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# Select Committee on Work and Care Submission

A feasible case for action to improve gender  
equality in work and care and population mental  
and physical health

## AUTHORS

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

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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.

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<sup>1</sup> Refer to Appendix with Biographies for more information

### Support

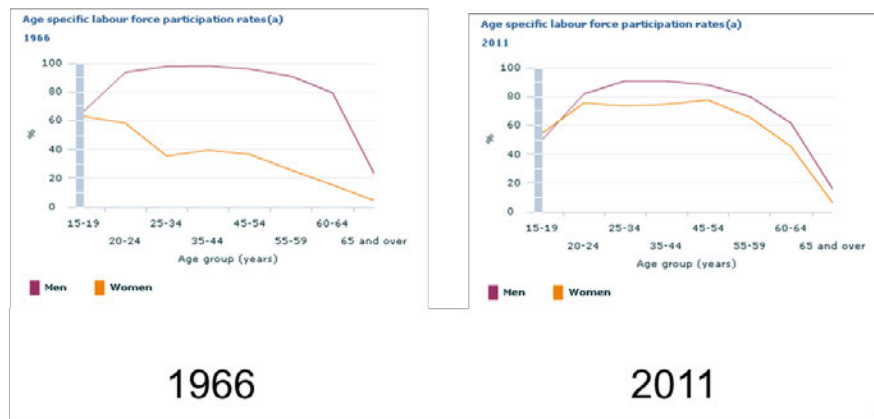
We commend and support the Senate Select Committee on Work and Care and are grateful for the opportunity to offer the following submission. We believe that a needed, feasible and effective first step in improving gender equality in work and care in Australia, with an extra benefit of improving population mental and physical health, would be to cap work hours at the current 38 National Employment Standard (NES).

### Historical context to our current working week

In the 1907 Harvester Decision, Justice Higgins of the Arbitration Court decided that 42 shillings a week, was fair and reasonable wages for an unskilled labourer. This became the ‘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, and he worked between 44 to 50 hours a week to earn it (Nyland, 1986). By the 1920s this standard in earnings (and expected hours) applied to over half of the Australian workforce. It became known as the ‘basic wage’.

This decision 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 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 sharing these roles. This standard, we argue, now locks gender inequality in employment (and caregiving) into a 21<sup>st</sup> Century workforce where both men and women work for pay.

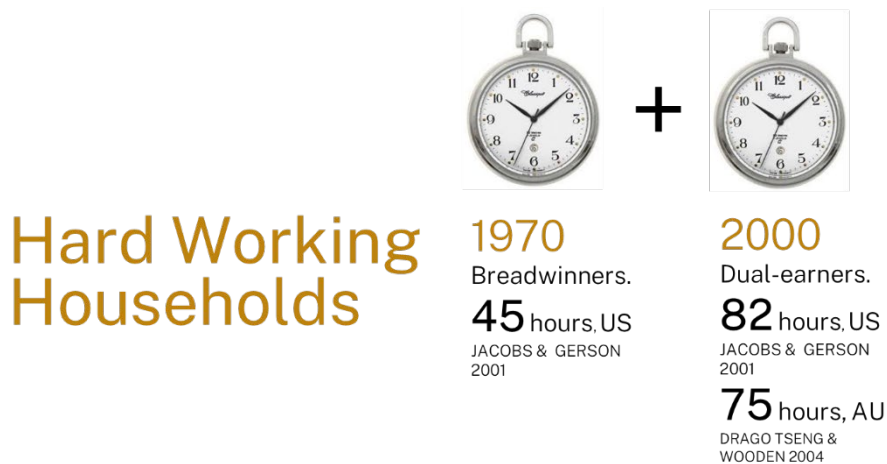
## Labour force participation men & women



Australian data, ABS 2015.

### *Time for a new Harvester decision? Workhours and households*

One hundred years later, the family wage has disappeared, and the majority of Australian families have — and need — two earners. Despite women now being half of the workforce (47.7%)<sup>2</sup> the reality of a long hour full-time working week has hardly changed. Even while average work hours for individuals are lower than they were in 1907, the big change is that two people in a household now work them. For example, fathers were the sole breadwinners in the majority of U.S. families during the 1970s, resulting in a household allocation of about 45 hours per week to paid work. But, by 2000, the majority of couples with children had both parents working for pay. This means that families devoted more than 80 hours a week to paid work (closer to 75 hours in Australian households). Such a major reallocation of time into market work impacts household time available for non-work activities, including for care and for health (Jacobs & Gerson, 2001). The image below illustrates why time shortages are acute for many Australian households.



### *Key facts about work time and gender inequality<sup>3</sup>*

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 currently work and is routinely surpassed.

In 2021, two out of five (40%) of 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.

US research demonstrates that historical drivers of wage rates and the gender pay gap (such as education) have been weakening since 1970 to become almost negligible. Hours worked explained

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

<sup>3</sup> 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.

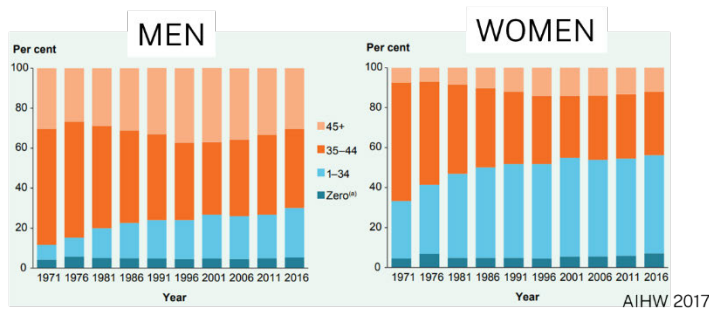
about 4 percent of the gender wage gap in 1970, one third of the gap in 2010, and long work hours are now the predominant driver of the wage gap (Mandel and Semyonov 2014).

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 AIHW graph below shows the gender polarised labour market in terms of hours, with a high incidence of short weekly hours (15 or less) among women workers (the blue bars) and very long weekly hours (50 or more) among men<sup>8</sup>. The bright orange bars represent the ‘ordinary’ full time hour band of 35-44 hours a week. These bright orange bars are shrinking over the years – that is full time jobs as per the NES are getting scarcer, long full time hours and short part time hour jobs (light orange and blue bars, respectively) are increasing. In July 2010, on average, full-time Australian men worked 41.0 weekly hours compared with 35.8 hours for full-time women – a difference of about 4.1 hours more. This calculates out to 16.4 additional hours per month, or 180.4 hours per year, assuming 1 month leave. It represents a major, gendered, labour market advantage. This gender gap in working time has [widened over the past decades](#), even as women’s labour force participation has risen. Thirty years ago in Australia, full-time men worked an average of just 1.4 hours more than full-time women.

Source: Australian Institute of Health and Welfare 2017. Australia’s welfare 2017. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW

## Weekly hours actually worked, 1971 to 2016 in Australia



KEY      Long fulltime 45+      Standard full-time 35-44      Part-time 1-34

### *The hour-glass ceiling<sup>4</sup>*

The International Labor Organization (ILO) proposes 48 hours as the maximum limit beyond which health harms occur, a standard which is widely adopted. We have found that the workhour–health

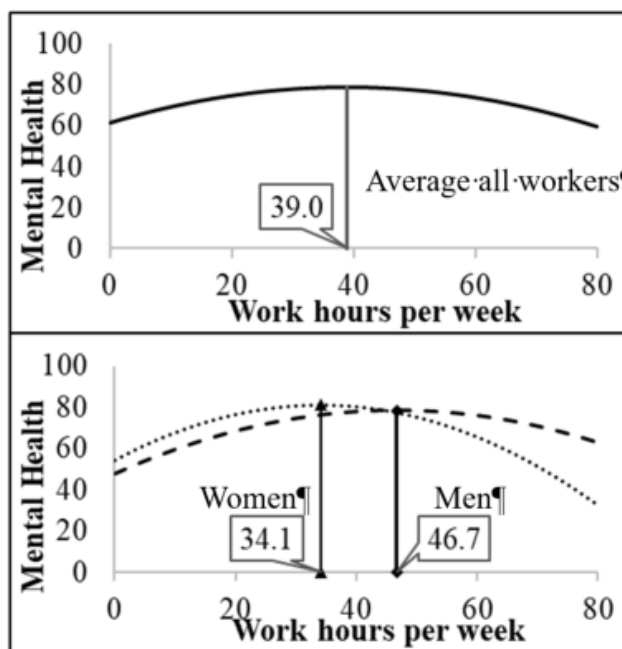
<sup>4</sup> Refer to Key References and please contact the submission authors for more details and links to evidence from the peer-reviewed literature that support these statements.

limit is considerably lower once time on unpaid work at home is taken into account. This means that current maximum working week limits are failing to protect the health of employed women (who typically spend more hours in care and domestic work), while they protect men's (who typically spend less). It also means that women, if they work the same (long hours) as men on the job, must trade-off their health to do so. This health dimension to gender inequality we call the hour glass ceiling, and it represents a potent mechanism for entrenching unfair and unequal employment outcomes.

We present the published evidence below and have a paper under review where we have replicated our findings using longitudinal data from Germany and Australia (available on request) which includes physical outcomes as well as mental health.

## The Hour-glass ceiling

### Work hour effects on mental health (Dinh et al 2017)



Our analysis of work-time and mental health in Australia shows, on average, that working is good for mental health up to a point, and this point is around 39 hours (see below). There is a large gender difference in the point at which workhours harm health: 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 harms to his mental health, is because relatively little of his time is devoted to unpaid care.

Countries where shorter full-time hours are normative (e.g., Finland, Denmark, Norway) tend to show greater gender equality in employment participation 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 with reductions of 1, 2, 3, and 4 hours.

### *Health and wellbeing benefits*

Work-life balance has become a widespread social problem that has a health dimension; reducing the health costs of long hours and pressures on household time could deliver an additional, significant benefit to the economy and the Australian health care budget.

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) (Chopra, Galbraith, & Darnton-Hillet al., 2002), and physical inactivity is the fourth leading risk for mortality and sickness. When people are asked why they don't exercise more or eat healthy food, the most common reason they give is lack of time.

Qualitative studies describe the ways in which employed parents link high workloads to feelings of being “used up,” “too tired to eat,” “exhausted,” or “too rushed or harried to eat” (Devine et al., 2006). Their exhaustion compromises nutritional outcomes for themselves and for their children (Mehta et al., 2020). Our longitudinal analysis found that within one year of becoming more rushed for time, about 5% of otherwise healthy Australian men and women shifted into high-risk inactivity and high-risk fast food and discretionary eating (Venn & Strazdins, 2017).

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).

### *Capping weekly work hours at 38, our National Employment Standard*

Our research indicates that capping full-time hours at the current, legislated NES of 38 could achieve significant reduction in harmful levels of (long) work hours, would represent a major step forward for gender equality, and would likely support more physical activity and healthy food preparation. Reducing work-family strains and conflicts would further improve mental health outcomes in families (Cooklin et al, 2016; Dinh et al, 2017).

Capping long full-time work hours at 38 hours represents a feasible, first step towards achieving a modern working week sustainable in a modern, gender mixed labour market. This would be a first, minimum step to support men's time for care and unpaid work, and women's time for paid employment, with the potential to transform equality of opportunity at work and at home. The current legislation provides an established and ratified foundation for action.

We therefore recommend a staged, partnership approach to reducing overwork in Australia, developing and testing workable regulatory mechanisms and supports with employers, industry leaders, workers and communities. Industries with major shortages, where burnout and turnover are well established problems in attraction and retention, may provide an economically beneficial point of entry for reform.

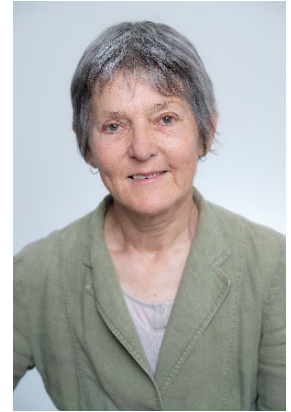


We look forward to discussing our opening statement with the Committee and are very grateful for the opportunity to present.

## 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 and she is ranked by Research.com as a world leading social scientist. 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 for families, children and women, 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.





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