

Exploring women's alcohol consumption through a work-family lens

VICTORIA KOSTADINOV¹, NATALIE SKINNER¹

¹ National Centre for Education and Training on Addiction, Flinders Health and Medical Research Institute (FHMRI), Flinders University, Adelaide, Australia.

Presenter's email: victoria.kostadinov@flinders.edu.au

Introduction and Aims: Recent decades have seen dramatic changes in societal norms and expectations for women, reflected in increasing workforce participation. However, women continue to undertake the majority of household and caring duties. Women's alcohol consumption has also increased significantly over time, but the relationship between employment, caring duties, and risky drinking among women remains unclear. This study therefore uses a work-family lens to explore women's alcohol consumption.

Design and Methods: Secondary analyses were conducted on data from adult women (N=8,654) in the 2017-18 National Health Survey. Frequency analyses with pairwise comparisons examined the proportion of women in various demographic groups who drank at risky levels (as defined by the 2009 Australian Alcohol Guidelines). Further multivariate analyses will explore professional and personal predictors of risky consumption.

Results: Past year risky drinking was reported by 29.5% of the sample. Risky drinking was significantly ($p < .05$) higher among women who were employed (40.1% vs 15.8% unemployed), had children (35.5% vs 26.6% no children), and worked more than one job (46.8% vs 39.4% one job). Rates of risky drinking increased with number of hours worked per week (32.5% <15 hours to 42.9% >50 hours) and with household income (23.2% lowest decile to 47.0% highest decile).

Discussions and Conclusions: The combination and number of roles women hold in their personal and professional lives is related to patterns of alcohol consumption. Interventions for risky alcohol use need to recognise and address these multifaceted influences on consumption. Wider societal change is needed to promote gender equity in household, caring, and employment duties.

Implications for Practice or Policy: This research highlights important intersections in public health and industrial relations. The relationship between the work-family nexus and alcohol consumption has implications for both health interventions for women, and work-family workplace policies such as flexible work practices and parental leave.

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