining a mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	Ease of obtaining a Pap test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	Availability of medical information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	Services available for getting doctors' prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	Access to a counselling service if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Access to a Women's Health Centre or a Family Planning Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	Access to advice from health professionals about lifestyle changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q28 If you have ever given birth to a child, please write the year of each birth in the box.
(If you had twins, please write the date twice.)

Never given birth

Q29 During the PAST FOUR WEEKS have you taken any medications: (Mark all that apply)

		A recommended or prescribed by a doctor	B any other medication
a	For nerves/anxiety/worries	<input type="radio"/>	<input type="radio"/>
b	For stress (<i>difficulty coping</i>)	<input type="radio"/>	<input type="radio"/>
c	To help you sleep	<input type="radio"/>	<input type="radio"/>
d	For tiredness/fatigue	<input type="radio"/>	<input type="radio"/>
e	For depression	<input type="radio"/>	<input type="radio"/>
f	For menopausal symptoms	<input type="radio"/>	<input type="radio"/>
g	For high blood pressure	<input type="radio"/>	<input type="radio"/>
h	For high cholesterol	<input type="radio"/>	<input type="radio"/>
i	For heart problems	<input type="radio"/>	<input type="radio"/>
j	For arthritis	<input type="radio"/>	<input type="radio"/>
k	For diabetes or blood sugar	<input type="radio"/>	<input type="radio"/>
l	For asthma	<input type="radio"/>	<input type="radio"/>
m	For digestive/bowel problems	<input type="radio"/>	<input type="radio"/>
n	For skin problems (<i>eg allergy or eczema</i>)	<input type="radio"/>	<input type="radio"/>
o	For headache	<input type="radio"/>	<input type="radio"/>
p	For backache	<input type="radio"/>	<input type="radio"/>
q	For other pain	<input type="radio"/>	<input type="radio"/>
r	For any other chronic (long-term) illness or condition	<input type="radio"/>	<input type="radio"/>
s	None of these	<input type="radio"/>	<input type="radio"/>

Q30

During the PAST FOUR WEEKS, how many different types of vitamin, mineral or herbal products or supplements have you taken? (Mark one only)

None One Two or three Four or more

Q31 In the last 12 months have you: (Mark all that apply)
YES

a	<input type="radio"/> Slipped, tripped or stumbled?
b	<input type="radio"/> Had a fall to the ground?
c	<input type="radio"/> Been injured as a result of a fall?
d	<input type="radio"/> Needed to seek medical attention for an injury from a fall?
e	<input type="radio"/> Had any other injury from an accident at your home?
f	<input type="radio"/> Broken or fractured any bone/s?
g	<input type="radio"/> None of the above

Q32 In the PAST THREE YEARS, have you been diagnosed or treated for:

(Mark all that apply)

**YES, IN THE
PAST 3 YEARS**

- a** Arthritis/rheumatism
- b** Diabetes (*high blood sugar*)
- c** Impaired glucose tolerance
- d** Heart disease (*including heart attack, angina*)
- e** Hypertension (*high blood pressure*)
- f** Stroke
- g** Thrombosis (*a blood clot*)
- h** Low iron level (*iron deficiency or anaemia*)
- i** Asthma
- j** Bronchitis/emphysema
- k** Osteoporosis
- l** Breast cancer
- m** Cervical cancer
- n** Bowel cancer
- o** Skin cancer (*including melanoma*)
- p** Other cancer (*please specify on the line below at option v*)
- q** Depression
- r** Anxiety/nervous disorder
- s** Other psychiatric disorder
- t** Chronic Fatigue Syndrome
- u** Sexually transmitted infection (*eg genital herpes or warts, chlamydia*)
- v** Other major illness or disability (*please specify on line*)

- w** None of these conditions

Q33 Do you have any of these sleeping problems? (Mark all that apply)

YES

- a** Waking up in the early hours of the morning
- b** Lying awake for most of the night
- c** Taking a long time to get to sleep
- d** Worry keeping you awake at night
- e** Sleeping badly at night
- f** None of these problems

Q34 During the past month, how often have you had trouble staying awake whilst driving, eating meals or engaging in social activity? (Mark one only)

- Never
- Not during the past month
- Less than once a week
- Once or twice a week
- Three or more times a week

Q35 In the **PAST THREE YEARS**, have you had any of the following operations or procedures? (Mark all that apply)

YES, IN THE PAST 3 YEARS		
a	<input type="radio"/>	Hysterectomy
b	<input type="radio"/>	Both ovaries removed
c	<input type="radio"/>	Repair of prolapsed vagina, bladder or bowel
d	<input type="radio"/>	Endometrial ablation (<i>removal of the lining of the uterus</i>)
e	<input type="radio"/>	Joint replacement (<i>eg hip, knee</i>)
f	<input type="radio"/>	Mastectomy (<i>removal of one or both breasts</i>)
g	<input type="radio"/>	Lumpectomy (<i>removal of lump from breast</i>)
h	<input type="radio"/>	Removal of skin cancer
i	<input type="radio"/>	Any cancer surgery (<i>other than skin or breast</i>)
j	<input type="radio"/>	Chemotherapy or radiotherapy for any cancer
k	<input type="radio"/>	Breast biopsy (<i>taking a sample of breast tissue</i>)
l	<input type="radio"/>	Hysteroscopy (<i>investigative procedure to examine the uterus</i>)
m	<input type="radio"/>	Cholecystectomy (<i>gall bladder removed</i>)
n	<input type="radio"/>	Gastroscopy/colonoscopy
o	<input type="radio"/>	None of these

Q36 Have you **EVER** had a Caesarean birth? (Mark one only)

- Yes No

Q37 Compared with when you were in your twenties, how good are you at:
(Mark one on each line)

		Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
a	Remembering the name of a person just introduced to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Recalling telephone numbers or other numbers that you use on a daily or weekly basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Recalling where you put objects (<i>such as keys</i>) in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Remembering specific facts from a newspaper or magazine article you have just finished reading?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Remembering the item(s) you intend to buy when you arrive at the shops?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	In general, how would you describe your memory compared to when you were in your twenties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38 In the LAST 12 MONTHS, have you had any of the following:

(Mark one on each line in column A.

For all that apply also answer columns B and C.)

		A				B	C
		Never	Rarely	Some-times	Often	For the problems you had , did you seek help?	If you did seek help, please mark if you were NOT satisfied with that help.
		▼	▼	▼	▼	Mark here if you DID seek help	Mark here if you were NOT satisfied
a	Allergies, hay fever, sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Breathing difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Indigestion/heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Severe tiredness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Urine that burns or stings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Haemorrhoids (<i>piles</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	Other bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Vaginal discharge or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	Menstrual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	Hot flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	Eyesight problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	Poor memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t	Episodes of intense anxiety (eg panic attacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u	Palpitations (<i>feeling that your heart is racing or fluttering in your chest</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39 In the PAST WEEK, have you been feeling that life isn't worth living? (Mark one only)

Yes No

Q40 In the PAST 6 MONTHS, have you EVER deliberately hurt yourself or done anything that you knew might have harmed or even killed you? (Mark one only)

Yes No

If you answered YES to either of the last 2 questions, you might like to talk to someone about how you are feeling. You could ring Lifeline on 131114 (local call).

Q41 In the last month, have you accidentally wet yourself (leaked urine)? (Mark one only)

Yes No →

If NO, go to Q42

How often did you wet yourself (leak urine) in the last month when you:

(Mark one on each line in column A.
For all that apply, answer column B)

If you leaked urine, how much did you leak?

		A				B	
		Never	Rarely	Some-times	Often	Drops, or just a little	More than just drops
a	Coughed, laughed or sneezed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Stood from a sitting position?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Bent down to pick something up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Walked up or down stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Lifted something heavy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Engaged in sexual intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Played sport or exercised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Were on your way to the toilet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Put your key in the door?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Stepped into water or had your hands in water?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	Had to wait to use the toilet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Delayed going to the toilet immediately, when you first felt the need to urinate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	Sitting quietly in a chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	Leaked urine without realising it at the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42 Do you regularly **NEED** help with daily tasks because of long-term illness, disability or frailty? (eg *personal care, getting around, preparing meals, etc*)

(Mark one only)

Yes No

Q43 What is your Postcode?

a What is your **RESIDENTIAL** postcode? (*where you live*)

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b What is the postcode of your **POSTAL ADDRESS**?

(*if different to residential*)

--	--	--	--

women's health *is about coping with stress*

Q44 Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life:

(Mark one on each line)

		not applicable	not at all stressed	somewhat stressed	moderately stressed	very stressed	extremely stressed
		▼	▼	▼	▼	▼	▼
a	Own health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Health of family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Work/Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Living arrangements		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Money		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Relationship with partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Relationship with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Relationship with other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q45 How much do you agree or disagree with each of the following statements?

(Mark one on each line)

		disagree strongly	disagree	disagree slightly	agree slightly	agree	agree strongly
		▼	▼	▼	▼	▼	▼
a	At home, I feel I have control over what happens in most situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	I feel that what happens in my life is often determined by factors beyond my control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Over the next 5-10 years I expect to have more positive than negative experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I often have the feeling that I am being treated unfairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	In the past 10 years my life has been full of changes without my knowing what will happen next	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	I gave up trying to make big improvements or changes in my life a long time ago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46 How often do you currently smoke cigarettes or any tobacco products? (Mark one only)

- Daily → Go to Q47
 - At least weekly (but not daily) → Go to Q48
 - Less often than weekly
 - Not at all
- } → Go to Q49

PRINT the number in the box

Q47 If you smoke daily, on average how many cigarettes do you smoke EACH DAY? Cigarettes per day → Go to Q51

PRINT the number in the box

Q48 If you smoke, but not daily, on average how many cigarettes do you smoke PER WEEK? Cigarettes per week

Q49 Have you ever smoked DAILY? (Mark one only)

- Yes No →

If NO, go to Q52

PRINT age in box

Q50 At what age did you finally stop smoking daily? years old

PRINT age in box

Q51 At what age did you start smoking daily? years old

Q52 Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way DURING THE LAST WEEK.

(Mark one on each line)

	rarely or none of the time (less than 1 day)	some or a little of the time (1-2 days)	occasionally or a moderate amount of the time (3-4 days)	most or all of the time (5-7 days)
--	---	---	---	---

a	I was bothered by things that don't usually bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	I felt hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	I felt terrific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 Which of the following events have you experienced?

(Mark *all that apply*)

		A yes, in the last 12 months	B yes, more than 12 months ago
a	Major personal illness	<input type="radio"/>	<input type="radio"/>
b	Major personal injury or involvement in a serious accident	<input type="radio"/>	<input type="radio"/>
c	Major personal achievement	<input type="radio"/>	<input type="radio"/>
d	Birth of a grandchild	<input type="radio"/>	<input type="radio"/>
e	Major surgery (<i>not including dental work</i>)	<input type="radio"/>	<input type="radio"/>
f	Going through menopause	<input type="radio"/>	<input type="radio"/>
g	Major decline in health of spouse or partner	<input type="radio"/>	<input type="radio"/>
h	Major decline in health of other close family member or close friend	<input type="radio"/>	<input type="radio"/>
i	Starting a new, close personal relationship	<input type="radio"/>	<input type="radio"/>
j	Infidelity of spouse or partner	<input type="radio"/>	<input type="radio"/>
k	Break-up of a close personal relationship	<input type="radio"/>	<input type="radio"/>
l	Divorce	<input type="radio"/>	<input type="radio"/>
m	Major conflict with teenage or older children	<input type="radio"/>	<input type="radio"/>
n	Child or other family member leaving home (<i>due to marriage, to attend university etc</i>)	<input type="radio"/>	<input type="radio"/>
o	Death of spouse or partner	<input type="radio"/>	<input type="radio"/>
p	Death of a child	<input type="radio"/>	<input type="radio"/>
q	Death of other close family member	<input type="radio"/>	<input type="radio"/>
r	Death of close friend	<input type="radio"/>	<input type="radio"/>
s	Changing your type of work/hours/conditions/responsibilities at work	<input type="radio"/>	<input type="radio"/>
t	Retirement	<input type="radio"/>	<input type="radio"/>
u	Your spouse or partner retiring from work	<input type="radio"/>	<input type="radio"/>
v	Being made redundant	<input type="radio"/>	<input type="radio"/>
w	Your spouse/partner being made redundant	<input type="radio"/>	<input type="radio"/>
x	Decreased income	<input type="radio"/>	<input type="radio"/>
y	Moving house	<input type="radio"/>	<input type="radio"/>
z	Natural disaster (<i>fire, flood, drought, earthquake etc</i>) or house fire	<input type="radio"/>	<input type="radio"/>
aa	Major loss or damage to personal property	<input type="radio"/>	<input type="radio"/>
bb	Being robbed	<input type="radio"/>	<input type="radio"/>
cc	Being pushed, grabbed, shoved, kicked or hit	<input type="radio"/>	<input type="radio"/>
dd	Being forced to take part in unwanted sexual activity	<input type="radio"/>	<input type="radio"/>
ee	Legal troubles or involved in a court case	<input type="radio"/>	<input type="radio"/>
ff	Family member/close friend being arrested/in gaol	<input type="radio"/>	<input type="radio"/>
gg	You or a family member involved in problem gambling	<input type="radio"/>	<input type="radio"/>
hh	None of these events	<input type="radio"/>	<input type="radio"/>

Q54 Thinking about your current approach to life, please indicate how much you think each statement describes you:

(Mark one on each line)

		strongly disagree	disagree	neutral	agree	strongly agree
a	In uncertain times, I usually expect the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	If something can go wrong for me, it will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	I'm always optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	I hardly ever expect things to go my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	I rarely count on good things happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Overall, I expect more good things to happen to me than bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q55 In the past month:

(Mark one on each line)

		yes	no
a	Have you felt keyed up or on edge?	<input type="radio"/>	<input type="radio"/>
b	Have you been worrying a lot?	<input type="radio"/>	<input type="radio"/>
c	Have you been irritable?	<input type="radio"/>	<input type="radio"/>
d	Have you had difficulty relaxing?	<input type="radio"/>	<input type="radio"/>
e	Have you been sleeping poorly?	<input type="radio"/>	<input type="radio"/>
f	Have you had headaches or neck aches?	<input type="radio"/>	<input type="radio"/>
g	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea or needing to pass urine more often than normal?	<input type="radio"/>	<input type="radio"/>
h	Have you been worried about your health?	<input type="radio"/>	<input type="radio"/>
i	Have you had difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>

Q56 Are your parents still living?

(Mark one on each line)

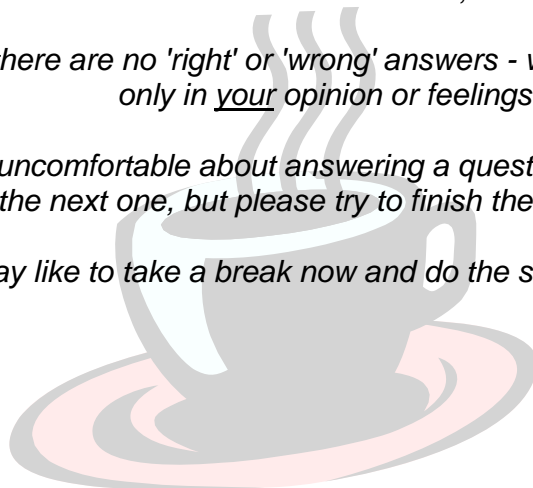
		still living	deceased	don't know
a	Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following sections are about other health habits, time use and your relationships

Often, there are no 'right' or 'wrong' answers - we are interested only in your opinion or feelings.

If you feel uncomfortable about answering a question, just leave it and go on to the next one, but please try to finish the survey if you can.

You may like to take a break now and do the second part later.



women's health is about healthy weight and shape

Q57 a How much do you weigh (no clothes or shoes)?

kg OR stones pounds

b How tall are you without shoes?

cm OR feet inches

Q58 In the LAST THREE YEARS, have you: (Mark one on each line)

		yes	no
a	Lost 5 kg or more on purpose?	<input type="radio"/>	<input type="radio"/>
b	Lost 5 kg or more for any other reason?	<input type="radio"/>	<input type="radio"/>
c	Gained 5 kg or more?	<input type="radio"/>	<input type="radio"/>

Q59 How often do you usually drink alcohol? (Mark one only)

- I never drink alcohol — Go to Q62
- I drink rarely On 3 or 4 days a week
 Less than once a week On 5 or 6 days a week
 On 1 or 2 days a week Every day

Q60 On a day when you drink alcohol, how many drinks do you usually have?

(Mark one only)

- 1 or 2 drinks per day 5 to 8 drinks per day
 3 or 4 drinks per day 9 or more drinks per day

Q61 How often do you have five or more drinks of alcohol on one occasion?

(Mark one only)

- Never About once a week
 Less than once a month More than once a week
 About once a month

Q62 How many serves of vegetables do you usually eat each day?

(Mark one only)

A serve = half a cup of cooked vegetables or a cup of salad vegetables

- None 4 serves
 1 serve 5 serves or more
 2-3 serves

Q63 How many serves of fruit do you usually eat each day? (Mark one only)

A serve = one medium piece or two small pieces of fruit or one cup of diced pieces

- None 4 serves
 1 serve 5 serves or more
 2-3 serves

Q64 How many glasses/cups of non-alcoholic drinks do you usually have each day (eg juice, tea, coffee, water, milk, etc)? (mark one only)

- 0-2 glasses 3-5 glasses 6-8 glasses 9 or more glasses

Think about all of the time you spend sitting during EACH DAY while at home, at work, while getting from place to place or during your spare time.

Q65 How many hours EACH DAY do you typically spend sitting down while doing things like visiting friends, driving, reading, watching television or working at a desk or computer?

a On a usual WEEK DAY hours

b On a usual WEEKEND DAY hours

The next two questions are about the amount of physical activity you did LAST WEEK.

Q66 How many times did you do each type of activity LAST WEEK?

Only count the number of times when the activity lasted for 10 minutes or more.
(If you did **not** do an activity, please write "0" in the box.)

a **Walking briskly** (for recreation or exercise, or to get from place to place) times

b **Moderate leisure activity** (like social tennis, moderate exercise classes, recreational swimming, dancing) times

c **Vigorous leisure activity** (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming) times

d **Vigorous household or garden chores** (that make you breathe harder or puff and pant) times

Q67 If you add up all the times you spent in each activity LAST WEEK, how much time did you spend **ALTOGETHER** doing each type of activity?

(If you did not do an activity, please write "0" in the box)

a **Walking briskly** (for recreation or exercise, or to get from place to place) hours minutes

b **Moderate leisure activity** (like social tennis, moderate exercise classes, recreational swimming, dancing) hours minutes

c **Vigorous leisure activity** (that makes you breathe harder or puff and pant like aerobics, competitive sport, vigorous cycling, running, swimming) hours minutes

d **Vigorous household or garden chores** (that make you breathe harder or puff and pant) hours minutes

women's health is about how you spend your time

Q68 In the **LAST WEEK**, how much time in total did you spend doing the following things?
(Mark one on each line)

		I don't do this activity	1-15 hours	16-24 hours	25-34 hours	35-40 hours	41-48 hours	49 hours or more
a	Paid work (<i>full-time, part-time, casual</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Home duties (<i>own/family home</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Work without pay (<i>eg family business</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Looking for work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Unpaid voluntary work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Active leisure (<i>eg walking, exercise, sport</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Passive leisure (<i>eg TV, listening to music, reading, relaxing</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Studying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q69 Managing time is often difficult.
How often do you feel:
(Mark one on each line)

		every day	a few times a week	about once a week	about once a month	never
a	That you are rushed, pressured, too busy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	That you have time on your hands that you don't know what to do with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q70 Do you regularly provide (unpaid) care for grandchildren or other people's children?
(Mark one only)

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No, never

Q71 Do you regularly provide care or assistance (*eg personal care, transport*) to any other person because of their long-term illness, disability or frailty? (Mark one on each line)

		yes	no
a	For someone who lives with you	<input type="radio"/>	<input type="radio"/>
b	For someone who lives elsewhere	<input type="radio"/>	<input type="radio"/>

If no to both go to Q75

Q72 How many people with a long-term illness, disability or frailty do you regularly provide care for? (Mark one only)

- One person
- Two people
- More than two people

Q73 How often in total do you provide this care or assistance? (Mark one only)

- Every day
- Several times a week
- Once a week
- Once every few weeks
- Less often

Q74 How much time do you usually spend providing such care or assistance on each occasion? (Mark one only)

- All day and night
- All day
- All night
- Several hours
- About an hour

Q75 Are you happy with your share of the following tasks and activities? (Mark one on each line)

happy the way it is would like other household members to do more would prefer another arrangement not applicable (don't do this)

	happy the way it is	would like other household members to do more	would prefer another arrangement	not applicable (don't do this)
a Domestic work (shopping, cooking, cleaning etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Caring for another adult (who is elderly/disabled/sick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Other household work (gardening, home/car maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76 What do you think about the neighbourhood that you live in? How much do you agree with the following statements? (Mark one on each line)

	strongly disagree	disagree	neutral	agree	strongly agree
a I would be really sorry if I had to move away from the people in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b I have a lot in common with people in my neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c I generally trust my neighbours to look out for my property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d I am good friends with many people in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e I like living where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f My neighbours treat me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Children are safe walking around the neighbourhood during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h People in my neighbourhood are very willing to help each other out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i It is safe to walk around the neighbourhood at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

women's health



*is about the kinds of work you do
and your plans for the future*

Q77 Do you normally do any of the following kinds of paid work? (Mark all that apply)

Yes

- a Paid shift work
- b Paid work at night
- c Paid work from home
- d Self employment
- e Paid work in more than one job
- f Casual paid work (work in a job which doesn't provide holiday pay or sick leave)
- g Paid work involving none of the above
- h I don't do any paid work

Q78 We would like to know **YOUR** and **YOUR PARTNER'S**
main occupation **NOW**: (Mark one in each column)

	A self	B partner
Manager or administrator (eg magistrate, farm manager, media producer, school principal)	<input type="radio"/>	<input type="radio"/>
Professional (eg registered nurse, allied health professional, teacher, artist)	<input type="radio"/>	<input type="radio"/>
Associate professional (eg office manager, branch manager, shop manager, retail buyer, youth worker, police officer)	<input type="radio"/>	<input type="radio"/>
Tradesperson or related worker (eg cook, dressmaker, hairdresser, gardener, florist)	<input type="radio"/>	<input type="radio"/>
Advanced clerical or service worker (eg credit officer, radio despatcher, personal assistant, flight attendant, law clerk)	<input type="radio"/>	<input type="radio"/>
Intermediate clerical, sales or service worker (eg accounts clerk, checkout supervisor, data entry operator, child care worker, nursing assistant, hospitality worker)	<input type="radio"/>	<input type="radio"/>
Intermediate production or transport worker (eg machine operator, bus driver)	<input type="radio"/>	<input type="radio"/>
Elementary clerical, sales or service worker (eg filing/mail clerk, parking inspector, sales assistant, telemarketer, housekeeper)	<input type="radio"/>	<input type="radio"/>
Labourer or related worker (eg cleaner, factory worker, kitchen hand, fast food cook)	<input type="radio"/>	<input type="radio"/>
No paid job	<input type="radio"/>	<input type="radio"/>
Don't know or no partner		<input type="radio"/>

Q79 How do you manage on the income you have available? (Mark one only)

- It is impossible
- It is difficult all the time
- It is difficult some of the time
- It is not too bad
- It is easy

Q80 Are there people who do **NOT** live with you who are dependent on your household income? (Mark one only)

- No
- Yes, one
- Yes, more than one

Q81 Do you consider yourself to be completely retired from the paid workforce, partly retired, or not retired at all?

(Mark one only)

- I am not retired at all (*currently working or planning to return to work*)
- I am partially retired (*have cut down on hours of work or changed type of job as a way of retiring gradually*)
- I am completely retired from paid work (*within the last 20 years*)
- I gave up paid work over 20 years ago (*and do not intend to return to work*)
- I have never been in paid work

Q82 When did you retire or give up work?

(print year in the box)

--	--	--	--

Q83 At what age do you expect to retire (completely) from the paid workforce?

(print age, in whole years, in the box)

--	--

- Do not expect to ever retire
- Don't know

Q84 You have said when you expect to retire, but if you had the choice, at what age would you like to retire (completely) from the paid workforce?

(print age, in whole years, in the box)

--	--

- Do not want to ever retire
- Don't know

Q85 Indicate how important each of the following might be in your decision about when to retire (completely) from the workforce:

(Mark one on each line)

		not important	of limited importance	important	very important	don't know
a	Reaching the eligibility age for an old age (or service pension)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	The ability to access other government pensions or benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	The ability to access superannuation funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Being retrenched or made redundant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	The stresses and pressures of your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	A declining interest in work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Financial security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	The number of people for whom you need to provide financial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	When your partner retires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Your personal health or physical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	The need to care for your spouse or another family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	The desire for a different lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q86 If you are retired, what are the sources of your retirement funding?

OR

If you are not retired, or have never been in paid work, what do you expect to be the sources for funding your retirement?

(Mark all that apply)

a	<input type="checkbox"/>	Age pension/Service pension/Widow's pension/War Widow's pension
b	<input type="checkbox"/>	Other government pension or allowance
c	<input type="checkbox"/>	Lump sum superannuation payout
d	<input type="checkbox"/>	A pension or annuity purchased with superannuation or some other funds
e	<input type="checkbox"/>	Income from savings and investments (<i>such as shares and property</i>)
f	<input type="checkbox"/>	Income from a business
g	<input type="checkbox"/>	Income or pension from your spouse/partner
h	<input type="checkbox"/>	Financial support from family
i	<input type="checkbox"/>	Other sources (<i>please specify on page 26</i>)
j	<input type="checkbox"/>	Don't know

women's health is about you and your life

Q87 These questions are about getting on with other people:

(Mark one on each line)

		yes	no
a	Are you sad or lonely often?	<input type="checkbox"/>	<input type="checkbox"/>
b	Do you feel uncomfortable with anyone in your family?	<input type="checkbox"/>	<input type="checkbox"/>
c	Can you take your own medication and get around by yourself?	<input type="checkbox"/>	<input type="checkbox"/>
d	Do you feel that nobody wants you around?	<input type="checkbox"/>	<input type="checkbox"/>
e	Does someone in your family make you stay in bed or tell you you're sick when you know you are not?	<input type="checkbox"/>	<input type="checkbox"/>
f	Has anyone forced you to do things you didn't want to do?	<input type="checkbox"/>	<input type="checkbox"/>
g	Has anyone taken things that belong to you without your OK?	<input type="checkbox"/>	<input type="checkbox"/>
h	Do you trust most of the people in your family?	<input type="checkbox"/>	<input type="checkbox"/>
i	Do you have enough privacy at home?	<input type="checkbox"/>	<input type="checkbox"/>
j	Has anyone close to you tried to hurt or harm you recently?	<input type="checkbox"/>	<input type="checkbox"/>
k	Has anyone close to you called you names or put you down or made you feel bad recently?	<input type="checkbox"/>	<input type="checkbox"/>
l	Are you afraid of anyone in your family?	<input type="checkbox"/>	<input type="checkbox"/>
m	Does anyone in your family drink a lot of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
n	Have you ever been in a violent relationship with a partner/spouse?	<input type="checkbox"/>	<input type="checkbox"/>

Q88 What is your present marital status? (Mark one only)

- | | |
|--|--|
| <input type="checkbox"/> Married (<i>registered</i>) | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> De facto relationship (<i>opposite sex</i>) | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> De facto relationship (<i>same sex</i>) | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Separated | |

Q89 How many people live with you now? (Mark all that apply)

		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		one	two	three or more	
a	No one, I live alone	<input type="radio"/>			
b	Partner or spouse	<input type="radio"/>			
c	Children under 16 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d	Children 16-18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e	Children over 18 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f	Your parents or in-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g	Other adult relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h	Other adults (not family members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q90 People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kind of support available to you if you need it?

(Mark one on each line)

		none of the time	a little of the time	some of the time	most of the time	all of the time
a	Someone to help you if you are confined to bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Someone you can count on to listen to you when you need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Someone to give you good advice about a crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Someone to take you to the doctor if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Someone who shows you love and affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Someone to have a good time with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Someone to give you information to help you understand a situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Someone to confide in or talk to about yourself or your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Someone who hugs you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	Someone to get together with for relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	Someone to prepare your meals if you are unable to do it yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	Someone whose advice you really want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	Someone to do things with to help you get your mind off things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	Someone to help with daily chores if you are sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	Someone to share your most private worries and fears with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	Someone to turn to for suggestions about how to deal with a personal problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	Someone to do something enjoyable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	Someone who understands your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	Someone to love and make you feel wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consent

I consent to the researchers 'matching' the information provided in this survey with that provided in the previous surveys so that any changes in my health can be noted.

Signature _____ Date _____

Help us keep in touch!

Sometimes we lose touch with our participants. It would be helpful if you could give us details of a relative or friend who will be able to help us find you.

Name _____

Address _____

_____ P'code _____

Phone (home) _____ Relationship to you _____

Name _____

Address _____

_____ P'code _____

Phone (home) _____ Relationship to you _____

Office use only - DO NOT DETACH.

Please complete this box if you have filled in this survey on someone else's behalf.
This helps us to keep our records as accurate as possible.

Your name

Relationship to participant

Reason

*Thank you for taking the time
to complete this survey.*

*If you have any questions you can
contact us by telephoning
1800 068 081 (freecall).*

*Don't forget to sign the consent
and post this back to us!*

women's
health
a u s t r a l i a



*Fourth survey for
mid-age women
March 2004*

Australian Longitudinal Study on Women's Health

The University of Newcastle, Callaghan NSW 2308.

Phone 02 4923 6872 email: whasec@newcastle.edu.au

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



APPENDIX B Caring and age of retirement

- Number of people for whom care is provided

Table B1a Expected age of retirement by number of people being cared for, women not retired, M4

Number of people with long-term illness, disability, frailty – being cared for	<60 years		61-65 years	>65 years	Don't expect to retire	Don't know
	<60 years	60 years	61-65 years	>65 years	Don't expect to retire	Don't know
No care given	76.8	71.2	70.3	70.6	71.2	72.0
One person	16.2	19.9	22.4	20.3	22.1	19.3
Two people	5.3	6.1	4.3	15.7	3.9	6.0
More than two people	1.7	2.8	3.0	1.7	2.8	2.7
Total N	771	1255	1388	214	494	3386

Table B1b: Preferred age of retirement by number of people being cared for, women not retired, M4

Number of people with long-term illness, disability, frailty – being cared for	<60 years		61-65 years	>65 years	Don't expect to retire	Don't know
	<60 years	60 years	61-65 years	>65 years	Don't expect to retire	Don't know
No care given	73.5	69.2	76.5	68.1	71.9	71.6
One person	18.5	22.1	18.4	20.8	21.1	19.8
Two people	5.4	5.6	3.9	9.9	4.6	6.1
More than two people	2.7	3.1	1.2	1.3	2.5	2.5
Total N	2133	1612	572	135	439	2508

o **Time spent providing care**

Table B2a Expected age of retirement by time spent providing care, women not retired, M4

Time spent providing care / assistance on each occasion	<60 years	60 years	61-65 years	>65 years	Don't expect to retire	Don't know
No care given	77.2	71.2	70.3	71.3	71.3	72.0
All day / night	0.8	0.9	1.8	1.8	2.2	1.4
All day	1.2	2.7	2.2	1.2	1.4	1.3
All night	0.3	0.5	0.1	0.2	0.6	0.1
Several hours	15.3	16.3	16.5	12.6	16.4	17.6
About an hour	5.4	8.5	9.3	13.0	8.1	7.6
Total	767	1256	1388	212	494	3386

Table B2b: Preferred age of retirement by time spent providing care, women not retired, M4

Time spent providing care / assistance on each occasion	<60 years	60 years	61-65 years	>65 years	Don't expect to retire	Don't know
No care given	73.5	69.4	76.4	68.1	72.3	71.7
All day / night	1.2	1.8	1.1	0.7	1.5	1.5
All day	1.9	1.9	1.2	1.0	1.4	1.5
All night	0.3	0.4	0.0	0.0	0.6	0.03
Several hours	15.5	17.8	15.6	10.7	14.9	18.0
About an hour	7.6	8.8	5.7	19.6	9.3	7.3
Total N	2133	1608	573	135	437	2505

APPENDIX C Sources of Retirement Funding

Source retirement funding: Age/Service/Widow/War Widow pension	Not retired		Retired	
	N	%	N	%
No	3696	54.9	2230	79.2
Yes	3034	45.1	585	20.8
Total	6730	100.0	2815	100.0

Source retirement funding: Other government pension or allowance	Not retired		Retired	
	N	%	N	%
No	5843	86.8	1983	70.5
Yes	886	13.2	832	29.5
Total	6730		2815	

Source retirement funding: Lump sum superannuation	Not retired		Retired	
	N	%	N	%
No	3854	57.3	2474	87.9
Yes	2876	42.7	341	12.1
Total	6730		2815	

Source retirement funding: pension or annuity	Not retired		Retired	
	N	%	N	%
No	4618	68.6	2433	86.5
Yes	2112	31.4	382	13.5
Total	6730		2815	

Source retirement funding: Income from savings and investments	Not retired		Retired	
	N	%	N	%
No	3793	56.4	2048	72.8
Yes	2937	43.6	767	27.2
Total	6730		2815	

Source retirement funding: Income from a business	Not retired		Retired	
	N	%	N	%
No	6093	90.5	2657	94.4
Yes	637	9.5	158	5.6
Total	6730		2815	

Source retirement funding: Income/pension from spouse/partner	Not retired		Retired	
	N	%	N	%
No	5203	77.3	1826	64.9
Yes	1527	22.7	989	35.1
Total	6730		2815	

Source retirement funding: Financial support from family	Not retired		Retired	
	N	%	N	%
No	6618	98.3	2753	97.8
Yes	112	1.7	62	2.2
Total	6730		2815	

Source retirement funding: Other sources	Not retired		Retired	
	N	%	N	%
No	6617	98.3	2742	97.4
Yes	113	1.7	73	2.6
Total	6730		2815	