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From childcare to elder care: challenges for female caregivers in rural areas

Leigh Tooth, Richard Hockey

School of Public Health, University of Queensland

In 2018 the Australian Longitudinal Study on Women's Health, the largest nationally representative study of women in Australia (over 57,000 women) produced a major report titled 'From child care to elder care'. The report described the patterns of caregiving across the life course. The report used data collected over 20 years from women aged from 18-97 and analysed the socio-demographic factors (including area of residence) associated with caregiving patterns, and the impact of caregiving on social, employment and health outcomes of caregivers including their health service use.

Provision of care for somebody because of their long-term illness, disability or frailty was highest in women in the 1946-51 cohort (aged from 45-72 years across 8 surveys). Over the surveys, while between 24-30% of these women reported caring for another person at any one survey, only 4% provided this care at every survey. We found the prevalence of caregiving similar for women regardless of whether they lived in major cities, regional, or remote areas. Of the caregivers living with the person they cared for, most were not in the labour force, had less education and income stress. They also had poorer health and health behaviours and greater health service use.

The report also analysed use of formal and informal child care by women with children aged up to 12 years living in different regional areas. Double the percentage of women living in a major city (18%) used 20+ hours of formal child care compared with women living in regional, or remote areas (6-8%). Use of informal child care was more prevalent by women living in major cities and inner and outer regional areas (42-48%). In contrast, 26% of women living in remote areas used informal of child care. Multivariable analyses showed that area of residence was significantly associated with child care use, even after adjustment for other potential confounders such as education, income and employment.

Finally, a qualitative analysis of the women's freely written comments captured some of the specific difficulties faced by women caregivers in regional and remote areas.

Living in rural area I feel that facilities such as gym and childcare with more flexible hours would benefit me. Overall, I feel I live a happy, fulfilling life.

I am currently a full time carer for my husband who has severe mental health issues and mother of a 5yr & 1yr old. Things can be tough, when all these issues are taken into consideration with not many services available. In very small communities (isolated) you

really have to rely on neighbours and friends; however if more services were available this would really benefit our community.

...I find working on our farm and a full time shift working nurse and mum unsustainable at times but my wage keeps the farm and household afloat. This places great pressure on me. It is difficult to speak to a health professional because I work with them. Rural life is isolating and difficult for women...

...I desperately want a job but I am in a rural area with no family and no child care available for my 10 year old. [City] seems to be going backwards and the rural areas never moved forwards in the first place. I had to give up my senior management role to put my family first and now I can't get a look in for anything because I can't work full time. It seems I can be a mum or a professional but not both. Why are women still cornered into this type of decision?

Report available <http://www.alsw.org.au/publications-and-reports/major-reports>

Presenter

A/Prof Leigh Tooth is Principal Research Fellow and Deputy Director with the Australian Longitudinal Study on Women's Health. She leads a program of research into social determinant of health and women carers. Other research interests are quality of life and comorbidity. Her previous research experience includes a National Health and Medical Research Council of Australia (NHMRC) Public Health Fellowship (1999-2003), during which she investigated the short- and long-term functional and community outcomes of people following stroke. Leigh has also been an NHMRC Fellow with the Longitudinal Studies Unit in the School of Population Health at the University of Queensland researching statistical methodology and teaching into the epidemiology program. She has a PhD and first-class honours degree in occupational therapy from the University of Queensland.