Who participates? Socioeconomic Factors Associated with Women's Participation in Voluntary Groups

Katy Osborne, Anna Ziersch and Fran Baum

Abstract

Participation in voluntary groups is potentially an important way to create health promoting social capital. This paper investigates women's participation in voluntary groups, utilising data from a postal survey of 968 female respondents and in-depth interviews with 30 women. Logistic regression was conducted to examine factors associated with frequency of women's group involvement. Not working full time, living in a married relationship, and having a university education were all significantly associated with regular involvement. The qualitative data further illustrated some of the ways in which these three factors were linked with women's involvement in groups. We conclude that women who were able to regularly participate were those who already enjoyed levels of social and economic privilege. Policies to promote social capital via participation might focus on identifying what types of group involvement benefit women's health, and increasing the accessibility of such groups to include diverse groups of women.

Keywords: social capital, health, voluntary group participation, women, socioeconomic differences.

Introduction

Social capital is viewed as having the potential to enhance the health of individuals and communities (Kawachi & Berkman 2000). It has become an important concept in policies designed to tackle health inequalities, and to develop health promoting social environments (Campbell 2000). It has been argued that participation in voluntary groups is an important way of enabling access to social capital, both for individuals and communities (Baum et al. 2000; Putnam 2000). However, research has shown that voluntary participation is undertaken in different ways by men and women, and this has consequences for the types of social capital generated from such participation (Lowndes 2000, 2004). Socioeconomic differences have also been found in rates of voluntary participation (Baum et al. 2000; Caiazza 2005) and individual access to other elements of social capital (Ziersch 2005), though little is known about differences among women.

In this paper, we focus solely on participation in voluntary groups, as a potential source of social capital. We view participation as an important social determinant of health – one that is often hidden but which plays a role in both providing social support which can be health promoting (Lin et al. 1999), and one which can be empowering, offering health benefits by enabling individual control over social and economic circumstances. This can occur through access to social contacts that offer useful information, assistance and resources (Baum 2000; Campbell & Jovchelovitch 2000). This paper examines women's participation in voluntary groups in Adelaide, South Australia, in order to explore key social and economic differences among women in the ways in which they are involved, or not involved, in voluntary groups. Specifically, this paper will focus upon how women's participation is enabled or constrained by individual socioeconomic factors, and the implications of this for health promotion policies.

Social capital, voluntary participation and health

Social capital has most commonly been defined as: 'Connections among individuals – social networks and norms of reciprocity and trust that arise from them' (Putnam 2000). Voluntary participation in community organisations, clubs and societies, is viewed as an important way for individuals to access health-enhancing social capital (Putnam 2000; Kawachi & Berkman 2000). Some studies have shown a positive relationship between participation in voluntary groups and health. For example, membership of voluntary organisations has been associated with lower levels of psychological distress (Rietschlin 1998). Hypppa and Maki (2003) found that voluntary association activity was associated with good self-rated health. Social participation in some types of groups has been associated with lower levels of psychological distress (Ellaway & Macintyre 2007).

Women, social capital and voluntary participation

Research shows that men and women have different patterns of voluntary social and community involvement, and this has implications for how they gain access to social capital and its benefits. Women have higher rates of involvement in childcare-based activities, (such as supporting children's activities in sports and recreational clubs, and organising social networks based on babysitting and childcare) and in health, education and community service organisations (Lowndes 2000; Onyx & Leonard 2000). Women are also more likely to be involved in more 'informal' types of participation, and less involved in formal and civic activities (Healy et al. 2007). These types of activities are

consistent with women's traditional gender roles as mothers and carers within the 'private' sphere of their family and local community (Edwards 2004).

Women's voluntary participation in community activities has been linked with positive health (Boneham & Sixsmith 2006). However, it has been argued that social capital can reinforce gender inequality and disadvantage women. Lowndes (2004) found that women, unlike men, are unable to use their own social capital to 'get ahead' and access useful resources. Furthermore, Molyneux (2002) argues that women's work can be exploited by policies designed to develop social capital, as such policies can be based upon the assumption that women are 'naturally' predisposed to do the work involved, as an extension of their gendered responsibilities in their families and local communities.

Social capital, participation and socioeconomic differences among women

There has been little research looking at socioeconomic differences in social capital among women, and how gender intersects with socioeconomic factors to influence women's access to social capital. More broadly, research has identified that individuals with higher socio-economic status have higher rates of social and civic participation (Baum et al. 2000), and that those with more material resources also have higher access to health enhancing social capital (Ziersch 2005). In relation to women specifically, an Australian study found income and location differences, as women on higher incomes, and women who live in rural/regional areas reported more positive perceptions of social networks available in their local communities than those on lower incomes and in urban areas (Healy et al. 2007). In addition, Caiazza (2005) found that women on higher incomes were more likely to participate in voluntary civic activities than women on lower incomes.

The ways in which women access social capital through voluntary involvement are likely to be influenced by the diverse social, economic and cultural contexts in which they live. This paper looks specifically at women's participation in voluntary groups, and the ways in which their regular involvement is facilitated or restricted by socioeconomic factors. It concludes by considering the potential use of these findings for shaping health and social policies.

Method

This research was conducted in two case study postcode locations, as part of a wider study that investigated social capital and health inequities across socioeconomically contrasting areas in metropolitan Adelaide. The broader study employed a range of data collection methods, details of which can be found elsewhere (Baum et al. 2007). This paper uses data from a postal survey of residents of both areas and qualitative findings from in-depth interviews conducted with women in each location. The postal survey was sent to 3,384 residents in both areas (1,692 in each area) and 1,713 questionnaires were returned, with a response rate of 51 percent.

The postcode areas will be referred to by the names of the local councils within which they are located. The two areas varied socioeconomically: Burnside is an affluent area, whose residents have high income and education levels. By contrast Playford has much higher unemployment, and lower income and education levels. This paper is not considering contextual factors that relate to these particular places, and we do not attempt to attribute differences in participation among women to features of

these two areas. Rather, selecting participants from these areas provided a convenient way to recruit individual women from differing socioeconomic backgrounds, both privileged and disadvantaged. Thus, the focus of this paper is to consider individual level socioeconomic differences in women's participation.

Quantitative method

As part of the wider study (Baum et al. 2007), a postal self-completion questionnaire was sent to individuals in both case study areas. Of the 1713 questionnaires returned, 901 were identified from Burnside and 812 from Playford. Of these, a total of 968 respondents were women: 503 from Burnside and 465 respondents from Playford, and data from these women were analysed in this research.

The postal survey included measures of individual demographic characteristics, social capital and self-reported health. In particular, the questionnaire contained an item that asked whether respondents had participated in the activities of any voluntary social or civic groups on more than one occasion in the last 12 months. This item included a number of categories of groups, for example: sporting/recreation and childcare/parenting-based groups. In addition, the survey included an item that related to how regularly respondents were involved in any of these groups in the previous 12 months. This item was measured on a five point scale: weekly, monthly, occasionally, rarely or never. This item was dichotomised to frequent participation (weekly or monthly) or infrequent participation (occasionally, rarely or never).

Quantitative analysis

Descriptive statistical analysis was undertaken using SPSS to explore how frequently women were involved in groups in each location. In addition, a logistic regression was undertaken to explore social and economic factors associated with women's frequent involvement in groups. Logistic regression is a model used for prediction of the probability of occurrence of an event, in this case frequent participation in voluntary groups, in reference to independent variables such as household income or age.

The regression was performed upon frequency of participation as the dependent variable. For the purposes of the analysis, frequent participation (weekly/monthly) was coded to 1 and infrequent participation (occasionally/rarely/never) was coded to 0. A number of questionnaire items were entered as independent variables into the regression:

Highest level of education achieved: For the regression, this variable was split into three categories: secondary or less, trade/vocational qualifications (including TAFE and trade/business qualifications), and university degree/higher degree. The group secondary or less was used as the reference category.

Weekly equivalised household income: In the survey respondents were asked to indicate their before-tax household income within a number of specified weekly income groups. Data from this item were used to calculate median equivalised household income. Equivalised household income is a measure which takes into account the number of people who live in the household. The median income of each income group was calculated, and equivalised income was obtained using a formula whereby median income is divided by a specific number of points. These points are based upon the

number of individuals over and under the age of 15 who live in the household (Australian Bureau of Statistics 2006).

Weekly equivalised household income was then split into three categories: AU \$0 - \$299.99, \$300 - \$999.99 and \$1000+. It was decided to use \$0 - \$299.99 as the lowest income category, as the Australian Bureau of Statistics (2007: 2) states that the mean weekly equivalised income for low income households is AU \$262. This variable was entered into the regression with \$300 - \$999.99 as the reference category.

Perceptions of financial situation: Respondents were asked how they were managing financially, with responses consisting of: living very comfortably, living quite comfortably, getting by, finding it quite difficult and finding it very difficult. Responses were dichotomised to living comfortably vs. getting by/finding it difficult.

Area: Location of residence, either Burnside or Playford, was entered as a variable into the model.

Age groups: Age groups were split into 3 categories, 18-34, 35-54 and 55+. The age group 35-54 was used as the reference category.

Relationship status: Relationship status was entered into the regression as an independent variable. The questionnaire item consisted of six responses: single/never married, married, divorced, separated not divorced, widowed, defacto/partnered. Due to the large amount of women who identified as married compared to all other categories, this variable was dichotomised to those currently living in married relationship (who identified as 'married') vs. not currently living in married relationship (including all other categories).

Presence of children: Respondents were asked how many children under the age of 15 lived in their household at least some of the time. This was dichotomised and entered into the regression as presence of children under 15 vs. no children under 15.

Employment situation: Respondents were asked to specify their employment situation from a number of categories: working full-time, part-time, self-employed, retired, unemployed, working without pay in family or other business, retired, full-time student, household duties not looking for work, not working due to disability, or 'other – please specify'. All 'other' responses were re-distributed to the main 9 categories. Self-employed respondents were further asked to specify the amount of hours they worked a week. Those self-employed who worked 35 hours a week and over were allocated to the category 'full-time', and those under 35 hours were allocated to part-time.

For the regression, employment situation was coded into five categories: working full-time, working part-time, retired, household duties, and 'other' – which included the remaining categories and those self employed where number of hours were not specified. Working full-time was used as the reference category.

Qualitative method

Accompanying the postal questionnaire was a form which invited respondents to take part in further in-depth interviews if they wished. In-depth interviews were conducted with 15 women in each location who had returned this form. A range of women were

purposefully sampled to obtain variation in income levels (AU\$0-\$299.99, \$300-\$999.99 and \$1000+ per week) and ages (18-34, 35-54 and 55+) within each area (see table 1).

Table 1. Participation level and demographic characteristics of interview participants

Demographic characteristics	Number of participants			
	Total	Burnside	Playford	
Participation level				
Frequent participator (weekly/monthly participation)	17	10	7	
Infrequent participator (infrequent / non participation)	13	5	8	
Age groups				
18 - 34	5	2	3	
35 - 54	12	4	8	
55+	13	9	4	
Weekly equivalised household income				
\$0 - \$299	11	2	9	
\$300 - \$999	13	8	5	
\$1000+	6	5	1	

Interview participants consisted of women who, according to the mailed survey responses, were regularly involved in voluntary group activities on a weekly or monthly basis (frequent participators), and women who were less frequently involved, or not involved at all, in any kind of voluntary group activity (infrequent participators). This was to ensure that the interviews could explore a range of women's past and current experiences of involvement, and perceptions of barriers that prevent participation. Levels of participation are displayed in Table 1. For the purposes of the interviews, group participation was defined as any kind of voluntary activity which involved regular social interaction with others for a shared purpose.

Interviews lasted between 1 and 2 hours. Ethics approval was gained from Flinders University to conduct this research. Pseudonyms have been used to preserve the participants' anonymity. The interviews were recorded and subsequently transcribed.

Qualitative analysis

Analysis of the interviews was conducted according to 'Framework Analysis' (Ritchie & Spencer 1994). The analysis progressed through several stages, which involved reading the transcripts and taking notes, identifying a thematic framework, charting, and finally 'mapping and interpretation', which involves identifying key themes, in order to interpret and explain patterns in the data and develop strategies for further research. The data were analysed using Nvivo software.

Results

Quantitative results

The questionnaire data indicated six types of groups that over 10% of all female questionnaire respondents were involved in: sporting/recreation, children/parenting, religious/spiritual, social clubs, craft/hobby and arts/cultural. Table 2 displays the total numbers and percentages of women involved in these groups, and also provides

information regarding participation in these groups according to: area, age groups, highest level of education, equivalised weekly household income, employment situation, perceptions of financial situation, relationship status, and presence of children under 15 in household.

Table 2. Participation of female questionnaire respondents in different types of groups according to sociodemographic variables

	Type of group					
Sociodemographic Variables	Sporting/ recreation	Children/ parenting	Religious/ spiritual	Social clubs	Craft/ hobby	Arts/ cultura
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N
Age groups						
18–34 35-54 55+	41.9 (72) 39.0 (144) 27.8 (116)	22.7 (39) 38.2 (141) 12.9 (54)	14.0 (24) 17.1 (63) 26.8 (112)	14 (24) 10.8 (40) 19.9 (83)	14.3 (21) 14.1 (52) 17.7 (74)	14 (24) 13 (48) 17 (71)
Area						
Burnside Playford	45.3 (228) 22.8 (106)	29.8 (150) 18.7(87)	28.2 (142) 13.3 (62)	14.1 (71) 16.8 (78)	17.5 (88) 12.9 (60)	23.7 (119 5.2 (24
Highest level of education						
Secondary or less Trade / Vocational qualifications University / higher degree	28.2 (149) 37.3 (63) 46.4 (122)	19.5 (103) 23.1 (39) 35.7 (94)	13.8 (73) 23.1 (39) 35 (92)	17 (90) 14.2 (24) 12.9 (34)	12.5 (66) 18.3 (31) 19.4 (51)	8.1 (43) 13.6 (23) 29.3 (77)
Employment situation						
Full-time Part-time Retired Household Duties Other	40.6 (73) 45.3 (105) 25.7 (54) 31.7 (51) 27.9 (39)	18.3 (33) 37.9 (88) 12.1 (27) 34.2 (55) 21.4 (30)	18.3 (33) 22.8 (53) 28.1 (63) 16.8 (27) 15.7 (22)	11.7 (21) 12.9 (30) 20.5 (46) 29 (18) 12.1 (17)	12.8 (23) 13.7 (34) 17.9 (40) 19.9 (32) 11.4 (16)	14.4 (26 17.7 (41 18.3 (41 10.6 (17 11.4 (16
Weekly equivalised household income						
\$0-\$299.99 \$300-\$999.99 \$1000+	25.4 (78) 39.4 (135) 46.8 (80)	20.8 (64) 29.2 (100) 26.3 (45)	15.6 (48) 24.8 (85) 19.9 (34)	15 (46) 16.3 (56) 12.3 (21)	12.7 (39) 17.5 (60) 13.5 (23)	7.2 (22 16.3 (56 27.5 (47
Perceptions of financial situation						
Living comfortably Getting by / finding it difficult	39.1 (190) 30.5 (139)	26.1 (127) 23 (105)	24.9 (121) 17.5 (80)	16.3 (79) 14.9 (68)	16.9 (82) 14 (64)	19.3 (94 10.5 (48
Presence of children under 15						
No children under 15 in household Children under 15 in household	33.2 (191) 36.4 (143)	11.7 (67) 43.3 (170)	22.6 (130) 18.8 (74)	16.7 (96) 13.5 (53)	15.8 (91) 14.5 (57)	17.7 (102 10.4 (41
Relationship status						
In married relationship Not currently in married relationship	37.7 (192) 31.7 (140)	30.6 (156) 17.9 (79)	25.5 (130) 16.1 (71)	15.7 (80) 15.2 (67)	17.7 (90) 12.9 (57)	16.5 (84 13.1 (58
Total	34.5 (334)	24.5 (237)	21.1 (204)	15.4 (149)	15.3 (148)	14.8 (143

Overall, 57% (549) of women participated frequently (weekly or monthly) in a group, and 43% (419) of women were not frequently involved – as they indicated they participated in groups occasionally, rarely or never. Table 3 displays the percentages and numbers of women who were frequently and infrequently involved in groups, according to all the sociodemographic variables entered into the regression.

The logistic regression analysis was performed using SPSS binary logistic procedure. One hundred and sixty seven cases with missing values across all variables were excluded from

the analysis, and data were available from 801 respondents. Most of this missing data was due to the equivalised weekly household income variable, which had 147 cases with missing values: 73 from Burnside and 74 from Playford. In order to investigate whether this missing income data posed a problem for the analysis, a separate regression was conducted, whereby an income category was created to incorporate this missing data. This regression was conducted with weekly equivalised household income having four categories: \$0 - \$299.99, \$300 - \$999.99, \$1000+ and Missing. This variable was entered into the regression with \$300 - \$999.99 as the reference category. The results of this regression were not significantly different to those obtained by conducting a complete case analysis excluding the cases with missing values. We therefore proceed to present the results from the complete case analysis.

Table 3. Frequency of group participation of female questionnaire respondents according to sociodemographic variables

Sociodemographic variables	Frequent participators % (N)	Infrequent participators % (N)
Age groups		
18-34	54.1 (93)	45.9 (79)
35-54	58.0 (214)	42.0 (155)
55+	57.2 (239)	42.8 (179)
Area		
Burnside	65.0 (327)	47.7 (222)
Playford	35.o (176)	52.3 (243)
Highest level of education		
Secondary or less	50.9 (269)	49.1 (260)
Trade/vocational qualifications	58.6 (99)	41.4 (70)
University degree or higher	68.4 (180)	31.6 (83)
Employment situation		
Full-time	50.6 (91)	49.4 (89)
Part-time	62.5 (145)	37.5 (87)
Retired	60.7 (136)	39.3 (88)
Household Duties	54.7 (88)	45.3 (73)
Other	51.4 (72)	48.6 (68)
Weekly equivalised household income		
\$0 - \$299.99	48.2 (148)	51.8 (159)
\$300 - \$999.99	60.6 (208)	39.4 (135)
\$1000+	69.0 (118)	31.0 (53)
Perceptions of financial situation		
Living comfortably	62.6 (304)	37.4 (182)
Getting by / finding it difficult	50.7 (231)	49.3 (225)
Presence of children under 15		
No children under 15 in household	57.9 (333)	42.1 (242)
Children under 15 in household	55.0 (216)	45.0(177)
Relationship status		
In married relationship	63.3 (322)	36.7 (187)
Not currently in married relationship	49.5 (219)	50.5 (223)
Total	56.7 (549)	43.3 (419)

A test of the full model against a constant only model was significant, x^2 (14) = 58.16, p < .001. However, the model explained less than 10% of variation in the dependent variable (Nagelkerke R²=0.094). The model correctly classified 61% of individuals as frequent or infrequent participators.

Table 4 shows regression coefficients, odds ratios¹, and 95% confidence intervals [CI] for the odds ratios for all of the variables. Employment situation, highest level of education achieved, and relationship status significantly predicted frequency of participation. Retired women, women who worked part-time, undertook household duties, and were categorised in the 'other' employment category were all significantly more likely to be frequently involved in a group than women who worked full-time. Women who were educated at a university level were significantly more likely to be frequently involved than those who had secondary qualifications. Women who currently lived in a married relationship were significantly more likely to be regularly involved in a group than women who were not currently in a married relationship.

Table 4. Logistic regression: Predictors of frequent (weekly/monthly) participation

Predictor variables		Regression coefficient	Odds Ratio with 95% CI
Age groups (vs 35-54)	18-34	023	.977 (.643 – 1.485)
	55+	339	.713 (.459 – 1.107)
Area (vs Burnside)	Playford	174	.840 (.573 -1.233)
Highest level of education (vs. secondary or less)	Vocational University degree or higher degree	.067 .510	1.069 (.717 - 1.593) 1.665 (1.115 - 2.487)*
Employment situation (vs. full-time)	Part-time Retired Household duties Other	.615 1.099 .745 .707	1.849 (1.190 - 2.874)** 3.002 (1.659 - 5.433)*** 2.107 (1.253 - 3.542)** 2.028 (1.188 - 3.462)*
Weekly equivalised household income (vs. \$300 - \$999.99)	\$0 - \$299.99 \$1000+	366 .200	.693 (.465 - 1.033) 1.222 (.792 - 1.885)
Presence of children under 15 (vs no children under 15 in household)	Children under 15 in household	262	.770 (.546 – 1.085)
Perceptions of financial situation (vs living comfortably)	Getting by / finding it difficult	098	.907 (.638 – 1.289)
Relationship status (vs in a married relationship)	Not currently in married relationship	406	.666 (.478927)*

^{*} p < .05, ** p <.01, *** p < .001

¹ Logistic regression produces a statistic called an odds ratio. When an odds ratio is below one or greater than 1 and the 95% CI does not include 1, there is evidence for a reduction or increase respectively in the risk of the dependent variable (i.e. voluntary participation) according to the independent variable (eg. age group).

Qualitative findings

We were interested in why these particular demographic factors were significantly associated with voluntary group participation, so examined the qualitative data to consider these aspects in more detail. We will draw from the qualitative analysis to present findings according to the following themes:

- Education and regular participation
- Managing group participation and employment
- Married relationships and regular participation

Education and regular participation

Some participants' accounts illustrated the ways in which their educational experiences affected their regular involvement in groups. For example, Cathy, who was a full-time student, described how attending university offered a convenient way to become involved in a human rights action group based on campus. Another participant, Rhiannon, who was regularly involved as a volunteer in a local guides group, describes how a class she had taken as part of her studies led her to focus on her own personal goals, and ultimately motivated her to get involved in voluntary community activities:

I made a conscious decision at the end of the MBA, I had taken a class that was focused on 'why are you doing this, what do you wanna do next?' ...I realised that I wanted to volunteer my time back in the community...part of where that came from was the class that I had taken...one of the articles they'd given to us... Somebody had done some studiesthat was one of those critical things, was that if you had never volunteered your time by the time you're forty, you're very unlikely to do it....I remember thinking alright, maybe I oughta do something about it now. (Rhiannon, Burnside, Frequent participator, \$1000+ weekly household income, 43yo).

Rhiannon's experience indicates that attending educational institutions and studying may play a role in encouraging participation – as the process of study itself may enable reflection on personal priorities, and consequently encourage voluntary involvement. Lynette, a participant from Burnside, illustrated how useful social capital can flow from participation which is dependent upon being highly educated. She was a member of a voluntary women's service organisation. This organisation was exclusive in the sense that membership was restricted to professional women. Lynette was invited to join because she was a medical professional. She described how her membership in the organisation has lead to her having positive social contacts with a wide variety of different people, and the diverse networks she has built up has also meant she could get assistance for members of her family:

I think the friendship is fantastic and the associated sort of intellectual stimulus of being friendly with people who have such a wide variety of professions ...Both of my daughters work in the University in Melbourne and one of my daughters has always been interested in drama ... I was able to get some people from the Club in Melbourne to sponsor drama events (Lynette, Burnside, frequent participator, \$1000+ weekly household income, 66yo).

This demonstrates the resources that Lynette was able to gain from her group involvement, in terms of enriching social contacts with a wide variety of people, and useful assistance for her family members. Lynette's involvement in this group was initially dependent upon her educational qualifications and her professional occupation. Whilst some of the women interviewed who did not have university degrees also reported positive experiences of group involvement, they did not report such clear examples of gaining useful resources to assist themselves or family members from social contacts within their groups.

Managing group participation and employment

Many of the participants described limitations to their voluntary group involvement that flowed from gendered pressures in their everyday lives, especially the competing demands of parenting responsibilities and employment. Henrietta, a participant who lived in Burnside with her husband and two young children, was involved in a swimming group twice a week. She worked part-time and studied part-time, and described the pressures she faced in maintaining her commitment to swim in her group twice a week. However, she also explained how she was in a position to be able to turn down paid work so that she could go swimming:

It is difficult. But it's a massive priority for me...I think with two kids, study, swimming twice a week, husband who works long hours, I have to be fairly mercenary in my time management ...I'll be negotiating with Uni to teach in January next year and I'll be saying: ... 'I'm just not available on Thursday'...I'm very lucky. ...Really privileged that I can do that. But I'm in a position where my skills are in demand because I don't have the pressure on me to work I don't have to say yes to everything. I turn down a lot more work than I accept (Henrietta, Burnside, frequent participator, \$1000+ weekly household income, 33yo).

The important aspect for Henrietta that enabled her to continue being involved was that she possessed a certain amount of freedom in her employment situation: she was able to negotiate with her employer, and her financial situation allowed her the option of refusing work. Other participants were not able to sacrifice paid work opportunities in order to participate in recreational groups. This was highlighted by Eve, who studied full-time and worked casually. She described how she would like to be involved in a book club, but did not feel able to commit to something regularly as her working hours were unpredictable:

Reading groups would be what would interest me but then ...it has to be flexible,...I wouldn't feel comfortable joining a reading group if I didn't know that next week I'm going to get work, and have to miss it...I work at a bottling factory and I get shifts ...they call me at 1 o'clock in the afternoon to work that night, so I can't really plan my schedule any further than a couple of days in advance, and the set-up is that I can't really turn down work, otherwise I don't get offered again (Eve, Playford, non-participator, \$0-\$299 weekly household income, 23yo).

Leah, a higher income participant with two teenage children, spoke of how she would like to be involved in a recreational group, but a combination of work, needing to be at home to offer help to her children with their school work, and her husband being away during the week, meant that she simply could not get involved in groups. In particular, she described how working full-time was a specific barrier to being able to be involved:

When I was working part-time ...I joined the Church that my friend is in and we'd do craft on a Tuesday morning... you'd just have a little natter with the people, and that was really nice. I wish I could still continue doing that but I'm back working full-time again ...I'm too tired when I come home because it's just full-on ...so I just want to sit down when I get home ... I have to be at home for the children, because [Son] is in Year 11 so if he needs help with his homework I'm there to help him ... I feel guilty if I do go out that I've left them behind, so when he leaves school I'll try and join a few more activities ...but I feel at the moment I have to be at home with the kids because their dad's not around during the week and some adult has got to be around (Leah, Playford, non-participator, \$1000+ weekly household income, 45yo).

Leah's account provides an example of how full-time work, particularly when combined with family and parenting responsibilities, can pose a barrier for women's regular involvement in groups, whereas working part-time can offer some level of flexibility which enables participation. However, the opportunities for participation may depend upon the type of part-time employment and personal financial situation, as was illustrated by Eve, who spoke of how her casual employment limited her from becoming involved in a recreational group.

Three of the participants who lived in Burnside were able to combine full-time work and regular participation. These participants managed to be involved despite the constraints of full-time employment. All were employed in professional, 'white collar' type positions, and two received weekly household incomes between \$300 - \$999, and one had a weekly income of above \$1000. In addition, none of these women had children living at home. Olivia, one of these participants, was a manager of a travel agency. She was able to be involved in a number of groups, including being the secretary and assistant co-ordinator of a local neighbourhood association. She spoke of how she had a certain amount of flexibility in her job to be able to spend time on work associated with her voluntary activities. Nevertheless, she described the difficulties of combining voluntary commitments, full-time work and everyday household tasks. She explained how the tasks she had to do for her voluntary group demanded that she gave up her own free time:

You get tired, and at times when you're: 'I've got to get that out this weekend, I've got to do the washing, I've got to do the shopping and which one will I do and which one won't I? ...sometimes you sort of think, 'Oh I really haven't got time to do this', so you might take the first hour that you're at work, considering that I usually work from about 8 o'clock until about 6 o'clock and I don't go to lunch ...I mean I just sit at my desk and I do it. I've got a fair amount of freedom really ... sometimes I'll do it on a Sunday at work, I'll often go into work on

Sundays. (Olivia, Burnside, frequent participator, \$300 - \$999 weekly household income, 53yo).

Olivia's experiences highlight that some women who work full-time may have some flexibility to maintain their group involvement. This flexibility related to the nature of their employment and the level of freedom they had in their paid work. Their ability to manage group participation can also linked to a lack of parenting responsibilities, in contrast to other women such as Leah, for whom the combination of full-time work and parenting responsibilities was a barrier to being involved.

However, Olivia's account also illustrates how combining full-time work and involvement in a voluntary group can come at a personal cost. She described how combining full-time work, voluntary activities and household tasks was tiring and demanding. Thus, for women who are able to manage their involvement with full-time employment, the consequences for their own health and well-being may not be entirely positive.

Married relationships and participation

The quantitative analysis indicated that being in a married relationship was associated with frequent participation. The qualitative data illustrated some of the links between being married and involvement in voluntary group activities. Seven of the interview participants described how, in various ways, they were currently, or had been previously involved in voluntary groups with their husbands, and one of the participants lived with her de-facto partner, and was regularly involved in a group with him. These participants lived in long-term relationships, and reported positive experiences from this shared involvement. Leila undertook regular volunteer support work for a local health organisation and described how her husband was also involved in the same voluntary work. Their shared experiences meant that they could support each other to manage their voluntary roles:

I have been lucky because seeing that my husband is a volunteer as well, we know it's all confidential, but being together we can talk ...I think that's quite important ...a bit of support can't go astray... We don't talk about the item with anybody else. It stays between the two of us and the leaders, they know it, that if we want to talk about it we talk to each other (Leila, Playford, frequent participator, \$0-\$299 weekly household income, 69yo).

In contrast, some of the women commented that not having a partner to be involved with meant that they found the prospect of becoming involved in recreation groups unappealing, as negotiating social dynamics within groups was viewed as challenging. Ruth highlights this when describing why she stopped going regularly to a dancing club:

Last year I was dancing five days a week, but unless you've got a partner you can sit there all night... the men my age want a trophy... So what's the point? I don't go, basically because of that. There's no point of going and sitting there wasting all that money, dying to get up, enjoying the music, I love dancing, only to be disappointed. There's no point... A lot of old couples just go, and it's terrific (Ruth, Burnside, non-participator, \$300 - \$999 weekly household income, 61yo).

Many of the women were involved in groups that did not include their husbands, but the support offered by husbands could be important for enabling them to be involved. Lynette, who developed a vision impairment which placed significant limits on her everyday activities, reported that despite this she maintained her regular group involvement. When asked about how she managed this, she explained:

I manage because my husband is a very accommodating man and he promised that when I was losing my vision that he would take me wherever I wanted to go, so he has been, I have my own personal taxi service ...but sometimes I'd get an ordinary taxi by myself and I go on the bus, I go on the bus into the city and come out of the city on the bus (Lynette).

Importantly, Lynette had support from her husband which was crucial in allowing her to do many of her everyday activities, including attend the meetings of her voluntary organisation. This was in contrast to other single, divorced and separated participants, and those who were not in long-term relationships, and did not live with their partners. Many of these participants had to manage demands such as work, study and family responsibilities without the regular support of a partner, and did not feel they had the necessary time or resources to participate in groups.

However, for another participant who was widowed, no longer having caring responsibilities for her sick husband was a factor that enabled her to be involved regularly in voluntary groups. Rhonda was an older, lower-income participant from Playford, who faced limitations to her voluntary involvement, including chronic health problems, which sometimes prevented her from going out to meetings of the charitable club she was involved in:

I'm full of arthritis ...some days my legs want to work and then other days they don't. It's just cruel, and sometimes as much as I can do is go out to the letterbox and back again....I stay home when I'm having these bad days. I think: "Oh I'm not going to take all my burden down there". (Rhonda, Playford, frequent participator, \$0-\$299 weekly household income, 71yo).

Despite the limitations imposed by her health, Rhonda's regular involvement in a range of voluntary charitable clubs provided her with positive experiences, and valuable friendship and social support. She described how she had cared for her husband before he died, and how this had limited her activities, whereas since his death she felt she was able to enjoy herself more:

I looked after him for three years... it's a long time...when you've had someone sick for a long time and it is a lot to take on. ...I know there's other people that have looked after people with dementia a lot longer than I did, but I found it got to the stage where it was getting too much ...I was getting very tired ...it was terribly hard ... it's not a very nice thing to say, but since he's passed away I've sort of enjoyed things a little bit better, I really have (Rhonda).

Thus, for this older participant, widowhood meant that she no longer had demanding caring responsibilities, which was a factor that enabled her to be regularly involved

in groups for her own enjoyment. It is therefore possible that, for some women, the demands of supporting a partner within a married relationship can be a barrier to being regularly involved in voluntary groups, and can limit women's access to beneficial social capital that can be accessed from such groups.

Nevertheless, the interviews indicated two important ways in which married and defacto married relationships were linked to women's participation: firstly, being able to be involved in a voluntary group with a partner was a positive experience for many participants, and secondly, some women were able to get support from their partner that enabled them to be involved. Participants who had these experiences all lived in long-term, stable relationships. The qualitative data indicates, therefore, that having a close, positive and supportive relationship with a long-term partner can be an important factor in enabling women to be involved in groups, and have positive experiences of their participation.

Discussion

This paper provides information on the complex nature of women's participation in Australian society. Forty three percent of women in our sample report infrequent or non-participation in voluntary groups and the patterns among those who do participate are varied. Our findings indicate that women's regular participation in voluntary groups is related to levels of material and social advantage. This supports research that has found social and economic differences in the ways elements of social capital are accessed, with those who are more privileged generally having greater access to potentially healthenhancing social capital (Ziersch 2005; Baum et al. 2000). It also supports research that has found that women's social capital is shaped differently according to socioeconomic factors (Healy et al. 2007; Caiazza 2005).

Significantly, this research indicates some of the ways in which aspects of women's advantage or disadvantage can influence their ability to be regularly involved in groups. The logistic regression indicated that employment situation, living in a married relationship and having a university education were significantly associated with regular participation in this sample of Adelaide women.

Educational achievement is an indicator of socioeconomic status, with higher education levels indicating greater advantage (Kawachi et al. 2002). The qualitative findings indicated that the process of studying at university could provide a means to reflect upon personal priorities and become motivated to be involved in voluntary activities. Universities may also establish a habit of involvement because access to voluntary groups is made easy. Furthermore, level of education appeared to play a role in enabling participation in types of groups which generated useful and beneficial social capital.

The regression indicated that women who lived in married relationships were more likely than all other relationship categories to be regularly involved in a voluntary group. The qualitative findings illustrated that some women in married relationships, and one woman in a de-facto married relationship, participated in voluntary activities with their partners. Other married women were also able to access emotional, social and practical support from their partners that enabled them to be involved. These women had positive experiences of their participation, which were potentially beneficial for their

health, whereas other women did not have access to such resources and their ability to participate was limited as a consequence.

Previous research has found that married women have better health than non-married women (Waldron et al. 1997). The beneficial health affects of marriage have been attributed to higher levels of material and financial resources, and greater social support (Waldron et al. 1996; Umberson 1992). Such resources may play a role in enabling women to be involved and accessing useful social capital from their involvement, as our qualitative findings suggest a connection between being in a married (and, to a lesser extent, de-facto married) relationship and potentially health-promoting involvement in voluntary groups. However, the data also indicated, in the case of Rhonda, that living in a married relationship can impose demands that may potentially restrict involvement, such as the responsibilities of caring for a partner. It is important to note that the inequitable distribution of caring responsibilities means that the burden of such activity often falls to women (Astbury & Cabral 2000).

An important avenue for future research is to consider the pathways by which married relationships may facilitate positive experiences of voluntary involvement, and whether marriage itself is advantageous over other types of relationships in allowing both women and men to access health-enhancing social capital. Our research does not provide answers to these questions; however, the qualitative findings indicate that long-term, supportive and close relationships are important in enabling some women to be involved in voluntary groups.

The quantitative analysis found that women who worked full-time were less likely to be frequently involved in groups, and the qualitative data illustrated that women who work full-time can experience difficulties with managing participation. These difficulties relate to a lack of time, and managing competing demands from other pressures in their everyday lives. Some women had more freedom than others to negotiate limitations imposed by their jobs, and in some cases, working part-time offered the flexibility that enabled women to be involved in voluntary groups, though for others, part-time casual work imposed limitations on their ability to participate.

The fact that women in full time employment participate less than others also goes a long way towards explaining why higher income is not positively associated with participation. Previous research has demonstrated that employment, despite the financial benefits it can offer to women, can also exacerbate the demands of managing tasks attached to gender roles (Walters 1993, 1996; Simon 1995). The qualitative data supports this by highlighting the ways in which everyday responsibilities, such as family and household tasks, intersect with employment situation, to influence whether women are able to participate in groups.

Thus, managing full-time paid work with these competing pressures may pose a barrier to regular participation in voluntary groups. In addition, those such as Olivia, who have the flexibility and resources to be able to undertake both full-time employment and regular voluntary participation may find that their experience is demanding and not entirely positive. This supports research that has demonstrated that women are limited in their ability to access useful social capital from their voluntary participation (Lowndes 2004).

This study combined both qualitative and quantitative analyses to consider in detail some of the socioeconomic factors associated with women's participation in voluntary groups. However, there are a number of limitations to the study. The quantitative sample was drawn from only two areas in Adelaide and the findings cannot therefore be directly generalised to other settings. The findings from the qualitative analysis are also not directly generalisable, though this was not the purpose of this part of the study, rather it was to examine in detail some of the quantitative findings. Significant factors in the regression only accounted for approximately 10% of the variance, and the classification accuracy was not high. There are clearly other factors that are relevant to voluntary group participation for women.

This research has only considered women's involvement in voluntary groups. Whilst aspects of this study contribute to a wider body of research that illustrates the gendered context of women's participation in voluntary groups and the ways they access social capital, we can not conclude that these particular findings illustrate the gendered nature of women's involvement, as we are not able to compare their experiences with those of men. Further research is necessary to explore men's participation - firstly, to contribute to a more comprehensive understanding of participation as a gendered activity, and secondly, to identify socioeconomic factors which may have an impact on men's ability to participate in voluntary groups.

The interview participants and questionnaire respondents largely consisted of women who were of European descent, white and English-speaking. This research has not explored the experiences of other groups of women in the Australian community who come from culturally diverse backgrounds. This is an important avenue for future research, as it is important to consider how social capital is shaped by intersecting gender, cultural and socioeconomic inequalities, and the implications of these intersections for the health and well-being of diverse groups of women and men.

This study has utilised the quantitative and qualitative data to primarily focus upon factors that enable or constrain women's ability to participate in voluntary groups. We have not been able to focus in much depth on socioeconomic variations among women in the *types* of groups they are involved in, and the social capital they access as a result. Further research to explore this in relation to the participation of both women and men would be valuable, in order to develop a fuller understanding of the multiple ways in which both women and men access social capital in different social contexts.

Conclusion

Voluntary group participation is more likely to be undertaken by women who enjoy levels of privilege and advantage. A significant proportion of women in this study do not participate frequently in groups and there were a greater proportion of these women in the area characterised by more indicators of disadvantage. Our study indicates that in some instances this is because they have less access to material, economic and social resources. Our qualitative findings provide a feel for the texture of participation and suggest that women who are already privileged use their contacts gained through group involvement to obtain benefits, including social support and other helpful resources. Given the evidence that group involvement can be beneficial for aspects of health (Hyyppa & Maki 2003; Ellaway & Macintyre 2007), our findings pose the question of

whether, and how social policies should be shaped to encourage social involvement. There is a danger that public policies which simply try to increase women's involvement in voluntary groups may reinforce and even heighten social and health inequalities among different groups of women, given the evidence from this study. This perverse impact of health promotion initiatives on equity has been previously noted (Baum 2007).

To avoid this situation there needs to be consideration of what types of participation are most beneficial for women's health and how such participation can be made more accessible for diverse groups of women. Important facilitators of participation identified in this study are a university education, having the ability and resources necessary to manage the demands of paid work and group participation, and living within a supportive long-term relationship. Further consultation with women who do not have these advantages would help guide policies framed to enable women to have more supported opportunities to be involved in such activities.

References

- Astbury, J. & Cabral, M. (2000) Women's mental health: an evidence-based review, Geneva, World Health Organisation.
- Australian Bureau of Statistics (2006) Equivalised income, Canberra, Commonwealth of Australia, Retrieved 24 September, 2007, from ABS website: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/6503.0Appendix22003-04?opendocument &tabname=Notes&prodno=6503.0&issue=2003-04&num=&view=
- Australian Bureau of Statistics (2007) Australian social trends 2007: Low income low wealth households, Canberra, Commonwealth of Australia. Retrieved 20 August, 2007, from ABS website: http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf /0/99955627BF989D77CA25732F001CA16B/\$File/41020_low%20income%20 low%20wealth%20households_2007.pdf
- Baum, F., Bush, R., Modra, C., Murray, C., Cox, E., Alexander, K., et al. (2000) 'Epidemiology of participation: An Australian community study', Journal of Epidemiology and Community Health, 54, 414-423.
- Baum, F., Ziersch, A., Zhang, G., Putland, C., Palmer, C., MacDougall, C., et al. (2007) People and places: Urban location, social capital and health, Adelaide, Flinders University.
- Baum, F. (2007) 'Cracking the nut of health equity: top down and bottom up pressure for action on the social determinants of health', *International Journal of Health Promotion & Education*, 14, 2, 90-95.
- Boneham, M.A. & Sixsmith, J.A. (2006) 'The voices of older women in a disadvantaged community: Issues of health and social capital', *Social Science & Medicine*, 62(2), 269-279.
- Caiazza, A. (2005) 'Don't bowl at night: Gender, safety and civic participation', Signs, 30 (2), 1607-1632.
- Campbell, C. (2000) 'Social capital and health: Contextualising health promotion within local community networks'. In S. Baron, J. Field & T. Schuller (eds.) Social capital: Critical Perspectives, Oxford, Oxford University Press.

- Campbell, C. & Jovchelovitch, S. (2000) 'Health, community and development: Towards a social psychology of participation', Journal of Community and Applied Social Psychology, 10, 255-270.
- Edwards, R. (2004) 'Present and absent in troubling ways: Families and social capital debates', *The Sociological Review*, 52 (1), 1-21.
- Ellaway, A. & Macintyre, S. (2007) 'Is social participation associated with cardiovascular disease risk factors?', Social Science & Medicine, 64 (7), 1384-1391.
- Healy, K., Haynes, M. & Hampshire, A. (2007) 'Gender, social capital and location: Understanding the interactions', *International Journal of Social Welfare*, 16 (2), 110-118.
- Hyyppa, M.T. & Maki, J. (2003) 'Social participation and health in a community rich in stock of social capital', *Health Education Research*, 18 (6), 770-779.
- Kawachi, I. & Berkman, L. (2000) 'Social cohesion, social capital and health'. In L. Berkman & I. Kawachi (eds.), Social epidemiology, New York, Oxford University Press.
- Kawachi, I., Subramanian, V.S., & Almeida-Filho, N. (2002) 'A glossary for health inequalities', *Journal of Epidemiology and Community Health*, 56, 647-652.
- Lin, N., Ye, X., & Ensel, W. M. (1999) 'Social support and depressed mood: A structural analysis', Journal of Health and Social behavior, 40 (4), 344-359.
- Lowndes, V. (2000) 'Women and social capital: A comment on Hall's 'social capital in Britain", British journal of political science, 30, 533-540.
- Lowndes, V. (2004) 'Getting on or getting by? Women, social capital and political participation', British journal of politics and international relations, 6, 45-64.
- Molyneux, M. (2002) 'Gender and the silences of social capital: Lessons from Latin America' *Development and Change*, 33 (2), 167-188.
- Onyx, J. & Leonard, R. (2000) 'Women, volunteering and social capital'. In J. Warburton & M. Oppenheimer (eds.), Volunteers and volunteering, Sydney, Federation Press.
- Putnam, R. (2000) Bowling alone: The collapse and revival of American community, New York, Simon & Schuster.
- Rietschlin, J. (1998) 'Voluntary association membership and psychological distress', Journal of Health and Social Behaviour, 39 (4), 348-355.
- Simon, R.W. (1995) 'Gender, multiple roles, role meaning, and mental health', Journal of Health and Social behavior, 36 (2), 182-194.
- Umberson, D. (1992) 'Gender, marital status and the social control of health behavior', Social Science & Medicine, 34, 907-917.
- Waldron, I., Hughes, M. E., & Brooks, T. L. (1996) 'Marriage protection and marriage selection - prospective evidence for reciprocal effects of marital status and health', Social Science & Medicine, 43, 113-123.
- Waldron, I., Weiss, C. C., & Hughes, M. E. (1997) 'Marital status effects on health: Are there differences between never married women and divorced and separated women?', Social Science & Medicine, 45 (9), 1387-1397.

- Walters, V. (1993) 'Stress, anxiety and depression: Women's accounts of their health problems', Social Science & Medicine, 36 (4), 393-402.
- Walters, V., Lenton, R., French, S., Eyles, J., Mayr, J., & Newbold, B. (1996) 'Paid work, unpaid work and social support: A study of the health of male and female nurses', Social Science & Medicine, 43(11), 1627-1636.
- Ziersch, A. M. (2005) 'Health implications of access to social capital: Findings from an Australian study', Social Science & Medicine, 61 (10), 2119-2131.