

**Contemporary factors
influencing healthy and
productive ageing
for women in late middle
age in the DVA context**

Literature review prepared by the
Centre for Military and Veterans'
Health for the Department of
Veterans' Affairs, 18 June 2010

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Executive Summary

The Department of Veterans' Affairs (DVA) commissioned the Centre for Military and Veterans' Health (CMVH) to conduct a literature review entitled '*Contemporary factors influencing healthy and productive ageing for women in late middle age in the DVA context*' under the Department's Applied Research Program. The review was delivered on 18 June 2010.

The literature review was to identify and interpret the factors influencing healthy and productive ageing for women aged 55-70 years in the DVA context. Women are increasingly prominent amongst DVA's clientele. The state of knowledge about the health and wellbeing of women in these 'younger' potential DVA client categories in Australia has been neither mapped, synthesised nor reviewed previously. A picture of the key factors influencing healthy and productive ageing in the cohort of women currently in late middle age and moving into old age (variable as these milestones may be between women) has not been drawn. How the younger women differ should be determined and described, as it cannot be assumed that their needs will be the same as those of the older women. Understanding these factors will be of increasing relevance for DVA, given the Department's changing client base.

Categories of women identified in this context are:

- war widows¹ (those with a DVA gold treatment card);
- female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners (recipients of a pension and/or Pensioner Concession Card from DVA);
- female Safety, Rehabilitation and Compensation Act 1988 (SRCA) clients, female ex-serving ADF members who are not yet DVA clients, and female partners of ex-serving ADF members (possible future members of the above groups). The latter group is not a major focus of this review.

¹ Female disability pensioners in this age group were not included due to the very small numbers of these treatment card holders Australia wide

In 2010, women in this 55 to 70 year old age group with a connection to DVA are less likely to be DVA treatment card holders themselves, and more likely to have a partner with a Gold Card. A large proportion of the women's partners are likely to also receive an Age or Invalidity Service Pension, and/or Disability Pension from DVA. Over the next 10-15 years the number of women aged 55-70 with DVA White Cards or Gold Cards because of their own service will increase, but this trend may be overshadowed by the numbers in this age band who will become DVA Gold Card holders due to mortality in Vietnam veterans.

The review includes:

- All published literature identified which addresses any factors that influence healthy and 'productive' ageing in women aged 55 to 70 years, in the Australian context.
- All published literature identified which addresses factors that influence healthy and 'productive' ageing in women aged 55 to 70 years where the sample consists of female military or veteran populations, not necessarily in the Australian context.
- Reports and 'grey literature' identified as relevant to the topic.

All titles (1631) and abstracts were retrieved, stored in an EndNote reference manager library and reviewed. A Google Scholar search was conducted using the same search terms and those articles, along with grey literature recommended by members of the study team were added to the library. The most promising abstracts (198) were analysed and 69 full text articles were selected for inclusion.

The review of published and 'grey' literature identified several contemporary factors that influence healthy and productive ageing for women who fall within or have comparable characteristics to the DVA clients. These factors fell naturally under eight broad themes which emerged during the abstract review stage of the search methodology. Articles were sorted and coded according to their primary theme and stored as groups in an Endnote reference manager library. The eight themes were:

- Healthy ageing and productive ageing as holistic approaches;

And component sub-themes of:

- Health;
- Activity;
- Work and retirement;

- Housing;
- Household income;
- Female military or veteran populations; and,
- Widowhood.

A summary of findings and key points for each theme is included below. Further information about all the articles reviewed under each theme is provided in the Main Report.

“Healthy Ageing” and “Productive Ageing” as holistic approaches (see pages 33 to 38 of Main Report)

Healthy ageing is one of the major themes of the National Strategy for an Ageing Australia released by the Australian Government in 2001, though the report did not specifically define ‘healthy ageing’. The Australian Government’s premier information site for Australian “over fifties”, defines healthy ageing as “...the ongoing activities and behaviours you undertake to reduce the risk of illness and disease and increase your physical, emotional and mental health. It also means combating illness and disease with some basic lifestyle realignment that can result in a faster and more enduring recovery.”

Definitions of ‘productive ageing’ include that from the National Seniors Productive Ageing Centre (NSPAC) “...the promotion and organisation of a lifestyle which enables seniors to participate actively in the economic and social advancement of the nation in a manner that will ensure they are contributors rather than dependants, while having the added benefit of enhancing their own health and wellbeing”.

Both of the above definitions value individual responsibility for health within a context of policies, health services and community programs to prevent or minimise disease and improve wellbeing.

The search term methodology selected for this review returned **one** article which specifically addressed healthy or productive ageing for women aged 55 to 70 years in the Australian context. A broader search conducted in Google Scholar produced **four** articles considered relevant for the review. The four articles cover a variety of topics pertinent to any discussion of productive ageing in Australia including; qualitative aspects of productive

ageing, motivation for productive ageing, and, ageing and the economy. In addition two articles which focus specifically on defining healthy and productive ageing were included along with two Australian Government reports which provide background data on the ageing Australian population.

Key Points

- *Australian women who are currently aged 50 years can expect to live, on average, another 35 years.*
- *The 2010 Intergenerational Report (Chapter 2: Growing the economy - productivity, participation and population) states that the best way to respond to economic and fiscal pressures of the ageing population is through sound policies which support the 3Ps – productivity, participation and population.*
- *Healthy ageing is more than the absence of disease. It is multidimensional and includes physical, emotional and social wellbeing.*
- *Productive ageing is more than an economic contribution to society. It encompasses labour force issues, volunteering, health issues, policy development and research.*
- *The desire by older people to contribute productively may be explained by the psychological concept of ‘generativity’ – the hypothesised inner drive to nurture following generations and to leave a lasting positive legacy for society at large.*
- *The financial value of the productive contributions of older people may outweigh the costs associated with their health and aged care.*
- *Women may need to participate in personally meaningful occupations for their health and wellbeing.*
- *Barriers to productive ageing can be both structural and psychological.*

Gaps

- *Defining ‘productive ageing’ for women is problematic, especially as ‘retirement’ may not fit well with women’s roles and workforce participation patterns.*
- *What does productive ageing mean to Australian women aged 55-70?*

Health (see pages 39 to 47 of Main Report)

The **fourteen** articles included in the health group covered a variety of topics including: predictors of health; physical activity; health service access and use; mental health; and carers' health.

Key Points

- *Satisfaction with life measures may vary for younger (55-64 yrs) versus older (65-70 yrs) women in this age band.*
- *Urban vs. rural residence may become more important in healthy ageing as women become older.*
- *Cultural and geographical factors affect resilience, satisfaction with productivity, stress.*
- *A self-completed Health Check Log may be useful in improving women's health outcomes.*
- *Physical activity in women aged 60+ can be promoted through better understanding needs for social connectedness, safety, appropriately trained facilitators.*
- *Small increases in physical activity may have important cost-saving effects as well as preventing injuries such as falls and chronic diseases as women age.*
- *Widowhood may bring the opportunity for increased physical activity, especially for women widowed in mid-age more than for those widowed in old age.*
- *Barriers to good health may include: lack of social connectedness; lack of appropriate facilities and facilitators for physical activity; lack of perceived safety.*

Gaps

- *Excellent evidence from the Australian Longitudinal Study on Women's Health (ALSWH), also known as Women's Health Australia (WHA) and other major cohort studies (e.g. The Dubbo Study) mean few gaps in knowledge on physical activity.*
- *More information required on the use of services by the younger (55-64 yrs) age group. Qualitative data on ways to encourage women in this age group to become and stay physically active as they drive less and live more solitary lives.*
- *Health of carers – there are conflicting results which require further investigation.*
- *What percentage of women are caring for DVA clients as non-spouse relatives and does this group of carers have special needs?*

Activities and community involvement (see pages 48 to 54 of Main Report)

There were **ten** studies identified in the search strategy which looked at the impact activities (other than paid work) and community involvement may have on healthy and productive ageing for women in the age groups of interest. Several sub-categories emerged including: volunteering; the internet and technology; driving; barriers to remaining active; and pastimes.

Key Points

- *Volunteering as a productive activity has been associated with many social and health benefits for older people.*
- *Providing incentives for volunteering may be as important as removing barriers.*
- *The internet can be a useful tool for older people to assist with maintaining personal relationships - older women may require financial and practical assistance to access the internet.*
- *Women over 65 years are less likely to be driving than men over 65 years.*
- *Women who stop driving require practical support with transport needs.*
- *Solitary activities may be an important way that older people can alleviate loneliness.*
- *Barriers to productive activity do not necessarily include fears of violence.*

Gaps

- *Qualitative data on ways to encourage women in this age group to participate in activities outside the home as they drive less and live more solitary lives.*

Work and retirement (see pages 55 to 68 of Main Report)

Nine articles about paid work and retirement were identified by the search strategy utilised for the review, six publications concerning the age group of interest generally and three which specifically address the 'baby boomer' generation. One further article was identified from the manual search conducted of the ALSWH/WHA publication list.

In addition, four government reports were identified in the grey literature as potentially useful for shedding light on the impact of the recent economic downturn/climate and its impact on work and retirement for older women.

Key points

- *The proportion of men and women aged 55 years and over who are employed full-time or part-time has risen steadily over the last 20 years and continued to rise during the recent economic downturn.*
- *Workforce participation rates for women aged 55 to 64 have risen 19 percentage points since 1997.*
- *Pre and post retirement income is significantly lower for women than men.*
- *Married women increase their labour force participation in response to their partner's job losses – known as the 'added worker affect'.*
- *Women's care-giving roles reduce their participation in the labour force but women with fewer work commitments are more likely to take on caring roles.*
- *Australians, on average, can expect to spend upwards of 20 years in retirement.*
- *Many women are underprepared financially for retirement, particularly those who are separated or divorced.*
- *Women aged 53-58 have more fear and uncertainty about their retirement years than an older cohort, particularly those women who are divorced and/or single mothers.*
- *Women's multiple roles mean that 'retirement' has a different meaning to them than men. New models of retirement may have to be developed for women.*

Gaps

- *Baby boomers' expectations and plans for of their future health care needs, their future housing, their financial plans and who should take responsibility for these areas needs further investigation.*

Housing (see pages 69 to 72 of Main Report)

There were **three** studies identified in the search which investigated housing and its impact on older women in Australia. In addition to the published research identified in the search one Government publication from the Australian Bureau of Statistics was included to provide contextual background to the subject.

Key points

- *More than 70% of all Australians aged 55 and older live in a home which is owned outright.*
- *Approximately 5% of Australians aged 55 and older suffer 'housing affordability' stress.*
- *Home ownership is the strongest safeguard against 'housing affordability' stress.*
- *Groups vulnerable to affordability stress include those who live alone and those on low incomes with debt and no assets.*
- *Three quarters of lone households comprise women living alone.*
- *Concession cards assist older Australians to meet their household budget.*
- *There is an increasing trend for grandparent led households to raise children.*
- *Predictors of nursing home placement can be targeted with suitable prevention programs.*

Gaps

- *Can affordable housing models with access to services be improved for the increasing numbers of women living alone?*
- *Do decisions to relocate in retirement have negative consequences for access to familiar and appropriate health services and for social connectedness, including to family?*

Household income (see pages x to x of Main Report)

The search term methodology selected for this review did not return any published literature which specifically addressed household income for women aged 55 to 70 years in the Australian context. However, three government reports were identified as relevant to the review.

Key points

- *People living in households where the reference person is aged 65 and over have the lowest mean incomes but the highest full home ownership rates.*
- *Lone person households rely on government pensions more than couples (76% compared to 65%).*
- *A significant percentage (75%) of lone person households are headed by women.*
- *Lone person households have lower incomes than couple households and are less likely than couple households to fully own their home.*
- *Women represent nearly two-thirds of all working age income support recipients.*
- *Financial security is a key factor for women in deciding to withdraw from the workforce.*

Gaps

- *Financial security of female partners of DVA clients who divorce.*
- *Baby boomers' expectations and plans for of their financial future.*

Military or veteran (see pages 78 to 80 of Main Report)

There were **three** studies identified in the search which specifically investigated health issues for women aged 55 to 70 in the military or veterans context. All three studies are set in the USA but were not excluded because of their potential relevance to the Australian context.

Key Points

- *Emerging pattern of poor health and unhealthy lifestyle choices for female veterans.*
- *Female veterans who rate high on 'hostility' scores engage in risky health behaviours.*
- *Female veterans may have the same poor health outcomes as male veterans.*
- *Military retirees and their spouses rate poorly on measures of healthy lifestyles.*

Gaps

- *Research in Australia.*
- *Do women veterans score higher on 'hostility' scales than women in the general population?*
- *What is the impact on health of being a veteran's carer?*

- *Women 55-70 caring for elderly fathers or mothers who are Gold Card holders (WWII veterans).*
- *Limited information on health service use and access of relevance to DVA clients.*

Widowhood (see pages 81 to 86 of Main Report)

There were **two** studies addressing the issue of widowhood returned from the search terms utilised for this review. In addition, two studies relating to widowhood were identified from a manual search of the Women’s Health Australia (WHA) list of publications from 1999 onwards. The women in the WHA sample were aged 70 to 75 years at the time of the initial survey contact; nevertheless the work was included in this review as the topic of widowhood was identified as a central issue to the DVA groups of interest. Two further articles about widowhood in Australia were discovered and included in the review; one from a Google search, and another during a routine visit to a library data base. A government report was included to provide contextual background.

Key Points

- *80% of all widowed persons in Australia are women.*
- *Recently widowed women have poorer health outcomes than those women who are the same age and married.*
- *Widowed women can expect to live, on average, 15 years in widowhood.*
- *Widowhood represents a continuum of experiences, both good and bad.*
- *The needs of widowed women go beyond health and include practical and social services.*
- *The psychological concept of ‘resilience’ is positively associated with the wellbeing of widowed women, over and above other contextual factors or socio-demographic factors.*
- *Widowhood identity may differ between age cohorts.*

Gaps

- *What are the perceptions about and meaning of entitlement in women and widows in the 55-70 years age group, particularly the 'younger' group in this band, in the DVA context?*
- *To what extent do factors contributing to contentment in women in this age group relate to service?*
- *What is the meaning of service (to country, to community, to family) in women in this age group?*
- *More in-depth information is needed on how younger partners of veterans and Gold Card holders and younger war widows perceive themselves and their future needs.*

Addressing the Research Questions

The research questions posed for this review provided a challenge for the interpretation of results. The challenge is whether or not to assume that the three groups of interest to DVA; war widows, female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners; and, female SRCA clients, or female ex-serving ADF members who are not DVA clients, or female partners of ex-serving ADF members) will share the same characteristics as the general population and will therefore be influenced by the same factors which inhibit or enhance productive ageing.

A further challenge is that there may well be differences within the 55-70 years age span of the groups of interest. The emerging baby boomers' generation (aged 46-64 in 2010) appears to be quite different in their experiences and future expectations than the older cohort of women. Research from Australia in this review outlines the ways in which the baby boomers differ, including being more fearful of retirement as they feel underprepared financially. Research on widowhood has found there may even be differences in the meaning women from different cohorts place on the widowhood label.

There was no literature which specifically addressed healthy and productive ageing for the three groups of interest, however the review did identify factors in the literature that influence 'healthy ageing' and 'productive ageing' in women aged 55 to 70 years, in the

Australian context. The research questions below are answered drawing from this research where possible. This review did not critically review study methodologies and many studies had methodological limitations. Nevertheless, it was possible to identify themes and some specific factors. Synthesis into a cohesive set is more challenging.

1. What factors enhance or limit productive ageing for women in late middle age?

Factors which enhance productive ageing in women aged 55 to 70 include, but are not limited to, good health, physical activity, remaining active in any number of pursuits, incentives to participating in activities, meaningful occupations (not just paid work) and financial security. Factors which inhibit productive ageing include but are not limited to, poor health, barriers to being active or participating in activities, widowhood (particularly the first 12 months) and financial insecurity, including ‘housing affordability stress’.

2. How do factors that enhance or limit productive ageing in the identified DVA client groups compare with those for women in the general population?

The factors which enhance or limit productive ageing in the three groups will most certainly include those as for women in the general population, however, as outlined above, it is likely that the three groups may also have experiences and outcomes that may differ from the general population or be unique to the veterans’ context.

There was no peer reviewed or grey published literature investigating factors which enhance or limit productive ageing for the three DVA groups of women in the Australian context. This is a gap which needs to be addressed in future research, particularly for the emerging baby boomer generation, who are increasingly being found to differ from their older cohort in plans and importantly, expectations for retirement and ageing. What the review was able to tell us generally about the three groups was:

Group 1 War Widows

- Research on widows in the general population indicates that financial insecurity was a common concern. In some instances, the financial strain of reverting to one pension caused women to have to move to more affordable accommodation. War widows may be in a much better position financially than women in the general population as a War

Widow's Pension is neither means-tested nor taxable and can be supplemented by a means-tested Income Support Supplement, currently up to \$202 per fortnight. Together, these are substantially higher than the maximum Age Pension. Entitlement to the Income Support Supplement, as for the DVA Age Service Pension, commences 5 years earlier than the Centrelink Age Pension. Widows can retain their War Widow's Pension and Gold Card if they remarry.

- The importance of social interaction and keeping up relationships was identified as an important mechanism for coping with the loss associated with widowhood, particularly in the first twelve months. It would be interesting to investigate whether War widows may have greater access to social interaction through DVA services and other organisations such as the War Widows Guild.
- Recently widowed women tend to have poorer health outcomes (both physical and psychological) than those women who are the same age and married. War widows, who hold Gold Cards may be much better placed to access health services
- War widows may differ in their self-perceived identity from other widows.

Group 2 female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners (recipients of a pension and/or Pensioner Concession Card from DVA)

- Research from general population shows that sub-groups of carers suffer more psychological stress than others, for example where the person being cared for has a psychiatric illness. This may be an important issue for the partners/carers of Vietnam Veterans.
- Research from women in the general population also found that middle-aged women (55-64 years) found caring more burdensome than women in the older cohort (65-70+ years). It is likely that female partners of veterans in later middle age may also perceive their caring role differently from older women as little is known about this group. Women in later middle age in the community may be caring for elderly veteran fathers or other veteran relatives, which is a caring contribution not readily visible to DVA.

- There is no evidence that carers in rural areas have poorer access to services than those in urban areas, but there are barriers to service utilisation that require in-depth, qualitative data to elucidate.
- Younger women in the 55-70 year age group may perceive themselves and respond differently from older women to future circumstances including widowhood.

Group 3 female Safety, Rehabilitation and Compensation Act 1988 (SRCA) clients, female ex-serving ADF members who are not yet DVA clients, and female partners of ex-serving ADF members (possible future groups)

- Research from overseas, mainly the United States, shows this group (ex-serving members, partners of veterans') experiences poorer health outcomes than the general population. Caution must be taken when considering the impact of this literature on the Australian context.
- This younger DVA group are likely to be most similar to the 'Baby Boomer' generation in terms of how they experience ageing and retirement. They are more likely to be underprepared financially for retirement and are more likely to be divorced, separated or single as compared to the older age group.

3. How does housing affordability impact on the well-being of women in these client and pensioner groups?

It is generally agreed that affordability stress occurs when the consumer cannot maintain a socially acceptable standard of housing whilst meeting other non-housing costs, such as utility and healthcare costs. Housing affordability appears to be an issue for only a small percentage of aging Australians; however, it is unclear about the direct impact on women as measures are taken from household surveys. The literature does tell us that it is lone households and those on low incomes who suffer the most housing affordability stress. The majority of lone households are headed by women.

4. How does access to services impact on the well-being of women in these client and pensioner groups?

Group 1 and Group 2

- Research in the general population found socio-economically advantaged women were more likely to use specialist medical, allied health, alternative health and dental services than less advantaged women; at the same time, they were equally likely to visit a GP and are less likely to use hospital-based medical services. It is likely that women with access to DVA Gold Cards will be positioned positively regarding access to services.
- Older carers had difficulty accessing health and community services, regardless of whether they were in urban or rural locations. Further research (probably qualitative) is needed to develop a more complete picture of the resources drawn on by caregivers in two situations – where they have no access to appropriate services or they choose not to use services which are available. We need to understand what these women want, how they can be supported and how services can be delivered in a manner which caregivers find acceptable.
- Research on elderly (70+ yrs) rural women suggests that as the younger cohort (55-64 yrs) age health services infrastructure will become increasingly important.
- Older women (over 65) less likely to drive and this will impact on access to services.

5. What are the implications of relationship break-up / divorce for the health and well-being of DVA clients, pensioners and service pension partners in late middle age?

The literature shows that a major implication for separated or divorced women is that they may become the heads of lone households, which are known to experience the most financial pressures of any other type of household. Beyond this, the current review was unable to answer this question in more detail. Since Group 1 comprises war widows, this question is not applicable. Women with Gold or White cards or a Disability pension in their own right will retain these on divorce. However, the rate and implications of relationship

break-up and divorce for female partners/service pensioners (the second group of interest) and their veteran partners, especially where the veteran partner is in need of significant care, may warrant further in-depth research. The same could apply for female serving and ex-serving members with service-related injuries, illness or care needs (group 3) especially where they are single parents or approaching retirement.

6. What impact is the current (recent) economic downturn having on these women?

The recent economic downturn had a negative impact on workforce participation and unemployment rates across the Australian population, however for the age group of interest workforce participation rates continued to show growth, a trend which has existed for the last couple of decades. Older Australians are staying in the workforce longer as they prepare financially for retirement and women are participating at much higher rates than at other times in history. However, it is likely that the recent downturn did impact on retiree savings/investments of Group 2 and 3.

7. What factors may be associated with improvement in the well-being and quality of life for DVA female gold card holders, veterans and service pension partners in late middle age?

The factors which are associated with the improvement in well-being, quality of life, as well as contentment and satisfaction with life outcomes may require further, in-depth research, however the following research is relevant to Group 1 and Group 2.

Group 1

The majority of research on widowed women in Australia finds that women are on the whole are resilient, however, many placed high importance on the need for more practical assistance such as help with home maintenance, legal advice, transport, more social contact.

- Qualitative research on Australian widows found that, like many other life stages, is a continuum of experiences, both good and bad. The women were on the whole resilient and forward thinking, even when dealing with the stress and grief that widowhood

brought them – one quote “life wasn’t meant to be easy, but I find it interesting, challenging and surprising, and worth living a day at a time.”

- Cross-sectional quantitative data analysis found that the most recently widowed women (widowed in previous 12 months) had the worst health outcomes, scoring lower on physical and mental health outcomes than married women of the same age. However, these women were not shown to have any greater use of health care services.

Group 2

- Satisfaction with life measures may vary for younger (55-64 yrs) vs. older women (65-70 yrs) with older women measuring more satisfaction.

Conclusions

In Australia as in other developed countries, multiple factors influence productive and healthy ageing of the population. The needs of the elderly are well documented. The needs of the population in later middle age are less well studied, although there is literature (largely non-scientific) about the lifestyles and values of ‘baby boomers’, who comprise the younger component of the 55 to 70 year age group. There have been few studies of Australian women approaching retirement age, for whom traditional concepts of ‘retirement’ may be inappropriate.

There is a consciousness, promoted by Australian and State Government policies, of the need to promote healthy lifestyles and there is an expectation of ability to achieve and maintain quality of life into (increasingly) older age, with the support of health and community services. Little is documented in the literature about female baby boomers’ expectations and plans for their own health and financial security although there is evidence that separation and divorce increase anxiety and decrease financial preparation for retirement. There is some evidence to suggest that later mid-age women’s voluntary commitment to caring for others (including partners who may be DVA clients) or to community volunteering is different from that which has been traditional for older women. Providing incentives for caring and volunteering may be important.

Financial and housing security seems to be less problematic for this age group than for younger Australians. There was no evidence in the literature reviewed of negative effects on employment for this age group as a whole from the global financial crisis, which is not to say that many women were not individually affected through unemployment or under-employment, or their partners' job losses. There are some current reports which suggest that many age pensioners, including DVA age service pensioners may have lost income and asset value during the GFC.² This may have resulted in increased numbers becoming eligible for a pension or receiving a higher rate of pension, with associated implications for the relevant Commonwealth Departments.

Several key points have emerged from this review. Research conducted in the USA suggests that women in the military and veterans' context (including US VA client spouses) engage in more risky health behaviours and have poorer health outcomes than women in the general population, although the mechanisms are unclear. It is credible to hypothesise that Australian women in the veterans' context may also differ from the general population in their health outcomes. However, without a clear understanding of what causes these differences in the international (largely American) context and in the absence of comparable research in the Australian context, it is difficult to test this hypothesis. The very significant differences between the Australian and American military recruitment strategies, operational histories, health systems, social/welfare systems and veterans' affairs entitlements mean there are good arguments for the overseas research being of limited application in the Australian context.

Female partners of veterans in later middle age may perceive their caring role differently from older women – little is known about this group. Women in later middle age in the community may be caring for elderly veteran fathers or other veteran relatives, which is a caring contribution not readily visible to DVA. There is no evidence that carers in rural areas have poorer access to services than those in urban areas (when services are available), but there are barriers to service utilisation that require in-depth, qualitative data to elucidate. War widows may differ in their self-perceived identity from other widows. Younger women

² FaHCSIA Annual Report 2008–2009

in the 55-70 year age group may perceive themselves and respond differently from older women to future circumstances including widowhood.

In-depth information about the values, social commitment, perceptions of entitlement and dimensions of contentment of women in this age group in the DVA context could be useful. Rich, qualitative data would substantially enhance the picture available from statistical reports and cohort surveys. This knowledge is likely to be important in encouraging positive, productive and healthy ageing in partners of veterans as the need arises to face their future alone.

End of Executive Summary

Main Report

Background

The Department of Veterans' Affairs (DVA) commissioned the Centre for Military and Veterans' Health (CMVH) to conduct a literature review as outlined in Applied Research Program Funding application Project 0914 (revised June 2009). An official order for the service was signed by the National Manager Research, Development and Support Group DVA on 15 March 2010. A draft report was submitted to DVA for review and comment on Friday 7 May 2010. The final report '*Contemporary factors influencing healthy and productive ageing for women in late middle age in the DVA context*' was submitted to DVA on Friday 18 June 2010.

The literature review is to identify and interpret the factors influencing healthy and productive ageing for women aged 55-70 years who are:

- war widows³ (those with a DVA gold treatment card);
- female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners (recipients of a pension and/or Pensioner Concession Card from DVA);
- female Safety, Rehabilitation and Compensation Act 1988 (SRCA) clients, female ex-serving ADF members who are not yet DVA clients, and female partners of ex-serving ADF members (possible future members of the above groups). The latter group is not a major focus of this review.

The literature review is to review published and 'grey' international literature to identify:

- factors that influence healthy and 'productive' ageing in women aged 55 to 70 years who fall within, or have comparable characteristics to, the target categories of DVA client;

³ Female disability pensioners in this age group were not included due to the very small numbers of these treatment card holders Australia wide

- whether housing is associated with health and well-being for these female veteran and client groups, particularly in the way housing relates to income (i.e. affordability) and access to health services; and
- any trends associated with the recent economic downturn and its impact on retirement plans and arrangements, particularly those related to housing, income or access to health services.

Introduction

Women are increasingly prominent amongst DVA's clientele. The client base of DVA transmutes from male to female as female partners become widows and may gain entitlements to DVA covered health treatment and other services through Gold Cards, as well as financial assistance from a War Widow's Pension. Entitlement to a War Widow's Pension (currently \$679 per fortnight) is conferred when a male partner dies from a service-related condition or was classified as Totally and Permanently Incapacitated (TPI) and in certain other circumstance. In the case of divorce no war widow's pension or gold card entitlement applies. A much higher proportion of Vietnam Veterans than World War II Veterans are classified as TPI, meaning that a higher proportion of their female partners are likely to be eligible for a War Widow's Pension and Gold Card. In 2010 these women are largely in the 55 to 70 years age group.

A War Widow's Pension is neither means-tested nor taxable and can be supplemented by a means-tested Income Support Supplement, currently up to \$202 per fortnight. Together, these are substantially higher than the maximum Age Pension. Entitlement to the Income Support Supplement, as for the DVA Age Service Pension, commences 5 years earlier than the Centrelink Age Pension. Widows can retain their War Widow's Pension and Gold Card if they remarry. In addition, increasing numbers of women are becoming servicewomen. Their health care for service-related disability is covered by DVA after discharge and they may also receive a DVA Disability Pension or benefits under the SRCA/MRCA legislation, and ultimately an Age Pension or Age Service Pension.

The state of knowledge about the health and wellbeing of women in these 'younger' potential DVA client categories in Australia has been neither mapped, synthesised nor reviewed. Much more is known about the older World War II War Widows. A picture of the key factors influencing healthy and productive ageing in the cohort of women currently in late middle age and moving into old age (variable as these milestones may be between women) has not been drawn. How the younger women differ should be determined and

described, as it cannot be assumed that their needs will be the same. Understanding these factors will be of increasing relevance for DVA, given the Department's changing client base.

Characterisation of group

In 2010 the 55-70 age group of women in Australia comprises:

- An older group of women born 1940-1945 during World War II, aged 65-70 years in 2010, largely retired and more likely to be widowed.
- "Baby boomers", a much larger group born in the post-war period 1946-1955, aged 55-64 years in 2010, preparing for and moving into retirement with more options and incentives for gradual retirement.

These women are likely to have fathers who served in World War II and for the younger women a veteran father may still be alive and needing care in addition to services provided by DVA in order to live independently. The younger group in particular is likely to include a small number of women who served in the ADF during and/or after the Vietnam War, and much larger numbers of women who are or have been partners of Vietnam veterans.

A relevant consequence of the ageing population is that the dependency ratio (number of children aged 0-14 years and persons aged 65 years and over per 100 persons of working age) will reach a historical high in 2051⁴. Care demands on women in the 55-70 age group are likely to pertain not only to Vietnam veteran spouses but also to elderly WWII veteran fathers.

In terms of DVA status in 2010, women in this age group with a connection to DVA are less likely to have a War Widow's Pension or Gold or White Card, and more likely to have a spouse with a Gold Card, a proportion of whom will also receive a DVA Disability Pension (including those who are Totally and Permanently Incapacitated). Over the next 10-15 years the number of women aged 55-70 who will have DVA White Cards or Gold Cards because of their own service will increase, but this trend is likely to be overshadowed by the numbers who will become War Widow Pensioners and Gold Card holders due to mortality in Vietnam veterans.

⁴ Workers with Family Responsibilities, Demographic Issues and Profile. Paper for Queensland Department of Industrial Relations, Work and Family Unit Division of Private Sector Industrial Relations, RT Kinnaird & Associates Pty Ltd, June 2002

Productive and healthy ageing are important concepts behind policy-making and program development, and are goals that most individuals aspire to, given our increasing life spans. We do not focus on specific health conditions or treatments. We take a broad and non-clinical view, including themes of wellbeing, contentment and security. This review aims to glean from existing literature what these concepts mean for and to Australian women in late middle age in the DVA context. In doing so we set out to answer several research questions and to point to gaps in knowledge to be filled.

Aims

The literature review aims to:

- i. Identify factors in the literature that influence healthy and ‘productive’ ageing in women aged 55 to 70 years, in the Australian context;
- ii. Identify data sets including information on productive ageing for older women in a population and veterans’ context;
- iii. Identify gaps in the data and literature;
- iv. Provide signposts to DVA on the possible issues for women in this age group that will impact on DVA.

Research Questions

1. What factors enhance or limit productive ageing for women in late middle age?
2. How do factors that enhance or limit productive ageing in the identified DVA client groups compare with those for women in the general population?
3. How does housing affordability impact on the well-being of women in these client and pensioner groups?
4. How does access to services impact on the well-being of women in these client and pensioner groups?
5. What are the implications of relationship break-up / divorce for the health and well-being of DVA clients, pensioners and service pension partners in late middle age?
6. What impact is the current economic downturn having on these women?

7. What factors may be associated with improvement in the well-being and quality of life for DVA female gold card holders, veterans and service pension partners in late middle age?

Scope

The review includes:

- All published literature identified which addresses any factors that influence healthy and 'productive' ageing in women aged 55 to 70 years, in the Australian context.
- All published literature identified which addresses factors that influence healthy and 'productive' ageing in women aged 55 to 70 years where the sample consists of female military or veteran populations, not necessarily in the Australian context.
- Reports and 'grey literature' identified as relevant to the topic.

The review excludes:

- Titles were excluded if they fell outside of the area defined by the aims of the study (e.g. not female, outside age range, medical aetiology or pathology, study sample not comparable to Australia, health promotion focus, psychiatric focus, study sample impaired intellectually or cognitively, etc).

Methods

A comprehensive literature review of peer reviewed and grey literature was undertaken to identify the contemporary factors affecting healthy and productive ageing for women aged 55-70 years. Selected bibliographic databases were searched using a combination of search terms. In consultation with DVA a selection of 'grey literature' reports were recommended and reviewed for inclusion.

All titles (1631) and abstracts were retrieved, stored in an EndNote reference manager library and reviewed. A Google Scholar search was conducted using the same search terms and those articles, along with grey literature recommended by members of the study team were added to the library. The most promising abstracts (198) were analysed and 69 full text

articles were selected for inclusion. Full details of the search strategy and the results can be found in Appendix B.

All research articles and grey literature selected for inclusion in the review, along with PDF copies of all publications will be included with the hard copy of the report.

Study Population

Subjects for review were women aged between 55 to 70 years who reside in Australia. Studies that do not specifically define the age range of the women under study, but have a focus on 'older women' were also included. Articles from the Australian Longitudinal Study on Women's Health (ALSWH), also known as Women's Health Australia (WHA), were also included when the article was considered significant for the DVA and yet the sample age fell outside those aged 55 to 70 years.

Data bases of published literature searched

Studies were identified from a range of electronic databases that encompass the psychological (PsycINFO), medical and allied health (PubMed/Medline, EMBASE & CINAHL), social, economic and policy (Sociological Abstracts, Econlit, Social Science Abstracts), literature of social gerontology (Ageline) and multidisciplinary (Web of Science) literature. In addition, Google Scholar was searched to identify studies that did not appear in the scientific databases. Searches were also conducted through available online records of reports. The search was restricted to articles published from 1999 and in the English language.

Search terms

In consultation with DVA the broad keywords for the search include:

'healthy ageing', 'productive ageing', 'wellness', 'women', 'older', and secondary terms 'female veterans', 'war widows', 'partners of veterans' and subsequently specifics such as 'housing', 'access to health services', 'community support', 'retirement', 'economic downturn', 'relationship', 'divorce', 'widowhood', 'mental health/ptsd/depression', 'income support', 'means test', 'disability pension', 'age/service pension', 'concession card',

'caring/carer', 'superannuation', 'participation' and 'workforce'. String searches for searching all reference databases are documented in Appendix B.

Search results

Results of combined searches were downloaded to an EndNote reference manager library. Titles and abstracts were examined to determine eligibility for review.

A total of 1631 article titles were identified from the initial search. The number of articles returned by searches of scientific databases was: PsycINFO 471; PubMed, Medline, EMBASE & CINAHL 337; Sociological abstracts 141; Econlit 264; Social services abstracts 123; Ageline 62; and Web of Science 197. The results of the scientific data base searches were downloaded into an EndNote reference library and duplicates were removed. The resulting article titles (and abstracts where required) were examined to determine eligibility for the review process.

In the first instance publication titles were included if they appeared to address any factors that influence healthy and 'productive' ageing in women aged 55 to 70 years. Also included were any titles which addressed female military or veteran populations more generally. Titles were excluded if they fell outside of the area of interest (e.g. not female, outside age range, medical aetiology or pathology, study sample not comparable to Australia, health promotion focus, psychiatric focus, study sample impaired intellectually or cognitively, etc).

In addition, Google Scholar was searched to identify peer reviewed studies that were not picked up in the initial search, producing 9 articles of interest. A review of all publication titles listed on the Women's Health Australia (WHA) website, previously the Australian Longitudinal Study on Women's Health (ALSWH) was conducted, producing 12 articles of interest for review. Eight government reports were identified by the study team as containing useful information for the review. A summary of the results returned from all data bases is found in Table 1.

Subsequent to the initial broad search a decision was made to focus on research in the Australian context whilst continuing to include those articles which addressed female

military or veteran populations in comparable countries. In total 69 articles were included in the review.

Table 1. Summary of search results

Data base	Results
Psychological (PsycINFO)	471
Medical and allied health (PubMed/Medline, EMBASE & CINAHL)	337
Social and behavioural sciences (Sociological abstracts)	141
Economic (Econlit)	264
Social work and human services (Social services abstracts)	123
Ageline	62
Web of Science	197
Google Scholar	9
The Australian Longitudinal Study on Women's Health (ALSWH)/ Women's Health Australia (WHA)	12
Government reports and websites	15
Total titles and abstracts downloaded to EndNote library for review	1631
Remove duplicates and ineligible titles	[-1432]
Abstracts for full article review	198
Articles for inclusion in the review	69

Results

This literature review is designed to identify and interpret the factors influencing healthy and productive ageing for women aged 55-70 years who are clients or potential clients of the Department of Veterans' Affairs (DVA).

The review of published and 'grey' literature identified several contemporary factors that influence healthy and productive ageing for women who fall within or have comparable characteristics to the DVA clients. These factors fell naturally under eight broad themes which emerged during the abstract review stage of the search methodology. Articles were sorted and coded according to their primary theme and stored as groups in an Endnote reference manager library. The eight themes were:

- Healthy ageing and productive ageing as holistic approaches;

And component sub-themes of:

- Health;
- Activity;
- Work and retirement;
- Housing;
- Household income;
- Female military or veteran populations; and,
- Widowhood.

The eight themes are presented in this report under relevant subheadings. Each subheading contains: a summary of the search results; a précis of each article; and, an easy reference dot point summary of the key points including any gaps identified.

“Healthy Ageing” and “Productive Ageing” as holistic approaches

The search term methodology selected for this review returned **one** article which specifically addressed healthy or productive ageing for women aged 55 to 70 years in the Australian context [1]. A broader search conducted in Google Scholar produced **five** articles considered relevant for the review. The four articles cover a variety of topics pertinent to any discussion of productive ageing in Australia including; qualitative aspects of productive ageing [2], motivation for productive ageing [3], and, ageing and the economy [4]. This work, all published by Ranzijn and colleagues, was not returned by the search methodology outlined in Appendix B as it did not list ‘women’ as a publication key word, a necessary search term for this review.

In addition to the Ranzijn work two articles which focus specifically on defining healthy and productive ageing were included [5, 6] along with two Australian Government reports which provide background data on the ageing Australian population [7, 8].

Introduction

In Australia, as in other developed nations, the rapidly increasing proportion of the population aged over 55 is well documented. The Australian Bureau of Statistics *Mortality trends of people aged 50 years and over (2006)* [8] tells us we are living longer than in any other time in history, largely due to reductions in mortality. Although there have been reductions in death rates across all ages, reductions in mortality of people aged 50 and over have been responsible for an improvement of 70% of male life expectancy and 73% of female life expectancy. For women, 44% of the mortality increase was in those aged 50-69 and 56% of the increase in those aged 70 years and over. Reductions in deaths from ischemic heart disease and cerebrovascular disease have been the main cause of the improvements in life expectancy for those aged 50 years and over. In 2002-04 males aged 50 years could expect to live another 31 years on average and women aged 50 years could expect to live another 35 years.

The ABS further reports that the World Health Organisation tables for the health-adjusted life expectancy (HALE) show that the number of *additional years* on average that an Australian at age 60 can expect to live in *full health* as 16.9 years (men) and 19.5 years (women).

What is healthy ageing?

The Australian Government's premier information site for Australian "over fifties", defines healthy ageing as

"...the ongoing activities and behaviours you undertake to reduce the risk of illness and disease and increase your physical, emotional and mental health. It also means combating illness and disease with some basic lifestyle realignment that can result in a faster and more enduring recovery." [9]

Healthy ageing is one of the major themes of the *National Strategy for an Ageing Australia (2002)* [10]. Although this report did not specifically define 'healthy ageing' it does describes the concept in the following way:

If we are to achieve healthy ageing of the Australian population, it will be important that as a nation we optimise opportunities for people to have physical, social and mental wellbeing throughout their lives. These benefits work both ways - healthy ageing both facilitates and is facilitated by active participation in life. There are clear benefits for individuals, for society and for the economy in having people spend as much of their lives as possible in good health. Reducing the incidence of preventable diseases, delaying the onset of conditions associated with ageing, and effectively managing those illnesses which do occur, are all important for minimising the length and impact of ill health on our lives. (p. 36)

Peel and colleagues' *Healthy ageing: how is it defined and measured?* (2004)[5] argue against using a definition of healthy ageing which reduces the concept to merely the absence of disease or functional impairment. Peel et al conducted a review to investigate how gerontological researchers were defining healthy or successful ageing. The review found that differences in the definitions used and the domains selected to measure the 'healthy ageing' meant that those older people categorised as 'healthy' varied from 3% to 80% across the sampled populations. This variation highlights the need for a standard definition. Peel et al conclude:

"Despite the differences, there was a consensus in the studies that the multidimensional, positive health outcome should measure the capacity to function well

and adapt to environmental challenges in domains assessing physical, mental and social well-being [5].”(p.115)

What is productive ageing?

The Australian Government *The 2010 Intergenerational Report: Chapter 2: Growing the economy - productivity, participation and population* [7] states that the best way to respond to the economic and fiscal pressures of the ageing Australian population is to support strong economic growth with sound policies supporting **productivity, participation and population – the ‘3Ps’**. The report argues that productivity growth will be the main driver of economic growth and the living standards of the future. The promotion of productivity growth through investment in infrastructure, skills and human capital, innovation and climate change is outlined.

Whilst acknowledging that older Australians can contribute to the community in a number of ways outside of the paid workforce, the report emphasises an economic view and describes examples of policies to support this view such as the establishment of a Consultative Forum on Mature Age Participation, as part of the ‘Productive Ageing Package’ which has a focus on increasing and supporting the workforce participation rates of older Australians.

Donatti et al *Defining Productive Ageing – Engaging Consumers* (2005)[6] note that prior to the 1980s there was little reference in the literature to the term ‘productive ageing’ and that ageing was often viewed as an illness with automatic declines in physical and mental functioning, although there was little empirical evidence to support this view. Several definitions have since emerged including one from the National Seniors Productive Ageing Centre (NSPAC) which defines productive ageing as:

“...the promotion and organisation of a lifestyle which enables seniors to participate actively in the economic and social advancement of the nation in a manner that will ensure they are contributors rather than dependants, while having the added benefit of enhancing their own health and wellbeing” [6] (p. 2)

Donatti and colleagues argue this definition provides a good foundation for developing a definition that does not focus solely on older people’s economic contribution, for instance in paid work or in the production of goods and services. The authors further state that the

definitional challenge centres around which concepts to include and propose that any discussion should at minimum encompass the key areas of; labour-force issues, health, volunteerism and, policy development and research.

Research on healthy and productive ageing

Wicks et al (2006) *Older women's "ways of doing": Strategies for successful ageing* [1] conducts in-depth qualitative interviews with six women aged between 66 and 76 years of age to explore the ways in which the women have participated in meaningful occupations over their lifetime, focussing on the strategies adopted in older age which facilitate successful ageing. All the women were from a rural community on the south coast of NSW. The paper adopts an occupational perspective on health, a view with the premise that people need to participate in personally meaningful occupations for their health and wellbeing. Occupation refers to all meaningful activities, not just paid work. Analysis of the women's life stories found that the women developed various strategies to increase their opportunities for occupational participation. The five common features of the strategies adopted by the women were: the primary purpose of all strategies was to create opportunities for meaningful occupational participation; the strategies were developed early in the women's life course and refined over time; there was a relationship between the quantity and quality of the strategies and engagement in meaningful activities; the most effective strategies were used subconsciously; and, there was a relationship between the women's satisfaction with occupational life courses and the effectiveness and refinement of strategies. In other words, those women who had implemented effective strategies gained the most satisfaction from their occupational outcomes. The authors conclude that the strategies adopted by the women highlight the significant link between occupation, meaning and health.

Ranjizn et al (2001) *Qualitative aspects of productive ageing* [2] looked at the qualitative aspects of productive ageing by conducting focus groups with older adults to find out what type of productive activities they engaged in and what meanings they placed on these activities. One of the main finding of the study was that participants' intimate knowledge of their social network enabled them to be skilled at identifying and filling unmet needs in their community, for example taking the role of informal public transport by driving friends or relatives to doctor's appointments or acting as an interpreter at the hospital. When it

came to family, the participants were available to help where needed, but clearly stated they did not want to impose. The authors describe this family assistance as a demonstration of 'generativity', which is defined as the "hypothesised inner drive to nurture following generations and to leave a lasting positive legacy for society at large" (p.6). Barriers to participation identified by participants included practical barriers such as inadequate public transport, bureaucratic barriers such as requiring qualifications to perform certain (previously volunteer) work and financial disincentives to working for pay. In this paper no distinction was made between financial disincentives related to various pension entitlements (e.g. War Widow's Pension is not subject to a means test or tax).

Ranjizn et al (2001) *Motivation for productive aging in Australia* [3] discuss why older people who have retired are motivated to remain productively involved in society. Productive ageing was operationalised as older people contributing by producing goods and services that would otherwise have to be paid for, including work performed in the household for themselves and their spouses (i.e. housework and non-work activities). The results indicate that older people place a high value on being productive and life satisfaction scores increase when productive activities are performed for others outside the home. Scores were not affected by the number of hours the activity was performed. Results are discussed in terms of the psychological attribute of 'generativity', which is defined as "the innate psychological urge to make a contribution to the welfare of other people"(p.97). If the motivation is innate then removing the structural or psychological barriers identified by participants in the study could assist to increase productivity in older age groups, for example improving public transport and facilities for use by older people or reducing negative stereotypes of older people.

Ranjizn et al (2002) *Ageing and the economy: costs and benefits* [4] conduct the first known study of its kind Australia to estimate the financial value to the economy of productive contributions made by older citizens. Using data collected by interview and self administered diaries, details were collected about how many hours spent on each activity and activities were categorised as either *informal productive activities* or *formal productive activities*. Information was also collected on amount of money lent to others and donations. Pension income was calculated from independent sources. The results showed that older

Australians in this sample were very active, donating up to 44 hours per week in productive activities in the youngest group (aged 65-74 years). The authors conclude that the financial value of the productive contributions made by this sample had a very large economic value in excess of the estimated costs to provide health and aged care for the same population.

Healthy and Productive Ageing

Key Points

- *Australian women who are currently aged 50 years can expect to live, on average, another 35 years*
- *The 2010 Intergenerational Report states that the best way to respond to economic and fiscal pressures of the ageing population is through sound policies which support the 3Ps – productivity, participation and population*
- *Healthy ageing is more than the absence of disease. It is multidimensional and includes physical, emotional and social wellbeing*
- *Productive ageing is more than an economic contribution to society. It encompasses labour force issues, volunteering, health issues, policy development and research.*
- *The desire by older people to contribute productively may be explained by the psychological concept of ‘generativity’ – the hypothesised inner drive to nurture following generations and to leave a lasting positive legacy for society at large*
- *The financial value of the productive contributions of older people may outweigh the costs associated with their health and aged care*
- *Women may need to participate in personally meaningful occupations for their health and wellbeing*
- *Barriers to productive ageing can be both structural and psychological*

Gaps

- *Defining ‘productive ageing’ for women is problematic, especially as ‘retirement’ may not fit well with women’s roles and workforce participation patterns*
- *What does productive ageing mean to Australian women aged 55-70?*

Health

Six studies identified in the initial search investigated the impact of health on healthy and productive ageing on women aged 55 to 70 years in the Australian context [11-16]. The literature for this theme was further supplemented by **eight** publications [17-24] identified on the Women's Health Australia website [25]. Women's Health Australia (WHA), previously known as the Australian Longitudinal Study on Women's Health (ALSWH), a study designed to track the health of three large cohorts of women over an extended period of years. The longitudinal study aims to investigate the causal relationship between a number of health and lifestyle factors affecting women's health and wellbeing.

The ALSWH/WHA publications were not identified in the initial search strategy as: (1) they did not include the search term 'productive ageing'; or (2) the ALSWH/WHA cohort is divided into three age groups (18-22, 45-50, 70-75) at the time of the study recruitment (1996). A decision was made by the study team to include ALSWH/WHA articles if they covered a topic of relevance to the DVA groups of interest. In 2010 the ALSWH/WHA cohorts are aged 32-36, 59-64, and 84-89 years, so results from any new data collected in the past 5 years from the middle cohort were considered. One report which draws together data from the ALSWH on physical activity and health was included [26].

The **fourteen** articles included in the health group covered a variety of topics including: predictors of health [13-15]; physical activity [17-19, 26]; health service access and use [21, 24]; mental health [11, 12, 20]; and carer's health [16, 22, 23]. The articles are outlined below under the relevant subheadings.

Predictors of health

Lau et al (2008) *Health and wellbeing of older people in Anglo-Australian and Italian-Australian communities: A rural-urban comparison* [13] conduct a rural-urban comparison of Anglo- and Italo-Australians aged 50-89 years in five domains (17 variables) which are deemed to influence the outcome 'ageing well'. The five domains include physical and functional status, social supports, material resources, activity and leisure, and mental efficacy. There were different findings over all according to place of residence and cultural group, particularly in the older age group, but in the younger age group (50-69 years), there

were no statistically significant differences on the 17 variables between the urban and rural residents (Wilks' $L = 0.845$, $F(17, 150) = 1.624$, $P < 0.065$). Overall, however (and particularly in the older age group), urban Anglo-Australian residents reported significantly better general and emotional health, and were more satisfied with ageing than rural Anglo-Australian residents. Rural residents reported higher resilience than urban residents. Elderly rural women reported less stress and more satisfaction with their leisure activity involvement than their urban counterparts. Over all, health of rural residents was worse than urban residents and access was seen as the most relevant factor. As the rural population ages, health service infrastructure and access to specialist services will become increasingly important, with due recognition required for social and cultural as well as spatial factors in the rural context.

Sheriff et al (2009) *A Proactive Approach to Aging Well for Women Over 45* [14] monitors how useful a 'health check log' is for women to monitor their health status. The Health Check Log (HCL) included key indicators of health and wellbeing and healthy lifestyle habits that were identified by 300 people over 65 living in rural and urban New South Wales, a review of healthy aging and health promotion literature, and critical feedback from 100 older people who maintained previous versions of the HCL. This exploratory two-group, longitudinal study employed a quasi-experimental pre- and post-test design and data triangulation to ascertain the benefits of the Health Check Log (HCL) in assisting women in the treatment group to maintain their health and well-being, to engage in disease prevention, and to improve their health-related quality of life, compared with women in the control group. Although there were limitations in the study and the groups included a large number of health professionals, results showed that maintaining the self-report Health Check Log increased the treatment group's level of awareness of their health status and their knowledge of factors important to good health and well-being, and positively influenced their willingness to engage in health-promoting behaviours and lifestyle changes. As well, the treatment group's perceived health-related quality of life, as measured by the self-report SF-36 health survey, was slightly higher than those in the control group, being moderated by age, income source, employment status, and living arrangements.

Simons et al (2001) *Healthy ageing is associated with reduced and delayed disability* [15] report on a longitudinal study to identify subgroups within the population with reduced or

delayed disability during healthy ageing. Self-rated health and disability at study (8 year prospective Dubbo cohort aged 60+) entry were predictive of later physical disability. Age and peak expiratory air flow and number of hospitalisations were also predictive.

Physical Activity

Brown et al (1999) *Never too late: older people's perceptions of physical activity* [17] reports on older people's perceptions of physical activity. Data were from focus groups and included some women from the Australian Longitudinal Study of Women's Health. These older people aged 60+ were interested in a wide range of physical activities, but suggested that lack of social support, poor facilities and concerns about safety were the major barriers to participation. The women were more likely to see "rest and relaxation" as important for good health, whereas men were more interested in activity having a purpose or keeping busy, but the women nonetheless were keen to participate in social physical activity. The paper suggests interesting factors that are important in the motivation of older women to be physically active.

Brown et al (2009) *Life events and changing physical activity patterns in women at different life stages* [18] examines the relationship between specific life events and how this affects changes in physical activity for women in three ALSWH cohorts, the mid-aged cohort being in their fifties. Death of a spouse and a child leaving home were both significantly associated with increasing the mid-aged women's physical activity. The factor with the highest association with increased physical activity was retirement. Birth of a grandchild, being the victim of physical violence and having a relative being arrested or in jail significantly decreased physical activity, possibly reflecting reduced discretionary time. No changes in activity relating to widowhood were noted for the older women. The results for the mid-age women indicated an overall upward trend in physical activity during the 3-year study period. Finding showed that changes in physical activity are life-stage specific and affected by social factors.

Brown et al (2008) *Physical activity, Body Mass Index and health care costs in mid-age Australian women* [19] analyses data on physical activity, body mass index and health care costs in women in the ALSWH. Medicare costs in sedentary and obese women were very substantially increased – 26% in sedentary vs. moderately active women and 17% in obese vs. healthy weight women. For sedentary obese women, costs were 43% higher than for

moderately active, healthy weight women. However costs were lower for heavier, active women than for healthy weight, sedentary women. There would be significant cost savings if all sedentary mid-aged women could achieve a moderate level of physical activity (e.g. walking briskly 60-150 minutes per week).

Brown et al (2007) *Physical activity and health in mid age and older Australian women* [26]

produced a report for the Office of Women on physical activity and health in mid age and older Australian women, from the ALSWH cohorts. Mid-age women who maintained or increased their physical activity were more likely than those who were sedentary to have at least high school education, to work part time, have a higher level of income, and to be a carer for someone with an illness or disability. They were less likely to be current smokers and non-drinkers, to have chronic health problems, and to be overweight or obese. High levels of physical activity were associated with reduced risk of falls, and of broken or fractured bones in older women who had not had a previous serious fall injury. Overall physical and mental well-being scores were significantly higher in mid-age and older women who were consistently active than in those who were consistently sedentary. These scores were as high among women whose physical activity increased over time, as they were among women who were consistently active, indicating that it is never too late to increase physical activity in order to gain health benefit. Physical activity was inversely associated with healthcare costs in both mid-age and older women, with the greatest differences being between sedentary women and those doing low levels of activity. For the mid-age women, mean costs were 26.3% higher in sedentary than in moderately active women. For older women mean costs were 23.5% higher in the sedentary women.

Health service access and use

Korda et al (2009) *Is inequity undermining Australia's' universal' health care system?* [21]

investigate the effects of concession cards and health insurance on access to ambulatory health care in Australia. Researchers used data collected in 2004 from the mid-age cohort of women in the Australian Longitudinal Study of Women's Health (aged 53 to 58 years) to quantify inequalities across 11 different chronic conditions (including diabetes, hypertension, osteoporosis, cancer, anxiety and depression) , using various socioeconomic status (SES) measures. They also quantified the contribution of concession cards and private

health insurance in promoting equity/inequity. For a given level of need, socio-economically advantaged women were more likely to use specialist medical, allied health, alternative health and dental services than less advantaged women; at the same time, they were equally likely to visit a GP and are less likely to use hospital-based medical services. Concession cards reduced inequality in GP use but had no effect on specialist care, while private health insurance explained some of the inequality in use of nonmedical services (particularly. dental care). The authors did not make specific comment about particular health care needs of women in this age group, as their focus was on identifying whether there is horizontal equity – equal care for equal need – and whether socio-economically advantaged individuals have obtained a disproportionate benefit of health care, contributing to widening relative health inequalities over time.

Young et al (2003) *The decline in bulk-billing and increase in out-of-pocket costs for general practice consultations in rural areas of Australia* [24] analyse how the changes in bulk billing by general practitioners during 1995 to 2000 affected out-of-pockets expenses for rural Australian women. This paper reported results of a retrospective analysis of 1996–2001 survey data from the Australian Longitudinal Study on Women’s Health (ALSWH), linked with Medicare and Department of Veterans’ Affairs (DVA) data on general practice consultations from 1995 to 2001. The mid-age cohort of women was included with the younger and older age cohorts. Data on patient out-of-pocket costs for general practice consultations, by calendar year, urban/rural area of residence, age, frequency of attendance, self-rated health, and education level were analysed. For each age group and year studied, the use of bulk-billing was lower in rural areas than in urban areas, e.g. in 2000, the percentage of women in rural and urban areas, respectively, who had all their general practice consultations bulk-billed was 31% v 52% (young women), 24% v 45% (mid-age women) and 58% v 79% (older women). There was a lower rate of bulk-billing for the mid-age cohort, particularly in comparison with the older cohort. For all age groups, women who lived in urban areas were more than twice as likely to have all their general practice consultations bulk-billed than women living in rural areas. Women with lower levels of education were significantly more likely to receive bulkbilling for all their consultations. Being a ‘frequent attender’ was also associated with bulk-billing for mid-age and older women (but not young women). After adjusting for other variables, poorer self-rated health

was associated with having all visits bulk-billed for young and mid-aged women, but not for older women.

Mental health

Baker et al (2009) *Body image and self-esteem in older adulthood* [11] look at how body image impacts on the self esteem of a sample of 50 men and 98 women aged 65-85 years. The data suggested that body image was important to self-esteem and that women developed strategies to improve their body image such that their self-esteem remained stable over the 20 year age span. On the other hand, men's self-esteem declined and their health consciousness declined as they aged, whereas women became more health conscious as they aged. Possible psychometric limitations of their questionnaire measures may limit the interpretation of results.

Buys et al (2008) *Prevalence and predictors of depressive symptoms among rural older Australians and Americans* [12] examine the prevalence and predictors of depressive symptoms in older married, rural Australians and Americans. They compared responses to the same instrument in two studies of married rural men and women, aged 65 years and over – one in Australia (n = 216) and one in the USA (n = 156). There were 107 Australian and 114 US women in the studies. Depression was the dependent variable. Of a range of hypothesised predictors including relationships, functional health and social support, for Australian women (and men) the only (marginally) significant predictor of depression was pain (P= 0.05). There were substantial limitations behind the data analyses, especially different recruitment methods in the two studies.

Bryson et al (2007) *Managing the work-life roller-coaster: Private stress or public health issue?* [20] examine women's mental health whilst juggling the work life balance in data from the Australian Longitudinal Study on Women's Health (ALSWH) and additional qualitative data from focus groups conducted with urban and rural women as part of the authors' Work– life Tensions Study (WLTS). The paper focuses on 'sense of control' using a Perceived Control scale (Bobak et al.,1998), first introduced into the third-wave survey for mid-age women when they were 50–55 years. This is a slightly younger age group than the age group of interest, but some of the findings may be relevant for the 55yr+ women who are still in the labour market.

The ALSWH data show that a strong sense of control at home is linked to type of household and employment factors. They suggest that these factors together provide a broad indicator of 'demand load'. The ALSWH data reinforce that perceived control for women is multi-faceted. Women who live on their own, and so have more modest domestic demands, and are in employment, are most likely to have a strong sense of control. A high proportion of partnered mothers in casual employment also have a strong sense of control, while the proportion is low for those in unpaid or part-time employment. For those in couple-only households, levels of control do not vary much, though those employed fulltime have the highest level.

Also, the ALSWH data show that while demand overload is important, pressures associated with home and work go beyond time issues. Factors also important in good mental health included satisfaction with hours of employment. The qualitative WLTS data suggest that demand overload can be exacerbated by, among other factors, consumption pressures and gendered social expectations both of a traditional ('good mother') and contemporary ('do it all') nature. They noted that in this age group tiredness seems likely to be an increasingly important social issue.

Carer's health

Schofield et al (1999) *Health and well-being of women family carers: a comparative study with a generic focus* [16] investigated physical and emotional states in 857 women from a representative sample of family carers drawn from a large random household survey and a comparable sample of 219 non-carers. The largest groups of carers were daughters looking after parents (39%), mothers (24%), wives (20%) and other relatives and friends (17%). Carers were less likely to have a partner or to be employed. The researchers found

Higher rates of self-reported ill-health and use of medication, more negative affect, and less life satisfaction and perceived social support, among carers than among women in the comparison group. Even though the latter were more likely to be caring for one or more children, compared with the carers they reported less overload. Irrespective of carer status, women without partners expressed less life satisfaction, and more social isolation and negative affect. (p.585)

Pertinent predictive factors in order of importance were being older, single, responsible for more household tasks, greater overload, fewer children, less life satisfaction, less social support, and poorer self-rated health. Apart from the last, each factor made a significant independent contribution to the equation. (p.587)

The authors pointed out that some sub-groups of carers are more stressed than others, for example where the person being cared for has a psychiatric illness. In a related study non-residing daughters caring for parents were less stressed than co-residing daughter carers.

Lee et al (2007) *Transitions into and out of caregiving: Health and social characteristics of mid-age Australian women* [22] examines changes in care-giving status in middle aged Australian women from the ALSWH. Secondary data were analysed at three waves and showed, contrary to other Australian and US studies, that the poorer health of caregivers preceded their carer role and persisted afterwards. The authors suggested that women were selected into their caring role because of their ill-health and pre-existing financial difficulties, rather than the ill-health being the result of caring. Healthy mid-age women were more likely to be working full-time. However they qualified their findings by stating that the survey was not focused on caring and they may have obtained different results if more questions on caring had been asked. Middle-aged women found caring more burdensome than women in the older cohort.

Lucke et al (2008) *Few urban–rural differences in older carers' access to community services* [23] investigate older carer's perceptions of access to information and services, and the perceived quality of health and community services. Primary data were collected as part of the ALSWH. In all, 306 women in their 70s who had family care-giving roles responded to this nested sub-study of the ALSWH. Use of community services was low, even when they were available. In this study those in rural areas have slightly better access to some services than their urban counterparts. Older carers had difficulty accessing health and community services, regardless of whether they were in urban or rural locations. The authors conclude that further research (probably qualitative) is needed to develop a more complete picture of the resources drawn on by caregivers in two situations – where they have no access to appropriate services or they choose not to use services which are available. They also conclude that “Particularly for older women, the boundaries between care-giving and normal family life are blurred, and a better understanding is needed of what these women

want, and how support could be delivered in a manner that caregivers find acceptable and complements their existing support arrangements.” (p.690)

Health

Key Points

- *Satisfaction with life measures may vary for younger (55-64 yrs) vs. older (65-70 yrs) women*
- *Urban vs. rural residence may become more important in healthy ageing as women become older.*
- *Cultural and geographical factors affect resilience, satisfaction with productivity, stress*
- *A self-completed Health Check Log may be useful in improving women’s health outcomes*
- *Physical activity in women aged 60+ can be promoted through better understanding needs for social connectedness, safety, appropriately trained facilitators.*
- *Small increases in physical activity may have important cost-saving effects as well as preventing injuries such as falls and chronic diseases as women age.*
- *Widowhood may bring the opportunity for increased physical activity, especially for women widowed in mid-age more than for those widowed in old age.*
- *Barriers to good health may include: lack of social connectedness; lack of appropriate facilities and facilitators for physical activity; lack of perceived safety*

Gaps

- *Excellent evidence from the ALSWH/WHA and other major cohort studies (e.g. The Dubbo Study), mean few gaps in knowledge on physical activity*
- *More information required on the use of services by the younger (55-64 yrs) age group*
- *Qualitative data on ways to encourage women in this age group to become and stay physically active as they drive less and live more solitary lives*
- *Health of carers – there are conflicting results which require further investigation*
- *What percentage of women is caring for DVA clients as non-spouse relatives and does this group of carers have special needs?*

Activities and community involvement

There were **ten** studies identified in the search strategy which looked at the impact activity and/or activities (other than paid work) may have on healthy and productive ageing for women in the age groups of interest. Several sub-categories emerged including: volunteering [27-29]; the internet and technology [30, 31]; driving [32, 33]; barriers to remaining active [34, 35]; and pastimes [36].

Volunteering

In Australia approximately 41% of those aged over 18 years are engaged in some form of volunteer activity, with those aged 55 to 65 years contributing the most hours on average [28]. Aside from the economic and social benefits to society, volunteering can benefit the individual. Volunteering as a productive activity has been associated with many social and health benefits for older people, including life satisfaction, better perceived health and reduced mortality [28, 29] Volunteering can also give older people a sense of purpose and can counter the effects of social isolation and loneliness [27, 28].

Warburton et al (2005) 'Lots of Little Kindnesses' [27] reported on a qualitative study which investigates the concept of 'informal volunteering' and how older people view their experiences of volunteering informally for their families and the community. Focus groups were conducted with 184 community-dwelling Queensland residents aged 55 to 93 years. The sampling frame was designed to be representative of geographical and cultural backgrounds across the state. Two major themes emerged from the data: the way in which older people contribute to inter-generational relations; and, the way in which older people assist other older people, enabling them to stay living in the community. Providing support and friendship may reduce social isolation, a critical problem for some older people. The authors conclude that the 'little kindnesses' contributed by older people are critical in maintaining strong communities and effective family functioning.

Warburton et al (2007) *Volunteering as a productive aging activity: Incentives and barriers to volunteering by Australian seniors* [28] conduct a two phase case exploratory study to investigate the incentives and barriers to volunteering in Australian by seniors aged 50 and older. Phase 1 involved an online survey and Phase 2 involved focus group discussions. Both phases were designed to investigate the structural dimensions of volunteering from

different perspectives. Participants were all members of the National Seniors Association, either drawn randomly from the NSA membership list (survey) or invited to attend through a general invitation to their local NSA group (focus groups). Data gathered was for exploratory purposes and results are not necessarily representative of the total population. Results showed that seniors, particularly women, rate incentives to volunteering as more important than barriers. This may reflect the baby boomer generation of women who have more paid workforce experience and will have higher expectations of volunteer options. Baby boomers may also have access to higher superannuation payouts than previous generations and therefore have other retirement options, such as travelling which can be a barrier to volunteering regularly. These results suggest a need to promote and encourage the diversity of volunteering options more widely to seniors.

Warburton et al (2008) *Volunteering as a productive ageing activity: the association with fall-related hip fracture in later life* [29] utilised data from a case-control study of 387 participants to test whether volunteering is a protective factor for hip fracture risk, a common cause of physical disability and mortality in older people, most particularly in women. Cases were aged 65 years and over who had been admitted to hospital for acute fall-related hip fracture. Controls were randomly selected from the electoral roll and matched to cases on sex, age and postcode. Over 80% of participants were female. Results showed that volunteer activity was significantly protective of hip fracture risk. Results remained significant when other health status measures, types of activity and social support measures were taken into account. The results contribute to the knowledge around the positive relationship between productive ageing activities such as volunteering and better health outcomes for older people.

The internet and technology

Only 26% of Australian adults aged 55 to 64 years access the internet (compared to 75% of 18 to 24 year olds) however, the percentage in this age group is increasing steadily and represents the fastest growing group of internet users [30]. Social networks and support are known to impact positively on health and the internet may provide a new avenue for social connectedness in older age groups [30]. Understanding the predictors of learning about

technology may add may assist in improving the rates of computer use in older people which in turn may impact positively on their quality of life [31].

Russell et al (2008) *Ageing, social capital and the Internet: Findings from an exploratory study of Australian 'silver surfers'* [30] conducted exploratory research into the relationship between internet use patterns and social networking in older people. The purposive sample of 154 participants aged over 55 was recruited from online groups and internet searches. The first phase of the study was an internet survey which collected demographic and internet use pattern data from all participants. The current paper reports findings on the second phase of the study where 30 participants provided more in-depth responses via email. Two thirds of the Phase 2 sample was aged 60 to 69 years and there were equal numbers of men and women. Over 78% of respondents reported that their internet use had improved their satisfaction with communication with family and friends, led to an increase in time spent pursuing hobbies (50.7%) or voluntary work (30.5%) and yet had not decreased going out or their face to face contact with people. The authors conclude that for older people internet use may be an important supplement for maintaining relationships with family and friends.

Boulton-Lewis et al (2007) *Ageing, learning, and computer technology in Australia* [31] studied the place of learning and technology in active ageing. The sample was a randomly selected, Australia wide, stratified sample of 6,000 selected by a senior's organisation. A mailed survey measuring multiple aspects of learning was completed by 2,645 respondents aged 55 to 74 years (57% female). Predictors of technology use are complex however men who are younger, better educated, interested in keeping up to date with current affairs, are confident and, want to keep in touch are more likely to use computers. These results are different to previous research on learning which shows predictors include being female, having good health, living in regional areas, not being retired and high income. To increase the uptake of computer use in older people, especially in women, models which encourage promotion (such as peer led classes) need to be further investigated along with addressing barriers for people with lower incomes.

Driving

Ross et al (2009) *Older Drivers in Australia: Trends in Driving Status and Cognitive and Visual Impairment* [32] examined the associations between demographic, health and functional factors and driving status in older Australians. Participants were adults aged 65 to 103 years drawn from the Dynamic Analyses to Optimise Ageing (DYNOPTA) project who reported driving status (N=5,206). Results showed that drivers were likely to be men, younger, be married or de-facto, have better vision, higher scores in cognitive status, higher occupation levels, less physically active and reported fewer medications than non-drivers. Approximately 46% of people over 65 are non-drivers and this proportion increases as a function of age and female sex. In people over 65 men are 5.7 times more likely to be driving than women however this sex difference is likely to reduce over time due to cohort differences. The research has important implications for future policy planning to ensure older adults, particularly women, have access to appropriate transport.

Unsworth et al (2007) *To continue, modify or relinquish driving: Findings from a longitudinal study of healthy ageing* [33] mapped changes in driving status over a period of six years. Participants were drawn from the baseline survey of the Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) program. A clustered, representative sample of eligible participants aged 65 years and over were included in the research (N=752). The results of the study showed that women were more likely to modify their driving habits or to give up driving than men. In addition participants were more likely to be 'modifiers' or 'relinquishers' of their driving status if they were older, not married or partnered, in poor health, scored dependent on a measure of daily activities and perceived their vision or hearing to be poor. Participants who rated their financial situation as 'comfortable' were twice as likely to relinquish driving as those participants who reported a lower financial status. The results add to the knowledge about changes in driving patterns over time. Most older drivers do modify their driving as they age. More research is required to uncover the predictive factors and negative consequences of modifying or relinquishing driving status.

Barriers to remaining active

Barnett et al (2007) *Older women's fears of violence: The need for interventions that enable active ageing* [34] investigated how older women's fear of violence can impact on active ageing. Research suggests that although older women have high anxiety about violence, official crime statistics show they are less likely to be the victims of crime than other age groups. A random sample of 6,000 people was selected from a national senior's data base (aged 50 to 75+ years) and sent a survey measuring multiple aspects of active ageing. There were 2,620 surveys returned complete (57% of respondents female). Statistical analysis was conducted on two dependent variables of interest: (1) Do you want to learn to discourage violence against yourself?; And, (2) Do you need to learn to discourage violence against yourself? The results showed that as the age of the women increased they were more likely to need or want to learn about protecting themselves against violence. Other factors which predicted either the need or the want to learn about protecting themselves against violence were identified including: lower combined income; the need to trust someone to manage their money; the need to learn to organise their own transport; seldom attended group activities; and, an interest in current affairs. The authors discuss the findings in terms of the predictive factors and conclude that it is important to understand older women's living and relationship environments as well as to provide them with opportunities to improve their confidence, safety and social engagement.

Quine et al (2008) *Perceptions of personal safety among older Australians* [35] analysed data from a cross-sectional general health telephone survey to investigate older people's perceptions of their personal safety in their home and in their neighbourhood. The participants were aged 65 years and over and lived independently in the community (N=8881). The results showed that the vast majority of older people felt safe 'all of the time' or 'most of the time' across both settings. The fear for personal or neighbourhood safety did not increase with age and was less for those living in non-metropolitan areas. The authors conclude that the main findings are consistent and positive, showing that the majority of older people are not preoccupied with the fear of being a victim of crime.

Alleviating loneliness through pastimes

Pettigrew et al (2008) *Addressing loneliness in later life* [36] conducted an exploratory qualitative study with 19 seniors aged 65+ (13 women) who lived independently in their own homes or retirement villages. The seniors were interviewed in their own homes and asked to describe themselves and how they filled their days. Loneliness was raised as a formal topic after rapport was built with the interviewees, however, was often raised spontaneously and explored by the interviewer to gain a greater understanding of those aspects of loneliness considered most important to the older person. Those older people who had lost a spouse (N=16) and had lack of access to other family members experienced the highest levels of self-reported loneliness. Interviewees discussed several strategies which they used to reduce feelings of loneliness including: regular contact with family and existing friends, including brief visits and phone calls; and, considerable amounts of time reading and gardening. Meeting new people through clubs such as senior citizens clubs was not viewed as very desirable due to the participant's perception that other older people have restricted, trivial conversational patterns that centre on repeated complaining. The authors suggest further research into ways to assess the strategies adopted by the older people to alleviate loneliness and investigation of ways to promote and facilitate solitary activities such as reading and gardening.

Activities and community involvement

Key Points

- *Volunteering as a productive activity has been associated with many social and health benefits for older people*
- *Providing incentives for volunteering may be as important as removing barriers*
- *The internet can be a useful tool for older people to assist with maintaining personal relationships - older women may require financial and practical assistance to access the internet*
- *Women over 65 years are less likely to be driving than men over 65 years*
- *Women who stop driving require practical support with transport needs*
- *Solitary activities may be an important way that older people can alleviate loneliness*
- *Barriers to productive activity do not necessarily include fears of violence*

Gaps

- *Qualitative data on ways to encourage women in this age groups to participate in activities outside of the home as they drive less and live more solitary lives*

Work and retirement

Nine articles about paid work and retirement were identified by the search strategy utilised for the review, six publications concerning the age group of interest generally [37-42] and three which specifically address the ‘baby boomer’ generation [43-45]. One further article was identified from the manual search conducted of the ALSWH/WHA publication list [46].

In addition, four government reports were identified in the grey literature as potentially useful for shedding light on the impact of the recent economic downturn/climate and its impact on work and retirement for older women [47-50].

Articles on work and retirement were initially included under the subheading of Activity, however, they emerged as an important separate theme and so were re-coded, sorted and stored as a separate group.

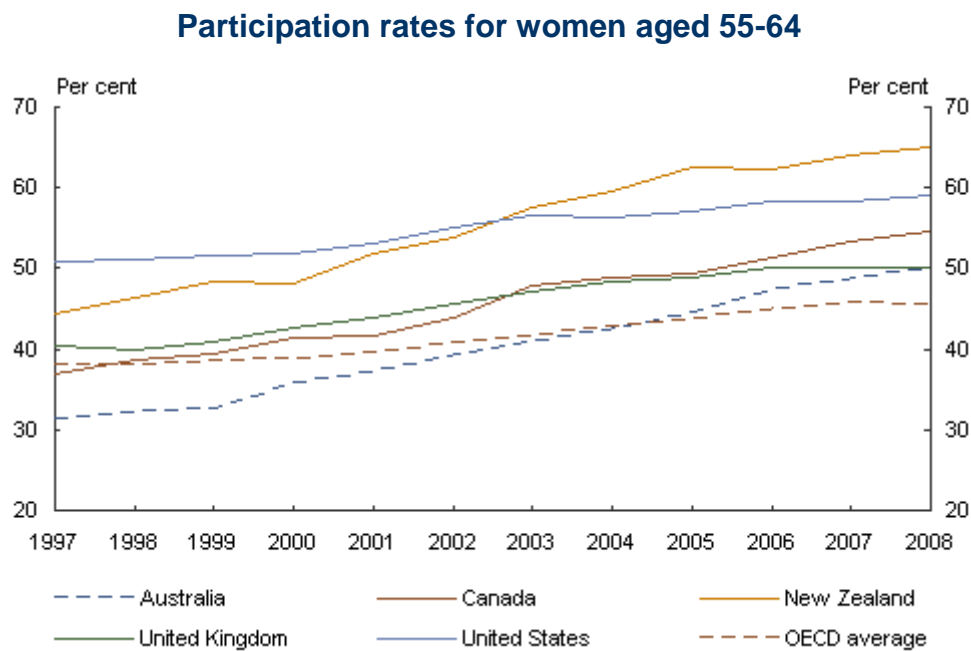
Introduction

Women perform over two-thirds of the world’s work in terms of hours and undertake most unpaid work [43]. Unpaid work is any work which benefits families and communities and includes such things as household work, childcare, community/voluntary work and caring work. In Australia a high proportion of the unpaid caring work is conducted by women spouses aged 55 and over [43]. Due to the high load of unpaid work that women engage in they do not necessarily make the same distinctions about ‘retiring’ from work that men do [37, 39].

Increased life expectancy and better health standards means that Australians, on average, can expect to spend upwards of 20 years in retirement [49]. The issues affecting women as they approach and enter retirement may be different to those of men. Women on average live longer than men, have lower rates of labour force participation, many have had interrupted work patterns and a high proportion have multiple caring roles [46, 49]. The majority of women who are approaching retirement age are currently working full or part-time in the labour force and yet many are underprepared financially for retirement and will rely heavily on government pensions [48, 49].

Australia's mature age workforce participation rate was 58.9 per cent in 2008 and although higher than the OECD average (56.3 percent) international comparisons show that this rate could be increased [7]. The participation rates for mature age women have risen steadily over the last decade - 19 percentage points since 1997 [7]. Workforce participation rates for women aged 55-64 during this period are presented in Chart 1.

Chart 1. Participation rates for women aged 55-64 [7]



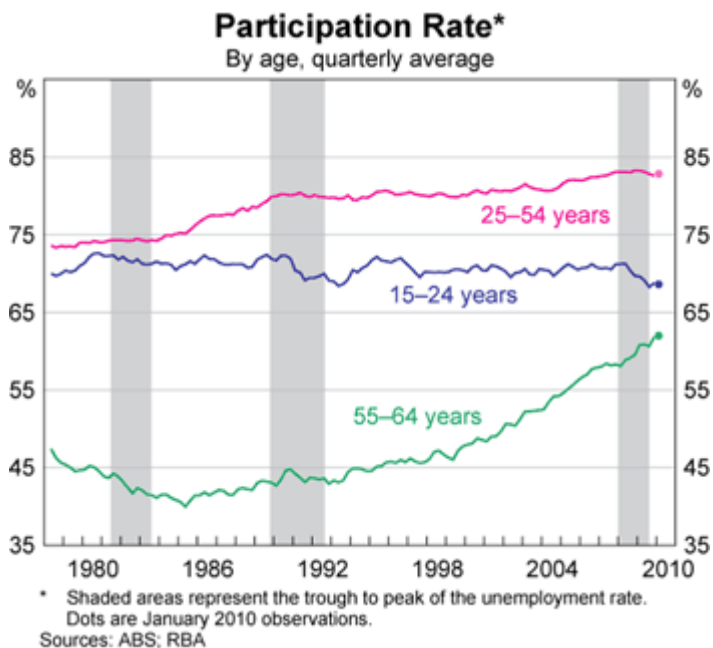
The global financial crisis of 2008-2009 had a direct impact on the labour force in Australia with overall unemployment rates rising sharply from 4.1% to 5.8% [47, 50]. There have been reports that this rate could have been much worse but for employers shy to experience labour market shortages, particularly as they are expecting shortages as the baby boomers begin to retire [50].

Australian Bureau of Statistics (2010) *The labour market during recent economic downturns* [50] reports on how the recent economic downturn impacted on the labour market in terms of unemployment, labour force participation and the share of full-time and part-time jobs. Economic downturns are marked by a significant fall in the proportion of people in full-time employment and a corresponding increase in part-time work, unemployment and people not in the labour force. As men traditionally have higher rates of labour force participation

the effects of economic downturns are more pronounced for them than for women. For the recent downturn, more than half of the decline in full-time work for men was accounted for by a rise in unemployment and only a third by an increase in part-time employment. For women, the situation was completely reversed, with more than half of the fall of full-time employment being accounted for by a rise in part-time employment and unemployment accounting for under a third of the fall in full-time employment. The effect of the downturn has been different across age groups with young people aged 15-24 experiencing the worst outcomes. However, for both men and women aged 55 years and over the proportion employed in full-time or part-time work increased during the period – a continuing trend.

The Reserve Bank of Australia Bulletins (2010) *The Labour Market during the 2008–2009 Downturn* [51] reported that the Australian labour market performed relatively well during the recent economic downturn compared to previous recessions, in particular: the increase in employment was less than expected; declines labour occurred mostly via reductions in hours worked; slower than usual response in unemployment rates to the downturn; and, the decline in labour force participation has been relatively modest. When labour force participation rates were broken down by age, gender and marital status it was shown that two groups actually reported strong outcomes – those aged 55 to 64 years and married women. Explanations for these outcomes include: older workers staying in the workforce longer to make up for shortfalls in expected retirement income; and, previously non-working female spouses entering the labour market in anticipation of rising unemployment having an impact on household income. See Chart 2 for the participation rate by age during the recent economic downturn.

Chart 2. Participation Rate by age, quarterly average [51]



Simmons et al (2001) *Women's Retirement, Work and Life Paths: Changes, Disruptions and Discontinuities* [37] conducts a qualitative interviews with two groups of pre-retirement women. One group of women have received a redundancy package from a University and another group from the community. The purpose of the study was: "to examine the appropriateness of retirement definitions to women's experiences; to examine the impact of workplace redundancies on women's lives; and, to examine whether women prepare for retirement or more generally for balanced lives" (p.58). The researchers found the following challenges faced both groups of women:

Challenge 1: Traditional Employment-Retirement Patterns – the women had discontinuous employment patterns, where they entered, left, re-entered, sometimes re-skilled, changed employment, left the workforce (often when their partner retired).

Challenge 2: Traditional Definitions of Retirement – the women did not see themselves as 'retired' due to the continuation of e.g. household and family responsibilities, volunteering, part-time work, education, family caring.

Challenge 3: Financial Security – identified as a key factor in the decision making about staying or leaving the workforce.

Challenge 4: The Pursuit of Social Involvement: Making a Social Contribution – for the women in this study, social contribution was sought not only in paid work but in a diverse array of social settings.

Challenge 5: Endings and Beginnings and the Pursuit of Self-Interest – the challenge of a new beginning brought with it an orientation towards ‘self’, rather than only social contribution. The women saw retirement as a chance to have a sense of freedom and an opportunity to explore new interests.

Challenge 6: Social Connectedness-Support and Friendships with Other Women – the women expressed a desire to have a balanced life and considered friendships a high priority in order to maintain this balance.

Dann et al (2006) *Women, Work and Retirement in Australia* [38] investigated the retirement income of 453 women aged 50 to 69 years as they prepare to leave the workforce. The data reported was part of a larger study conducted by the National Seniors Productive Ageing Centre investigating late career labour force participation and retirement intentions of Australians aged over 50. The major finding of the study was the strong inverse relationship between economic wellbeing and retirement intentions for both men and women. For women this finding was particularly important as in both pre and post retirement they earned significantly less income on average than men. A comparison of income findings by gender is shown in Table 2.

Table 2. Pre and Post Retirement Income by Gender 2006 [38]

	Pre-retirement		Post-retirement	
	Male (%)	Female (%)	Male (%)	Female (%)
0 - \$10,000	0.0	0.0	7.3	14.3
\$10,001- \$25,000	2.7	13.4	24.3	38.0
\$25,001- \$40,000	17.8	38.2	35.4	25.7
\$40,001- \$55,000	28.8	29.3	20.4	13.5
\$55,001- \$70,000	23.3	13.4	6.8	3.7
\$70,001 +	27.4	5.7	5.8	4.9

Lower levels of income for women were found to be associated with lower levels of labour force participation over time and reliance on single sources of income. The authors explain the broken patterns of labour force participation in terms of past public policies such as the ‘marriage bar’ on public sector employment only ceasing nationally in 1966 and the late introduction of compulsory superannuation. Child rearing commitments have also impacted on women’s ability for career development.

The baby boom generation which is currently the focus of much of the ageing debate has generally followed this pattern of full time work – child rearing – disengagement from the labour force/part time work/marginal attachment – full time work/disengagement from the labour force (p.4)

The authors conclude that as lifetime earnings are the strongest indicator for a financially secure retirement, historical factors have made the current cohort of older women in Australia particularly vulnerable financially as they enter retirement.

Austen (2006) *Employment Transitions by Mid Life Australian Women* [52] constructs labour force histories for 799 women aged 40 to 58 years to analyse the employment transitions of mid-life Australian women. The paper focuses on the role of workplace characteristics (e.g. availability of leave) and the impact of personal characteristics (e.g. caring roles and health) on women's continued employment and workforce re-entry. Data for the analysis was collected during three phases of the Negotiating the Life Course Survey (NLCS) survey, a longitudinal study conducted by the Australian National University. The survey commenced in 1997 and had follow up surveys in 2000 and 2003. Key findings of the current study include:

- *The provision of additional leave benefits to workers substantially increases the chances of retention of mid life women in employment in mid life*
- *Employed women engaged in unpaid caring for elderly or disabled people are more likely than other women to exit paid employment*
- *Good health tends to facilitate employment transitions of mid life women*
- *Many mid life women coordinate their employment activities with the needs and interests of their partners. (p.21-22)*

Everingham et al (2007) *Transforming retirement: Re-thinking models of retirement to accommodate the experiences of women* [39] conducted a qualitative study to investigate the shift in attitudes towards work and retirement for Australian women and how these attitudes fit with the 'transitional' model of retirement being encouraged by the Australian government. Individual interviews and focus groups were conducted with two cohorts of women aged 53 to 58 and 65 to 70. Respondents were asked to talk about their family and work history as well as their plans and experiences of retirement. Analysis of the interview and focus group transcripts enabled the researchers to develop three new models of retirement which accommodated the diverse experiences of the women: the gateway model, which describes the traditional model of retirement being at the end of a working life; the transitional model which accommodates more flexible work practices; and, the transformative model which includes paid work but with a change to the type or nature of work being conducted (for example new business ventures or engaging in more meaningful work after completing further study). The major difference between the two age groups

interviewed was that the older age group looked forward to retirement as “the time of their lives” (p.519) whereas the younger age group had more fear and uncertainty about their retirement, particularly those who were divorced and/or were single mothers. The shift in attitudes and experiences between the age groups has important implications for future policy around pensions and addressing barriers to mature age employment, as some older women will need to extend their working lives for financial reasons.

Ong et al (2009) Self-provision in retirement: Quantitative evidence on older Australians’ expectations and experiences [41] explores the factors which correlate with the expectations and experiences of self-provision in retirement. The paper compares a group of prospective retirees (N=2476) with a comparable group who have already retired (N=2299). Analysis is based on data from two waves of the Household, Income and Labour Dynamics in Australia (HILDA) survey. The key results of the research include:

- *Prospective retirees are more likely to expect to be primarily self-funded in retirement if they possess high educational qualifications, a stable employment history and healthy levels of superannuation, housing equity or other assets.*
- *The presence of dependent children, disabilities and residence outside major cities do not affect prospective retirees’ expectations of being primarily self-funded in retirement, but these factors do negatively impact on actual self-provision in retirement.*
- *Older women who have undergone marital dissolution are significantly more likely to expect to be welfare-reliant than other marital groups. Policies need to focus on increasing opportunities for women to return to work after child-bearing in order to alleviate the extent of welfare reliance among women in old age.*
- *Retirement choice is a significant predictor of self-provision in retirement. Policies and programs that promote retirement choice will mitigate the negative impacts of forced retirement on self-provision during old age. (p.26-27)*

The baby boomers

Australian baby boomers (born 1946 to 1965) are currently aged between 45 and 64 years of age. The ageing of this large cohort, an estimated 5.5 million people, will impact significantly on the demographics of Australian society and will drive policy change in areas of retirement income, health costs and aged care [45]. Understanding the retirement expectations and plans of this cohort, particularly the baby boomer women, is of relevance to the current review.

Quine et al (2006) *Australian baby boomers' expectations and plans for their old age* [45] conducted a review of Australian (peer reviewed and grey) literature of the expectations and plans of baby boomers for their old age. The review focussed on the areas of health, housing, work and income, and responsibility. The results of the review showed that there is little empirical research being conducted on baby boomers' expectations of their health care needs, their future housing, their financial plans or who should take responsibility for these areas. There is however much in print regarding opinions about baby boomers and assumptions about their characteristics and plans for the future. For example there is substantial literature around the economic implications of the boomers ageing, using economic and demographic modelling, "with outcomes varying from catastrophic to optimistic depending on the models used" (p.5) but there is little literature about the baby boomers expectations and plans for their financial future. The authors conclude that if policies are to be effective, this gap in the research needs to be filled.

Quine et al (2006) *Understanding baby boomers' expectations and plans for their retirement: findings from a qualitative study* [44] completed a cross-sectional qualitative study to explore baby boomers' expectations and plans for their retirement. The aim of the study was to gain an understanding of retirement expectations and plans and whether these plans differed by socioeconomic or other demographic factors. Twelve focus groups were conducted with 78 persons aged 49 to 58 years (41 women). The key findings from the research were: many baby boomers had not planned for their retirement and old age; low SES baby boomers are less likely to have made plans; and, low SES baby boomers will rely on the Government to provide retirement income (as they have not had time to accrue sufficient superannuation). The authors conclude that those baby boomers from low SES

backgrounds who have had less opportunity and time to plan financially for their retirement are likely to pose the greatest demand on government resources in the future.

Merkes et al (2003) *Women of the baby boom generation and unpaid work – What are the indications for the future?* [43] analysed survey data (N=1,359) and focus group data of women baby boomers to investigate whether they will continue to provide the same level of unpaid community work when they reach age 65 as their predecessors, an older cohort of women (N=1706). The survey data findings showed that when hours of paid work were controlled, the baby boomer women were equally as likely as older women to be providing unpaid community work and the focus group data suggests that they intend to continue this work after age 65. In addition, twice as many women who are not currently volunteers intend to do community work after age 65. The authors conclude that such work needs to be acknowledged, encouraged and supported to a greater extent than it is currently.

Xiaodong (2010) *Treasury Working Paper - The Added Worker Effect and the Discouraged Worker Effect for Married Women in Australia* [47]. This report investigates how couple households respond to the income shock of one partner losing their job. Using data from seven waves of the Household, Income and Labour Dynamics in Australia (HILDA) Surveys, women's labour force activities are analysed for the periods before and after their partner's job losses. Participants were aged between 22 and 59 years and consisted of 18,448 observations with approximately 2,500 to 3,000 married women in each wave. The 'added worker affect' (the labour supply responses of women to their partner's job losses) and the 'discouraged worker effect' (workers withdrawing from the labour force because of failed searches) were investigated for the married women in the sample. The report abstract provides the following summary of the findings:

By estimating fixed effects labour supply equations using the first seven waves of data from the HILDA Survey, we find a significant added worker effect in terms of increased full time employment and working hours. The findings also suggest that it is harder for the female partners of males who have recently lost jobs to enter the labour market than for those already working to increase their working hours to compensate for lost income incurred by their partners' job loss. We also find the effect to be persistent in that, one year after the partners' job loss, more of those

women would still like to work longer hours than they actually were. By investigating the relationship between self-assessed job-finding probability on job-seekers' subsequent labour force participation, and by studying the relationship between labour force participation of all married women and the regional unemployment rate, we also find a substantial discouraged worker effect. (p. ii)

Warner-Smith et al (2008) Women's Experiences of Paid Work and Planning for Retirement

[48] produced a report for the Office of Women, Department of Families, Community Service and Indigenous Affairs using data from the Australian Longitudinal Study on Women's Health (ALSWH). A copy of the full Executive Summary which includes the major findings is attached at Appendix A. The conclusions from the Executive Summary are as follows:

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.
(p.v)

Onyx et al (2006) Retirement expectations: gender differences and partner effects in an Australian employer-funded sample [42] analysed questionnaires from 205 public sector employees (82 women) approaching retirement age to analyse gender differences in retirement plans. The results, whilst not generalisable to all retired people showed that although both men and women had similar reasons for retiring (e.g. more time to themselves, family responsibilities) there were gender differences found. Women generally had more positive plans for retirement than men (e.g. education, creative pursuits) and were more likely to want to blend voluntary and paid work. The authors conclude that in this cohort of professional and semi-professional women a new 'story line' for retirement is being constructed.

Warren et al (2006) Aspects of Retirement for Older Women [49]. This report compares key characteristics of retirement for men and women. The report looks at reasons for retirement, transitions to retirement, life satisfaction, the effects on retirement of having a spouse or partner and financial security. The study is based on data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The key findings outlined in the report's accompanying fact sheet are attached at Appendix A. The report conclusions are as follows:

The HILDA survey data indicates that there are differences in men's and women's reasons for retirement. While health is the most common reason men and women gave for retiring completely, it was more common for women to say they retired for family and lifestyle reasons, and men more commonly gave job related or financial reasons. Around 60% of fully and partly retired women said that retiring was something they wanted to do. For women and men who were fully retired, the proportion who felt they were pushed or forced to retire declined with age. For women, pressure to fully retire most commonly came from their doctor or their employer, but women experienced more pressure from their spouse or partner than men did. Over 20% of women who reported feeling pressure to retire said that at least some of that pressure had come from their spouse or partner.

Retirement is a happy period of life for most retirees, with average life satisfaction increasing with age. Regression analysis shows that good general health and mental health have a positive impact on life satisfaction in retirement for both men and women, as does living in an outer regional area. Being pressured to retire had a negative impact on life satisfaction in retirement. Women who were separated, divorced or never married had lower levels of life satisfaction than women with partners, while being widowed did not have a significant impact. For men, being single, or having a partner who was still employed had a negative impact on life satisfaction in retirement.

Compared to partnered women, single women were less likely to say that they enjoyed being retired, and, while single retirees got together with family and friends more often than retirees with partners, they were also more likely than partnered retirees to report feelings of loneliness. At present, a high proportion of retirees have limited capacity for self funding in retirement. Single person households, and particularly single women, have the lowest capacity for self funding in retirement. With the maturation of the superannuation guarantee and the superannuation cocontribution scheme, superannuation balances are expected to increase substantially over the next two decades, but there is still the danger that people who have had periods of career interruption will not be able to accumulate adequate savings for comfortable lifestyle in retirement. (p.47)

Work and Retirement

Key points

- *The proportion of men and women aged 55 years and over who are employed full-time or part-time has risen steadily over the last 20 years and continued to rise during the recent economic downturn*
- *Workforce participation rates for women aged 55 to 64 have risen 19 percentage points since 1997*
- *Pre and post retirement income is significantly lower for women than men*
- *Married women increase their labour force participation in response to their partner's job losses – known as the 'added worker affect'*
- *Women's care-giving roles reduce their participation in the labour force but women with fewer work commitments are more likely to take on caring roles*
- *Australians, on average, can expect to spend upwards of 20 years in retirement*
- *Many women are underprepared financially for retirement, particularly those who are separated or divorced*
- *Women aged 53-58 have more fear and uncertainty about their retirement years than an older cohort, particularly those women who are divorced and/or single mothers*
- *Women's multiple roles mean that 'retirement' has a different meaning to them than men. New models of retirement may have to be developed for women.*

Gaps

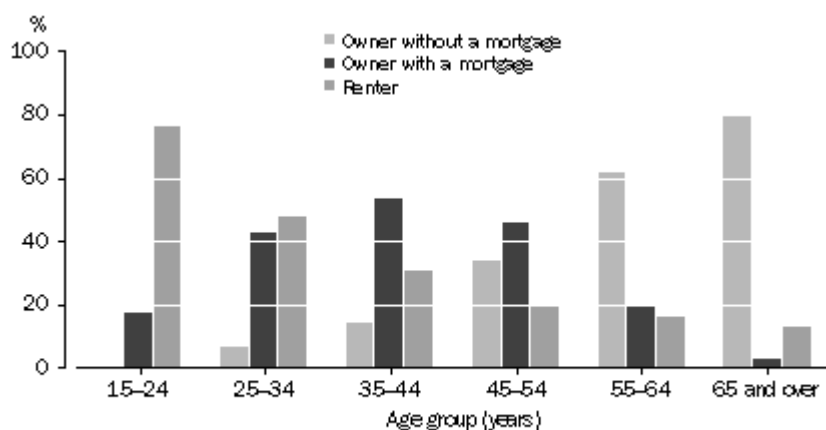
- *Baby boomers' expectations and plans for of their future health care needs, their future housing, their financial plans and who should take responsibility for these areas needs further investigation*

Housing

There were **three** studies identified in the search which investigated housing and its impact on older women in Australia [53-55]. Details of the studies are discussed below. In addition to the published research identified in the search one Government publication from the Australian Bureau of Statistics was included to provide context and background to the subject [56].

Australian Bureau of Statistics (ABS) (2005) *Housing Arrangements: Housing for Older Australians* [56] from the Australian Social Trends series, provides an overview of household tenure in Australia using data from the most recent Survey of Income and Housing. The survey found that in Australia, over eighty percent (83%) of older Australians (those 65 years+) own their own homes. A further 13% rent through either a state or territory housing authority or through a private landlords, community groups or other source such as caravan parks. The remaining group, around 6% to 7% of the older population are residents of nursing homes or aged care facilities. Those over 65 who are renting privately are most likely to be receiving Commonwealth Rent Assistance to subsidise housing costs. Chart 4 depicts household tenure type across all ages.

Chart 4. ABS Households tenure by age of reference person 2002-03 [56]



Source: ABS 2002-03 Survey of Income and Housing.

Chart 4 demonstrates that there is a steady increase in outright home ownership with age with mortgages almost disappearing over the period from age 45 to 65 and over.

Household composition for older persons is primarily made up of lone person (44%) and couple only households (40%). Significantly, close to three quarters of the lone person households comprise women living alone, reflecting higher widow rates for women in Australia in persons over 65 years (45% of all women compared to 14% of all men), constituting 80% of all widowed persons over 65 years.

Temple et al (2008) *Correlates of housing affordability stress among older Australians* [53] conducted a study of the prevalence and correlates of 'housing affordability stress' on older Australians living in the community. Using data from the 2002 ABS General Social Survey, the research used a unique self-reported variable which asked the householder if they could afford their housing and utility costs. The results showed that approximately 5 per cent of Australians aged 55 years and over are experiencing this type of income stress, compared to approximately 20 per cent of those under 55 years. The most vulnerable groups were those who live alone and those on low incomes who have debt and no assets.

Housing affordability is traditionally measured as the percentage of household income taken up to provide housing. Although there is debate over the percentage of income that is acceptable to spend on housing (ranging from 25 to 50% of household budget) it is generally agreed that affordability stress occurs when the consumer cannot maintain a socially acceptable standard of housing whilst meeting other non-housing costs, such as utility and healthcare costs. Home ownership, higher income and age were all found to decrease affordability stress. The author hypothesises that the positive impact of age may be in part due to the number of concessions available to older Australians, for example pensioner concession cards or commonwealth senior health care cards can reduce the costs of other household expenses.

Shepley et al (2006) *Intergenerational Caring: Current trends in Australian custodial grandparenting* [54] explored the increasing prevalence of Australian households where grandparents are raising grandchildren. In Australia in 2005 there were approximately 22,500 grandparent headed households with children ranging in age from 0-17 in care, up from 12,000 households in 1997. There are a number of reasons for this increasing social trend, including the breakdown of marriages, the death of a parent or parental drug use. There are benefits to both the grandparents and grandchildren in this living arrangement, most particularly that the child continues to be raised by family, however the authors

identified that grandparent can experience negative legal and financial consequences which can impact on health, housing and safety. For a number of reasons, including family situation and varying state legislation, grandparent carers are often not recognised as the legal guardians and therefore there can be financial implications through lack of access to non means tested carer allowances. Many grandparent led families have low incomes or rely solely on government pensions for income, making it difficult to cover the costs of raising children. The authors conclude that public policy reform is required in this area to prevent adverse affects on grandparents who care for their grandchildren.

McCallum et al (2005) *Patterns and Predictors of Nursing Home Placement over 14 Years: Dubbo Study of Elderly Australians* [55] presented results from a longitudinal study which follows an aged cohort from Dubbo, New South Wales and investigates the pattern and predictors of nursing home placement. The study sample was 1233 men and women aged 60 and over who were living in the community and free from cognitive impairment at the baseline assessment. Fourteen years after enrolment 7.7% of men and 9.5% of women were placed in nursing homes. The principal diagnosis for placement was dementia (44%), stroke (16%) and coronary heart disease (14%). Risk factors included age, urinary incontinence, impaired peak expiratory flow, physical disability and depression. The likelihood of placement was significantly reduced by alcohol intake and female gender. The authors acknowledge that a weakness of the study is that it analysed baseline characteristics which may have different impact on nursing home placement than follow-up characteristics. However, some of the risk factors identified can be targeted in prevention programs.

Housing

Key points

- *More than 70% of all Australians aged 55 and older live in a home which is owned outright*
- *Approximately 5% of Australians aged 55 and older suffer 'housing affordability' stress*
- *Home ownership is the strongest safeguard against 'housing affordability' stress*
- *Groups vulnerable to affordability stress include those who live alone and those on low incomes with debt and no assets*
- *Concession cards assist older Australians to meet their household budget*
- *Three quarters of lone households comprise women living alone*
- *There is an increasing trend for grandparent led households to raise children*
- *Predictors of nursing home placement can be targeted with suitable prevention programs*

Gaps

- *Can affordable housing models with access to services be improved for the increasing numbers of women living alone?*
- *Do decisions to relocate in retirement have negative consequences for access to familiar and appropriate health services and for social connectedness, including to family?*

Household income

The search term methodology selected for this review did not return any published literature which specifically addressed household income for women aged 55 to 70 years in the Australian context. However, three government reports were identified as relevant to the review [57-59].

The Australian Bureau of Statistics (ABS) Household Income and Income Distribution, Australia, 2007-08 [57] provides a summary of household income and income distribution from data collected in the Survey of Income and Housing (SIH) 2007-08. The paper provides estimates of household disposable income and includes income from employment, business, investments, workers' compensation, superannuation and, government pensions and allowances.

Household characteristics (number of people in the household and the ages of occupants) impact on household income levels. Middle and high income households represent households where wages are the primary source of income (PSI). Lower income households are dominated by those whose PSI is a government pension or allowance. The lowest income households also have the highest percentage of full home ownership – reflecting the higher number of aged people living in these households.

Some key results from the SIH survey reported by the ABS are:

- *for households with middle and high income levels in 2007-08, wages and salaries were the principal source of income, while for low income households government pensions and allowances were the principal income source*
- *middle income households contained more people on average than both low and high income households, but contained fewer employed persons than high income households (1.6 compared to 1.9)*
- *low income households (i.e. those people with household income in the second and third deciles) had on average 0.7 employed persons*
- *people living in households where the reference person was aged 65 and over had the lowest mean incomes per week \$561 in 2007-08*

- *people aged 65 and over who were living alone were more likely than couples where the reference person was aged 65 and over to have government pensions and allowances as their principal source of income (76% compared to 65%)*
- *people aged 65 and over who were living alone were less likely than older couples to own their own home without a mortgage (69% compared to 86%)*
- *average equivalised disposable household incomes in the capital cities in Australia were 25% above those outside the capital cities*
- *average equivalised disposable household incomes in the Australian Capital Territory (\$1,026), in the not very remote parts of the Northern Territory (\$877), Western Australia (\$860) and were above the national average (\$811)*
- *average equivalised disposable household incomes in Tasmania and South Australia were below the national average by 19% and 8% respectively.*

Income levels across the Australian population can reflect the life cycle stage. Table 3 shows the income and household characteristics for those aged from 55 to 64 (couple only) and from to 65 years and over (couple and lone persons).

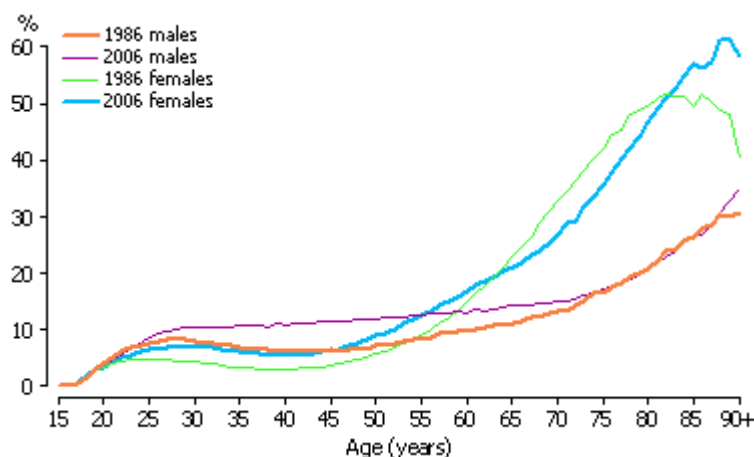
Table 3. Income and household characteristics for selected life cycle groups, 2007-08 [57]

	Number of households	Average number of persons	Average number of employed persons	Average number of dependent children	Proportion with government pensions and allowances as PSI(a)	Mean equivalised disposable household income per week	Proportion owning home without a mortgage
	'000	no.	no.	no.	%	\$	%
Couple only, reference person 55 to 64	552.0	2.0	1.2	-	11.5	907	63.0
Couple only, reference person 65 and over	717.2	2.0	0.2	-	64.5	558	85.6
Lone person 65 and over	737.4	1.0	0.1	-	76.3	434	69.0

People living in households where the reference person was over 65 years of age had the lowest mean incomes, with lone person households having lower incomes than couple households. Lone person households were also more likely to have PSI as government pensions and allowances (76% compared to 65%) and less likely to own their home fully (69% compared to 86%).

Australian Bureau of Statistics *Living Alone* [59] from the Australian Social Trends Series, December 2009 report that lone person households made up of women aged 55 to 70 represent a significant percentage of all lone households in Australia (see Table 4). Women aged 45 to 64 who live alone are: more likely than those women who live with others to have a PSI listed as a government payment (28% compared to 21%); twice as likely to be receiving a disability pension (59% compared to 30%); and, more likely to be suffering financial stress. Women aged 55 and over living alone were less likely to have superannuation cover than those who lived with others (33% to 45%) although for the percentage (33%) that did have coverage the median balance of savings were higher than those who lived with others.

Table 4. People Living Alone (a) [59]

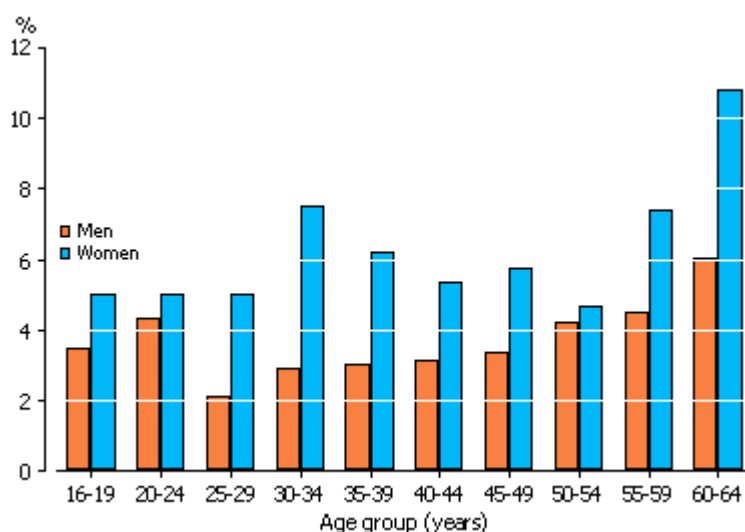


(a) Excludes people living in non-private dwellings and people who were not at home on census night.

Source: ABS Censuses of Population and Housing

Australian Bureau of Statistics *Income support among people of workforce-age* [58] from the Australian Social Trends Series, March 2010 provides details of income support among people of working age. The proportion of Australians aged 15 years and over receiving an income support in 2008 was 27%. The age/sex distribution of income support reflects the increasing incidence of disability with age and women’s childrearing (see Chart 6).

Chart 6. Age/Sex distribution of working age income support recipients(a) – 2007-08 [58]

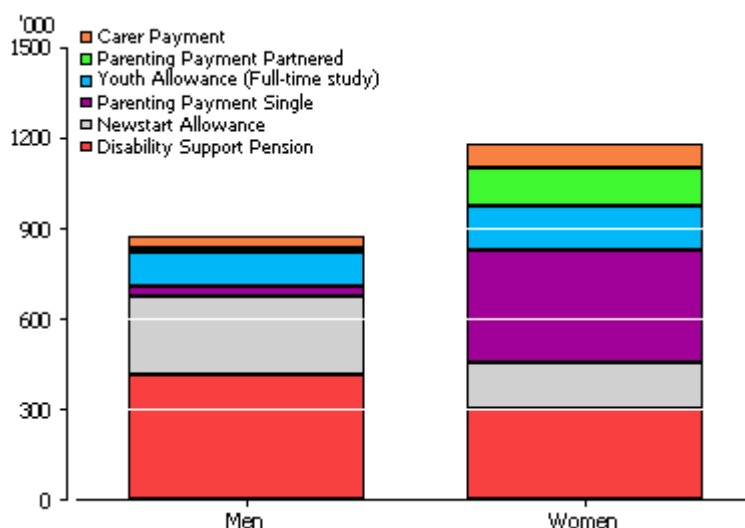


(a) Some income support recipients are excluded from this distribution because of the scope of the survey, and some are excluded because the survey did not determine that they were receiving an income support payment.

Source: ABS 2007-08 Survey of Income and Housing

Women represent nearly two-thirds of all working age income support recipients, however men are more likely to receive some payments (e.g. Newstart, Disability support) and women are more likely to receive others (e.g. Widow pensions, Carer payment, Parenting payment) (see Chart 7).

Chart 7. Recipients of selected income support payments – June 2007 [58]



Source: Harmer, J 2008 [Australia's future tax system: Pension Review Background Paper](#)

Government policies to maximise workforce participation and improved labour market conditions can help keep rates of income support lower for working age people. Changes in eligibility can also impact, for example the increasing qualifying age of the aged pension – for women increasing from 63 to 65 by 2013 and to 67 for both men and women by 2023. In addition the Henry Review of the taxation system has made recommendations for reform which may impact on working age income support payments.

Household Income

Key points

- *People living in households where the reference person is aged 65 and over have the lowest mean incomes but the highest full home ownership rates*
- *Lone person households rely on government pensions more than couples (76% compared to 65%)*
- *A significant percentage (75%) of lone person households are headed by women*
- *Lone person households have lower incomes than couple households and are less likely than couple households to fully own their home*
- *Women represent nearly two-thirds of all working age income support recipients*
- *Financial security is a key factor for women in deciding to withdraw from the workforce*

Gaps

- *Financial security of female partners of DVA clients who divorce*
- *Baby boomers' expectations and plans for their financial future*

Military or veteran

There were **three** studies identified in the search which specifically investigated health issues for women aged 55 to 70 in the military or veterans context [60-62]. All three studies are set in the USA but were not excluded because of their potential relevance to the review. Details of these studies are discussed below.

Calhoun et al (2001) *The relationship between hostility and behavioral risk factors for poor health in women veterans* [60] investigates the relationship between hostility and behavioural risk factors for poor health in 409 women veterans aged 35 to 81 years. The women were all patients of a large VA medical centre in North Carolina. Hostility scores were measured using a modified version of the Cook-Medley hostility scale. Results showed that, after accounting for demographic factors, self-reported hostility was significantly associated with current tobacco use, high levels of caffeine use and the amount of alcohol consumed in the previous week. The authors conclude that the research supports the hypothesis that hostility may predispose individuals to poor health due to its impact on health risk behaviours. The cross-sectional design of the study meant that the causal relationship between hostility and risky health behaviours is unclear.

Frayne et al (2006) *Health status among 28,000 women veterans: The VA women's health program evaluation project* [61] characterise the health status of 28,000 women veterans to compare their health status to that of male veterans. Male veterans are known to have poorer health outcomes than men in the general population so the authors are interested in whether women veterans reflect the same poor health status. The authors were also interested in the impact of social support on health status. The study participants were patients receiving Veterans Health Administration (VA) care. Three age cohorts were included (18 to 44, 45 to 64, and ≥ 65 years). Results showed that across all ages physical and mental health scores were clinically comparable in men and women, except for those over 65 years where women scored better on the mental health scores. When mean scores of the women veterans were compared to mean scores in the general population, this cohort had significantly worse scores of every domain of physical and mental health.

It is unclear why women veterans should experience such poor health outcomes. It may be that VA patients are sicker than other women veterans, or it may be related to military service itself or due to high risk behaviours such as smoking or substance use started when in the military and continuing post service. Poor health may reflect the low levels of social support found which are known to be associated with poorer health outcomes. The women in the sample: had lower levels of social support than the men; were more likely to be unmarried; less likely to have someone to take them to the doctor if unwell; and, for women over 45 were more likely than men to live alone. The authors conclude that VA support services for women need to take into account the large subgroup of women with low levels of social support.

Kress et al (2006) *Status of U.S. Military Retirees and Their Spouses Toward Achieving Healthy People 2010 Objectives* [62] looks at the health status of U.S. military retirees and their spouses (aged 38 to 64 years) as compared to the objectives of 'Healthy People 2010', a comprehensive, nationwide health promotion and disease prevention scheme. Eighteen thousand eligible retirees and their spouses were invited to participate and after eliminating incomplete surveys and those people over 65 years of age there was a effective response rate of 33.6% (N=6043). Objectives assessed in the survey included: healthy weight; fruit, grain and vegetable consumption; physical activity; alcohol consumption; and tobacco use. Analysis of the survey results showed that the sample had not met any of the healthy lifestyle targets. Analysis of socio-demographic characteristics showed there were several associations between these characteristics and failure to meet some objectives. High risk groups include men, those with less than college degree education and those who report less than excellent health status. Future research into characteristics of health risk behaviours and poor health promotion behaviours is recommended by the authors.

Military or Veteran

Key Points

- *Emerging pattern of poor health and unhealthy lifestyle choices for female veterans*
- *Female veterans who rate high on 'hostility' scores engage in risky health behaviours*
- *Female veterans may have the same poor health outcomes as male veterans*
- *Military retirees and their spouses rate poorly on measures of healthy lifestyles*

Gaps

- *Research in Australia*
- *Do women veterans score higher on 'hostility' scales than women in the general population?*
- *What is the impact on health of being a veteran's carer*
- *Women 55-70 caring for elderly fathers or mothers who are Gold Card holders (WWII veterans)*
- *Limited information on health service use and access of relevance to DVA clients*

Widowhood

There were **two** studies addressing the issue of widowhood returned from the search terms utilised for this review [63, 64]. In addition, two studies relating to widowhood were identified from a manual search of the Women’s Health Australia (WHA) list of publications from 1999 onwards [65, 66]. The women in the sample were aged 70 to 75 years at the time of the initial survey contact, nevertheless the work was included in this review as the topic of widowhood was identified as a central issue to the DVA groups of interest. Two further articles about widowhood in Australia were discovered and included in the review; one from a Google search [67], and another during a routine visit to a library data base [68]. A government report was included to provide contextual background [69].

Introduction

The Australian Bureau of Statistics (ABS) Lifetime Marriage and Divorce [69] from the Australian Social Trends series, tells us that in 2001 there were more women than men in the widowed population, with 24 widowed males per 100 widowed females. The ABS report provides the following in its summary of widowhood:

The average duration that men could expect to spend in widowhood was 9 years for men becoming widowed in both 1985–1987 and 2000–2002. Over the same period there was a slight decrease in the expected years of life spent in widowhood for women, from 16 years to 15 years. The increasing age at widowhood may have contributed to this decrease.

Widowhood currently occurs at an older age than in the past. According to the nuptiality tables, the median age of men entering widowhood was 78 years in 2000–2002, compared with 74 in 1985–1987. For women in 2000–2002, the median age of widowhood was 75 years, six years older than in 1985–1987 (69 years).

For couples marrying in 1985–1987, the probability of a marriage ending due to the death of the husband was 48%; by 2000–2002 this had decreased to 45%. Over the same period the probability of a marriage ending due to the death of the wife also decreased, although to a lesser extent – from 21% to 20%.

The higher probability that a marriage would end due to the death of the husband relative to the death of the wife can partly be attributed to the age difference between husband and wife at marriage, and the longer life expectancy of women. There is an increasing tendency among widowed persons not to remarry after the end of marriage. This could be related to the relatively older age of widowhood, preference to enter into a de facto marriage living arrangement or simply deciding to live alone. (p.3)

Byles et al (2006) *The Lives of Older Widowed Women* [63] and Byles et al (1999) *For richer, for poorer, in sickness and in health: Older widowed women's health, relationships and financial security* [65] present key findings from data collected during phases of the Australian Longitudinal Study on Women's Health (ALSWH). Of the over 12,000 women aged 70-75 years who completed the first ALSWH survey, 34.5% reported their marital status as widowed. These women were followed up for closer analysis of the experiences of widowhood, including the health, financial and social impacts.

Cross-sectional quantitative analysis of the data found that the most recently widowed women (widowed in previous 12 months) had the worst health outcomes, scoring lower on physical and mental health outcomes than married women of the same age. However, these women were not shown to have any greater use of health care services. Consistent with other research, poorer health outcomes were not statistically significant compared to married women after being widowed for greater than 12 months.

Women widowed for less than twelve months were also more likely to experience financial strain and problems dealing with financial matters as compared to married women. In some instances, the financial strain of reverting to one pension caused women to have to move to more affordable accommodation. The importance of social interaction and keeping up relationships was identified as an important mechanism for coping with the loss associated with widowhood, particularly in the first twelve months. The authors conclude that although most women are generally resilient in their response to this very stressful time in their lives, policy makers need to take into account the disadvantage faced by widowed women and provide support through service provision to assist them.

O'Rourke et al (2004) *Psychological resilience and the well-being of widowed women* [64] applies the theory of 'psychological resilience' (or hardiness) to analyse how widowed women adapt to their loss. Data was collected from widows in Australia, Canada and America via an internet survey (N=232). The results support the hypothesis that psychological resilience is significantly associated with the well-being of widowed women, over and above other contextual factors (e.g. years married, duration of widowhood) or socio-demographic factors. The results suggest that characteristics of the individual predict post bereavement satisfaction with life scores. The findings support previous research (O'Rourke, 2004) that found *'These women would seem to have reconciled themselves to their loss; widowhood does not appear to define their existence, but stands as a significant life event from which they have moved on'*. (p..276)

Feldman et al (2000) *Is Anybody Listening? The Experiences of Widowhood for Older Australian Women* [66] conducted thematic analysis of qualitative comments provided by some of the 34.5% of women aged 70-75 years who identified themselves as widowed at the first ALSWH survey. Over 700 women provided comments specifically related to their widowhood. The aim of the research was to build on the results of the quantitative analysis (outlined above), specifically impacts on the three dimensions of health, finance and social interaction identified as integral to quality of life. The results provide a wealth of information across the domains and highlighted their interconnectedness. For some, dealing with their own health and the home was stressful "coping with my health, my home, and the area surrounding it is always stressful." (p.164). For others there was a degree of relief from their own stress if they no longer had to care for a sick husband "My husband passed away in March last year after me looking after him twenty-four hours a day for ten years....I was very tired but I am getting much better now." (p.169). Others identified the importance of health care providers, community services, family and friends assisting them through this transition period to widowhood.

Financial insecurity was a common concern with one woman describing, after the shock of losing her husband combined with the results of the early 1990s recession "It was a great shock but I realised that life goes on and who cares if you become nervous and refrain from mixing with friends and become morose so I have made the best of it. Many times I feel I

will never get in front of it all and after the comfortable lifestyle I was used to I have found it very hard to exist on the old age pension.” (p.165)

The comments by the women in this qualitative study demonstrated that widowhood, like many other life stages, is a continuum of experiences, both good and bad. The women were on the whole resilient and forward thinking, even when dealing with the stress and grief that widowhood brought them “life wasn’t meant to be easy, but I find it interesting, challenging and surprising, and worth living a day at a time.” (p.163).

Feldman et al (2002) *The health and social needs of recently widowed older women in Australia* [67] builds on previous analysis of the cross-sectional data of the widowed women aged 70-75 identified in the ALSHW cohort. Eighteen months after the baseline survey, the women were approached to complete a further survey and 340 (79%) returned completed questionnaires. The responses from those who had been widowed for three years or less were analysed and the results are as follows. Over 80 per cent of the women in the sample had cared for a sick husband before he died with the median length of caring being one and a half years. Income sources included pensions (51%), war widow pensions (30%) and superannuation (16%). Most (72%) held a government Pensioner Concession Card, and 38 per cent holding a DVA card which entitled them to full health cover. Over half reported they did not have any form of private health insurance, either because they didn’t need it (e.g. war widows) or because they could not afford it. A sympathetic family GP was considered an important need and many women (30%) were receiving medication to help with bereavement symptoms.

Most women lived alone (76%) in their own home (82%) but a number (19%) had moved since the death of their husband, mostly for financial reasons or to be closer to family. Assistance with home maintenance was identified as an important need for these women.

A large percentage of the women (60%) still drove their own cars and only a small percentage used public transport either because it was inaccessible or impractical (e.g. “can’t climb the step of the bus” (p.136). the other issues which effected the women after the death of their husband included the need for legal advice and the importance of social contact.

The authors conclude that although over time there was evidence that the women's health scores were improved compared to the baseline data – there were many more needs identified other than health including practical support networks and resources.

Cooke (2003) *Australian War Widows: A Case Study to Challenge Public Policy* [68] investigates the broader social context of widowhood by examining the experiences of seven war widows, in particular by comparing the interview data of one 51 year old Vietnam war widow with those of six World War II widows to “challenge a supposed universal relationship” (p.468). Results showed that for the WWII group, their identity as war widows was important to them, however, this was not the case for the Vietnam widow who felt the identity signified dependence. This widow saw herself in a more independent light as she has always worked and supported herself financially, she didn't see herself as primarily a soldier's wife. Further she had mixed feelings about her entitlement to a war widow pension. The author concludes that the identity 'war widow' is not static. Some women who have lost their husbands through war may not consider themselves only as widows and this view needs to be reflected in policy.

Widowhood

Key Points

- *80% of all widowed persons in Australia are women*
- *Recently widowed women have poorer health outcomes than those women who are the same age and married*
- *Widowed women can expect to live, on average, 15 years in widowhood*
- *Widowhood can represent a continuum of experiences, both good and bad*
- *The needs of widowed women go beyond health and include practical and social services*
- *The psychological concept of 'resilience' is positively associated with the wellbeing of widowed women, over and above other contextual factors or socio-demographic factors*
- *Widowhood identity may differ between age cohorts*

Gaps

- *What are the perceptions about and meaning of entitlement in women and widows in the 55-70 years age group, particularly the 'younger' group in this band, in the DVA context?*
- *To what extent do factors contributing to contentment in women in this age group relate to service?*
- *What is the meaning of service (to country, to community, to family) in women in this age group?*
- *More in-depth information is needed on how younger partners of veterans and Gold Card holders and younger war widows perceive themselves and their future needs*

Addressing the Research Questions

The research questions posed for this review provided a challenge for the interpretation of results. The challenge is whether or not to assume that the three groups of interest to DVA; war widows , female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners; and, female SRCA clients, or female ex-serving ADF members who are not DVA clients, or female partners of ex-serving ADF members) will share the same characteristics as the general population and will therefore be influenced by the same factors which inhibit or enhance productive ageing.

A further challenge is that there may well be differences within the 55-70 years age span of the groups of interest. The emerging baby boomers' generation (aged 46-64 in 2010) appears to be quite different in their experiences and future expectations than the older cohort of women. Research from Australia in this review outlines the ways in which the baby boomers differ, including being more fearful of retirement as they feel underprepared financially. Research on widowhood has found there may even be differences in the meaning women from different cohorts place on the widowhood label.

There was no literature which specifically addressed healthy and productive ageing for the three groups of interest, however the review did identify factors in the literature that influence 'healthy ageing' and 'productive ageing' in women aged 55 to 70 years, in the Australian context. The research questions below are answered drawing from this research where possible. This review did not critically review study methodologies and many studies had methodological limitations. Nevertheless, it was possible to identify themes and some specific factors. Synthesis into a cohesive set is more challenging.

1. What factors enhance or limit productive ageing for women in late middle age?

Factors which enhance productive ageing in women aged 55 to 70 include, but are not limited to, good health, physical activity, remaining active in any number of pursuits, incentives to participating in activities, meaningful occupations (not just paid work) and financial security. Factors which inhibit productive ageing include but are not limited to, poor health, barriers to being active or participating in activities, widowhood (particularly the first 12 months) and financial insecurity, including 'housing affordability stress'.

2. How do factors that enhance or limit productive ageing in the identified DVA client groups compare with those for women in the general population?

The factors which enhance or limit productive ageing in the three groups will most certainly include those as for women in the general population, however, as outlined above, it is likely that the three groups may also have experiences and outcomes that may differ from the general population or be unique to the veterans' context.

There was no peer reviewed or grey published literature investigating factors which enhance or limit productive ageing for the three DVA groups of women in the Australian context. This is a gap which needs to be addressed in future research, particularly for the emerging baby boomer generation, who are increasingly being found to differ from their older cohort in plans and importantly, expectations for retirement and ageing. What the review was able to tell us generally about the three groups was:

Group 1 War Widows

- Research on widows in the general population indicates that financial insecurity was a common concern. In some instances, the financial strain of reverting to one pension caused women to have to move to more affordable accommodation. War widows may be in a much better position financially than women in the general population as a War Widow's Pension is neither means-tested nor taxable and can be supplemented by a means-tested Income Support Supplement, currently up to \$202 per fortnight. Together, these are substantially higher than the maximum Age Pension. Entitlement to the Income Support Supplement, as for the DVA Age Service Pension, commences 5 years earlier than the Centrelink Age Pension. Widows can retain their War Widow's Pension and Gold Card if they remarry.
- The importance of social interaction and keeping up relationships was identified as an important mechanism for coping with the loss associated with widowhood, particularly in the first twelve months. It would be interesting to investigate whether War widows may have greater access to social interaction through DVA services and other organisations such as the War Widows Guild.

- Recently widowed women tend to have poorer health outcomes (both physical and psychological) than those women who are the same age and married. War widows, who hold Gold Cards may be much better placed to access health services
- War widows may differ in their self-perceived identity from other widows.

Group 2 female service pensioners, female partners/widows of service pensioners or female partners of disability pensioners (recipients of a pension and/or Pensioner Concession Card from DVA)

- Research from general population shows that sub-groups of carers suffer more psychological stress than others, for example where the person being cared for has a psychiatric illness. This may be an important issue for the partners/carers of Vietnam Veterans.
- Research from women in the general population also found that middle-aged women (55-64 years) found caring more burdensome than women in the older cohort (65-70+ years). It is likely that female partners of veterans in later middle age may also perceive their caring role differently from older women as little is known about this group. Women in later middle age in the community may be caring for elderly veteran fathers or other veteran relatives, which is a caring contribution not readily visible to DVA.
- There is no evidence that carers in rural areas have poorer access to services than those in urban areas, but there are barriers to service utilisation that require in-depth, qualitative data to elucidate.
- Younger women in the 55-70 year age group may perceive themselves and respond differently from older women to future circumstances including widowhood.

Group 3 female Safety, Rehabilitation and Compensation Act 1988 (SRCA) clients, female ex-serving ADF members who are not yet DVA clients, and female partners of ex-serving ADF members (possible future groups)

- Research from overseas, mainly the United States, shows this group (ex-serving members, partners of veterans') experiences poorer health outcomes than the general population. Caution must be taken when considering the impact of this literature on the Australian context.

- This younger DVA group are likely to be most similar to the ‘Baby Boomer’ generation in terms of how they experience ageing and retirement. They are more likely to be underprepared financially for retirement and are more likely to be divorced, separated or single as compared to the older age group.

3. How does housing affordability impact on the well-being of women in these client and pensioner groups?

It is generally agreed that affordability stress occurs when the consumer cannot maintain a socially acceptable standard of housing whilst meeting other non-housing costs, such as utility and healthcare costs. Housing affordability appears to be an issue for only a small percentage of aging Australians, however, it is unclear about the direct impact on women as measures are taken from household surveys. The literature does tell us that it is lone households and those on low incomes who suffer the most housing affordability stress. The majority of lone households are headed by women.

4. How does access to services impact on the well-being of women in these client and pensioner groups?

Group 1 and Group 2

- Research in the general population found socio-economically advantaged women were more likely to use specialist medical, allied health, alternative health and dental services than less advantaged women; at the same time, they were equally likely to visit a GP and are less likely to use hospital-based medical services. It is likely that women with access to DVA Gold Cards will be positioned positively regarding access to services.
- Older carers had difficulty accessing health and community services, regardless of whether they were in urban or rural locations. Further research (probably qualitative) is needed to develop a more complete picture of the resources drawn on by caregivers in two situations – where they have no access to appropriate services or they choose not to use services which are available. We need to understand what

these women want, how they can be supported and how services can be delivered in a manner which caregivers find acceptable.

- Research on elderly (70+ yrs) rural women suggests that as the younger cohort (55-64 yrs) age health services infrastructure will become increasingly important.
- Older women (over 65) less likely to drive and this will impact on access to services.

5. What are the implications of relationship break-up / divorce for the health and well-being of DVA clients, pensioners and service pension partners in late middle age?

The literature shows that a major implication for separated or divorced women is that they may become the heads of lone households, which are known to experience the most financial pressures of any other type of household. Beyond this, the current review was unable to answer this question in more detail. Since Group 1 comprises war widows, this question is not applicable. Women with Gold or White cards or a Disability pension in their own right will retain these on divorce. However, the rate and implications of relationship break-up and divorce for female partners/service pensioners (the second group of interest) and their veteran partners, especially where the veteran partner is in need of significant care, may warrant further in-depth research. The same could apply for female serving and ex-serving members with service-related injuries, illness or care needs (group 3) especially where they are single parents or approaching retirement.

6. What impact is the current (recent) economic downturn having on these women?

The recent economic downturn had a negative impact on workforce participation and unemployment rates across the Australian population, however for the age group of interest workforce participation rates continued to show growth, a trend which has existed for the last couple of decades. Older Australians are staying in the workforce longer as they prepare financially for retirement and women are participating at much higher rates than at other times in history. However, it is likely that the recent downturn did impact on retiree savings/investments of Group 2 and 3.

7. What factors may be associated with improvement in the well-being and quality of life for DVA female gold card holders, veterans and service pension partners in late middle age?

The factors which are associated with the improvement in well-being, quality of life, as well as contentment and satisfaction with life outcomes may require further, in-depth research, however the following research is relevant to Group 1 and Group 2.

Group 1

The majority of research on widowed women in Australia finds that women are on the whole are resilient, however, many placed high importance on the need for more practical assistance such as help with home maintenance, legal advice, transport, more social contact.

- Qualitative research on Australian widows found that, like many other life stages, is a continuum of experiences, both good and bad. The women were on the whole resilient and forward thinking, even when dealing with the stress and grief that widowhood brought them – one quote “life wasn’t meant to be easy, but I find it interesting, challenging and surprising, and worth living a day at a time.”
- Cross-sectional quantitative data analysis found that the most recently widowed women (widowed in previous 12 months) had the worst health outcomes, scoring lower on physical and mental health outcomes than married women of the same age. However, these women were not shown to have any greater use of health care services.

Group 2

- Satisfaction with life measures may vary for younger (55-64 yrs) vs. older women (65-70 yrs) with older women measuring more satisfaction.

Conclusions

In Australia as in other developed countries, multiple factors influence productive and healthy ageing of the population. The needs of the elderly are well documented. The needs

of the population in later middle age are less well studied, although there is literature (largely non-scientific) about the lifestyles and values of 'baby boomers', who comprise the younger component of the 55 to 70 year age group. There have been few studies of Australian women approaching retirement age, for whom traditional concepts of 'retirement' may be inappropriate.

There is a consciousness, promoted by Australian and State Government policies, of the need to promote healthy lifestyles and there is an expectation of ability to achieve and maintain quality of life into (increasingly) older age, with the support of health and community services. Little is documented in the literature about female baby boomers' expectations and plans for their own health and financial security although there is evidence that separation and divorce increase anxiety and decrease financial preparation for retirement. There is some evidence to suggest that later mid-age women's voluntary commitment to caring for others (including partners who may be DVA clients) or to community volunteering is different from that which has been traditional for older women. Providing incentives for caring and volunteering may be important.

Financial and housing security seems to be less problematic for this age group than for younger Australians[53, 56]. There was no evidence in the literature reviewed of negative effects on employment for this age group as a whole from the global financial crisis [70], which is not to say that many women were not individually affected through unemployment or under-employment, or their partners' job losses [47]. There are some current reports which suggest that many age pensioners, including DVA age service pensioners may have lost income and asset value during the GFC.⁵ This may have resulted in increased numbers becoming eligible for a pension or receiving a higher rate of pension, with associated implications for the relevant Commonwealth Departments.

Several key points have emerged from this review. Research conducted in the USA suggests that women in the military and veterans' context (including US VA client spouses) engage in more risky health behaviours and have poorer health outcomes than women in the general population, although the mechanisms are unclear [60-62]. It is credible to hypothesise that Australian women in the veterans' context may also differ from the general population in

⁵ FaHCSIA Annual Report 2008–2009

their health outcomes. However, without a clear understanding of what causes these differences in the international (largely American) context and in the absence of comparable research in the Australian context, it is difficult to test this hypothesis. The very significant differences between the Australian and American military recruitment strategies, operational histories, health systems, social/welfare systems and veterans' affairs entitlements mean there are good arguments for the overseas research being of limited application in the Australian context.

Female partners of veterans in later middle age may perceive their caring role differently from older women – little is known about this group. Women in later middle age in the community may be caring for elderly veteran fathers or other veteran relatives, which is a caring contribution not readily visible to DVA. There is no evidence that carers in rural areas have poorer access to services than those in urban areas (when services are available)[13], but there are barriers to service utilisation that require in-depth, qualitative data to elucidate. War widows may differ in their self-perceived identity from other widows. Younger women in the 55-70 year age group may perceive themselves and respond differently from older women to future circumstances including widowhood.

In-depth information about the values, social commitment, perceptions of entitlement and dimensions of contentment of women in this age group in the DVA context could be useful. Rich, qualitative data would substantially enhance the picture available from statistical reports and cohort surveys. This knowledge is likely to be important in encouraging positive, productive and healthy ageing in partners of veterans as the need arises to face their future alone.

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Appendix A. Major Findings from Government Reports

Women's Experiences of Paid Work and Planning for Retirement

Report to the Office for Women, Department of Families, Community Services and Indigenous Affairs [48] -

Penny Warner-Smith, Jennifer Powers, Andrew Hampson
THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

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, 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 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 any 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.

Aspects of Retirement for Older Women

Australian Government Office for Women [49]

Diana Warren

Melbourne Institute of Applied Economic and Social Research

Key Findings

Transition to retirement

- More people, particularly women, are transitioning to retirement, rather than working full-time and then retiring full-time. This has important implications for superannuation policy and for flexible employment policy.
- There were key differences in men's and women's reasons for retirement. While health was the most common reason both men and women gave, it was more common for women to say they retired for family and lifestyle reasons, and men more commonly gave job related or financial reasons.
- Women generally expect to retire at a younger age than men, and partnered women expect to retire slightly earlier than single women.
- A small proportion of men and women retired due to pressure from their employer or others at work or because they could not find another job. A slightly higher proportion retired because they were made redundant. This has important implications for human resources policy in workplaces, particularly in the face of an ageing workforce.
- More women than men were pressured by their spouse to retire.

Aspects of Life in Retirement

- Compared to women with partners, women who were separated, divorced or never married had lower levels of life satisfaction, while being widowed did not have a significant impact on life satisfaction in retirement.
- For men, having a partner who was still employed had a negative impact on their life satisfaction in retirement.

Financial Circumstances

- On average, single women enter retirement with lower savings than single men and couples are better off than single people.
- In retirement, single women relied most heavily on government pensions, closely followed by single men.
- The difference in men's and women's situations is largely due to the differences in superannuation savings – a result of women's career interruptions due to family responsibilities and lower average wages compared to men.
- Compared to couples and single men, it was more common for single women to say they had to sell their home or move to lower cost accommodation because of their financial circumstances.
- These findings have implications for the sort of financial advice that single women, single men and couples might need.

Appendix B. Details of searches

Description of search levels

1. Women or Female
2. Healthy or productive ageing
3. Other outcomes of interest (housing and community; economic factors; relationship factors; mental health)
4. Limits (1999+, English, abstract)
5. Australian context

Search terms identified in consultation with DVA

'women'

'healthy ageing', 'productive ageing', 'wellness',

'housing', 'access to health services', 'community support', 'retirement', 'economic downturn', 'relationship', 'divorce', 'widowhood', 'mental health/PTSD/depression', 'income support', 'means test', 'disability pension', 'age/service pension', 'concession card', 'caring/carer', 'superannuation', 'participation' and 'workforce'.

'female veterans', 'war widows', 'partners of veterans'

Search terms sorted by broader groups

Women or female

Healthy ageing or productive ageing or wellness

Veterans or serving or military or widows or partners

Housing or access to health services or community support

Retirement or economic downturn or income support or means test or disability pension or age pension or service pension or concession card or superannuation or participation or workforce

Divorce or widowhood or relationship or caring or carer

Mental health or PTSD or depression

Database summaries

PsycINFO (1840- ; updated weekly). PsycINFO provides access to international literature in psychology and related disciplines. The database includes literature from an array of disciplines related to psychology such as psychiatry, education, business, medicine, nursing, pharmacology, law, linguistics, and social work. The sources include professional journals, chapters, books, reports, theses and dissertations, published internationally.

PubMed (1951- ; updated weekly). PubMed, a service of the National Library of Medicine was developed by the National Center for Biotechnology Information. It includes citations for biomedical articles and provides citations and abstracts to biomedical literature including research, clinical practice, administration, policy issues, and healthcare services.

Medline [via Ovid] (from 1950 - ;). Ovid version of Medline. Provides citations and abstracts to biomedical literature including research, clinical practice, administration, policy issues, and healthcare services.

EMBASE.com (1966- ; updated daily). EMBASE.com provides access to biomedical and pharmacological bibliographic records from EMBASE and MEDLINE (produced by the U.S. National Library of Medicine). The database can be searched by field, drug, disease and article. Journal titles can also be browsed.

CINAHL (1982- ; updated weekly). Contains citations with abstracts to articles published in nursing and allied health journals. Also covers relevant materials from biomedicine, management, behavioural sciences, health sciences librarianship, education, and consumer health.

Sociological abstracts (1952- ; updated monthly). Abstracts and indexes literature in sociology and related disciplines in the social and behavioral sciences. Provides abstracts of journal articles and citations to book reviews drawn from over 1,700 journals, as well as abstracts of books, book chapters, dissertations, and conference papers.

Econlit (1969- ; updated monthly) . Econlit provides bibliographic citations, with selected abstracts, to the international literature in economics since 1969. Developed by the American Economic Association, EconLit corresponds to both the Journal of Economic Literature and the Index of Economic Articles, covering journal articles, books, and dissertations, as well as articles in collective works, such as conference proceedings and collected essay volumes. In addition, EconLit licenses records from the Cambridge University Press database, Abstracts of Working Papers in Economics. Since 1994, EconLit has also incorporated the full-text of the Journal of Economic Literature book reviews.

Social services abstracts (1979- ; updated monthly). Social Services Abstracts provides bibliographic coverage of current research focused on social work, human services, and related areas, including social welfare, social policy, and community development. It serials publications and includes abstracts of journal articles and dissertations, and citations to book reviews.

Ageline (1978- ;). Ageline is a source for the literature of social gerontology and includes aging-related content from the health sciences, psychology, sociology, social work, economics, and public policy. It also includes information for professionals working in aging-related fields and for consumers.

Web of Science (varies for each database). Provides access to current and retrospective multidisciplinary information from high impact research journals. Web of Science also provides a unique search method, cited reference.

Google Scholar. A version of Google, which enables users to search specifically for scholarly literature, including peer-reviewed papers, theses, books, preprints, abstracts and technical reports from all broad areas of research.

Summary of results by data base

Medline via OVID

Search #	Search terms	Results
1	(Women or female).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	5395223
2	(Healthy ageing or productive ageing or wellness).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	3043
3	(Veterans or serving or military or widows or partners).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	122333
4	1 and 2 and 3	34
5	1 and 2	1111
6	limit 5 to (abstracts and English language and yr="1999 -Current")	721
7	(housing or access to health services or community support).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	30331
8	6 and 7	6
9	(retirement or economic downturn or income support or means test or disability pension or age pension or service pension or concession card or superannuation or participation or workforce).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	104182
10	6 and 9	100
11	(divorce or widowhood or relationship or caring or carer).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	934825
12	6 and 11	77
13	(mental health or PTSD or depression).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier]	279406
14	6 and 13	100
15	8 or 10 or 12 or 14	251

Sociological Abstracts via CSA

Search #	Search terms	Results
1	(Women or female) and	NA
2	(Healthy ageing or productive ageing or wellness) and/or	NA
3	(Housing or income or relationship)	NA
4	Date range 1999 to 2010	NA
5	Limited to (Journal Article Only and English Only)	141

PsycINFO via CSA

Search #	Search terms	Results
1	(women or female) and ((healthy ageing) or (productive ageing) or wellness) and (housing or income or relationship))	2514
2	(women or female) and ((healthy ageing) or (productive ageing) or wellness) and (veterans or military or widow))	275
3	(women or female) and ((healthy ageing) or (productive ageing) or wellness) and (retirement or pension or widow)	199
4	Limits on 1, 2 & 3: Journal Articles Only; English Only; Publication Type is Journal Article; Language is English; Population is female; Age is Middle Age (40-64 yrs) or Aged (65 yrs & older)	
5	Combine #4 and #5	474

EMBASE

Produced pharmacological or biomedical articles only.

CINAHL via EBSCOhost

Search #	Search terms	Results
1	((women or female)) and ((Healthy ageing or productive ageing or wellness))	301
	Limiters - Abstract Available; Published Date from: 19990101-20100131; English Language; Research Article; Exclude MEDLINE records; Publication Type: Journal Article; Gender: Female; Age Groups: Middle Age, 45-64 years, Aged, 65+ years Expanders - Apply related words Search modes - Boolean/Phrase	84

ECONLIT via EBSCOhost

Search #	Search terms	Results
1	((women or female)) and ((Healthy ageing or productive ageing or wellness))	
2	and (housing or income or relationship) and (australia or america or europe or vietnam)	
	Limiters - Abstract Available; Published Date from: 19990101-20100131; English Language; Research Article; Exclude MEDLINE records; Publication Type: Journal Article; Gender: Female; Age Groups: Middle Age, 45-64 years, Aged, 65+ years Expanders - Apply related words Search modes - Boolean/Phrase	264

Social sciences abstracts via EBSCOhost

Search #	Search terms	Results
1	((women or female)) and ((Healthy ageing or productive ageing or wellness)) and ((housing or income or relationship))	
	Limiters - Abstract Available; Published Date from: 19990101-20100131; English Language; Research Article; Exclude MEDLINE records; Publication Type: Journal Article; Gender: Female; Age Groups: Middle Age, 45-64 years, Aged, 65+ years Expanders - Apply related words Search modes - Boolean/Phrase	123

PubMed

Search #	Search terms	Results
1	((women or female)) and ((Healthy ageing or productive ageing or wellness)) and ((housing or income or relationship)) and ((australia or america or europe or vietnam))	4,000+
2	and (veteran or military or service)	500+
	Limits Activated: only items with abstracts, Humans, Female, Clinical Trial, Editorial, Meta-Analysis, Practice Guideline, Randomized Controlled Trial, Review, English, Core clinical journals, Nursing journals, Middle Aged: 45-64 years, Middle Aged + Aged: 45+ years, Aged: 65+ years, published in the last 10 years Review of titles to assess applicability – all clinical focus	0

Ageline via EBSCOhost

Search #	Search terms	Results
1	(women or female) and (Productive ageing) and (Australia)	2
2	(women or female) and (Healthy ageing) and (Australia)	15
3	(women or female) and (Retirement) and (Australia)	23
4	(women or female) and (Widow) and (Australia)	6
5	(women or female) and (Income support) and (Australia)	3
6	(women or female) and (Carer) and (Australia)	4
7	(women or female) and (Military or Veteran) and (Australia)	1
8	(women or female) and (Housing) and (Australia)	8
9	(women or female) and (Divorce) and (Australia)	0
	Limiters - Abstract Available; Published Date from: 19990101-20100131; English Language; records; Publication Type: Journal Article;	62

National or international data sets of potential interest to DVA

#	Data set/ Project	Description
1	Australian Bureau of Statistics Cat. no. 6523.0.55.001 Household Income and Income Distribution, Australia - Detailed tables. http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6523.0.55.0012005-06?OpenDocument	Contains information on the income and characteristics of households and persons resident in private dwellings in Australia, compiled from the Survey of Income and Housing. The tables provide additional detail to that included in cat. no. 6523.0.
2	United States Department of Veterans' Affairs Health Services Research and Development Service (HSR&D). http://www.hsr.d.research.va.gov/	A detailed listing of the studies included in a women veterans' health research literature review conducted by Goldzweig, C., et al., <i>The state of women veterans' health research</i> . Journal of General Internal Medicine, 2006. 21 : p. 82-92. The list provides a resource for those involved in health care delivery or research of women veterans.
3	Dynamic Analyses to Optimise Ageing (DYNOPTA) project. http://dynopta.anu.edu.au/	The Dynamic Analyses to Optimise Ageing (DYNOPTA) project commenced in May 2007. DYNOPTA is a new innovative multi-disciplinary program that builds on Australia's substantial investment in longitudinal studies of ageing. DYNOPTA draws together data from nine Australian longitudinal studies of ageing with a combined pool of over 50 000 participants. The collective information provided by the studies will be used to identify key incidence rates and risk factors for health outcomes
4.	NATSEM – National Centre for Economic Modelling, University of Canberra http://www.canberra.edu.au/centres/natsem/home	NATSEM is a research centre associated with the University of Canberra that undertakes research and analysis specialising in the use of microdata and microsimulation modelling to address ongoing and emerging research agendas and client demand and contribute to and enhance social, economic and business decision making. The International Microsimulation Conference on Population, Ageing and Health: Modelling Our Future was held in December 2003

Studies included

Ref.	Author and publication year	Title	Type of study/article	Report Subheading
1.	Wicks, A (2006)	<i>Older women's "ways of doing": Strategies for successful ageing</i>	Qualitative Focus Groups	Healthy Ageing and Productive Ageing
2.	Ranzijn, R (2001)	<i>Motivation for productive aging in Australia</i>	Telephone Survey, Primary Study	Healthy Ageing and Productive Ageing
3.	Ranzijn, R. and C. Grbich (2001)	<i>Qualitative aspects of productive ageing</i>	Qualitative Focus Groups	Healthy Ageing and Productive Ageing
4.	Ranzijn, R., J. Harford, and G. Andrews (2002)	<i>Ageing and the economy: costs and benefits</i>	Telephone Survey, Primary Study	Healthy Ageing and Productive Ageing
5.	Peel, N., H. Bartlett, and R. McClure (2004)	<i>Healthy ageing: how is it defined and measured?</i>	Systemic Review	Healthy Ageing and Productive Ageing
6.	Donatti C, Moorfoot L, and Deans D (2005)	<i>Defining Productive Ageing – Engaging Consumers</i>	Discussion Paper	Healthy Ageing and Productive Ageing
7.	Australian Government - The Treasury	<i>The 2010 Intergenerational Report - Chapter 2: Growing the economy - productivity, participation and population</i>	Report	Healthy Ageing and Productive Ageing
8.	Australian Bureau of Statistics (2006)	<i>Mortality trends of people aged 50 years and over</i>	Report	Healthy Ageing and Productive Ageing
9.	Australian Government Department of Health and Ageing	<i>Seniors.gov.au</i>	Website	Healthy Ageing and Productive Ageing
10.	Baker, L. and E. Gringart	<i>Body image and self-esteem in older</i>	Primary Study, Survey	Health

	(2009)	<i>adulthood</i>		
11.	Buyts, L., Roberto, K. A. Miller, E. Blieszner, R. (2008)	<i>Prevalence and predictors of depressive symptoms among rural older Australians and Americans</i>	Primary Study, Survey	Health
12	Lau, R. and C.A. Morse (2008)	<i>Health and wellbeing of older people in Anglo-Australian and Italian-Australian communities</i>	Primary Study, cross-sectional survey data collection	Health
13.	Sheriff, J.N. and L. Chenoweth (2009)	<i>A Proactive Approach to Aging Well for Women Over 45</i>	Two-group, Longitudinal Study	Health
14.	Simons, L.A., et al. (2000)	<i>Healthy ageing is associated with reduced and delayed disability</i>	Longitudinal, community-based Study	Health
15.	Schofield, Bloch, S., Nankervis, J., Murphy, B., Singh, B.S., Herrman, H.E. (2008)	<i>Health and well-being of women family carers: a comparative study with a generic focus</i>	Primary Study, Telephone Survey	Health
16	Brown, W., et al. (1999)	<i>Never too late: older people's perceptions of physical activity</i>	Qualitative Focus Groups	Health
17.	Brown, W., K. Heesch, and Y. Miller (2009)	<i>Life events and changing physical activity patterns in women at different life stages</i>	Cohort Study	Health
18.	Brown, W., R. Hockey, and A. Dobson (2008)	<i>Physical activity, Body Mass Index and health care costs in mid-age Australian women</i>	Cross-Sectional Study	Health
19.	Bryson, L., et al. (2007)	<i>Managing the work-life roller-coaster:</i>	Qualitative Focus Groups	Health

		<i>Private stress or public health issue?</i>		
20.	Korda, R., et al. (2009)	<i>Is inequity undermining Australia's 'universal' health care system? (2009)</i>	Primary Study, Postal Survey	Health
21.	Lee, C. and H. Gramotnev (2007)	<i>Transitions into and out of caregiving: Health and social characteristics of mid-age Australian women.</i>	Cohort study	Health
22.	Lucke, J., et al. (2008)	<i>Few urban–rural differences in older carers' access to community services.</i>	Nested Cross-Sectional Substudy of Australian Longitudinal Study on Women's Health (ALSWH)	Health
23.	Young, A. and A. Dobson (2009)	<i>The decline in bulk-billing and increase in out-of-pocket costs for general practice consultations in rural areas of Australia.</i>	Retrospective Cohort Survey study,	Health
24.	Women's Health Australia (WHA) Website	The Australian Longitudinal Study on Women's Health website	Informational website	Health
25.	Brown WJ, Burton NW, and Heesch KC (2007)	<i>Physical activity and health in mid age and older Australian women</i>	Longitudinal Study	Health
26.	Warburton, J. and D. McLaughlin (2005)	<i>Lots of Little Kindnesses</i>	Qualitative Focus Groups	Activities and community involvement
27.	Warburton, J., J. Paynter, and A. Petriwskyj (2007)	<i>Volunteering as a productive aging activity: Incentives and barriers to volunteering by Australian seniors</i>	Two-Phase Case Study	Activities and community involvement
28.	Warburton, J. and N. Peel (2008)	<i>Volunteering as a productive ageing activity: the association with fall-related hip fracture in later life</i>	Case-Control Study	Activities and community involvement

29.	Russell, C., A. Campbell, and I. Hughes (2008)	<i>Ageing, social capital and the Internet: Findings from an exploratory study of Australian 'silver surfers'</i>	Primary Study, Exploratory-nature Study, Internet Survey	Activities and community involvement
30.	Boulton-Lewis, G.M., et al.	<i>Ageing, learning, and computer technology in Australia</i>	Primary Study, Postal Survey	Activities and community involvement
31.	Ross, L.A., et al. (2009)	<i>Older Drivers in Australia: Trends in Driving Status and Cognitive and Visual Impairment</i>	Pooled study	Activities and community involvement
32.	Unsworth, C.A., et al. (2007)	<i>To continue, modify or relinquish driving: Findings from a longitudinal study of healthy ageing</i>	Longitudinal Study, Interviews (face to face & telephone)	Activities and community involvement
33.	Barnett, K., et al. (2007)	<i>Older women's fears of violence: The need for interventions that enable active ageing</i>	Primary Study, Survey	Activities and community involvement
34.	Quine, S. and S. Morrell (2008)	<i>Perceptions of personal safety among older Australians</i>	Cross-Sectional Study, Telephone survey	Activities and community involvement
35.	Pettigrew, S. and M. Roberts (2008)	<i>Addressing loneliness in later life</i>	Qualitative study, Interview	Activities and community involvement
36.	Simmons, B. and M. Betschild (2001)	<i>Women's retirement, work and life paths: changes, disruptions and discontinuities</i>	Qualitative Study	Work and retirement
37.	Dann S, Drew M, and Drew	<i>Women, Work and Retirement in</i>	Review, Survey	Work and retirement

	J (2006)	<i>Australia</i>		
38.	Everingham, C., P. Warner-Smith, and J. Byles (2007)	<i>Transforming retirement: Re-thinking models of retirement to accommodate the experiences of women</i>	Qualitative Study	Work and retirement
39.	Shacklock, K., L. Fulop, and L. Hort (2007)	<i>Managing older worker exit and re-entry practices: A 'revolving door'?</i>	Qualitative Study, Semi-structured interviews	Work and retirement
40.	Ong, R., (2009)	<i>Self-provision in retirement: Quantitative evidence on older Australians' expectations and experiences</i>	Quantitative study, Survey	Work and retirement
41.	Onyx, J. and E. Baker. (2006)	<i>Retirement expectations: gender differences and partner effects in an Australian employer-funded sample</i>	Quantitative Study, Survey	Work and retirement
42.	Merkes, M. and Y. Wells. (2003)	<i>Women of the baby boom generation and unpaid work—what are the indications for the future</i>	Qualitative Study, Qualitative Focus Groups	Work and retirement
43.	Quine, S., D. Bernard, and H. Kendig. (2006a)	<i>Understanding baby boomers' expectations and plans for their retirement: findings from a qualitative study</i>	Cross- Sectional Qualitative Study, Qualitative Focus Groups	Work and retirement
44.	Quine, S. and S. Carter. (2006b)	<i>Australian baby boomers' expectations and plans for their old age</i>	Review	Work and retirement
45.	Berecki-Gisolf, J., et al., (2008)	<i>Transitions into informal caregiving and out of paid employment of women in their 50s</i>	Qualitative Study	Work and retirement

46.	Xiaodong, G. (2010)	<i>Treasury Working Paper - The Added Worker Effect and the Discouraged Worker Effect for Married Women in Australia</i>	Longitudinal qualitative Study	Work and retirement
47.	Warner-Smith P, Powers J, and Hampson J. (2008)	<i>Women's Experiences of Paid Work and Planning for Retirement 2008</i>	Report	Work and retirement
48.	Warren D (2008)	<i>Aspects of Retirement for Older Women</i>	Report	Work and retirement
49.	Australian Bureau of Statistics (2010)	<i>The labour market during recent economic downturns</i>	Website/Report	Work and retirement
50.	Plumb M, Baker M, and Spence G. (2010)	<i>The Labour Market during the 2008–2009 Downturn. Bulletin – March Quarter 2010</i>	Website Article	Work and retirement
51.	Austen, S (2006)	<i>Employment Transitions by Mid Life Australian Women</i>	Longitudinal Qualitative Survey	Work and retirement
52.	Temple, J.B. (2008)	<i>Correlates of housing affordability stress among older Australians</i>	Qualitative Study	Housing
53.	Shepley J and Dann S. (2006)	<i>Intergenerational Caring: Current trends in Australian custodial grandparenting</i>	Report	Housing
54.	McCallum, J., et al. (2005)	<i>Patterns and Predictors of Nursing Home Placement over 14 Years: Dubbo Study of Elderly Australians</i>	Cohort Study	Housing
55.	Australian Bureau of Statistics (2005)	<i>Housing Arrangements: Housing for Older Australians</i>	Website/Report	Housing

56.	Australian Bureau of Statistics (2007-08)	<i>6523.0 - Household Income and Income Distribution</i>	Website/Report	Household income
57.	Australian Bureau of Statistics (2010)	<i>Income support: Income support among people of workforce-age</i>	Report	Household income
58.	Australian Bureau of Statistics (2009)	<i>Living Alone</i>	Report	Household income
59.	Calhoun, P.S., et al. (2007)	<i>The relationship between hostility and behavioral risk factors for poor health in women veterans</i>	Cross-sectional	Female military or veteran populations
60.	Frayne, S.M., et al. (2006)	<i>Health status among 28,000 women veterans: The VA women's health program evaluation project</i>	Cross-Sectional, Postal Survey	Female military or veteran populations
61.	Kress, A.M., et al. (2006)	<i>Status of U.S. Military Retirees and Their Spouses Toward Achieving Healthy People 2010 Objectives</i>	Cross-sectional analyses with self-reported standardized measures from the U.S. Department of Defense Population Health Survey, 2003.	Female military or veteran populations
62.	Byles, J. and S. Feldman (2006)	<i>The Lives of Older Widowed Women</i>	Cross-sectional survey data from previous study by Australian Longitudinal Study on Women's Health (ALSWH) along with follow up survey for some subjects displaying certain characteristics of interest.	Widowhood
63.	O'Rourke, N. (2004)	<i>Psychological resilience and the well-being of widowed women</i>	Primary Study, Cross-sectional survey data, Online survey over 18 month period	Widowhood
64.	Byles, J., S. Feldman, and G. Mishra (1999)	<i>For richer, for poorer, in sickness and in health</i>	Primary Study	Widowhood
65.	Feldman, S., J. Byles, and R.	<i>Is Anybody Listening?</i>	Baseline Cross-Sectional Study,	Widowhood

	Beaumont (2000)			
66.	Feldman, S., et al. (2008)	<i>The health and social needs of recently widowed older women in Australia</i>	Cross-Sectional Survey	Widowhood
67.	Cooke, M. (2003)	<i>Australian War Widows: A Case Study to Challenge Public Policy</i>	Qualitative Study, Unstructured Interviews	Widowhood
68.	Australian Bureau of Statistics (2007)	<i>Lifetime Marriage and Divorce Trends</i>	Website	Widowhood
69.	Goldzweig, C., et al., (2006)	<i>The state of women veterans' health research</i>	Review	Data bases of interest