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Managing the family's health: Preferences and experiences of women with different working arrangements

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Abstract

This study was designed to explore the preferences and actual experiences of women with different work/family arrangements in managing their children's healthcare. In-depth interviews were conducted with mothers at home full-time (8) and mothers in paid work over 30 hours/week (7). All women had at least one child under five. A thematic analysis revealed that all women irrespective of their working arrangements held similar preferences for managing their children's health. For example all wanted to choose primary healthcare services for their children on the basis of the quality of the service and in particular the relationship with the practitioner. Only 6 women (2 in paid work and 4 at home full-time) were satisfied that they could manage their children's health in this way. They spoke of "having the flexibility to put their children first wherever possible". In contrast, the remaining nine women experienced practical constraints that prevented them from achieving their preferences. Five of these women in paid work described managing their children's health as "flying by the seat of my pants". They had to use health services on the basis of what was available outside their working hours and in some cases were not able access a service at all. Four women at home full-time spoke in terms of "it costs too much to get sick", and having to use health services on the basis of low-cost rather than quality. They also spoke of sometimes not being able to use a service when they felt they should because of the cost involved. In summary, women in this study with different working arrangements did not appear to have dissimilar preferences for managing their children's healthcare however, the majority of women irrespective of working arrangements experienced constraints on their ability to act on these preferences. More flexible workplace arrangements and a primary healthcare system that is affordable and accessible outside parents working hours would assist these families in managing the health of their children.

Background

Work and family balance is a topical issue in Australian society today. Contemporary families experience a range of challenges in caring for their children relating to their work and family situation. Review of the literature however, reveals a gap in our understanding of families' specific experiences of managing the health of their children and particularly accessing primary health care services in the context of their

working arrangements. The purpose of this study was to explore how mothers with different work/family arrangements manage the health of their young children.

This study draws on the concept of preferences and constraints as a theoretical framework. Preference theory claims that in countries such as Australia where genuine choices are open to women, women choose one of three lifestyle preferences: work-centred, adaptive or home-centred (Hakim 2000). Hakim (2002) argues that women's lifestyle preference predicts certain behaviours particularly around employment but also that the three lifestyle groups each have 'substantively different value systems'. In contrast, others argue that whilst women might have preferences, women's choices about work and family are made as a result of making the best choice given the constraints they experience (McRae 2003a & b). Both these approaches were considered in this study.

Methods

Qualitative research methodology was used in this study, specifically in depth interviews of a stratified purposive sample and a thematic analysis of research data. This study was restricted to two groups of women those at home full-time and those in paid work for over 30 hours a week. Participants were recruited for this study from Child Care Centres/Preschools and Playgroups in the City of Whittlesea a local government area located on the Melbourne metropolitan fringe. The City of Whittlesea was chosen as the location for this study because of the large numbers of families residing in this area. Sample size for the study was determined by saturation of interview concepts. Ethics approval was obtained from the La Trobe Human Ethics Committee (Reference FHEC03/097) for this study.

Findings

Fifteen women were recruited for this study. Seven of these women were working in the paid workforce. Two of these women's paid working hours varied each week but were usually about 30 hours/week. Four women worked 32 hours a week and one woman worked 50 hours a week.

Women who were currently at home and those currently in the paid workforce had similar employment backgrounds, the main occupations being childcare, office, customer service and hospitality work. Women were aged between 29 and 44 years old at the time of the interview and had between one and three children living with them. All women had at least one preschool age child.

Thirteen of the women in this study were married. Again, husband's occupations were similar with the main occupations being building, cleaning and factory work. Most men were employed for five and a half to six days a week.

Interviews with women revealed that mothers in this study all had similar preferences or ideals for managing their children's health, irrespective of their working arrangements. These were to be the main person responsible for their children when they were unwell and to use primary health care services for their children on the basis of the quality of the service offered. However, over half of the women in this study (n=9) found that they had to compromise their ideals for managing their

children's health and in some cases go without health services for their children. Five of these women in paid work described managing their children's health as "flying by the seat of my pants". They had to use health services on the basis of what was available outside their working hours and in some cases were not able access a service at all. Four women at home full-time spoke in terms of "it costs too much to get sick", and having to use health services on the basis of low-cost rather than quality. They also spoke of sometimes not being able to use a service when they felt they should because of the cost involved.

A small number of women who were at home full time or who were in paid work were able to manage their children's health according to their preferences describing managing their children's health as "I've never had much of a problem". Further analysis of the interview material revealed that these women had better support from their workplaces, husbands and or extended families than women who described managing their children's health as "flying by the seat of my pants" or "costing too much to get sick". In addition, it appeared that women who described managing their children's health as "I've never had much of a problem" experienced overall higher levels of satisfaction with their decision to either be at home full time or to be in paid work than women who experienced problems in managing their children's health.

Discussion

Research findings suggest that mothers in this study all had similar preferences or ideals for managing their children's health, irrespective of their working arrangements. However, over half of the women in this study found that they had to compromise their ideals for managing their children's health and in some cases go without health services for their children. For women in paid work this was related to their time constraints, whereas for women who were at home full time this was related to financial constraints.

A small number of women who were at home full time or who were in paid work were able to manage their children's health according to their preferences. It appeared that these women had better support from their workplaces, husbands and or extended families. In addition, it appeared that these women experienced overall higher levels of satisfaction with their decision to either be at home full time or to be in paid work than women who experienced problems in managing their children's health. This research thus suggests that preferences do not always predict outcomes in terms of managing children's health and that the time and financial constraints some women experience have the potential to affect their children's health and wellbeing. More flexible workplace arrangements and a primary healthcare system that is affordable and accessible outside parents working hours would assist these families in managing the health of their children.

References

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