



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON ECONOMY AND GENDER AND ECONOMIC EQUALITY
Mr James Milligan MLA (Chair), Ms Suzanne Orr MLA (Deputy Chair),
Ms Laura Nuttall MLA

Submission Cover sheet

Inquiry into Unpaid Work

Submission number: 20

Date authorised for publication: 12 June 2024



Australian
National
University

Inquiry into unpaid work submission

Standing Committee on Economy and Gender and Economic Equality

AUTHORS

This submission has been prepared by Professor Lyndall Strazdins with the input of Dr Ginny Sargent, Helen Skeat and Amelia Yazidjoglou from the ANU National Centre for Epidemiology and Population Health.¹

CONTACT

Lyndall Strazdins, PhD, MAPS, Director Engaged ANU
Professor, National Centre for Epidemiology and Population Health
ANU College of Health and Medicine, The Australian National University.

We acknowledge the Traditional Owners on whose land we walk, work and live and their continuing connection to land, sea and community. We pay our respects to their Elders both past and present.

¹ Refer to Appendix with Biographies for more information

Support

We commend and support the ACT Legislative Assembly Inquiry into unpaid work, and encourage them to consider the economic, social and personal benefits of valuing it by changing how we design (paid) jobs.

Summary

Although the workforce has become gender-mixed, workhour patterns have stayed gender-divided. Near universally, men work more hours for pay than women do and dominate in jobs that exceed standard full-time hours. They spend only about a quarter of the time women spend on care and domestic work. Conversely, women, when they are in the labor market, predominate in jobs with hours shorter than full-time standards (OECD, 2021) and in all countries where it is recorded, women spend more hours on care and domestic work. These gendered disparities are no coincidence. They reflect the finite and fixed number of hours households can allocate to paid or unpaid work and care, it is zero-sum, so that increases in one partner's workhours affects the other's and reflects the interdependency between hours on and off the job (Becker, 1965).

The true impact economically and socially is profound because the reality of significant unpaid work for so many people has not permeated how we design paid work. Instead, we have created a two-tier labour market where women do more unpaid work and compromise by working in generally poor quality and lower paid jobs. In contrast, men work in long hours (and better-paid) jobs which are incompatible with doing more unpaid work. There is an enormous cost of this problem and its continuing neglect by policy and industrial relations, both in terms of human capital, social equity and well-being (Cha, 2013; Landivar, 2015).

Over the past 15 years our research has investigated wellbeing consequences of excess workhours, arguing that almost all previous analyses of work time have ignored the 'other job' which sets the context. We have documented a much greater impact of work hours on mental health when they are added on to unpaid work. Current long and inflexible work hours also generate work-family conflicts which harms the well-being of on children, men, women and older workers (Cooklin et al, 2016; Dinh et al, 2017; Doan et al, 2022).

We commend the ACT well-being framework which includes time as one of its core dimensions. This is important because time inequity is frontier issue for gender equality, is critical to health and well-being, and having enough time to work, care and be healthy should be considered a human right.

Our submission supports the Inquiry's acknowledgement that unpaid work is the reality for our society and our workforce, and we encourage them to change how we design cities and organise employment (Strazdins and Ford, 2019).

Historical context to our current working week

In the 1907 Harvester Decision, Justice Higgins of the Arbitration Court decided that 7 shillings a day, or 42 shillings a week, was fair and reasonable wages for an unskilled labourer. This became the basis of the national minimum wage system in Australia. It was a 'living' or 'family' wage, set at a level that would allow an unskilled labourer to support a wife and three children, to feed, house, and clothe them if he worked between 44 to 50 hours a week (Nyland, 1986). By the 1920s it applied to over half of the Australian workforce. It became known as the 'basic wage'.

This decision on how long people worked and what income they earned was based on a labour market that was almost entirely male, on the assumption men spend long hours at a job while women spend long hours in the home. While its purpose was to ensure the basic income (and care) needs of families could be met, it set a standard for long full-time hours which is not compatible with both partners in a household sharing these roles. In 1919 the workforce was predominantly male, and it was easy to assume household care and domestic work was irrelevant to the length of the working week (Olivetti and Petrongolo 2016). That assumption is no longer true and that is driving a major social problem for gender equity.

Current working week barriers to gender equality and population health

One hundred years later, the family wage has disappeared, and the majority of families have — and need — two earners. Despite women now being half of the workforce (47.7%)² the reality of a long hour full-time working week has hardly changed. Our research shows that such long hours are impossible to combine with care, placing long hour jobs out of the reach of most Australian women. They also constrain many Australian men from being the fathers they wish to be. The current long and short hour labour market is polarised by gender, and this polarisation is growing.

The Harvester Decision set the course of the Australian working week more than a century ago, and it is time to revisit it. We commend the Inquiry's review of this outdated working week standard.

Key facts about work hours in Australia³

The legislated current weekly maximum is 38 hours as outlined in the National Employment Standards (NES). The NES apply to all employees covered by the national workplace relations system, regardless of any award, agreement or contract, but this standard does not reflect the hours Australians work and is routinely surpassed.

In 2021, two out of five (40%) employed Australians worked more than 38 hours. The majority of them are men, with one in ten employed men working more than 50 hours a week. In contrast, women predominate in the low hour and poor quality jobs. This disparity in working time underpins disparities in opportunity and income security: despite being, on average, better educated than men, women still earn 14 to 20% less. Our research shows that such long hours are impossible to combine with care, placing long hour jobs out of the reach of most Australian women. They also constrain many Australian men from being the fathers they wish to be.

² <https://www.wgea.gov.au/publications/gender-workplace-statistics-at-a-glance-2021>

³ Refer to Key References and please contact the submission authors for more details and links to evidence from the peer-reviewed literature that support these statements.

Evidence on (paid) work hours, unpaid work and wellbeing⁴

Work-life balance has become a widespread social and health problem. Two thirds of premature deaths worldwide are from chronic diseases, and many of these could be prevented if people were more active and ate healthy food. Overweight has been listed as the fifth most serious risk for disease burdens and disability-adjusted life years (DALYs), and physical inactivity is the fourth leading risk for mortality and sickness. Lack of time is the number one reason Australians don't exercise sufficiently or eat healthy food.

The health harms of long work hours are well established. The World Health Organization (WHO) estimates that long work hours contribute to about 3.7% of the population—attributable fractions for deaths and 23 million disability adjusted lost years from ischemic heart disease and stroke (Pega et al., 2021). However this research like almost all research on work time has not considered the other job people, especially women do that as the unpaid work in the home. Our research is one of the few in the world to model this explicitly and we find that work hours as they are currently configured pose a major problem for anyone who does significant care or unpaid work.

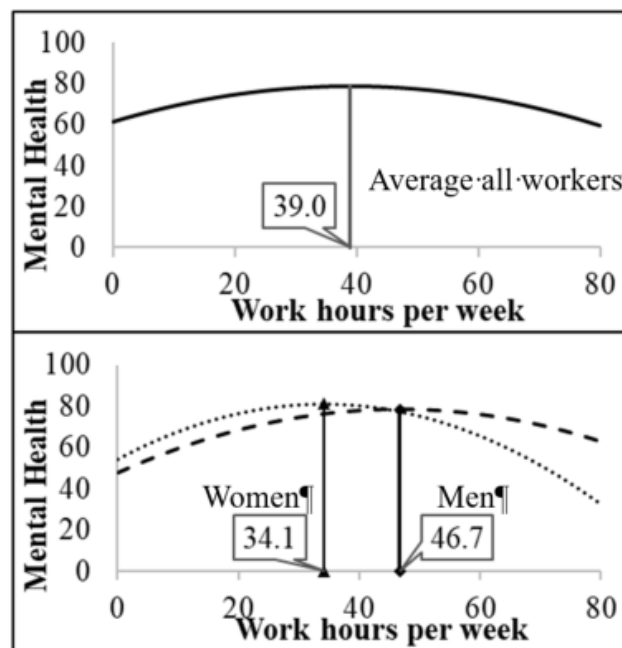


Figure 1

Work hour tipping points for mental health, all Australian workers aged 25-64, and by men and women

(Dinh et al 2017, HILDA data)

⁴ Refer to Key References and please contact the submission authors for more details and links to evidence from the peer-reviewed literature that support these statements.

Our analysis of work-time and mental health shows, on average, mental health reduces when paid work hours exceed 39 hours (Figure 1). There is a large gender difference: for women the tipping point is 34 hours per week, but on average men could work up to 47 hours a week before they showed detriment to their mental health. The reason an Australian man can on average work 13 hours longer each week than a woman before he starts to experience issues with his mental health, is because relatively little of his time is devoted to unpaid care. These gender gaps in hours persist over the life course and continue to constrain women's earning capability into mature age (widening women's unequal opportunities for a financially secure retirement; Doan et al 2022).

Countries where shorter full-time hours are normative (e.g., Finland, Denmark, Norway) show greater gender equality in employment participation and in unpaid work share and the converse is also true (e.g., South Korea, Japan, Greece, Mexico). Iceland recently trialled a shorter working week to improve productivity and wellbeing, and early data indicates wellbeing benefits and a sustained shift towards work hour reduction in most workplaces. The Icelandic trials used a staged rollout of 1, 2, 3, and 4 hour reductions.

Research also indicates that capping weekly workhours at 38 hours could achieve significant reduction in harmful levels of (long) work hours and will in turn support more physical activity and healthy food preparation and ability to share unpaid care and domestic workloads (e.g., Devine et al 2006; Doan et al, 2022).

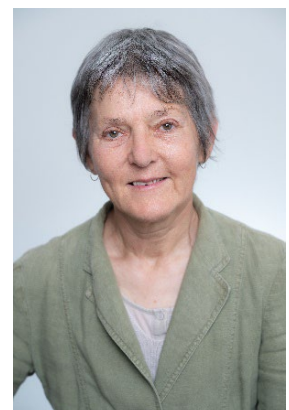
Capping long full-time work hours in the ACT at 38 hours is a feasible, first step towards achieving working week reductions. This could be a catalyst for enabling time for men's to care and do unpaid work, and women's to enter employment and increase work hours. There is a strong economic argument to such a step, along with the social, economic and health benefits of equality of opportunity at work and home and wellbeing improvements across multiple domains.

This submission has been prepared by Professor Lyndall Strazdins, with input from Dr Ginny Sargent, Helen Skeat and Amelia Yazidjoglou.

Author Biographies

Professor Lyndall Strazdins

Lyndall is world recognised as a leading thinker in work, family and health and in gender inequality, especially as it relates to time and work hours. Lyndall has authored or co-authored > 150 peer reviewed journal papers, commissioned reports, or discussion papers. She has been a lead or co-lead on competitive grants, consultancies and partnerships totalling \$7.8M, awarded an ARC Future Fellowship in 2011 and the EU Marie Skłodowska-Curie International Fellowship Seal of Excellence in 2017. Three of her papers have been ranked in the top published globally in the work and family field. Her current work centres on how time (and its lack) is a major contemporary determinant of health and social inequality. Lyndall's career has had at its heart social change for justice and wellbeing, and she has partnered closely with policy makers, NGO's and advocacy groups in many of her grants, papers and outputs.



Doctor Ginny Sargent

Ginny has extensive experience in population health research including on: the effect of work-time on health; survey design; designing, implementing, and evaluating preventive health strategies and health promotion interventions; the prevention of chronic diseases associated with obesity; and evaluation of government health promotion programs and policy. Ginny is leading the implementation of the PHXchange in the ANU National Centre for Epidemiology and Population Health. The PHXchange is seeking to ensure that quality research has impact in the community. Ginny and the PHXchange team work with a broad range of people and organisations, including the community, health service consumers, non-government organisations, and national and state governments.



Helen Skeat

Helen has over 20 years of experience in engaging communities to develop collaborative solutions for complex population health problems. She is recognised for her skills in working creatively with multiple stakeholders to design and evaluate effective and sustainable interventions. Helen is the Implementation Coordinator in the PHXchange, in the ANU National Centre for Epidemiology and Population Health. She has contributed to population health research including on time as a determinant of health. Helen is on secondment from the Population Health Division of ACT Health.



Amelia Yazidjoglou

Amelia has been involved in many population health research areas including: time as a social determinant of health, work hours and older workers' health, alternate work schedules, and electronic cigarettes. Amelia is a research assistant and PhD candidate at the ANU National Centre for Epidemiology and Population Health.



Key References

- ABS 2021 <https://www.abs.gov.au/articles/understanding-full-time-and-part-time-work>
- ABS 2020 <https://www.abs.gov.au/articles/insights-hours-worked#recent-trends-in-hours-worked-for-men-and-women>
- Cha, Y. (2013). Overwork and the persistence of gender segregation in occupations. *Gender & Society*, 27(2), 158-184
- Cooklin, AR., Dinh, H., Strazdins, L., Westrupp, E., Leach, L.S, & Nicholson, J.M. (2016). Change and stability in work-family conflict and mothers' and fathers' mental health: Longitudinal evidence from an Australian cohort. *Social Science and Medicine*, 155, 24-34.
- Devine, C. M., Jastran, M., Jabs, J., Wethington, E., Farell, T. J., & Bisogni, C. A. (2006). "A lot of sacrifices:" Work-family spillover and the food choice coping strategies of low-wage employed parents. *Social Science & Medicine*, 63(10), 2591–2603.
- Dinh, H., Cooklin, A.R., Leach, L.S., Westrupp, E.M., Nicholson, J.M., & Strazdins, L. (2017). Parents' transitions into and out of work-family conflict and children's mental health: Longitudinal influence via family functioning. *Social Science and Medicine*, 194, 42-50. doi: 10.1016/j.socscimed.2017.10.017
- Dinh, H., Strazdins, L., & Welsh, J. (2017). Hour-glass ceilings: Work-hour thresholds, gendered health inequalities. *Social Science and Medicine*, 176, 42-51.
- Doan, T., LaBond, C., Yazidjoglou, A., Timmins, P., Yu, P and Strazdins, L. (in press, accepted 230322) Health and occupation: The limits to older adults' work hours. *Ageing and Society*
- Doan, T., LaBond, C., Banwell, C., Timmins, P., Butterworth, P & Strazdins, L. (2022), accepted 09052022). Unencumbered and still unequal? Work hour - health tipping points and gender inequality among older, employed Australian couples. *Social Science and Medicine – Population Health*, Volume 18, June 2022, <https://doi.org/10.1016/j.ssmph.2022.101121>
- Doan, T., Thorning, P., Furuya-Kanamori, L., and Strazdins, L. (2021). What contributes to gendered work time inequality? An Australian case study?. *Social Indicators Research*, 155(2021), 259-279.
- Doan, T., Yu, P., LaBond, C, Gong, C and Strazdins, L (2022) Time for physical activity: different, unequal, gendered. *Journal of Health and Social Behavior*, Volume 63, Issue 1, <https://doi.org/10.1177/00221465211028910>
- Landivar, C. (2015). The Gender Gap in Employment Hours: Do Work-hour Regulations Matter? *Work, Employment and Society*, 29(4), 550-70.
- Pega, F., Náfrádi et al, B., Momen, N. C., Ujita, Y., Streicher, K. N., Prüss-Üstün, A., Descatha, A., Driscoll, T., Fischer, F. M., Godderis, L., Kiiver, H. M., Li, J., Magnusson Hanson, L. L., Ruglies, R., Sørensen, K., & Woodruff, T., J. (2021). Global, regional, and national burdens of ischemic heart disease and stroke attributable to exposure to long working hours for 194 countries, 2000–2016: A systematic analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. *Environment International* 154: doi.org/10.1016/j.envint.2021.106595
- Podor, M., & Halliday, T. (2012). Health status and the allocation of time. *Health Economics*, 21, 514-27.
- Sargent, G., Banwell, C., Dixon, J., & Strazdins, L. (2017). Time and participation in workplace health promotion: Australian qualitative study. *Health Promotion International*, pii: daw078. doi: 10.1093/heapro/daw078.
- Strazdins, L., J., Baxter, J.A., & Li, J. (2017). Long hours and longings: Australian children's views of fathers' work - family time. *Journal of Marriage and Family*, 79(4), 965-985. doi: 10.1111/jomf.12400.
- Strazdins L, Broom DH, Banwell C, McDonald T and Skeat H (2011) Time limits? Reflecting and responding to time barriers for healthy, active living in Australia. *Health Promotion International* 26: 46-54.

Strazdins, L, Ford, L (2019) Cities for our time: Policies, programs and services to address time constraints on health and wellbeing. Canberra, AUSTRALIA. Funded by the ACT Government, Healthy and Active Living, Chief Minister Treasury and Economic Development Directorate.

Venn, D. & Strazdins, L. (2017). Your money or your time? How both types of scarcity matter to physical activity and healthy eating *Social Science and Medicine*, 172, 98–106. doi: 10.1016/j.socscimed.2016.10.023.

National Centre for Epidemiology and Population Health

College of Health and Medicine

The Australian National University

Canberra ACT 2600 Australia

www.anu.edu.au
