

**Women, Social Capital and Mental Well-Being: An
Examination of Participation in Community Groups**

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2nd December 2008

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Summary.

This thesis examines women's participation in community groups, in order to investigate the concept of 'social capital' and its implications for women's mental well-being. Its aim is to examine the concept of social capital, and the ways it is linked with health, in a way that is attentive to gender and class inequity. For the purposes of this thesis, social capital is broadly defined as social relationships between people and the individual or community level 'resources' that can arise from these social relationships. Two different conceptualisations of social capital were considered in this study: the 'communitarian' approach associated with Robert Putnam, and the more 'critical' conceptualisation associated with Pierre Bourdieu. This research adopted a critical stance towards social capital, and focused upon four research questions: Firstly, what was the nature of participation in community groups among women who live in metropolitan Adelaide? Secondly, what were the personal outcomes that were perceived to arise from women's community group involvement? Thirdly, what were the differences in the nature and perceived outcomes of women's community group participation, according to social and economic factors? Finally, how did the nature and perceived outcomes of women's participation in community groups relate to the ways they experienced their mental health and well-being?

This study used qualitative and quantitative methods to investigate these questions. The quantitative analysis provided a preliminary investigation to complement the qualitative study, and involved the analysis of questionnaire data from 968 women in two contrasting areas of Adelaide. This analysis considered sociodemographic differences in the type and frequency of women's involvement. The qualitative research involved the analysis of in-depth interviews with 30 women. The interviews explored the participants' experiences of community group involvement; the personal outcomes that they felt arose from their involvement, their 'lay accounts' of their mental health, and how they felt community group involvement was connected with their mental well-being.

This study found that women's participation was shaped by gender and aspects of economic, cultural and 'informal' social capital. The qualitative data illustrated that

women's involvement was influenced, motivated and constrained by the gendered nature of their roles and responsibilities. These findings also highlighted contrasts among the participants in the types of involvement they undertook, and the personal outcomes of their involvement, according to their levels of material, financial and social advantage. This was supported by the quantitative findings, which revealed that the respondents' participation in community groups, the type of group involvement they undertook, and the frequency of their involvement varied according to sociodemographic measures.

The qualitative findings also identified how community group participation could lead to both positive and negative outcomes for individual women. Many participants reported the ways in which they felt their involvement enhanced their mental well-being. The qualitative data also illustrated how involvement could detract from mental well-being. In some instances, the negative consequences of participation had a severe and detrimental impact upon mental health. The findings of this study offer support to feminist criticisms of communitarian approaches to social capital, and to Bourdieu's critical approach to understanding the concept. The study concludes that Bourdieu's conceptualisation offers greater potential for considering how community group participation and 'social capital' can be used as a strategy to promote women's health and mental well-being.

Declaration.

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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Acknowledgements.

I would like to thank all the women who gave up their time to participate in this research, either by completing a questionnaire or participating in an interview.

I have been extremely privileged to have had support, assistance, guidance and friendship from a number of people, without whom I would not have been able to complete this thesis.

I would like to express my deepest gratitude to my supervisors, Professor Fran Baum and Dr. Anna Ziersch. Throughout my time working on this PhD, both have provided valuable encouragement, guidance, and support, and have always been ready to share their insights and experience with me. In addition, they have been generous with their time to respond to my queries and concerns, and their advice and suggestions have enabled me to improve the quality of this thesis. Fran and Anna make a great supervision team and it has been a pleasure to work with them.

I would also like to thank staff and students with the Department of Public Health at Flinders University who have supported and assisted me in various ways, and have generally contributed to the friendly and collaborative environment within which I undertook this research. In particular, I am indebted to Dr. Udo Saikia for his valuable suggestions and feedback into my thesis. I would like to acknowledge and thank other PhD students within the Department, as it has been great to share my experiences with them along the way: Sam Battams, Kathryn Browne-Yung, Tim House, Sara Javanparast, Belinda Lunnay, Catherine MacKenzie and Sam Meyer. I would also like to express my gratitude to current and former staff members within the Department, and the South Australian Community Health Unit, in particular: Kate Biedrzycki, Trish Clark, Christina Cockerill, John Coveney, Carol Gibb, Anne Johnson, Patricia Lamb, Angela Lawless, Colin MacDougall, Lareen Newman, Catherine Palmer, Dorota Pomagalska, Christine Putland, Ramanathan, Robyne Ridgeway, Helen Scherer and Paul Ward.

I am very lucky to have some wonderful friends who have helped me to 'survive' the process of doing a PhD. In particular: thanks to Alex Stephens, who took the time to read my thesis and offer his feedback, for which I am eternally grateful. Also thanks

to Lisa Moran, who has always been there to listen and who understands the difficulties and ‘low points’ of doing a PhD. I would also like to express my gratitude to: Helene Mackay, Sarah Hyder, Deb Hawke, Nick Lee, Sophie Wood, Suzie Bloomfield and Fiona Wisking, as their friendship has been such an important ‘asset’ for me while I have been doing my PhD.

My dogs have provided much needed excuses to get me out of the house while I have been writing this thesis. I am grateful that they have insisted that I leave the computer to take them for walks!

I would like to thank my mum, Margaret Osborne, for her love and encouragement. Even though we live in different countries, she has always been at the other end of a phone line to listen and talk about how my study was progressing. Thanks also to Jacqui and David Salkeld, for providing me with an important source of family support here in Adelaide.

Finally, I would like to thank my partner, Mark Salkeld. He has been my constant support, and has helped me in numerous ways. It is difficult for me to describe how important he has been in enabling me to undertake a PhD. To put it simply, I would not have been able to do it without him.

Chapter 1. Introduction.

1.1 Overview of this study

In recent times, the concept of social capital has become popular in health-related research, and has been adopted within health and social policies. The use of the concept in academic and policy contexts has invoked criticism, including the argument that social capital has been used in ways which have neglected a consideration of power, and have ignored broader patterns of socioeconomic and gender inequality. This study considers these wider issues by examining social capital through an exploration of women's involvement in 'community' groups, and the ways in which such involvement is perceived to be linked to mental health and well-being.

Social capital is a complex concept with differing definitions. However, in this thesis, it is understood as consisting of social relationships between people and the 'resources' or 'outcomes' that arise from these relationships, which can operate at the level of the individual or the wider community. This thesis focuses particularly upon women's community group involvement, as this type of participation has been argued to be a valuable 'source' of positive social capital for individuals and communities (Putnam, 2000). Thus, in order to investigate this particular aspect of social capital, this study explores women's participation in community groups in Adelaide, South Australia, and their perceptions and experiences of how community group involvement impacts upon their mental well-being.

This research is informed by feminist criticisms of mainstream accounts of social capital. Such criticisms have argued that there has been a lack of adequate consideration of the ways in which gender inequality influences the types of social capital that women access (Arneil, 2006; Gidengil & O'Neill, 2006; Lowndes, 2004, 2006; Molyneux, 2002). This study draws upon 'feminist standpoint' approaches to explore patterns of community group involvement in a sample of women in suburban Adelaide. Furthermore, this research will apply a 'gender lens' to examine how women's community group participation is influenced by aspects of gender, and the intersection of gender and socioeconomic factors.

It will also consider differences among women in patterns of involvement in community groups. This consideration of differences among women is an important aspect of this research, as it has been noted that social capital is differentially distributed in uneven and inequitable ways within communities (Arneil, 2006; Campbell & Gillies, 2001). This findings of this study will contribute towards more comprehensive understandings of diverse ways in which women, in particular, access social capital, and the potential implications for their health and mental well-being. Furthermore, the findings will provide the basis for a consideration of the potential ways in which social capital, through community group participation, can promote women's mental well-being.

1.2 Research questions

The aim of this study is to critically examine the concept of social capital, and how it is connected with women's mental health, in a way that draws attention to gender, and the intersections between gender and other socioeconomic inequities. In order to address these issues, this study investigates the nature of the social capital that arises from women's involvement in community groups, and how it is perceived to be linked to their mental well-being. This thesis addresses the following research questions:

1. What is the nature of participation in community groups among women who live in metropolitan Adelaide?
2. What are the personal outcomes that are perceived to arise from community group involvement, among women who live in metropolitan Adelaide?
3. What are the differences in the nature and perceived outcomes of women's participation in community groups, according to social and economic factors?
4. How does the nature and perceived outcomes of women's participation in community groups relate to the ways they experience and perceive their mental health and well-being?

This thesis focused specifically upon exploring patterns of women's involvement in community groups in metropolitan Adelaide. This was because this research was

conducted as part of a broader study which investigated social capital and health in four case study areas in the Adelaide region (Baum et al., 2007). Further details of the research design are provided in chapter 3.

1.3 Research approach

This thesis analyses women's community group participation in light of two different approaches to understanding social capital: 'communitarian' conceptualisations influenced by the work of Putnam (1993, 1995, 2000), and 'critical' perspectives influenced by Bourdieu (1986). In particular, this thesis adopts a critical stance towards communitarian approaches to social capital, and draws upon the approach of Bourdieu (1986) to inform an analysis of women's community group involvement. This research also draws upon feminist analyses of social capital, and feminist research methods, in order to study women's community group involvement in ways that are attentive to gender and patterns of gender inequality, and the intersection between gender and socioeconomic issues.

This study utilises both qualitative and quantitative methods in order to analyse women's community group participation. The primary method of data collection and analysis is qualitative, through in-depth interviews. Quantitative questionnaire data are analysed as a preliminary investigation, in order to complement the qualitative data. In the preliminary analysis, the quantitative data are examined in order to explore women's patterns of participation and non-participation in a diverse range of community groups in two contrasting areas in Adelaide, in addition to the frequency of their involvement in community groups, and perceived barriers to involvement. The quantitative data provides a means to explore key social and economic differences among women in their patterns of participation.

The qualitative research provides the opportunity to explore, in greater depth, the 'nature' of women's current or previous participation in community groups. This includes consideration of the types of groups they are involved in, either currently or in the past, their motivations for involvement, the reasons why they may not be involved in groups, and the relationships and social dynamics they have experienced within community groups. The qualitative analysis also explores the personal outcomes that women perceive arise from their participation, and the ways in which

they describe their involvement is linked with their health and mental well-being. Thus, this thesis focuses on aspects of women's health by considering the participants' own 'lay' accounts of their own mental well-being, and how they feel community group involvement is linked with their mental health. Through this qualitative investigation, this thesis considers the complex and multi-faceted ways in which aspects of social capital are relevant to women's own experiences of their mental well-being.

1.4 Key concepts in this study

It is necessary to outline definitions and understandings of some concepts that will be used in this thesis. Firstly, it is important to explain what 'community group' refers to in this study. 'Community group' encompasses a diverse range of organisations, associations, clubs and societies, both informal and formal in their organisational structure, including, but not limited to: sporting, recreation and hobby clubs, voluntary associations, religious groups, charitable organisations, parenting based groups, social activist groups, neighbourhood associations, service clubs and political organisations. Thus, the focus of this study is on women's involvement in any kind of group activity which involves social contact and interaction with others for a common purpose, is voluntary in the sense that it exists outside of the domain of paid work, and is oriented towards a purpose other than solely maintaining informal relationships among family and friends (although this can be a reason for involvement in community groups).

The notion of 'community' itself is a contested concept with diverse understandings and definitions (Stephens, 2007a). The term has been described as referring to:

“...a group of people that share something in common: this might be living in the same neighbourhood (communities of place) or a characteristic such as such as being consumers of a service, having a particular medical condition or sharing a common ethnic identity (communities of interest)” (Popay et al., 2008, p. 141).

Thus, this word 'community' was chosen to describe this diverse range of groups, as the common thread to all of these types of involvement is that they are organised

around shared interests and activities, and thus, a group constitutes a ‘community’ of interest around which groups are organised, whether as parents of children in a particular school or sporting group, as residents of a particular neighbourhood, volunteers for a particular charity, or as individuals with particular religious beliefs or a concern for a particular social issue. This study conceptualises community group participation in this way, as participation or ‘civic engagement’ in a range of community groups is argued to be important for generating ‘social capital’ within communities (Putnam, 2000).

Secondly, it is necessary to highlight what is being referred to by use of the term ‘gender’. In this thesis, the use of this term refers to a socially constructed set of processes, such as norms, conventions, behaviours, roles, and rules which are ascribed to the categories ‘female’ and ‘male’, and which organise the ways in which individuals live their lives, and interact with others, according to whether they are categorised as ‘female’ or ‘male’ (Krieger, 2001). In addition, gender does not refer to a fixed and ‘static’ category, but to ‘fluid’ social practices which are always ‘unfinished’ and open to change (Eveline & Bacchi, 2005). Gender also refers to processes that people ‘do’, through their actions and behaviours, in their everyday lives (West & Zimmerman, 2003). Furthermore, gender consists of processes and practices which organise people’s lives in ways which reproduce unequal levels of power and advantage (Eveline & Bacchi, 2005); as, in many societies, the norms, conventions and ideals which are ascribed to ‘male’ and ‘masculine’ are more culturally privileged, and carry more power, than those that are categorised as ‘female’ and ‘feminine’. This unequal distribution of power permeates the relations between individuals and social groups, although is not uniform and homogenous, and gender intersects with other social factors to create differential levels of power between individuals and groups.

Thirdly, this thesis will also consider socioeconomic and ‘class’ differences among women, and it is necessary to clarify the concept of ‘class’, and how it is considered in this study. The notion of economic classes, and their role in determining the distribution of power in society, grew out of Marxist perspectives (Giddens & Birdsall, 2001). Class itself is a contested concept, and there are a variety of approaches to measuring class position and class difference (Forbes & Wainwright,

2001; Veenstra, 2007). This thesis draws upon Bourdieu's (1979/1984, 1994/1998) approach to conceptualising social classes, as it does not view economic factors, and position with the labour market, as the sole criteria for distinguishing between 'class' positions (Veenstra, 2007). In addition, Bourdieu's approach also explicitly incorporates the notion that possession of 'social capital' is one indicator of relative 'class' position (Bourdieu, 1986).

According to Bourdieu, class is based upon an individual's position within 'fields' and 'social space', and those that are located close together in social space have the potential to constitute 'class' groups (Bourdieu, 1994/1998; see also Veenstra, 2007). An individual's position within particular social 'fields' is anchored by their possession of various forms of capital (Gatrell, Popay & Thomas, 2004, p. 246). Thus, the extent of an individual's possession of various types of capital, (including economic capital, cultural capital, and social capital), defines their relative position within social space, and their potential co-location with others, to form potential 'class' groupings. Whilst individuals may not view themselves as forming distinct and homogenous classes, their particular location and groupings in social space predisposes them to belonging to particular classes (Veenstra, 2007). Furthermore, class, like gender, is something that people 'do' through their 'habitus': their tastes, behaviours and bodily dispositions (Bourdieu, 1979/1984). Thus, through the habitus, class is an embodied process. The different types of capital and the notion of 'habitus' will be discussed in more detail in chapter 2. At this point, it is important to highlight that these concepts are central to Bourdieu's approach to conceptualising class (Veenstra, 2007). Class is organised according to inequitable distribution of power, as those that can draw upon higher levels of capital are generally in a better position to maintain their own privilege.

Finally, this thesis considers the concept of 'mental well-being' through women's own experiences and 'lay accounts' of their mental health. It is important to consider how the concept of 'well-being' has been defined and understood. Haworth and Hart (2007) argue that, particularly within psychological research, the concept has often been measured and conceptualised as an individual characteristic, and yet this approach neglects to adequately consider the complexity and multi-dimensional nature of well-being. In contrast, well-being has been conceptualised in a more

holistic way than just as an individual construct, and has been viewed as operating in multiple domains, or 'sites'; which include personal, relational, organisational and communal (Haworth & Hart, 2007; Prilleltensky & Prilleltensky, 2007). Indicators of well-being differ according to the site under consideration: for example, positive psychosocial factors such as a sense of personal control, self-efficacy and optimism are signs of personal well-being. It is at this 'personal' site where mental well-being may be meaningfully experienced and understood by individuals, and indeed, Prilleltensky and Prilleltensky include 'mental health' as a sign of personal well-being.

Signs of relational well-being include social interaction between individuals that is based upon respect, reciprocity and collaboration. Thus, relational well-being can be viewed as a necessary prerequisite to building useful social capital. Organisational well-being includes practices which emphasise and promote respect for diversity, collaborative relationships, democratic participation and learning opportunities. Indicators of collective or communal well-being can be understood in terms of broader societal factors, and include, among others: "gender and race equality, universal access to high quality educational, health and recreational facilities, affordable housing" (Prilleltensky & Prilleltensky, 2007, p. 64). Thus, according to this approach, social justice and equitable social relationships, practices and policies are essential to promoting well-being (Prilleltensky & Prilleltensky).

It is useful to adapt this conceptualisation to define mental well-being as an aspect of 'personal well-being'. Being able to experience positive mental well-being is dependent upon broader relational, organisational and community well-being. Anything that detracts from well-being at these levels also detracts from experiences of personal well-being (Prilleltensky & Prilleltensky, 2007).

It is also necessary to provide a definition for mental 'health' which guides the ways in which the issue is discussed with the interview participants. In this thesis, mental health is not viewed simply as the absence of illness or 'disorder'. Two definitions of mental 'health' are useful for guiding the ways in which the concept is discussed:

Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses

of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organisation, [WHO], 2007).

Mental health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (Victorian Health Promotion Foundation, [VicHealth], 1999).

The advantages of these definitions are that they are not focused upon defining mental health in relation to mental ‘disorder’, but conceptualise it in a broader way, that is consistent with the concept of ‘well-being’. The first definition emphasises the role of mental health in everyday functioning, and coping with ‘normal’ stresses. It also suggests the value of mental health in enabling an individual to make a ‘contribution to the community’, an idea that is particularly relevant to considering the ways in which community group involvement may be linked with mental health. The second definition emphasises the importance of respectful and just social interaction as part of mental health, and this is an idea which is also relevant to this study, as it is concerned with the ways in which the social relationships that arise from community group involvement are linked with women’s mental well-being. Being able to ‘make a contribution to his or her community’ and interact in ways that are ‘respectful and just’ also indicate the importance of relational, organisational and communal well-being in promoting mental health.

1.5 Outline of chapters

The following chapter presents a review of the literature and previous research relevant to this thesis. Chapter 3 explains the research design, approach and methodology of this study, and details how the collection and analysis of data was conducted. Chapter 4 provides a quantitative analysis of survey data relating to women’s community group participation in two contrasting areas in Adelaide. Chapters 5–8 provide an analysis of the qualitative findings from interviews with 30 women in two areas of metropolitan Adelaide. Chapter 9 provides a summary and integration of both the qualitative and quantitative findings. Finally, chapter 10

concludes this thesis with a discussion of the implications of this study for understanding social capital, and for how community group participation and the concept of social capital can be used to promote women's health and mental well-being. It also details the limitations and strengths of this study and avenues for further research, and concludes with a summary of the contribution of this thesis.

Chapter 2. Literature Review.

2.1 Overview

This thesis is concerned with women's involvement in community groups, as a way of examining the concept of social capital and how it is perceived to influence women's mental health and well-being. In particular, this study explores the gendered context of women's involvement in community groups, and socioeconomic differences among women in their patterns of involvement. This is in order to consider the ways in which the 'social capital' that arises from women's involvement is influenced by gender, and differentially distributed among women, and the perceived consequences of this participation and associated 'social capital' for their mental well-being.

This chapter presents an overview and analysis of literature which is relevant to this thesis. It sets the context for this study, and identifies how it will extend existing research. Literature that relates to theoretical conceptualisations of social capital is discussed, including how community group participation relates to social capital. The review focuses upon two key approaches to understanding social capital: communitarian and critical. Feminist criticisms of social capital are considered, in order to identify how some of the social capital literature has neglected to include a gender perspective. Research that relates to women's involvement in community groups is discussed, including factors that differentiate their patterns of participation. Literature that relates to how social capital and participation in community groups has been linked with health and mental well-being is examined. Finally, research on how women's mental well-being is linked with participation in community groups is considered.

2.1.1 Conceptualisations of social capital

Social capital is a contested concept with competing definitions (Schuller, Baron & Field, 2000; Wall, Ferrazi & Schryer, 1998). At a basic level, social capital can be understood as consisting of social relationships and interaction between people and the types of 'resources' that can arise from these social connections. It is a concept that has developed, historically, out of the work of a number of theorists working in

different disciplinary areas, including educational sociologist James Coleman, critical cultural theorist Pierre Bourdieu, and political scientist Robert Putnam (see Portes, 1998, for a review). It has been argued that its usefulness lies in its ability to be a 'heuristic device' encompassing a range of social processes, rather than as a clear-cut unitary concept in itself (Campbell, 2000). Despite the contested nature of the concept, it has been widely adopted in a range of fields, including public health research (Hawe & Schiell, 2000).

Contemporary health researchers draw upon ideas that have grown out of different theoretical traditions in their use of social capital (Foley & B. Edwards, 1997; Moore, Schiell, Hawe & Hains, 2005; Stephens, 2008). This review is focused on two interpretations of social capital: Firstly, the 'communitarian' perspective, which has become the dominant approach to understanding and using social capital, particularly in studies of health (Moore, Haines, Hawe & Shiell, 2006; Moore et al., 2005). This approach has grown largely out of political science, but has adapted insights from both sociology and social psychology. Secondly, an older and more 'critical' approach to understanding social capital will be considered. In sociological terms, communitarian approaches of social capital can be viewed as having similarities with a 'consensus' framework of society that emphasise social cohesion, and assumes a 'consensus' model of social and community relations (Giddens & Birdsall, 2001). On the other hand, critical approaches draw upon conflict models of society, which, influenced by Marxist perspectives that consider the distribution of power in society, emphasise social divisions and assume that community relations are underpinned by struggle and competing interests (Giddens & Birdsall, 2001). It is necessary to draw attention to this distinction because this thesis will engage with both of these approaches to understanding social capital. In particular, this thesis will explicitly draw upon 'critical' understandings of social capital to inform an analysis of women's community group participation and the ways in which it may be influenced by gender and socioeconomic factors. The following section provides an overview of communitarian perspectives of social capital.

2.2 Communitarian Approaches

Robert Putnam has become prominent for developing a communitarian approach to social capital, particularly in his work 'Bowling alone: the Collapse and Revival of

American Community' (2000), in addition to earlier works (Putnam, 1993, 1995) and subsequent researchers in a number of fields, including public health and social epidemiology, have been influenced by his approach (Moore et al., 2006, 2005).

Putnam describes social capital as:

The core idea of social capital theory is that social networks have value ...social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called “civic virtue”. The difference is that “social capital” calls attention to the fact that civic virtue is most powerful when embedded in a dense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital. (Putnam, 2000, pp. 18-19).

Putnam (2000) describes the value of cohesive, trusting social connections between people, as important for facilitating reciprocal activities and mutual cooperation. Ultimately, he argues, these kinds of relationships have positive implications, as they ensure the strength of democracy within countries. Thus, through the development of social relationships which are based on shared norms of trust and reciprocal behaviour, people have the potential to act together for their shared benefit. These cohesive, trusting social relationships which facilitate cooperation constitute the ‘social capital’ of a group or community. Importantly, for the purposes of this thesis, which focuses particularly on participation within community groups, Putnam (2000) views ‘civic engagement’ such as participation in a range of voluntary associations, clubs and societies, as a crucial means to bring people together, in order to develop the shared norms of cohesion and trust from which social capital is developed.

Social capital is described by Putnam (2000) in a way that is comparable to economic capital, in that it can be invested in, accrued, and lost. Putnam (2000) uses this capital analogy to argue that a ‘decline’ in the total amount of social capital available has negative implications for communities. However, unlike economic capital, Putnam’s approach views social capital solely a property of groups and communities, and it cannot be meaningfully understood as a concept that is accrued and ‘spent’ at the individual level (Baum & Ziersch, 2003).

The emphasis on social cohesion, shared norms and values as the basis for generating useful 'capital', illustrates shared themes with sociological approaches described as functionalist or 'consensus' models of society. Consensus approaches are concerned with the maintenance of social stability and order through social cohesion and widely accepted and shared social norms, values and rules (Giddens & Birdsall, 2001). This consensus approach has been identified with the work of Durkheim (Giddens & Birdsall), and the theoretical influence of Durkheim on the development of social capital, particularly in the field of health, has been noted (Kawachi & Berkman, 2000; Muntaner & Lynch, 1999; Turner, 2003).

Furthermore, this approach towards social capital is labelled 'communitarian' because it is consistent with themes in communitarian thought. Communitarian philosophy emphasises shared community responsibilities, 'civic participation', and the social interdependence of communities, through mutual reciprocity and collective social action, rather than viewing society as a collection of autonomous individuals (Frazer, 1999; Tam, 1998). Thus, Putnam's approach resonates with many elements of communitarian philosophy, and his work has been viewed as part of a broader communitarian trend which has influenced politicians in the U.S. and the U.K. (Frazer, 1999). In Australia, the communitarian perspective of social capital has been advocated by Cox (1995, 2000), who has argued that the concept provides a useful framework for putting 'the social' back into political decisions, in order to correct the 'excesses' of economic market forces (Cox, 1995).

It is important to highlight the communitarian underpinnings of Putnam's approach because this thesis will be concerned with examining this approach to social capital in a critical way. The following section considers the structure and operation of social capital (according to communitarian perspectives) in more detail.

2.2.1 The operation of social capital

This thesis will focus upon exploring social capital by considering women's participation in community groups. It is therefore necessary to have an understanding of the ways in which social capital is assumed to operate. Putnam's (2000) definition of social capital refers to norms of reciprocity and trust that arise from social connections, and their ability to facilitate cooperation between people. However,

Putnam's definition has been criticised for not clearly defining and separating the 'sources' and 'outcomes' of social capital (Portes & Landolt, 1996; Portes, 1998), such as the mechanisms that 'generate' and give rise to social capital, and the consequences or outcomes of social capital. Thus, social capital has been operationalised by others as consisting of two separate components: infrastructure and resources (Cullen & Whiteford, 2001; Kilpatrick & Falk, 1999; Uphoff, 2000; Ziersch, 2002, 2005).

Infrastructure refers to 'the features of social organisation', such as participation within community groups, informal friendship networks, and the social norms that exist within these groups that enable cooperation between people. This consists of two elements: 'cognitive' or 'value' infrastructure, including aspects such as norms of trust and reciprocity, and 'structural' or 'interactional' infrastructure, which relate to the constitution and organisation of the social networks and groups themselves, and the types of social ties within those networks (Kilpatrick & Falk, 1999; Uphoff, 2000; Ziersch, 2002, 2005). Thus, participation within a voluntary community group can be viewed as an aspect of 'structural' social capital infrastructure.

The focus on 'cognitive' or 'value' elements such as trust and reciprocity is a distinguishing feature of communitarian approaches (B. Edwards & Foley, 1998). This thesis focuses particularly upon one particular aspect of 'structural' social capital infrastructure, by examining the 'nature' of women's participation in community groups, and specifically considering aspects of their involvement relating to the types of groups in which they are involved in, the nature of their relationships within groups, and the requirements and tasks expected from them to maintain their involvement.

Social capital 'resources' or 'outcomes' refer to the potential or actual resources that individuals, groups and communities gain access to as a result of their 'social capital infrastructure', such as their participation within a community group, and their trusting and cohesive relationships with other people (Cullen & Whiteford, 2001; Uphoff, 2000; Ziersch, 2002, 2005). This thesis will utilise this notion of social capital 'outcomes' by examining women's perceptions of the personal consequences of their community group participation, and how these are perceived to impact upon their mental health and well-being.

Putnam (2000) has expanded upon earlier 'network' approaches to understanding social relations by describing different types of network ties (structural infrastructure) that are necessary to develop social capital. The following section considers these types of social 'ties' in more detail.

2.2.2 Bonding and bridging ties

Putnam (2000) draws upon the earlier work of sociologist Granovetter (1973), who referred to 'strong' and 'weak' ties between people, in his development of the idea of 'bonding' and 'bridging' social capital¹. Social ties between people in a social network are referred to as 'bonding' if they are strong connections between similar individuals. This refers to cohesive ties between people in similar circumstances who have access to similar amounts of resources, and 'bonding' social capital is thought to promote the development of strong 'in-group' identities (Kawachi, Subramanian & Kim, 2007). In contrast, bridging connections refer to 'weaker' ties between diverse individuals who may be dissimilar in relation to their social and cultural circumstances, ethnic background, and levels of access to economic resources (Kawachi, 2006; Kawachi et al., 2007). Examples can include being involved in 'civic organisations', such as service clubs and voluntary associations, that can facilitate 'weak' ties between individuals who are diverse in terms of gender, cultural and ethnic background, and professional occupation (Kawachi et al., 2007; Kim, Subramanian & Kawachi, 2006).

'Bridging ties' are seen as having the most potential for generating positive community outcomes and for promoting population health, whereas 'bonding' social ties, even though they may offer social support, are also thought to have the potential to be exclusionary and lead to negative health outcomes (Baum & Ziersch, 2003;

¹ This approach has also been extended to include a third category of social connection: 'linking' ties, which refer to 'vertical' social ties which cut across networks of power in order to allow individuals (who may be in disadvantaged circumstances) to be connected to more powerful groups and institutions (Woolcock, 1998; Szreter, 2002), although others view this as a 'special' type of 'bridging' social connection (Kawachi et al., 2007).

Kawachi et al., 2007; Putnam, 2000). However, as Putnam (2000) has acknowledged, the distinction between these two categories of social ties is problematic, as social contacts can simultaneously be both ‘bonding’ and ‘bridging’ on different dimensions. Furthermore, the classification of a social group as ‘bonding’ rests upon assumptions about the homogenous nature of that group of people, which may be incorrect (Lowndes, 2004).

An understanding of the concept of ‘bonding’ and ‘bridging’ ties, and how they have been included within the social capital literature, is relevant to this study because, in considering the nature of women’s involvement in community groups, this thesis will examine the types of social connections that women establish within groups, and the personal outcomes and ‘resources’ that are provided by these social connections. Below, the role of civil society and ‘community participation’ within communitarian approaches is considered in more detail, as this thesis is concerned with women’s participation in community groups.

2.2.3 Social capital, civil society and community participation

An important aspect of Putnam’s approach is the valuing of the sphere of ‘civil society’ as an important source of ‘structural’ or ‘interactional’ social capital infrastructure; that is, social networks and connections between people, and particularly, as a source of ‘bridging’ (and ‘linking’) social ties (Mackino & Starfield, 2001). Volunteering, involvement in community associations, and ‘civic participation’ have been identified as central themes in the social capital literature in political science (Wuthnow, 2002), and participation in civil society is also a key theme in communitarian thinking (Frazer, 1999). The social relationships that arise from participation in civil society are viewed as having potential for generating ‘cognitive’ infrastructure such as trust, cohesion and reciprocity, which in turn is thought to facilitate mutual cooperation, resulting in beneficial community outcomes.

‘Civil Society’ is a contested notion, and there is a large literature concerning how the concept is defined (see B. Edwards & Foley, 1998; or Hyden, 1997; for reviews). Generally, it is viewed as consisting of citizens’ *voluntary* involvement in groups and organisations which is uncoerced by the state, and occurs in a separate sphere of social life that exists outside of family and kinship ties, paid economic labour, and

government institutions (Wuthnow, 2002). Thus, this participation occurs in a so-called 'third sector' (Tam, 1998). However, this separation of the spheres of 'state', 'economic market' and 'family' is problematic because the boundaries around such activities are not 'neat' and clear-cut (Cox, 2000; Edwards & Foley, 1998). Thus, 'civil society' participation may overlap with activities that relate to family, paid work, and may be linked with government agencies. The following definition of civil society provides a useful overview of the concept:

Civil society refers to the arena of uncoerced collective action around shared interests, purposes and values. In theory, its institutional forms are distinct from those of the state, family and market, though in practice, the boundaries between state, civil society, family and market are often complex, blurred and negotiated. Civil society commonly embraces a diversity of spaces, actors and institutional forms, varying in their degree of formality, autonomy and power. Civil societies are often populated by organisations such as registered charities, development non-governmental organisations, community groups, women's organisations, faith-based organisations, professional associations, trade unions, self-help groups, social movements, business associations, coalitions and advocacy groups. (The Centre for Civil Society, London School of Economics, 2004).

In communitarian accounts, participation within civil society is considered to be an important source of 'social capital infrastructure'. Some commentators take a 'minimalist' position of civil society, and argue that only involvement in political and civic associations should be included (Hyden, 1997). In relation to communitarian concepts of social capital, understandings of civil society participation are influenced by the work of Alexis de Tocqueville, who argued that participation in a wide range of civic associations was an important aspect of democracy in the U.S. (De Tocqueville, 1863/1969; see also Arneil, 2006; Foley & B. Edwards 1998). This 'Tocquevillian' concept of 'associational life' (Edwards & B. Foley, 1998; Hyden, 1997) typically takes a 'broad' view of civil society, rather than only focusing upon explicitly 'civic' or political groups. Putnam adopts this 'maximalist' position of civil society (Hyden, 1997) and includes any kind of voluntary involvement, from sporting, social and recreational clubs based on

personal interest, faith-based organisations, through to more formal civic engagement and involvement in political parties, as important forms of ‘civic engagement’ that generate positive social capital.

Furthermore, social capital has also been used as an explanatory construct in public health research which has looked at participation in a range of social, recreational, civic and community activities (for example: Baum et al., 2000; Ellaway & Macintyre, 2007; Hyypaa & Maki, 2003; Ziersch & Baum, 2004). It is this broad ‘maximalist’ understanding of participation in civil society that is adopted within this thesis. Community groups are therefore viewed as including a range of social, recreational, sporting, charitable organisations as well as political, civic and volunteer groups.

2.3 Criticisms of communitarian approaches

Communitarian approaches influenced by Putnam (2000) have been extensively criticised on a number of grounds, particularly by commentators who are concerned about the potentially conservative nature of the implications, particularly the argument that it is important for people to ‘unite’ and ‘come together’ in order to develop greater levels of cohesion and social capital (Putnam, 2000; see also Putnam & Feldstein, 2003). Many critics see this as a dangerous prescription, as such ‘coming together’ can be based upon dominant norms that may exclude and marginalise disadvantaged individuals and groups (see for example Arneil, 2006; Muntaner & Lynch, 2002; Navarro, 2002, for critiques). Putnam’s account of social capital has also been criticised for relying upon an overly ‘romanticised’, nostalgic and simplistic view of the past (Arneil, 2006; Leonard, 2004).

Putnam’s communitarian approach has also been criticised for a methodological ‘fuzziness’ and lack of clarity (Portes, 1998), for the use of the term ‘capital’ to employ economic terminology to describe social processes and relationships (Fine, 2001; Fischer, 2005) and for the ways in which it tends to view communities, and the individuals and groups within them, in uniform and homogenous ways (Boneham & Sixsmith, 2006; Wakefield & Poland, 2005). It has also been argued that Putnam’s perspective ignores the role of structural and environmental factors which are outside the control of individuals, which can influence the extent to which people are able to

socially engage within communities (Morrow, 1999). A central criticism has been the neglect of issues of power and inequality that exist within and between groups and communities (Campbell, 2001; Franklin, 2003; Muntaner & Lynch, 2002; Navarro, 2004; Popay, 2000).

The neglect of the role of power and inequality is particularly relevant to feminist critiques of communitarian approaches, which direct attention specifically towards gender when considering how communitarian approaches have ignored social inequality (Arneil, 2006; Gidengil & O'Neill, 2006; Molyneux, 2002). The section below briefly considers criticisms that relate to how communitarian approaches have ignored structural inequalities based on 'class' and socioeconomic factors. Following this, some key feminist criticisms of communitarian approaches are discussed. The issues raised by these critics are particularly relevant to the focus of this thesis, in terms of the ways in which women's participation in community groups is shaped by gender, and other social and economic factors, and the differential implications of their involvement for their mental well-being.

2.3.1 Criticisms of social capital: The role of class difference and structural inequalities

Communitarian accounts of social capital have been criticised for failing to pay attention to the wider societal conditions in which people's social interaction and community involvement are located (Foley & B. Edwards, 1999; Forbes & Wainwright, 2001). Some critics, in particular Muntaner, Lynch and colleagues (see Lynch, Due, Muntaner & Davey-Smith, 2000; Muntaner, 2004; Muntaner & Lynch, 1999; Muntaner & Lynch, 2002; Muntaner, Lynch & Davey-Smith, 2000) have particularly noted how the social capital literature in public health has failed to pay attention to class dynamics and class struggle. It has been argued that communitarian approaches do not adequately consider how community participation and the 'social capital' resources it generates can reinforce and perpetuate class inequalities (Foley & B. Edwards, 1999; Forbes & Wainwright, 2001; Lopez & Stack, 2001).

Putnam's (2000) approach promotes certain types of 'civic engagement', such as involvement in locally-based neighbourhood associations, voluntary organisations, and service clubs, as he considers this type of involvement is particularly useful for

generating ‘bridging’ social capital and generating social cohesion. However, he views these types of participation in unproblematic ways, and does not address the issue that they are often activities typically undertaken by, and more available to, relatively advantaged ‘middle’ classes (Arneil, 2006).

Class-based patterns of voluntary and community involvement, particularly among women, will be explored in more detail later in this chapter. At this point, it is worth noting that Putnam’s approach privileges certain types of civic activities, and associated values and norms, which may be disproportionately undertaken by those in more advantaged social groups. Furthermore, Putnam’s (2000) use of the distinction between ‘bonding’ and ‘bridging’ social capital focuses upon individual social mobility as a way in which individuals gain access to useful social capital, thus, poorer and disadvantaged individuals need to gain access to more bridging ties in order to ‘get ahead’ (Bruegel, 2005). This individually-focused account neglects the possibility that broader inequalities, based upon, for example, gender, ‘class’ or ethnic background, provide structural obstacles which may prevent individuals from accessing such ties. The section below considers prominent feminist criticisms of Putnam’s communitarian approach.

2.3.2 Feminist criticisms of communitarian approaches

This thesis is concerned with examining the role of gender in shaping women’s participation, and this study draws upon feminist perspectives in the design of the research and methodological approach (see chapter 3). Thus, feminist critiques of the dominant approaches to conceptualising social capital are particularly relevant for this study. However, it is important to note that some feminists, including Cox (1995), have argued in favour of communitarian approaches to social capital, and particularly emphasised the potential for social capital to provide a way to include a consideration of the social contexts of people’s lives within policy debates, as an antidote to individualistic, neo-liberal and ‘rational’ approaches. Indeed, it has been argued that this emphasis on community and social relationships offers a potential affinity between studies of gender and social capital (Lowndes, 2004). Cox has also argued that, with a focus on community, the concept of social capital offers a more ‘holistic’ framework to understand and reconceptualise women’s citizenship (Cox, 1999).

However, many feminist researchers and commentators have criticised communitarian perspectives of social capital for failing to adequately consider gender, and issues of gender inequality (Gidengil & O'Neill, 2006). In particular, Molyneux (2002) has made the argument that mainstream social capital approaches have both neglected gender relations and included gender in ways that are problematic. This is a useful insight for understanding the ways in which communitarian approaches have addressed, or not addressed, gender issues, and the following section expands upon this theme of 'presence' and 'absence'.

The absence of gender in communitarian approaches.

Many feminist researchers have argued that the communitarian conceptualisation of social capital, as developed by Putnam (2000), has failed to include a consideration of gender, as it draws upon gender-neutral concepts, and is, consequently 'gender blind' (Arneil, 2006; Bruegel, 2005; Gidengil & O'Neill, 2006; Lowndes, 2004; Molyneux, 2002). Thus, communitarian perspectives have been criticised for viewing social capital and 'civic engagement' as occurring in a uniform fashion for everyone within a community, and as having potential benefits that operate in similar ways for diverse groups of people across differing social contexts (Boneham & Sixsmith, 2006; Wakefield & Poland, 2005;). In this way, the social contexts of men and women's lives, and the ways they participate in community activities, are considered in a uniform and homogenous fashion (Lowndes, 2004).

This criticism does not just apply to gender, as it has been argued that Putnam's (2000) account does not adequately consider the diverse contexts in which other social groups (for example, ethnic minority groups and people with disabilities) participate in community activities. Relatedly, it has been argued that communitarian accounts of social capital neglect the ways in which structural inequalities can exclude such groups from participating within community organisations (Arneil, 2006; Campbell, Cornish & McLean, 2004; Campbell & McLean, 2002;).

It has been argued that the tendency in some of the social capital literature to view participation in community and social activities in a 'gender-neutral' fashion, obscures important differences in the ways men and women access 'social capital' through such participation. For example, Putnam's (2000) account includes both the

activities of men and women into one overarching story of a perceived 'decline' in civic and community participation in the U.S, and a resulting 'loss' of social capital. However, Arneil (2006, pp. 41-91) challenges this by specifically considering women's participation in the U.S, within a range of civic, community and recreation associations, and shows a more detailed and complex picture of organisations that have retained or increased their membership rates among women. Thus, she argues that it is not appropriate to combine the activities of both men and women into one story of 'lost' social capital (Arneil, 2006).

Lowndes (2000) has argued that social capital researchers, particularly Putnam (1995), in his study of social capital and 'civic engagement' in Italy, have privileged activities which are traditionally male-dominated. However, she has subsequently acknowledged that Putnam's (2000) work in 'Bowling Alone' does focus more upon areas participation that are relevant to women, including 'informal' social activities, such as visiting friends, and groups which are based upon 'reciprocity' through exchanging childcare, in addition to participation within school-based community groups and parenting associations (Lowndes, 2004). Nevertheless, she argues that the analysis of social capital in 'Bowling Alone' (2000), in addition to the research examining social capital and community involvement in the U.K, conducted by Hall (1999), fails to give adequate consideration to the differential implications for men and women of the distinct ways in which they participate in social and community activities, and create 'social capital' (Lowndes, 2004).

The literature discussed above, which addresses a relative lack of attention paid to the gendered nature of women and men's social capital, is relevant for this thesis, because it aims to contribute towards redressing the relative lack of attention that has been paid to the gendered organisation of women's social capital. The section below highlights some of the ways in which feminists argue that gender is 'present' in troubling ways in communitarian accounts of social capital.

The problematic presence of gender in communitarian approaches

Despite communitarian accounts of social capital being presented in gender-neutral ways, feminist commentators argue that these accounts are implicitly contingent upon gendered assumptions about the nature of women's roles and social behaviour.

This reliance on gendered assumptions is troubling for feminists, because it reflects an acceptance of traditional gender divisions of labour and gender inequality (Arneil, 2006; Gidengil & O'Neill, 2006; Molyneux, 2002).

It has been well documented that women's participation in 'civil society' community groups and the voluntary sector is consistent with gendered divisions of labour, in that it often represents an extension of traditional female gender roles relating to childcare and family responsibilities, and can be underpinned by a traditionally feminine 'ethic of care' (Bruegel, 2005; Gidengil & O'Neill, 2006; Hook, 2004; Lister, 2005; Lowndes, 2000). The gender-differentiated nature of women and men's community involvement will be considered in more detail later in this chapter. At this point, it is worth noting that the types of community involvement in which women are commonly engaged, for instance in educational organisations and community and welfare groups, are considered important for creating positive community-level 'social capital' (Putnam, 2000).

Communitarian accounts have been criticised for not reflecting critically upon the gendered nature of women's involvement in civic and community activities, and the implications of this for individual women (Molyneux, 2002). In Putnam's (2000) approach, women are seen as having an important role to play in maintaining social capital within the home, family and local community, particularly in their positions as mothers (Kovalainen, 2004; Molyneux, 2002). For example, Kovalainen (2004) highlights Putnam's argument that children from low-income families can 'do well' in life if their mothers have access to social capital.

In this respect, Putnam's argument is similar to that of educational sociologist and rational choice theorist Coleman (1997). While Coleman's (1997) approach to conceptualising social capital cannot be labelled as 'communitarian', his perspective has influenced Putnam's approach (Portes, 1998). Coleman (1997) argued that families where both parents worked outside the home were 'deficient', as it was preferable for children to have a parent with them during the day, and that, in situations where both parents worked in paid employment, there would be a 'loss' in social capital to the child's school-based community. Coleman also stated that: "The most prominent element of structural deficiency in modern families is the single parent family" (Coleman, 1997, p. 89).

Similarly, Putnam (2000) has argued that women's increased levels of entry into the paid work force in the latter half of the 20th century have partially been responsible for the perceived 'decline' in social capital in the U.S. It is worth noting that Putnam's (2000) analysis of issues relating to time, work pressures and family responsibilities (and the implications for social capital) focus exclusively on women's choices in regard to how they balance home and work commitments, and the data he considers (2000, chap. 11) does *not* include men's experiences in relation to employment and family commitments, and the time they have available for community activities which 'create' social capital. The claim that women's increased entry into paid employment has been partially responsible for a loss of social capital has been subjected to extensive feminist critique (Arneil, 2006, Gidengil & O'Neill, 2006; Kovalainen, 2004). For the purposes of this thesis, it is important to highlight Putnam's argument concerning women and paid employment, because it illustrates an implicit assumption that women are 'naturally' predisposed towards creating social capital through their family roles (Arneil, 2006).

Although Putnam has explicitly disclaimed the view that women are to 'blame' for the supposed decline in social capital, this argument about the role of women's paid employment nevertheless has problematic implications for gender equality (Arneil, 2006). Putnam argues that women should be able to work part-time, instead of full-time, so that they can spend more time in voluntary community activities which build useful social capital for their families and local communities (Putnam, 2000). This position, and the data upon which Putnam draws to come to this conclusion, are subjected to a comprehensive critique by Arneil (2006, pp. 93-100). She argues that Putnam's approach illustrates the assumption that women (rather than men) should be the ones to take sole responsibility for readjusting their professional and family lives in order to have more time for voluntary community involvement. Ultimately, she concludes:

This argument is a deeply worrying acceptance of gender inequality... continuing to embrace the traditional view that women should be the ones to invest time and energy in civic activity in order that their families and others in the wider community might benefit (Arneil, 2006, p. 98).

In a similar vein, Molyneux (2002) argues, in the context of community development programs in South America, that if women's work within their local communities is seen as a 'natural' consequence of their gendered responsibilities as mothers and caregivers, then it is likely that individual women will be exploited, as social capital initiatives will be designed in ways that rely disproportionately upon women's unpaid work (Molyneux, 2002).

To summarise, these criticisms highlight how dominant communitarian approaches to understanding social capital have viewed women as important for building useful social connections at a *community* level (rather than for benefiting individual women themselves), and women are seen as generating social capital in ways which relate to their 'caring' roles, particularly as mothers. Thus, women's roles are seen in an *essentialist* way, as they are viewed as 'naturally' predisposed to creating community social capital for their families and communities. As Arneil (2006) argues, this view of women's responsibilities is based upon an implicit acceptance of gender inequality, whereby women could have more time available for voluntary activities if they participated less within the paid workforce. These criticisms are relevant to this study, as this thesis aims to analyse social capital in ways which are attentive to issues of gender inequality. The following section considers a more critical approach to understanding social capital, which pays greater attention to the dynamics of power within social groups, and how these shape the nature of 'social capital infrastructure' and the resources that flow from it.

2.4 Critical approaches

As noted, it has been argued that the central flaw with communitarian approaches to conceptualising social capital is that they fail to locate the concept of social capital within a wider theory of power relations (Campbell, 2001; R. Edwards, 2004; Kovalainen, 2004; Molyneux, 2002). Thus, the essentialist way in which women's gender roles are viewed, as described above, neglects the unequal power relations that underpin such roles. Given the critiques of communitarian approaches outlined above, it is necessary to consider Bourdieu's (1986) more critical perspective of social capital.

2.4.1 Bourdieu's conceptualisation of social capital

An older, more critical perspective to understanding social capital was developed by French sociologist Pierre Bourdieu (1986). Bourdieu's approach is more consistent with 'conflict' models of society that emphasise social and economic divisions and inequality, rather than social cohesion. Researchers who wish to engage more critically with the concept of social capital have argued for the value of Bourdieu's approach (Arneil, 2006; Baum, 2000; R. Edwards, 2004; Foley & B. Edwards, 1997; Gidengil & O'Neill, 2006; Morrow, 1999, 2001; Portes, 1998). However, Bourdieu only discussed the concept of social capital in detail in one article, 'The Forms of Capital' (1986), and as such, his concept of social capital, unlike the some other forms of capital he discussed; (particularly cultural capital) was significantly underdeveloped. Nevertheless, Bourdieu's perspective has been used increasingly in studies of health, social capital and participation (see for example: Baum & Palmer, 2002; Campbell et al., 2004; Carpiano, 2006, 2007; Morrow, 2006; Stephens, 2007b, 2008; Ziersch, 2005), although this conceptualisation is used less frequently in health research in comparison to communitarian approaches (Moore et al., 2005; Wakefield & Poland, 2005). The following section explains Bourdieu's approach in more detail.

2.4.2 Bourdieu's conceptualisation: social capital as one form of capital

Bourdieu (1986) viewed social capital as one form of capital, and he defined the main other forms of capital as: economic capital, cultural capital, and symbolic capital. In Bourdieu's account, all these types of capital represent forms of power available to the individual, and they all signify a unitary form of 'capital' (or power) in different 'guises' (Schuller et al., 2000). Bourdieu defined social capital as:

The aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition, or in other words, to membership in a group – which provides each of its members with the backing of a collectively-owned capital, a 'credential' which entitles them to credit, in the various senses of the word (Bourdieu, 1986 p. 249).

Thus, social capital refers to the actual or potential resources that an individual can access as a result of their membership and inclusion within groups and social networks. Unlike communitarian approaches, Bourdieu's account does not focus on 'cognitive' or 'value' infrastructure such as trust, cohesion and reciprocity, and thus, infrastructure is restricted to 'structural' or 'interactional' forms: such as the amount and type of social relationships within a particular group. Another difference with communitarian approaches is that this perspective emphasises how social capital operates at the level of the individual (Baum & Ziersch, 2003). For the purposes of this thesis, it is useful to have a comprehensive understanding of Bourdieu's approach, and the following section explains how Bourdieu defined the other types of capital, and how all forms of capital fit more broadly into his theory of class relations.

As outlined, Bourdieu saw social capital as one of a range of capitals. Economic capital refers to material and monetary wealth and resources (Bourdieu, 1979/1984, 1986). Cultural capital is the most developed of Bourdieu's forms of capital and consists of three forms: embodied, objectified, and institutionalised (Bourdieu, 1986). Embodied cultural capital represents an individual's knowledge and skills, and objectified cultural capital refers to goods and objects, which can be obtained through economic capital, and utilised through embodied cultural capital, for example, possessing the skills and knowledge to use or understand the goods or objects, such as being able to operate a particular machine (Bourdieu, 1986). Institutionalised refers to educational qualifications, which legitimise employment and allow an economic value to be placed on embodied cultural capital (Bourdieu, 1986).

Symbolic capital refers to individual authority and prestige, and ownership of the other forms of capital is legitimised by the possession of symbolic capital. For example, receiving particular types of educational qualifications, (such as those that arise from medical training or receiving other qualifications such as a PhD, which allow the title of 'Dr.' to be used) can confer social status and prestige upon an individual. In this way, the possession of 'institutionalised' cultural capital is converted into, and legitimised by, the presence of 'symbolic' capital.

Thus, following on from these distinctions, it is clear how possessing certain educational qualifications (institutionalised cultural capital) confers symbolic capital, and also how membership within particular groups, for example, professional societies and exclusive organisations that only accept members by invitation (social capital) can also confer symbolic capital. Since all forms of capital are different representations of a unitary concept of power, all forms can be ‘converted’ into one another (Reay, 2005; Schuller et al., 2000). An individual’s actions are all aimed at maximising the possession of capital, or material and/or symbolic power (Gatrell et al., 2004). Bourdieu’s approach was also concerned with how all forms of capital (including social capital) act to maintain existing power relations by reinforcing patterns of social exclusion and inclusion (Arneil, 2006). This thesis will apply Bourdieu’s understanding of capitals in order to examine social, economic and ‘class’ differences among women in terms of their community participation. The following section considers other aspects of Bourdieu’s approach, including the concept of social ‘fields’ and the ‘habitus’.

2.4.3 Bourdieu’s conceptualisation: fields and habitus

According to Bourdieu, society consists of a number of ‘fields’: dynamic sets of social practices organised around specific interests, which operate with their own internal logic and rules (Bourdieu & Wacquant, 1992). A field consists of a structured system of social positions, or a social hierarchy, and within this system individuals occupy positions with differing levels of power, and struggle to maintain or change their own position (Bourdieu & Wacquant, 1992, see also Gatrell et al., 2004; Williams, 1995). An individual’s position within a field is underpinned by possession of forms of capital, and their position is determined by the volume and composition of capital they possess (Gatrell et al., 2004). In other words; possession of forms of capital is relevant for determining an individual’s location within the wider social structure, or ‘field’. Thus, for Bourdieu, all forms of social relations are characterised by struggle, as individuals attempt to access power in order to maintain or advance their position within various ‘fields’.

In addition to the possession of capital, an individual’s position within the social hierarchy of the ‘field’ is reinforced by processes which view the behaviour, values, norms and attitudes of particular individuals and groups as ‘natural’ and essential,

and through this, groups can exclude others and maintain their elite status. In particular, Bourdieu (1979/1984) developed the theory that it is through the regulation of personal 'tastes' and appreciation of aesthetics that class power is maintained. An example is how certain tastes and behaviours which characterise elite groups act to exclude people, and become regarded as constituting 'snobbery' by other 'outsiders' who are not part of these elite groups. It has also been noted that, whilst economic capital forms the basis of wealth, it is through social and cultural capital that power and privilege are maintained in wealthy groups (Bourdieu, 1986, see also Stephens, 2008).

This is relevant to Bourdieu's concept of 'habitus'. Habitus refers to the process by which individuals come to be 'classified' in certain ways, as occupying particular positions within the social structure, and how individuals come to internalise their own social status, or 'classification' through their everyday practice, including their dispositions, behaviours, roles, tastes, language and body language, which structure their worldview and dispose them to act in certain ways (Gatrell et al., 2004). Although the habitus allows individuals some room for 'change' in their behaviours, attitudes and 'lifestyles', such potential for change is largely constrained by the wider structural factors which shape the habitus, and thus, the habitus the individual does not allow complete freedom, but 'disposes' individuals to act in certain ways (Williams, 1995). Bourdieu (1979/1984) describes the concept of the habitus:

Inevitably inscribed within the disposition of the habitus is the whole structure of the system of conditions, as it presents itself in the experience of a life-condition occupying a particular position within that structure...Lifestyles are thus the systematic products of the habitus, which ...become sign systems that are socially qualified (as distinguished, vulgar, etc.) The dialectic of conditions and the habitus is the basis...which transforms the distribution of capital into a system of perceived differences (1984, pp. 170-172)

Thus, the habitus refers to processes by which the possession of various forms of 'capital' becomes translated into perceived differences between individuals and groups. These perceived differences are maintained through the bodily dispositions, tastes and attitudes of particular groups becoming viewed as 'natural', which, by

disposing people to act in particular ways, further acts to reinforce the ‘classification’ of individuals and groups within particular social classes (Wakefield & Poland, 2005; Williams, 1995). The habitus is relevant to this thesis, as it provides a concept which can be used to analyse the diverse ways in which women may participate in community groups, including the differences among women in the types of participation they undertake, and the reasons for their participation, in addition to the ways in which women perceive their community group participation is part of their everyday ‘lifestyles’. Bourdieu (1980/1990) also placed emphasis on ‘practice’:- everyday behaviours and activities which are not organised consciously, but are often ‘taken for granted’ and governed according to social rules and conventions which are not explicitly recognised (Williams, 1995). This is also relevant to this study, which will consider how involvement in community groups may or may not ‘fit’ within the types of activities, behaviours and interactions that are part of women’s ‘everyday’ lives.

These aspects of Bourdieu’s theory are relevant to considering social capital because they provide an overview of social capital, as a form of power, and locate it in an overall theory of how class power and social hierarchies are reproduced. It is important to understand that social capital is linked, and can be converted into the other forms of capital, and furthermore, the regulation of ‘tastes’ and ‘life-styles’ through the habitus of particular groups mean that certain forms of social and community activities may be undertaken by particular individuals. Thus, whilst joining a wine-tasting club in an affluent area may be an option open to wealthy, professional, white men and women, and may be a sign of the ‘distinction’ of this group, it may be less likely to be undertaken by newly arrived migrants who are part of ethnic minority groups, or factory workers on low-incomes who live in less wealthier parts of a city.

Thus, the options to accrue social capital open to particular individuals and groups (such as women) are determined by the amount of capital they already possess, their particular social context and relative position in the social hierarchy which, in turn, is reinforced by their habitus (Wakefield & Poland, 2005). Drawing from this perspective, it is useful to reflect upon criticisms of communitarian approaches outlined earlier in this chapter, that a focus on encouraging certain types of ‘civic

engagement' in local community organisations and societies represents activities that typify the activities of individuals within relatively privileged class positions (Arneil, 2006). It is also important to note that the availability of social capital to individuals and groups is determined by the historical context in which class-based power relations of advantage and disadvantage have developed.

Thus, social capital is not a resource that is equally open to everyone, and is inequitably distributed (Foley & B. Edwards, 1999). Foley and B. Edwards develop Bourdieu's account to argue that an individual's access to resources through their social network depends upon two factors: firstly, the structure of the network and the individual's position within it, and secondly, the location of the network within the wider social structure. They state:

The social location of the entire network within the broader socioeconomic context shapes the ways that specific networks can and cannot link their members to resources...an individual may have extensive access to resources in a specific network, but the network as a whole may be embedded in a declining sector or an oppressed constituency (Foley & B. Edwards, 1999, pp. 165-166)

In summary, the important aspects of Bourdieu's (1986) conceptualisation of social capital to this thesis are: the insight that the ways in which individuals choose to participate in community groups and social networks is constrained by the wider social structure, including their position within particular 'fields', the types of capital they already possess, and their habitus. Furthermore, that social relations within a 'field' are characterised by conflict and struggle as individuals try to gain access to capital, and lastly, that all forms of capital are inequitably distributed according to the amount and composition of resources that individuals and groups already possess.

This approach is different to communitarian perspectives, as it does not view social capital as an inherently positive 'commodity' for communities, and therefore, does not lead to normative conclusions about whether more social capital needs to be 'built' and 'invested in' within particular communities. Indeed, whilst communitarian accounts are optimistic about social relations, and view them as characterised by

trust, cohesion and cooperation, Bourdieu's perspective illustrates a potentially more realistic approach which sees social relations as characterised by struggle and conflict. Finally, Bourdieu's perspective does not privilege 'civil society' as an important domain in which to invest in social capital, rather, involvement in civil society can be viewed as a particular 'field' or 'fields' against which the contest among individuals for more access to power and resources plays out. However, there have also been critiques of Bourdieu's (1986) approach, and the following section highlights some key criticisms.

2.4.4 Criticisms of Bourdieu's approach

A prominent criticism of Bourdieu's (1986) account is that it relies upon an overly deterministic view of the social world which privileges structure over agency (Schuller et al., 2000; Williams, 1995). Thus, it is a view that focuses upon how social capital maintains and reinforces elite privilege, rather than how it can potentially challenge unequal power relations and enable individuals and groups to change and improve their own position within the social structure (Bruegel, 2005; Szreter, 2002). This is relevant for this study because it will consider whether women's community participation can provide them with positive resources that enable them to create change in their lives which promote their health and mental well-being.

Furthermore, Bourdieu's approach focuses on class relations, and does not direct much attention towards other social inequalities such as gender (Morrow, 2006). Tensions between feminist theory and Bourdieu's larger body of work have been well-documented, particularly in relation to feminist criticisms that the concept of the 'habitus' is 'overdetermined' and does not allow for the potential of social change to resist or challenge class or gender inequality (see for example, Lovell, 2000; McLeod, 2005). This thesis does not aim to explore the theoretical tensions between Bourdieu's broader sociological work and feminism. Rather, this thesis draws upon Bourdieu's (1986) understanding of social capital, as providing a critical perspective from which to view the concept, and to utilise Bourdieu's perspective in a way that includes a consideration of gender, in addition to class and socioeconomic factors.

Despite criticisms that Bourdieu did not adequately address issues of agency and social change, and solely focused on class dynamics, it has been argued that his insights offer a useful starting point for a critical consideration of the operation of social capital (Arneil, 2006; Campbell et al., 2004; Campbell & McLean, 2002). In particular, this approach offers a dynamic perspective which can be adapted to take account of wider sociocultural inequalities beyond class, and the intersections between these inequalities (Bruegel, 2005). The following section considers insights from Bourdieu's perspective that can inform feminist approaches to understanding social capital.

2.4.5 Applying Bourdieu to feminist analyses of social capital

As described above, in his consideration of the concept of social capital, Bourdieu (1986) directed little attention towards other social and cultural inequalities aside from class. Nevertheless, for the purposes of this study, it is useful to consider how Bourdieu's insights can be applied to feminist analyses of social capital and gender, despite his neglect of gender issues. In Bourdieu's account, social capital, in common with all other forms of capital, is inequitably distributed and shaped by wider societal distributions of power and resources, and by the historical context of certain groups having accumulated more power and capital than others (Bourdieu, 1986). This is a useful framework to consider the ways in which gendered power relations may shape and constrain the nature of women's social capital 'infrastructure' and 'resources'. This section highlights feminist research which illustrates the gendered nature of social capital, and considers this literature in light of Bourdieu's conceptualisation.

A body of work has illustrated the gendered operation of social capital, including the ways in which it gives rise to other types of resources. Lowndes (2004, 2006) presents an analysis of women and men's participation in community and political activities in the U.K, including their formal election and involvement within local government councils. She draws on data from the General Household Survey in the U.K. to illustrate that women are often 'rich' in social capital which consists of informal, family and friendship-based social networks within their local areas, and describes other research which demonstrates women's involvement in activities such as participating within their children's schools.

In order to consider the social capital that may arise from political involvement, Lowndes (2004, 2006) examined involvement on local councils in the U.K. This analysis was concerned with differences between women and men in participation in local councils. Women are less likely than men to be elected to councils, and when they are, they are more likely to be older than men, and free of parenting responsibilities (Lowndes, 2004, 2006). Women are also more likely to spend a shorter amount of time in office within local councils, and have lower levels of responsibility, whereas men are more likely to act as committee chairs. She concludes from this that women may be less able than men to ‘spend’, or ‘convert’ the types of informal social capital they already possess, arising from their locally-based friendship networks, in order to ‘get ahead’ in this more formal political arena (Lowndes, 2004, 2006). Furthermore, she argues that: ‘Women’s care and neighbourhood-based networks may, at the same time, present a burden for female politicians and a resource for male politicians’ (Lowndes, 2006, p. 230), as it is possible that men who are elected to local councils can draw upon the support of their wives and partners to both free them from caring and parenting responsibilities, and to utilise their female partners’ locally-based contacts and knowledge of the community to assist them in ‘getting ahead’ in local politics (Lowndes, 2004, 2006).

A similar point concerning gender inequality in the ability to gain resources from social capital is also made by Molyneux (2002), in the context of women’s participation in community development programs in South America. She argues that the types of friendships and social connections that many women in South America have access to do *not* provide them with access to powerful contacts or useful economic resources, and furthermore, that business and political ‘favours’ are often organised within ‘masculine social spaces which exclude women’ (Molyneux, p. 181). Other research has described how entrenched patterns of gendered stigma, discrimination and social, symbolic and material exclusion can act to prevent female sex workers in India from participating in collective action to improve their situation (Cornish, 2006a).

It has also been found that, in conditions of economic hardship in Indonesia, the ‘social capital’ that families use to gain resources in order to survive was generated by burdening individual women, as families utilised their social connections to

maintain pressure on their daughters (who were working in other areas of Indonesia) to continue to provide them with financial resources, even though this was difficult for these women to manage, as they also had financial demands associated with their own living costs (Silvey & Elmhirst, 2003). Notably, the same level of pressure was not applied by families to their sons (Silvey & Elmhirst). Thus, in particular contexts, social capital can be used in ways which benefit families and communities but, at the same time, can disadvantage individual women.

Applying Bourdieu's conceptualisation, we can understand the research discussed above as illustrating the ways in which the social networks that women are involved in are embedded within 'fields' and larger social structures which are characterised, historically, by gender inequality. This gender inequality may manifest itself in the amounts and types of 'capital' that are available to men and women being shaped and constrained by traditional gender ideology. Indeed, Bourdieu's (1986, 1980/1993) approach to conceptualising the forms of 'capital' has been extended to argue that men may be better able than women to 'convert' different types of capital into each other (Reay, 2005). This is due to the types of social capital women possess being perceived as located within the 'private sphere' of family and informal emotional connections, and thus, devalued by wider society (Reay, 2005).

Thus, extending the argument of Foley and Edwards (1999): the types and amount of capital that women do possess may be shaped by their position within wider social structures, which disadvantage women and privilege men. Furthermore, this gender inequality can be manifested in the 'habitus' of women (through behaviours, attitudes, values and dispositions which are consistent with traditional gender norms), in that it is seen as 'normal' for them to invest time, energy and labour into creating social capital for the good of others, rather than themselves (Reay, 2005).

Bourdieu's (1986) approach also provides a framework for understanding how social relations within groups of women may be regulated by the intersection of gender and 'class difference', in that unequal power relations within groups are shaped by women's differential levels of 'status' and symbolic capital, and access to the various other forms of capital. Mayoux (2001) illustrates this through an examination of social capital in the context of women's involvement in micro-finance programs in Cameroon. Mayoux highlights that some respected women leaders of micro-finance

programs explicitly supported traditional gender roles, and the view that women were 'inferior' to men, and notes that loans within micro-finance groups can be distributed unequally, as the most poor and disadvantaged women could be excluded from receiving loans. The social capital that is generated for some women by their involvement in these initiatives may act to exclude other poor and disadvantaged women, in that some women that gain powerful positions within these micro-finance schemes may support traditional gender norms and gender inequality, in order to control and oppress other (usually poorer) women. Thus these findings illustrate how the 'social capital' within communities can reproduce unequal power relations, sustained both by traditional gender norms, which reinforce some women's disadvantage, and pre-existing inequalities in economic, cultural and symbolic capital between women (Mayoux, 2001).

To summarise, Bourdieu's approach illustrates how social capital 'infrastructure' and the resources it gives rise to, operate within broader structures of power and inequality. This is relevant for feminist analyses, which seek to understand social capital within a gendered context (Bruegel, 2005). The following section considers research on community group participation specifically, and how it differs according to gender and socioeconomic factors.

2.5 Voluntary community involvement: Gender and socioeconomic differences

The previous sections have discussed theoretical approaches to understanding social capital and critiques of these. This section now considers research and empirical data that relates to gendered and socioeconomic patterns in voluntary community involvement. It is important to note that the literature examined here is drawn from developed, English-speaking countries such as Australia, the U.S., U.K., and Canada. The availability of research literature from these countries reflects that the notion of voluntary community involvement within 'civil society' is an idea that is located within a specific cultural and historical context, as it is associated with a philosophical tradition that originated in Europe, and is linked with social practices within 'liberal democratic' states (Hyden, 1997).

This section draws upon research located in diverse fields of literature including analyses of volunteering and voluntary work, 'citizen' participation, and participation

in community and social groups, in order to provide an overview of gender and socioeconomic patterns in voluntary community participation. As has already been outlined, all these types of involvement in 'civil society' are considered valuable in creating useful community social capital, according to communitarian perspectives. Thus, despite conceptual differences in this literature, for instance, between 'volunteering' and participation in social community group activities, it is helpful to examine literature that relates to all these types of 'voluntary community involvement', given the broad range of community groups considered in this thesis.

2.5.1 Gender and women's voluntary community involvement

As already noted, women's voluntary community participation has been conceptualised as sitting at the intersection of the 'private' sphere of home, family and domestic life, and the 'public' sphere of civil society (Lister, 2005; Putland, 2000). This is related to broader observations that, due to women's primary responsibility for the care and nurture of children, they develop self-identities which emphasise social connection to, and care for others (Rosenfield, Vertefuille & McAlpine, 2000; see also Chodorow, 1978; Gilligan, 1982; Ruddick, 1980). However, these self-concepts should not be understood as 'fixed' characteristics of men and women, but as socially constructed and open to change, and, furthermore, shaped by inequitable distributions of power, as traditional 'masculine' attributes are typically assigned more prestige, status and authority (Rosenfield et al., 2000). The gendered shaping of women's social identities is relevant for considering the nature and type of voluntary community activities women most commonly become involved in.

Research suggests that patterns of women's voluntary community involvement is consistent with their roles relating to childcare and family responsibilities (Lowndes, 2000) and an ethic of 'care' and 'compassion' for the welfare of others in the community (Bruegel, 2005; Benn, McCarthy & Weeks, 1999; Gidengil & O'Neill, 2006). Indeed, research has identified that these gendered patterns of activity start prior to adulthood, as caring responsibilities (including child-care activities and 'baby-sitting') organise the social involvement of young teenage girls within their local communities (Morrow, 2006). Qualitative studies have also reported that women's voluntary community involvement is often perceived to extend from their

‘maternal nature’ and identities as mothers (Abrahams, 1996; Petrzalka & Mannon, 2006).

Using data from 50 countries, Norris and Inglehart (2006) found that whilst similar numbers of men and women are involved within voluntary community associations, more women are involved in groups concerned with education and arts, religious organisations, gender-segregated groups, and groups providing community welfare services for the elderly and disabled. Women’s higher levels of involvement in religious-based groups and activities has also been noted in U.S. and Canadian research (O’Neill, 2006; Verba, Schlozman & Brady, 1995).

In relation to volunteering in Australia, the Australian Bureau of Statistics has reported that women were more involved in volunteering for community welfare organisations (Australian Bureau of Statistics, [ABS], 2002) and education/training organisations (ABS, 2006b) whereas men dominated in sports and recreation organisations (ABS, 2002; 2006b). Furthermore, higher numbers of women are engaged in voluntary work overall, however, more men volunteer in the fields of sports and recreation, and emergency services (ABS, 2006b; see also Onyx & Leonard, 2000). These gendered patterns in women’s voluntary community involvement have been identified by researchers in other countries, for example in the U.K. (Hall, 1999; Lowndes, 2000), and in the U.S. (McPherson & Smith-Lovin, 1982).

Research in gendered patterns in volunteer work has found that voluntary community participation can reproduce traditional gendered divisions of labour in domestic and household work (Hook, 2004). In the types of tasks that volunteers engage in, women are more likely to be involved in preparing and serving food, whereas men are more likely to be involved in repairs, maintenance and gardening duty (ABS, 2006b). Furthermore, U.S. research has found that men are more likely to occupy leadership positions in voluntary organisations, and are more often involved in teaching or coaching, whereas women are more likely to be involved in activities relating to the preparation and service of food or clothing, fundraising and assisting at events (Rotolo & Wilson, 2007).

A U.S. study also found that women are more likely to belong to gender-segregated groups, and furthermore, that the contacts they have through these organisations are more likely to be with people who are similar in terms of education, age group, marital status and occupation (Poplielarz, 1999). In relation to this point, women's participation could be characterised as producing relatively higher levels of 'bonding' social capital, however, Lowndes (2004, 2006) cautions against such an interpretation, because of the difficulties of defining whether social ties can be classified as 'bonding' or 'bridging', and for relying upon the assumption that certain groups (such as particular groups of women) are homogenous.

In summary, women's higher rates of involvement within community welfare groups suggests the possibility that their voluntary community participation is underpinned by an 'ethic of care' for others in the community. Furthermore, their higher levels of involvement in education organisations supports the idea that some women are likely to becoming involved in voluntary community activities, such as school-based involvement, through their children, and as a consequence of their 'mothering' roles (Lister, 2005). Evidence also suggests that the types of tasks undertaken by women within voluntary community organisations is consistent with gendered divisions of domestic labour. Therefore, the research discussed above suggests some of the ways in which women (and men's) participation within community groups and voluntary associations is organised in gendered ways. The following section provides an overview of patterns of difference in women's community involvement.

2.5.2 Differences among women in voluntary community involvement

Whereas the previous section highlighted literature that relates to how gender shapes women's voluntary community participation, this section will focus upon how women's participation differs according to other social factors. While the stereotype image of someone involved in voluntary community activities has been described as a 'middle class' (white), older Christian woman who is involved in charitable activities through her local church (Benn, et al., 1999; Sixsmith & Boneham, 2003b; Taylor, 2005), women are not a homogenous group and evidence suggests that their participation in voluntary community activities differs according to the varying social, economic and cultural contexts in which they live (Abrahams, 1996; Caiazza, 2001, 2005; Taylor, 2005).

Firstly, it is necessary to provide a brief overview of sociodemographic differences in voluntary community participation across both women and men, in order to set the research relating to women within a broader context. Evidence suggests that participation in voluntary community organisations is differentiated according to indicators of socioeconomic advantage. Higher levels of education are linked with involvement in voluntary associations (ABS, 2006b; Choi, 2003; DiPasquale & Glaeser, 1999; Hall, 1999; McPherson & Rotolo, 1996; Okun & Michel, 2006; Wilson & Musick, 1997). Higher incomes have also been associated with increased involvement in community groups and volunteering (ABS, 2006b; Baum, 2000; DiPasquale & Glaeser, 1999; Hall, 1999; Wilson & Musick, 1997). Australian data shows that individuals who are in paid employment (either full-time or part-time) were more likely to be involved in voluntary organisations than those who were unemployed, or not in the labour force (ABS, 2006b).

Type of participation also varies according to indicators of social class: individuals who are classified as having a 'professional' background are more likely to sit on voluntary committees than those with an unskilled manual work background (Taylor, 2005). Furthermore, those classified as 'middle class' (according to categories of professional background) are more likely to be involved in a wider range of voluntary community organisations, whereas those in 'working' class categories were more likely to be involved in social clubs and trade unions, but are involved in fewer, and less diverse, community organisations (Goldthorpe, 1987, cited in Hall, 1999, p. 438).

Evidence suggests that women's participation in voluntary community activities is consistent with these broader patterns, and organised according to levels of socioeconomic advantage. In relation to volunteering in Australia, more women are involved in voluntary community activities that have higher levels of education and household incomes (ABS, 2006b). This data also indicates that, among women in particular, more were involved in voluntary community activities who worked in part-time employment, as compared with working full-time (ABS, 2006b).

In U.S research, higher levels of family income have been linked with an increased likelihood of involvement in voluntary community organisations among women (Caiazza 2001, 2005). In relation to broader measures of social capital, that included

voluntary activities and more informal social networks, an Australian study found income and location differences, as women on higher incomes, and women who live in rural and regional areas reported more positive perceptions of social networks available in their local communities than those on lower incomes and in urban areas (Healy, Haynes & Hampshire, 2007).

Aspects of women's social identities, or what can be understood as their 'habitus', particularly relating to their class position, ethnicity and age, have been qualitatively examined in relation to their patterns of voluntary community participation. The voluntary philanthropic and charitable work of elite, wealthy 'upper class' women in the U.S. has been argued to be a mechanism for reproducing their class privilege (Kendall, 2002). It has also been found in U.S. research that 'middle class' women are more likely to undertake community and voluntary activities on behalf of groups with which they do not personally identify (Abrahams, 1996).

In contrast, the organised voluntary community involvement of some groups of 'working class' and low income women in the U.S. and U.K. has been seen in more explicitly political ways, as activism, particularly to contribute and assist their own communities (Bruegel, 2005; Lowndes, 2000; Naples, 1992). Similarly, women from particular ethnic backgrounds in the U.S. have been found to become involved in community activities as a way of helping their own ethnic communities, and to promote social change (Abrahams, 1996; Gittell, Ortega-Bustamante & Steffy, 2000). Thus, qualitative evidence suggests that some women from 'working class' backgrounds, and particular ethnic groups, may use their community group participation as a way to resist wider societal inequalities, and to advance social change for themselves and the communities with which they identify. Thus, the type of voluntary community participation women undertake can be shaped by issues of class and ethnic background.

Age is an important dimension which structures the type and extent of women's voluntary community participation. The ABS (2006b) reports that women's involvement in voluntary organisations peaks in the age group 35-44 years, and decreases steadily after that, and more sharply over the age of 65. In relation to the types of involvement that women undertake at various ages, the most common type of organisations that women volunteered for in the 18-34 age group and in the 35-49

age group were education/training organisations and sport/physical recreation organisations (ABS, 2006b). This data suggests a pattern of younger and ‘middle age’ women, including those who may have younger children, being involved in school-based community groups, and in sporting and recreation groups. In addition, ABS figures indicate that 64% of mothers of children in the age group 5-14 years undertook some form of voluntary work (ABS, 2006b).

However, women in the age groups 50-64, and 65 and above, most commonly volunteered in community/welfare organisations and religious organisations (ABS, 2006b). The evidence that higher proportions of older women are more likely to be involved in community/welfare organisations suggests the possibility that, as women get older; the ‘ethic of care’ in their voluntary community involvement extends outwards beyond their parenting duties and immediate family responsibilities. Canadian data also show that women who are involved within religious organisations are more likely to be over the age of 45 (O’Neill, 2006), indicating that religious groups are a prominent source of voluntary community participation for older women particularly. Thus, evidence that suggests that the type of participation women engage in varies with their age indicates that the ‘habitus’ of women, as manifested in their ‘everyday’ practice, behaviours, activities and responsibilities, varies according to their ‘life stage’, and the ways in which the activities they undertake may be organised according to age.

The evidence relating to these patterns in women’s voluntary community involvement indicate a complex picture whereby gender interacts with age, ethnicity, and class position to differentially influence the ways in which women do (or do not) participate in voluntary community groups. Overall, the data reviewed here suggests a picture that is consistent with Bourdieu’s (1986) perspective, in that access to social capital through voluntary community participation is constrained by an individual’s pre-existing levels of capital and by aspects of their ‘habitus’. The following section details how social capital and community group participation have been linked with health and mental well-being, and the relevance of social capital and community participation for women’s health and mental well-being in particular.

2.6 Social capital, community group participation and health

This thesis examines the links between women's community group involvement and their mental well-being. As highlighted previously (pages 6-7), well-being is a complex and multi-dimensional concept (Haworth and Hart, 2007). This thesis views mental health and well-being as part of 'personal well-being', and understands personal well-being as intricately linked, and dependent upon, other domains of well-being, such as relational, organisational, and communal (Prilleltensky and Prilleltensky, 2007).

To set this study within the wider context of research on social capital and health, the following section provides a brief overview of the ways in which social capital and community participation has been linked with health overall. It then describes the pathways by which social capital and community group participation has been associated with mental well-being and women's mental health particularly.

2.6.1 Overview: connections between social capital and health

Within public health research, communitarian understandings of social capital have largely been adopted (Moore et al., 2006, 2005), and the mainstream use of social capital in health research has been argued to be located within a Durkheimian tradition (Kawachi & Berkman, 2000; Turner, 2003). Social capital has been utilised as a construct within studies which quantitatively examine the aggregate associations between measures of health and 'cognitive' elements such as trust, belonging and 'cohesion' (see for example: Kawachi, 1999; Kawachi, Kennedy & Glass, 1999; Kawachi, Kennedy, Lochner & Prothrow-Stith, 1997; Stafford et al., 2004; Young, Russell & Powers, 2004;) and 'structural' elements, such as participation in community groups, volunteering, and other measures of 'civic participation' such as voting (see for example Blakely et al., 2006; Ellaway & Macintyre, 2007; Hyppaa & Maki, 2003; Lindstrom, Merlo & Ostegren, 2002; Lindstrom, Moghaddassi & Merlo, 2004).

Some social epidemiological studies have demonstrated a link between better health and measures of social capital (see Islam, Merlo, Kawachi, Lindstrom & Gerdtham, 2006, for a review), but others have shown weaker links between community level

measures of social capital and health (Veenstra, 2000, 2005; Blakely et al., 2006). However, the way in which social capital has been adopted in public health research, particularly as a construct within social epidemiology, has been criticised. As has already been noted, the adoption of communitarian approaches to social capital in health research has been criticised for ignoring structural inequalities based, for example, upon class, gender and race (Muntaner & Lynch, 2002; Muntaner, Lynch & Davey-Smith, 2001). In addition, quantitative, epidemiological social capital research has been criticised for the multiple and varied ways in which the concept has been operationalised and measured, thereby questioning the value of social capital as a coherent construct (Blaxter, 2004; Boneham & Sixsmith, 2006).

Similarly, others have argued that attempting to operationalise a multi-faceted and complex concept such as social capital into a 'hard-nosed epidemiological variable' is misguided (Campbell & McLean 2002, p. 645; see also Campbell, 2001). In this vein, the importance of qualitative research has been emphasised for exploring, in more detailed ways, the ways in which aspects of social capital are linked with the health of particular individuals and groups in different social and cultural contexts (Boneham & Sixsmith, 2006; Popay, 2000; Whitley, 2007).

This insight concerning the importance of qualitative research informs this study, as it will explore the ways in which community group participation is perceived to be linked with mental health and well-being solely through the use of qualitative, in-depth interviews. This study will qualitatively explore women's 'lay accounts' of their own mental health and how they understand the concept of 'mental health', and how their mental health is perceived to be linked to involvement in community groups. Studies that have explored individuals' 'lay' beliefs and perspectives on health and illness have sought to understand the meanings and 'common sense' explanations that people attribute to their health and health-related issues, including health inequalities (Blaxter, 1997; Kangas, 2001; Kokanovic, Dowrick, Butler, Hermann & Gunn, 2008; Okello & Ekblad, 2006; Popay et al., 2003). Such 'lay' views are differentiated from 'expert' or 'medical' understandings of illness and disorder. However, this distinction between 'lay' and 'professional' understandings of health and illness has been problematised, because of the ways in which 'lay'

views of health are often intertwined with, and cannot be separated from, medical understandings of 'illness' and 'expert' discourses (Shaw, 2002).

Nevertheless, it is argued that there is value in exploring people's own understandings and beliefs about health in order to consider the complex and context-dependent ways in which people experience health and illness (Kokanovic et al., 2008). This study takes this approach in order to investigate fully the ways that women themselves perceive their mental well-being is linked with community group participation. This thesis utilises the notion of 'lay *accounts*', which is argued to be preferable to 'lay beliefs', as it implies that descriptions and explanations of health are shaped and negotiated in the interaction between the participant and researcher, rather than representing 'fixed' and enduring beliefs (Radley & Billig, 1996).

Qualitative research has been conducted in the U.K. that is particularly relevant to the focus of this thesis. A study within a disadvantaged community in northern England specifically explored gender, health and social capital among both women and men (see Boneham & Sixsmith, 2006, Sixsmith, Boneham & Goldring, 2003). This research involved an investigation of young women's accounts of their health, which identified the ways in which young women (many of whom were single mothers) felt their social connections with others were important in times of ill-health (Sixsmith & Boneham, 2004). However, they also found that many young women did not always feel able to access 'social capital resources' from their social ties with friends and relatives, because they were aware of the disadvantages that others faced, and did not want to be an added 'burden'. This suggests that, within a wider context of social disadvantage, individual women are less able to access health enhancing resources from their social capital 'infrastructure'.

In qualitative analysis conducted as part of the same research, Sixsmith and Boneham (2002, 2003a) also reported that men could feel excluded from local 'social spaces', such as a community centres, as these places were seen as largely providing space for women to get together and have social contact. In relation to social capital and participation among older groups of women and men, this research identified that some older women felt their health was enhanced by their informal and formal participation in local community life, whereas many older men did not socially engage in local community life and felt excluded from local social and voluntary

activity (Boneham & Sixsmith, 2006; Sixsmith & Boneham, 2003a, 2003b). Thus, this research identified how the links between health and social capital within a disadvantaged community were differentially shaped according to gender.

Given the qualitative focus of this thesis on women's health, other qualitative research that has investigated social capital and health is also particularly relevant to this study. In a review of 11 published qualitative research studies investigating social capital and health between 2000-2006, Whitley (2007) identified some overall themes that are relevant to the issues being addressed in this thesis. Firstly, qualitative studies have detailed the ways in which the nature of social capital varies between individuals and groups within the same area, and how social capital is differentially distributed within neighbourhoods and between socioeconomic groups, according to pre-existing levels of economic and social resources (Whitley, 2007).

Secondly, whilst qualitative research suggests that aspects of social capital can have a modest role in promoting health and well-being, the damaging impact upon the health of research participants of factors such as poverty, unemployment and discrimination has been identified as relatively more powerful (Whitley, 2007). Finally, the majority of the studies reviewed by Whitley (2007) conclude that Putnam's (2000) approach does not adequately address the ways in which social capital is linked with health, and that Bourdieu's (1986) critical conceptualisation is a useful approach for how social capital may be linked with health and health inequalities (Whitley, 2007).

This thesis builds upon these contributions of qualitative research, by developing a greater understanding of the links between social capital, gender and women's mental well-being. The following section considers research that relates to social capital and mental health specifically.

2.6.2 Social capital, community group participation and mental health

This section focuses on reviewing literature which has considered associations between aspects of social capital, community group involvement and various measures of mental health or mental illness. Although this study will only consider mental well-being qualitatively, in ways which relate to women's own 'lay

accounts', and will not rely upon specific measures of mental health, it is still useful to review the broader literature concerned with social capital and various measures of mental health. This is helpful because it provides information regarding the ways in which aspects of social capital have been linked to mental health and well-being, and the findings of this thesis can be considered in light of this wider literature.

Social capital has been viewed as particularly relevant for mental health, because it is argued that psychological mechanisms provide the pathways by which social capital affects health more broadly (McKenzie & Harpham, 2006). One pathway that has been proposed for how social capital influences health and mental health is through 'psychosocial' mechanisms (Kawachi & Berkman, 2000). It is argued that the perception of the availability of cohesive, supportive social relationships that is provided by 'high' levels of social capital fosters a positive sense of self-esteem, mutual respect, control and belonging in individuals (Kawachi & Berkman, 2000; 2001). The perceived availability of support from others also acts as a 'buffer' against distress (Kawachi & Berkman, 2001).

These points tap into a large body of research which has documented the importance of social support and meaningful social relationships on health and mental well-being (see Berkman, Glass, Brisette & Seeman, 2000; Kawachi & Berkman, 2001 for reviews). Despite criticisms that social capital is merely a 'rebadging' of earlier research that was conducted under the label of 'social support' (Lynch et al., 2000), social capital has been used as an overarching device to explain the relationships between social ties and positive mental health, and social support and related concepts (such as social integration and cohesion) have been viewed as components of social capital (Lin, 1999; Kawachi & Berkman, 2001).

Evidence in relation to measures of social capital and mental health is mixed (Almedom, 2005; DeSilva, McKenzie, Harpham & Huttly, 2005; Whitley & McKenzie, 2005). In a review of the quantitative literature, DeSilva et al. (2005) divide research on social capital and mental health into studies that focus on measuring 'structural' social capital, studies that focus on measuring 'cognitive' social capital, and studies that consider both. They found that individual level measures of cognitive social capital (including measures such as trust and sense of cohesion) were associated with lower levels of common mental disorders. However,

the relationship between individual level structural social capital (measures such as voluntary group membership and social participation) and common mental disorders was mixed and inconclusive (DeSilva et al., 2005). This suggests that there is no clear relationship between mental well-being and participation within voluntary and community groups.

In relation to community group participation and positive mental well-being, it has been argued that the meaningful social roles and cohesive, supportive social connections that arise from community involvement and participation can facilitate individuals having a sense of control, purpose and achievement. This is beneficial for psychological well-being, and is viewed as contributing towards personal empowerment (Florin & Wandersman, 1990; Peterson, Lowe, Aquilino & Schneider, 2005; Rappaport, 1978). Empowerment is a multi-level construct (Rappaport, 1978) that has been described as referring to: ‘The ability of people to gain understanding and control over personal, social, economic and political forces in order to take action to improve their life situation’ (Israel, Checkoway, Schulz & Zimmerman, 1994, p. 152). Thus, processes that ‘empower’ people, by enabling them to have increased control over their circumstances, can be viewed as beneficial for their psychological well-being (Zimmerman & Rappaport, 1988).

Empowerment is viewed as a central strategy to promote health and mental well-being (WHO, 1986), and community participation is seen as an important strategy to ‘empower’ people. However, research in relation to Indian sex workers’ participation in HIV prevention programs has drawn attention to the qualitatively different activities which participation can consist of; and the different ways in which community participation can empower individuals (Cornish, 2006b). Thus, it is argued that the concept of empowerment should always be considered in relation to *what* individuals and communities are being empowered to do (Cornish, 2006b). This is relevant for considering whether different types of community group participation can empower women in ways which also enhance their mental well-being.

Other studies have identified a positive link between measures of mental health and participation. Ellaway and Macintyre (2007) found that participation in some types of groups was associated with lower levels of psychological distress, and this relationship was particularly strong for men. In relation to voluntary group

involvement, Piliavin (2005) found an association between positive mental health and involvement in voluntary activities, and attributes this to the benefits for an individual of maintaining ties with their community and helping others. Rietschlin (1998) also found that voluntary group membership was associated with lower levels of psychological distress. Research has also shown that, for older individuals, those that are engaged in voluntary activities have better psychological well-being than those that do not (see Wheeler, Gorey & Greenblatt, 1998). However, it has also been argued that this is complicated by the finding that those with better pre-existing mental health more often choose to become involved in voluntary activities (Thoits & Hewitt, 2001).

Community participation has also been linked with negative mental health outcomes. In a study in suburban Adelaide, Ziersch and Baum (2004) found that involvement in 'civil society groups' was not necessarily positive for individual health. Participants reported a perceived link between their participation in groups and negative consequences for their mental well-being. Participation in community groups has been identified as producing 'costs' for the individual; such as potentially stressful demands on personal resources, time and energy, and divisive and negative social interaction (Chinman, Wandersman & Goodman, 2005; Klandermans, 1984; Prestby, Wandersman, Florin, Rich & Chavis, 1990). The latter point is relevant to broader research in social psychology which has questioned the 'social support' literature, in regard to the assumption that social ties with others give rise to support which is necessarily beneficial for health. Such research has illustrated that negative social interaction, or 'aversive' social ties, (such as help that comes with 'strings attached', broken promises, irritating social contacts, or unhelpful and upsetting relationships) is linked with stress and can have a negative impact on psychological well-being (Pagel, Erdly & Becker, 1987; Rook, 1984; Sorkin & Rook, 2006; Uchino, Holt-Lunstad, Smith & Bloor, 2004). The impact of such negative interaction can be viewed as relevant to the ways in which social connections within groups may give rise to 'costs' for the individual. The health damaging effects of social connections may be particularly pronounced within a wider context of poverty and socioeconomic disadvantage (Kunitz, 2001).

In the context of a disadvantaged urban community in the U.S., Mitchell and LaGory (2002) found that higher levels of participation in community associations was associated with increased levels of mental distress. An earlier U.S. study investigated links between levels of 'social affiliation' (as measured by informal family ties, religious involvement, and voluntary association participation), socioeconomic factors and depressive symptoms in African-American communities, and found that depressive symptoms were increased amongst those who had high levels of participation in organised religious activities, and were living in conditions of 'chronic economic strain' (Brown, Gary, Greene & Milburn, 1992).

These studies suggest the possibility that, in conditions of socioeconomic disadvantage, participation in community groups could potentially exacerbate mental health problems. This is relevant to this thesis, as it will consider the ways in which women's community involvement is shaped by the wider social and economic context in which they live, and the implications of this for their experiences of their mental well-being. The following section considers research that relates to community participation and women's mental health particularly.

2.6.3 Community group participation and women's mental health and well-being

This section reviews literature that relates to women's participation and membership in voluntary community groups and mental health. The following literature is not necessarily located under the label of 'social capital' research, and yet it represents research which is relevant to this thesis, in considering the pathways by which community group participation may impact upon women's mental health.

There is limited research that has investigated the links specifically between measures of women's health, mental well-being and their community group involvement. Some studies have examined women's voluntary involvement in community organisations in relation to the concept of empowerment, and have indicated that the social processes by which individuals become 'empowered' through community involvement are different for women and men (Itzhaky & York, 2000; Peterson & Hughey, 2004; Peterson et al., 2005). Specifically, Itzhaky and York (2000) found that women community activists in a low-income neighbourhood in Israel expressed their feelings of empowerment and control through their

participation *within* community organisations, whereas men drawn from the same sample felt more empowered and in control when they acted as ‘representatives’ on behalf of the residents of the local area. They suggest that this indicates that women are less concerned with the ‘formal’ and symbolic status associated with public and leadership roles (Itzhaky & York, 2000). In a similar vein, Peterson and Hughey (2004) and Peterson et al. (2005) in the U.S., found that women felt more empowered by participation which was associated with a sense of ‘connection to community’, and which emphasised relational social activities, and was less associated with leadership roles.

These findings can be understood in light of research which details how socially constructed gendered self concepts, in which traditionally ‘feminine’ attributes are characterised by social connectedness with others, empathy, care and nurture, are linked with the ways in which women experience their mental health (De Coster, 2005; Rosenfield et al., 2000). Such understandings are consistent with the idea that women would experience specifically *gendered* pathways to empowerment through community involvement. Research has also shown that women report higher levels of stress associated with negative events that occur to others in their social network, and occurrences such as family problems and the death of loved ones (Kessler & McLeod, 1984; Turner & Avison, 1989; Turner, Wheaton & Lloyd, 1995). Taken together, these studies concerning empowerment, and social factors which influence women’s mental health, suggest that the nature and quality of social relationships and the sense of ‘connection’ with others is important for women’s mental well-being.

Qualitative studies of women’s community volunteer work and involvement within community and activist organisations have identified that participation can be an empowering process which enhances the mental health and well-being of socioeconomically disadvantaged women (Hilfinger, Messias, De Jong & McLoughlin, 2005), and older women (Boneham & Sixsmith, 2006; Hutchinson & Wexler, 2007). Leisure and recreation aspects of group involvement have also been identified as positive for the well-being of older women (Hutchinson & Wexler, 2007). Furthermore, the community involvement of rural, low-income women in religious organisations has been found to be linked with lower levels of depressive symptoms (Garrison, Marks, Laurence & Braun, 2004).

However, the ‘costs’ of community participation that some older women experience, who lived within a disadvantaged community, has also been reported (Boneham & Sixsmith, 2006). This included their feelings that their contribution was devalued, and incidents involving stressful conflict with others in the community (Boneham & Sixsmith, 2006). This is related to the point made by Kawachi & Berkman (2001) that women’s social connections, and an associated obligation to provide support and assistance to others, may lead to stress and exacerbate mental health problems, particularly in conditions of socioeconomic disadvantage (see also Kunitz, 2001).

The notion that, particularly within socioeconomically disadvantaged contexts, women’s involvement within community groups may give rise to negative pressures on mental health, suggests that the ways in which women’s experiences of community group participation influences their mental health can be understood in light of wider patterns of structural inequalities. To summarise, in relation to health and mental health, some studies have studied the community involvement of specific groups of women, for instance older women and lower income women, and others have considered differences in the ways in which women and men become ‘empowered’ through community involvement. However, there is far less research that seeks to compare the experiences of diverse groups of women from varying ages and socioeconomic backgrounds, in order to assess the differential implications of their community involvement upon their mental health and well-being.

This thesis addresses this lack of research by considering the diverse social and economic contexts in which women participate, or do not participate, in community groups, and the implications for their perceptions of their mental well-being. This research will be used as the basis to examine critically the concept of social capital and how it is related to women’s mental well-being. The following chapter provides information about the research design and methodology of this study.

Chapter 3. Methodology.

3.1 Overview

This chapter provides information on the design of this study, including the theoretical perspectives that inform the research approach, and a description of the methods of data collection and analysis. The section below provides an overview of how this study was conducted, followed by an explanation of the perspectives that underpin the research approach. Details of the research design and methods chosen are then outlined, followed by a description of the processes involved in undertaking the research.

3.2 Description of study

This research used qualitative and quantitative data to explore patterns of women's participation in community groups, the social and economic contexts in which this occurs, and the perceived links with their mental well-being. This research only focused on women, and did not consider the experiences of men. The study was based on the experiences of women who live in two selected areas of metropolitan Adelaide, South Australia, and used data from a postal questionnaire and in-depth interviews with a smaller sample of women.

This study drew upon the quantitative data from a larger research project which was conducted by the Department of Public Health at Flinders University. This research considered social capital and health inequities across four socioeconomically contrasting areas of Adelaide, and focused particularly upon explicit links between health, social capital and features of 'place' and neighbourhood. The case study areas consisted of locations that were geographically defined as comprising one postcode area². Thus, the areas consisted of more than one suburb, and contained a collection of neighbouring suburbs. Further details of this wider study can be found elsewhere

² Australian postcodes are for the purposes of sorting mail, and consist of a four digit number. They are usually associated with a geographically-bounded area, and the areas that single postcodes cover can vary in relation to population.

(Baum et al., 2007). This study utilised questionnaire data that was collected as part of the larger study, and used the resources of the wider project to aid recruitment of qualitative interview participants. Thus, the broader project provided a source of data and avenues for participant recruitment for this study. This research had a different focus to that of the larger project, as it explored women's experiences of community group participation, and the perceived links with mental health and well-being in more detail. Furthermore, unlike the broader project, this study did not focus upon features of 'place' and 'neighbourhood'. However, this study contributes towards the research of the wider project by investigating aspects of women's social capital and how it is linked with health and mental well-being within metropolitan Adelaide.

The two areas included in this research are referred to by the labels 'High SES' and 'Low SES', indicating the contrasting socioeconomic characteristics of each location. Women were selected for inclusion in both the quantitative and qualitative components of this research if they lived within these two postcode areas, as these two locations were both case study areas for the larger research project. These two case study areas provide a sharp socioeconomic contrast: as the 'High SES' area is a relatively affluent location, with an older population, whereas the 'Low SES' location is characterised by higher levels of economic disadvantage. The wealthier 'High SES' area also has a different age profile, as it has a larger proportion of older residents. These contrasts are highlighted in Table 3.1, which displays information regarding the age, income, education and unemployment levels in each area, in addition to the median age groups.

The rationale for choosing women from these two areas was to provide a sample that consisted of a diverse range of women with differing levels of access to socioeconomic resources, in order to explore potential differences among women in their participation or non-participation according to social and economic factors. Therefore, sampling women from these two contrasting areas provided a convenient way to explore the experiences of a diverse range of women. However, despite the sampling strategy being determined by location, the focus of this research was *not* upon area-level 'contextual' factors, or features of suburban places that were linked with community participation and social capital.

Table 3.1. Summary of sociodemographic data from both areas.

Area	Median Age group	Median weekly individual income group	Education % completed yr 12 or equivalent	Unemployed³, looking for work %
High SES	35-44	\$600-\$799	62%	3%
Low SES	25-34	\$250-\$399	22%	15%

Source: ABS (2007b)

This study combined both qualitative and quantitative methods, and there are well-documented difficulties, challenges and tensions associated undertaking such research projects (Baum, 1995; Crotty, 1998; Morgan, 1998). Such concerns mainly focus at the level of epistemology, and the inappropriateness of combining different philosophical paradigms for generating knowledge. Before proceeding to consider the methodology of this study in detail, it is necessary to address these issues and to explain the epistemological framework within which this study utilised both qualitative and quantitative data.

3.3 Epistemology, Ontology and combining research methods

Debates concerning the ‘qualitative-quantitative’ divide in social research have largely been underpinned by fundamental differences concerning ways to ‘know’ the world and generate knowledge and ‘meaning’ (Morgan, 1998). Whilst qualitative inquiry is often informed by constructionist, interpretive epistemological positions, quantitative methods have traditionally been situated within objectivist, positivist approaches. There are therefore tensions that arise in using both types of data, as they are often associated with contrasting and incompatible paradigms (Crotty, 1998). Before considering the epistemological basis of this study and how it influences the research methods chosen, it is necessary to provide a basic description of the different epistemological paradigms, and why it is inappropriate to combine them.

³ Unemployment figures are calculated as a percentage of the *total labour force* of residents within each area.

Different epistemological positions propose fundamentally different ways of knowing the world. Objectivism argues that meaningful reality exists independently of human consciousness and understanding. Furthermore, applying the correct research approach, the researcher can discover ‘objective’ and ‘true’ meanings about the external world. Constructionism, on the other hand, argues that reality cannot be known *meaningfully* in a way that is independent of human consciousness, or human systems of knowing and understanding (Crotty, 1998). However, constructionism is compatible with realism, which is an ontological position which argues that there is an external reality that exists independently of humans (Crotty, 1998).

Constructionism (combined with realism) proposes that, while this external reality exists, it cannot be meaningfully understood in a way that is independent of human consciousness. Meaning and knowledge of reality is always *constructed* from an interplay between the external ‘object’ of knowledge and the subject’s (ie. the human researcher’s) conscious ways of knowing, through aspects such as their language, values and beliefs. In other words, all knowledge of the ‘object’ is contingent upon (and constrained) by human systems of understanding, and thus, is always, at best, a limited and ‘partial’, rather than truly ‘objective’ view of reality.

Since these epistemological positions propose different ways for knowing the world, they are not compatible (Crotty, 1998). It has been argued that different qualitative and quantitative methods are merely ‘tools’ that enable the researcher to generate knowledge, and thus, it is not inappropriate in itself to combine them, as it is helpful to draw upon many ‘tools’ to gain more comprehensive understandings of the ‘object’ being considered (Baum, 1995). The problem arises with combining these methods within different epistemological positions, and thus, when combining methods, it is essential, for the purposes of conducting research that generates useful and meaningful knowledge about the phenomena being considered, that they are underpinned by a *consistent* epistemological framework.

This study is informed by a constructionist epistemology, and a realist ontology. Thus, this thesis adopts the position that there is value in using diverse research methods to generate empirical data which will lead to useful understandings of reality, or to improve upon current understandings, even though these understandings

are always limited and partial. Thus, research that utilises different methods can ‘construct’ meaningful and helpful understandings of the phenomena of interest.

It is from this philosophical position that this thesis utilises both quantitative and qualitative methods. It has been argued that, quantitative data can offer useful insights to constructionist research, however, constructionist approaches view quantitative data in different ways to objectivist, positivist approaches (Crotty, 1998). Constructionist research does not privilege quantitative data, or consider that it offers a more ‘objective’ and ‘reliable’ way of understanding a particular phenomena. Furthermore, the objective of using quantitative data is not to produce claims which are ‘generalisable’ to a broader population beyond the particular set of data being considered.

Since quantitative approaches are often situated within objectivist paradigms, it is necessary to describe briefly why quantitative data offers a valuable contribution to this study. The strength of the contribution of the quantitative data in this study stems from the inclusion of responses from a wider range of women, which allows for a broader overview of the social and economic factors linked with women’s participation. It also provides a larger ‘snapshot’ of women’s participation and a wider context which can complement the more in-depth qualitative findings from a smaller group of women. The quantitative survey responses analysed in this study offer a very ‘broad-brush’ picture of the phenomena they are measuring, whereas the qualitative analysis is a more detailed and in-depth exploration within a smaller group of women.

Whilst postal questionnaire measures are problematic in that the questions themselves are ‘subjective’ and open to interpretation differently by different individuals, and, the researcher has limited or no knowledge about these differing interpretations, it is nevertheless useful to assume that broadly, the questions would have been interpreted with similar meanings and that aggregating the answers to conduct statistical analyses provides a useful way to build a broad picture of women’s participation, which provides the basis for conducting further qualitative research.

Some of the statistical analyses in this thesis are inferential, as opposed to descriptive. However, no attempt is made to generalise the findings any broader than the sample of women being considered, or to suggest that they would apply to women in Adelaide or Australia in general. Thus, this thesis views both qualitative and quantitative methods as complementary ‘tools’ which, taken together, can extend our understanding of women’s community group participation and social capital. In the following section, the approach to combining both methods is described.

3.3.1 Approach to utilising qualitative and quantitative methods

This study follows the priority-sequence model outlined by Morgan (1998). In this approach, both qualitative and quantitative methods can be used in a way that is complementary: one method is used to complement, enhance and contribute towards the effectiveness of another. Morgan argues that it is impractical to use both methods and give them each equal priority. Accordingly, a priority decision should be made, where it is decided if the study is primarily qualitative or quantitative. A complementary approach should be used where it can enhance and complement the primary method. The second step is to make a ‘sequence decision’, involving whether the complementary approach should be presented as a preliminary or a follow-up to the main study. This approach of prioritising methods better enables researchers to use both approaches whilst consistently framing their studies within one epistemological perspective.

In this study, the primary method for conducting the research is qualitative, through in-depth interviews. Quantitative analysis of survey data is used as a preliminary investigation before the main study. The quantitative data are used to complement and enhance the main study in two main ways: Firstly, by providing an overall background context for the wider sample from which the interview participants were drawn. Secondly, to consider some of the key demographic differences among women in their patterns and levels of their participation. The preliminary quantitative study will address 2 of the research questions specifically:

- What is the nature of women’s participation?
- What are the differences among women in the nature of their participation, according to social and economic factors ?

Therefore, the quantitative analysis is not addressing the remaining questions relating to the relationships between participation, participation outcomes, and women's experiences and perceptions of their mental health and well-being, as this will be dealt with in-depth through the qualitative analysis. There are two main reasons for not considering measures of health and mental health in the quantitative analysis. Firstly, this study is investigating the complex links between social capital, community group involvement and women's mental well-being by considering women's 'lay accounts' of their experiences of their mental health, and the ways they perceive their group involvement or non-involvement is connected with their mental well-being.

Secondly, the qualitative investigation allows for an exploration of the ways in which community group involvement, as social capital 'infrastructure', can lead to particular consequences or outcomes for individual women, and the perceived impact of these 'outcomes' of participation upon mental health. The questionnaire did not measure the specific outcomes that respondents felt arose from participation, or how participation was perceived to be *directly* linked to mental well-being. Thus, the quantitative investigation in this study only focuses upon identifying broad patterns in the ways in which women participated in groups, and differences among women in their involvement. The section below provides information about the theoretical position that underpins this research.

3.4 Theoretical Perspective: Critical feminist approach

This research is informed by feminist theory. This is in part due to the recognition that, largely, the mainstream literature on social capital has not directed adequate attention towards gender and gender inequality (Gidengil & O'Neill, 2006). This research attempts to explore women's roles in community participation in a critical way. This is in order to render the role of gender visible in the ways in which women participate in groups, the social capital 'resources' they may access through this participation, and the ways in which these processes are linked with their perceptions of their mental well-being. Ultimately, the aim of this research is to contribute towards understandings of social capital and health that are more sensitive to issues of gender and gender inequity.

This research is drawing upon feminist approaches to provide the basis for a type of *critical* inquiry, which pays attention to gender, in addition to other economic, social and cultural factors. Broadly, critical inquiry approaches consist of research which is particularly concerned to draw attention to the operation of power relations, and aims to work towards increasing social and economic equity (Crotty, 1998). Research influenced by critical inquiry directs attention to the privilege of some social group over others, and the ways in which oppression is maintained (Kincheloe & McLaren, 2000). Furthermore, critical inquiry research is compatible with constructionism as it acknowledges that all ‘facts’ are shaped and constrained by dominant cultural values and ideology (Kincheloe & McLaren, 2000).

This thesis is taking a critical approach, in that the notion of social capital is being considered in light of alternative conceptualisations to ‘mainstream’ communitarian accounts. In particular, Bourdieu’s (1986) conceptualisation informs this study, as a way to consider how social capital may be linked with the possession of other forms of ‘capital’, and how it may act to reproduce inequitable power relations. It is appropriate to draw upon Bourdieu’s approach in undertaking a critical, feminist study of social capital, as this understanding draws attention to the dynamics of power and inequality. Furthermore, Bourdieu’s conceptualisation of social capital will be used in a way that incorporates a consideration of gender, in addition to class. In considering gender and gender inequality, this study is informed by feminist perspectives.

Feminism and feminist theory represent diverse political and philosophical concepts. A full discussion of the meaning of feminism and different approaches within it are beyond the scope of this chapter (see Beasley, 1999; or Tong, 1998, for comprehensive overviews). Feminist research is diverse, and can be situated within a range of epistemological positions (Reinharz, 1992). This research is primarily drawing upon socialist feminist theory. Socialist feminist theories developed from Marxist feminist theory and incorporated aspects of radical feminist approaches (Beasley, 1999; Jaggar, 2004). In particular, socialist feminism, like Marxist feminism, views the economic organisation of labour as a significant way in which gender inequality is reproduced. However, socialist feminism, like radical feminism and unlike Marxist feminism, asserts that gender inequality existed prior to economic

‘classes’, and is not another form of class-based oppression (Beasley, 1999). Socialist feminist approaches to undertaking research are compatible with constructionist epistemological positions, as they view knowledge as a ‘construct’, as Jaggar highlights:

Like both traditional Marxists and radical feminists, socialist feminists view knowledge as a social and practical construct and they believe that conceptual frameworks are shaped and limited by their social origins (Jaggar, 2004, p. 55)

An important aspect of socialist feminist approaches is the argument that gender inequality is largely based upon two forms of oppression: patriarchy, referring to inequality and the unequal distribution of power according to whether one is classified as ‘male’ or ‘female’, and economic inequality (Beasley, 1999). All variants of socialist feminism argue that both social constructions of gender and economic inequality are linked to maintaining women’s disadvantage. In particular, the nature of women’s paid and unpaid labour, and gendered divisions of labour are viewed as an important example of the intersection between gendered and economic practices which act to disadvantage women (Hartstock, 2004). Thus, to summarise, socialist feminist approaches view women’s disadvantage as being based in economic, as well as gender-based inequality.

This research is informed by a socialist feminist perspective because it examines both how economic and gender issues intersect to impact and differentiate women’s participation in community groups. However, this thesis is considering ‘class’ based differences among women in a way which goes beyond simply considering economic factors, and also considers differences among women according to other dimensions of ‘class position’, such as their level of access to ‘cultural capital’, consisting of measures such as educational qualifications and professional status. It is informed by socialist feminist arguments which focus upon the gendered nature of the types of unpaid and paid work women undertake, and also how different levels of access to economic capital have dissimilar consequences for the social contexts of women’s lives.

This thesis also engages with socialist feminist arguments located in a ‘psychoanalytic’ tradition, which maintain that psychosocial mechanisms, including patterns of socialisation, represent processes and mechanisms by which dominant understandings of gender and gender inequality are reproduced (Beasley, 1999). These approaches emphasise that women’s experiences of the social world, and their self-perceptions and behaviours, are influenced by traditional gender ideology, including socially constructed ‘maternal’ characteristics, such as care, compassion and connectedness to others (Chodorow, 1979; Gilligan, 1986). It is important to emphasise that these ‘traditional’ gender values represent social constructs which are open to change, rather than fixed and ‘essential’ characteristics. Such traditional views of women’s roles and values reinforce gender divisions of labour. These arguments are relevant to this study because, as described in chapter 2, feminist critics have argued that some dominant accounts of social capital, including Putnam (2000), have relied uncritically upon these traditional views of women’s ‘characteristics’ and particularly, have viewed their ‘caring’ roles as mothers as important to creating community-level social capital. Thus, socialist feminist approaches draw upon combinations of psychosocial and economic explanations to explain women’s experiences of inequality. The following section describes the methodology of ‘feminist standpoint’ which was used in this research.

3.5 Methodology: Feminist standpoint approach

This research is influenced by feminist standpoint theory. In brief, standpoint approaches argue that some social positions are ‘better’ starting points for generating knowledge, and these positions are the ‘standpoints’ of disadvantaged and marginalised groups (Harding, 1993). Men’s experiences are not being considered in this research, and this study adopts the position that a sole focus upon women’s experiences can provide a useful contribution to understandings of social capital and its implications for health and well-being. Investigating women’s experiences provides a valuable gender ‘lens’ from which to examine, in a critical way, the concept of social capital.

Standpoint theory maintains that power relations in society are determined by a range of factors which represent the ways in which people categorise themselves and others: eg. gender, race, ethnicity, class, sexuality. These represent social constructs

that are open to change, rather than ‘fixed’ categories. However, ‘the activities of those at the top both organize and set limits on what persons who perform such activities can understand about themselves and the world around them’ (Harding, 1993, p.54). Starting from the standpoint of a marginalised group enables the experiences of that group to become visible, and allows critical questions to be asked about power relations and the ways in which advantage and privilege are maintained. Thus, feminist standpoint approaches are a form of critical inquiry in that they aim to focus and direct attention towards gendered power relations and gender inequality.

Feminist standpoint approaches have been situated within a wider theoretical framework of socialist feminism (Jaggar, 2004), and Marxist feminism (Hartstock, 2004). In the context of this study, women’s experiences of community participation are used as a ‘starting point’ for generating knowledge about the gendered nature of social capital and its implications for the health and mental well-being of women in particular. Furthermore, focusing only upon women allows not only the gendered context of their community participation to be visible, but also enables analysis of *differences* among women in their participation, according to broader social, economic and structural issues, and the differential implications of this for their mental well-being. Such consideration of differences specifically among women may be obscured in studies which seek to examine gender in a way that compares both the experiences of men and women.

In acknowledging that all forms of knowledge are ‘socially situated’ and that, in research studies, the types of knowledge generated depends upon the social location and values of the researchers, it is important that I reflect upon my own position as the primary researcher in this study, and how the knowledge generated in this thesis is shaped by my own practices, values and social position. Harding (1993) argues for ‘strong objectivity’ in feminist standpoint research: “Strong objectivity requires that the subject of knowledge be placed on the same critical, causal place as the objects of knowledge. Thus, strong objectivity requires what we can think of as ‘strong reflexivity’” (Harding, p. 69). Thus, the generation of knowledge cannot be separated from the wider sociocultural conditions in which the research is undertaken, and how these cultural conditions influence the questions the researcher chooses to ask.

I approached this research with a pre-existing set of personal political values which include feminist beliefs. These beliefs can be located within a wider system of cultural values which emphasises individual rights and the notion of 'equality'. This informs my research, as it influenced my decision to draw upon feminist research approaches. My personal values and beliefs also mean that I approached this study with a pre-existing 'scepticism' towards many aspects of mainstream 'communitarian' accounts of social capital, particularly where there is the potential for the normative implications to be interpreted in ways which lead to conservative political consequences, as reflected in the arguments and criticisms of other researchers and academics (see, for example: Arneil, 2006; Navarro, 2002). This has influenced my decision to study social capital in a critical way. Furthermore, my social position as white, relatively well-educated, English speaking woman accords me a certain amount of privilege in Australian society, within which to express my personal and political beliefs. It is important to recognise that I bring into this research my own values, which in turn are shaped by my own cultural background and experiences of privilege, and that my values shape the design, direction and conclusions of this study.

Feminist standpoint research can be criticised for a tendency to view the category 'women' as a fixed, unified and coherent group, and thus slip into essentialism. Whilst acknowledging that gender and the 'categories' of men and women are social constructs (and are open to change rather than being 'fixed' and essential) it is important to recognise that they are meaningful in shaping the social realities of people's lives. In this sense, they are 'real' categories in influencing the lived experiences of women. Therefore, for the purposes of this study, it is useful to study how someone's experiences as a 'woman' intersect with other aspects of their 'habitus' to shape their perceptions of their social surroundings and social interactions. In the following sections, the detailed methods used to undertake this study are explained.

3.6 Methods: Preliminary Quantitative study

This section describes the method of data collection and analysis for the preliminary quantitative research that was conducted in this study. As described above, the quantitative aspect of this thesis focused only upon the research questions which

concerned the ‘nature’ of women’s participation in community groups, and the differences among women in the nature of their participation, according to social and economic factors.

3.6.1 Postal questionnaire sample

As part of the broader study (Baum et al., 2007) , a postal self-completion questionnaire was sent to individuals in four case study areas (1,692 in each area) in October/November 2004. Overall, the questionnaire was sent to 6,768 people in four case study areas. This study utilised quantitative data from the questionnaire responses in two case study areas. Individuals were randomly selected from the South Australian electoral roll. Three follow-ups were undertaken: a reminder postcard, a reminder letter and replacement questionnaire, and a telephone reminder. From the four case study areas a total 3,453 questionnaires were returned, with a response rate of 53 percent. Postcode of residence could be identified for 3,377 questionnaires, of which 901 were from the ‘High SES’ area and 812 from the ‘Low SES’ area. Of these, a total of 968 respondents were women: 503 from the ‘High SES’ area and 465 respondents from the ‘Low SES’ area: these 968 responses constitute the quantitative sample for this study. Table 3.2 displays this information.

Table 3.2. Sample of female questionnaire respondents.

High SES area	Low SES area	Total
% (N)	% (N)	
52 (503)	48 (465)	100 (968)

3.6.2 Questionnaire measures

The questionnaire collected information concerning various measures of individual social capital: including whether respondents had been involved in a community group in the previous 12 months, the type of group they had participated in (from a range of different categories of groups), how often they were involved, and the perceived barriers to involvement. The questionnaire also collected information regarding informal social contact with friends and relatives, and a range of demographic characteristics, including age, household income levels, level of education and employment situation. This study concentrated upon analysing

measures of community group involvement and demographic characteristics. The questionnaire items used in this study are displayed in Appendix A.

The quantitative analysis concentrated upon considering aspects of women's participation according to key sociodemographic variables, in order to identify social and economic differences among women in their participation. The 'dependent variables' in the quantitative analyses were: Participation in a community group in past 12 months, type of community group involvement in the last 12 months, regularity of involvement, and perceived barriers to involvement. The 'independent variables' consisted of a range of sociodemographic measures, selected because of their importance in organising the social contexts of women's lives, and as providing measures of women's possession of various forms of 'capital'. These variables consisted of: equivalised weekly household income, perceived financial situation, housing tenure, employment situation, level of education, household situation, relationship situation, presence of children under 15 in the household, age group, and frequency of face to face contact with relatives and friends. Below, each of these measures of dependent and independent variables is described in further detail.

Dependent variables.

The questionnaire contained items pertaining to respondents' involvement in community groups. The quantitative analysis focused on whether participants had been involved in the activities of *any* type of community group in the last 12 months, the broad *type* of groups that respondents had participated in, and the *regularity / frequency* of their involvement, as a way of considering the 'nature' of women's participation. Descriptive analysis was also conducted that related to the barriers that respondents perceived prevented them from being more involved in community groups. Below is a detailed description of each of these measures:

Participation in any community group in the previous 12 months: The questionnaire contained a multi-response item (see Appendix A): respondents were asked to tick relevant boxes indicating if they had been involved in any group (from a list of 18 types of groups) during the previous 12 months. The absence of a response in each group category indicated they had not been involved in that type of

group, and there was also a final category of response: 'I have not participated in any of these groups' which respondents could tick.

The type of community group involved in the past 12 months: The survey contained a list of 18 specific types of community groups, which are displayed in table 3.3 (see also Appendix A). This list included an 'other' category, with a requirement for respondents to specify what 'other' referred to. A list of all 'other' groups specified by respondents is available in Appendix B. As described above, respondents were asked whether they had participated in the activities of any of these groups on more than one occasion in the last 12 months, and were instructed to tick any relevant boxes. A list of the group types included in the questionnaire is provided in table 3.3. This list of types of groups is an imperfect list of categories, which, at best, only represents an approximate guide to the types of organisations and groups respondents could be involved in. Furthermore, the list of types of groups contained in the questionnaire could contain potentially significant 'overlap' as to the types of activities they were concerned with.

In order to facilitate further analysis of the types of groups women had been involved in, these 19 categories were reduced to four.

- Personal interest / recreation
- Children / parenting based
- Religious / spiritual
- 'Other' civic / voluntary groups.

Where a response of 'other' could be categorised as falling into one of the first three categories (according to the description given by the respondent), this response was also included within the relevant category. The following sections explain the rationale for categorising the groups in this way.

Table 3.3. Types of community groups measured in questionnaire.

Type of group
Sporting or recreation groups
Arts or cultural groups
Craft or hobby groups
Religious or spiritual groups
Social clubs
Indigenous clubs or organisations
Ethnic clubs or organisations
Trade unions, professional organisations or technical associations
Political parties or organisations
Civic or action groups or organisations
Environment or animal welfare groups
Human and civil rights groups
Children, parenting or school related groups
Services clubs
Humanitarian aid groups
Health or welfare organisations or groups
Self-help groups
Voluntary emergency, rescue or fire services organisations
Other (respondent asked to specify)

Personal interest / recreation: This category consisted of five types of groups: sporting / recreation, craft / hobby, social, arts / cultural, and self-help groups. The common thread between these groups is that they all related to involvement which was oriented towards personal interest, recreation and self-development, rather than being principally oriented towards the purposes of helping others. This is an imperfect categorisation, as all of these types of groups may facilitate and organise activities which are designed to help others and make a contribution to the broader community. However, the primary goals of these types of groups focused around promoting personal interest and fulfilling personal needs. Thus, these types of groups were classified together.

Religious / spiritual: This category only consisted of religious / spiritual groups. This type of group could not be easily attributed to any other category, because the spiritual and religious principles that underpin such organisations may be distinct from the other types of groups. In addition, the nature and purposes of religious groups are diverse, and can range from social activities, charitable purposes, to social and civic activism, and this means that it was not appropriate to assign this type of group to another category.

Children / parenting based: This category included responses to ‘children, parenting or school-based groups’. As with religious groups, this type of group included distinct types of activities and pursuits relating to children and parenting tasks, and thus, it could not easily be collapsed with other categories. In addition, as chapter 2 discussed, this type of involvement is traditionally undertaken by women (Lister, 2005; Lowndes, 2000), as an extension of their traditional gender roles as mothers with primary responsibility for childcare. Given that, conceptually, this type of participation may be linked with traditional gender responsibilities that some women undertake, it was decided to retain these types of groups as a separate category, rather than collapse them with others. Maintaining these types of groups as a separate category enabled an investigation of factors that differentiate among women within this type of group involvement.

‘Other’ civic / voluntary groups: This category included all of the remaining groups, which, in the questionnaire sample, had low rates of participation (see table 4.4, chapter 4). This category was comprised of: health/welfare, voluntary emergency,

environment / animal welfare, humanitarian, services, civic /action, human / civil rights, trade union / professional, indigenous, ethnic, political party, and ‘other’ groups. All of the ‘other’ responses were also put in this category.

Many of these types of groups had diverse purposes and goals, however, it was decided not to organise them further into distinct categories, as the potential overlap between groups was too great, and the numbers involved within each category were too small. Some appear to be oriented towards charitable /welfare purposes, others more toward political activism, and others organised around specific cultural identities. For example, environment / animal welfare could refer to an environmental action group (a type of ‘new social movement’ group with political goals), or an animal welfare charity. Indigenous or ethnic could refer to social clubs or to political campaign groups.

Thus, given the difficult nature of categorising these groups, they were collapsed into one large category. Broadly, most of these groups were oriented towards a ‘civic’ purpose. However, categorising these groups together does not imply a distinct common purpose or objective, as this was simply a convenient way to ‘loosely’ classify a number of disparate types of groups. Thus, all of these types of groups were included in one broad category labelled ‘civic / voluntary’.

Regularity of involvement in a community group: The questionnaire contained an item that asked how often respondents had been involved in the activities of any community group. Responses were on a five point scale: weekly, monthly, occasionally, rarely or never (see Appendix A). For the purposes of the analysis of whether women were frequently involved in groups, the responses were dichotomised to: frequent participation (weekly or monthly responses) or infrequent involvement (occasionally or rarely responses), and ‘never’ responses were disregarded.

Perceived barriers to involvement: Respondents were asked to indicate, as a ‘yes / no’ response, if they would like to be more involved in a community group (see Appendix A). If they responded ‘yes’ they were asked to respond to a multi-response item, and tick any of a list of 12 ‘barriers’ to involvement that applied to them (see Appendix A).

Independent variables.

The following section identifies sociodemographic measures that were used as ‘independent variables’ in the quantitative analysis. The analysis focused on the association of each of these variables with the measures of group participation detailed above. Key factors were identified which provide approximate indicators of individual access to economic, cultural and social individual ‘capital’. Thus, questionnaire items were chosen that relate to the possession of ‘economic capital’ (household income, perceptions of financial situation, housing tenure, employment), ‘institutionalised’ cultural capital (highest level of education achieved), in addition to aspects of ‘informal’ social capital (relationship status, frequency of contact with friends and relatives).

The analysis also included age groups, and items which related to household and family composition. These latter items included: presence of children under 15 in the household, and household structure. These household variables were included in order to explore whether the presence of children under 15 and the composition of the household was associated with the respondent’s involvement in groups. The sections below provide more detailed information relating to the independent variable measures.

Aspects of economic capital: According to Bourdieu (1986), economic capital refers to material wealth and access to financial resources. The quantitative analysis included consideration of the association between crude measures of ‘economic’ capital and involvement in community groups. The following sections outline the questionnaire items that provide indicators of the availability of ‘economic capital’.

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. (see Appendix A): There were 16 income groups, ranging from less than \$40 a week to \$2500 a week or more. 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, and thus, readjusts the household income figure according to how many individuals this income supports. The ABS (2006a) explains:

Equivalence scales have been devised to make adjustments to the actual incomes of households in a way that enables analysis of the relative wellbeing of households of different size and composition. For example, it would be expected that a household comprising two people would normally need more income than a lone person household if the two households are to enjoy the same standard of living. (ABS, 2006a)

Thus, equivalised income is a useful measure because it allows for a better relative comparison of the income levels of households of differing composition. The median value of each income group was calculated, and equivalised income was obtained using a formula whereby median income was 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 (see ABS, 2006a). This formula was based upon the ‘modified OECD’ formula, as explained by the ABS (2006a). More information about the calculation of equivalised household income is provided in Appendix C. In sum, weekly median equivalised income was used to provide approximate comparisons of the levels of household income of female questionnaire respondents.

For the purposes of the analysis, this variable was organised into five weekly income categories: \$0-\$299.99, \$300 - \$599.99, \$600 - \$999.99, \$1000 and above, and missing. ‘Missing’ was considered as a separate category because of the large amount of missing data on this item (15%). This was considered preferable to disregarding data from these respondents, or to substituting income values with the mode, and potentially misrepresenting respondents’ information.

Perceptions of financial situation: The questionnaire also contained an item relating to the respondents’ own perceptions of how they were managing financially (see Appendix A). Responses consisted of five options: living very comfortably, living quite comfortably, getting by, finding it quite difficult, finding it very difficult. This provides a subjective measure of the respondents’ financial situation, and provides another means by which to compare the approximate amounts of ‘economic capital’ available to respondents. For the purposes of the analysis, in order to produce categories with similar numbers, this was dichotomised in ‘living comfortably’ (including the responses of living ‘very’ and ‘quite’ comfortably) and ‘getting by /

finding it difficult' (including the responses 'getting by', and finding it 'quite' and 'very' difficult).

Employment situation: The questionnaire asked respondents to specify the nature of their paid employment from a number of categories: working full-time, working part-time, self-employed, working without pay in family/other business, unemployed, retired, full-time student, household duties, not working because of disability, and 'other'. If 'other', respondents were asked to specify their employment situation, and a full list of all 'other' responses is available in Appendix D. These descriptions of 'other' employment situations were examined and, where appropriate, were redistributed to the nine main categories listed above. Where this was not appropriate, the response was retained as 'other'.

This item does not provide a measure of economic capital to the extent that it does not provide details regarding occupation or level of individual income, so it cannot be assumed, for instance, that someone who works full-time will be on a higher individual wage than someone who works part-time, as there is no information about the type of occupations. Nevertheless, it is a reasonable assumption that, in general, those who are not in the paid labour force, whether due to disability, being unemployed, retired, or a full-time student, will have lower individual incomes than those in full-time or part-time paid work (although this would not apply in all circumstances). Furthermore, individual employment situation is a useful additional measure to complement the household income data, which provides an overview of the extent of financial resources available to women within their households. Employment situation also provides an indication of the types of daily responsibilities and tasks that respondents face in their everyday lives, and it is useful to explore the association between this and their involvement / non-involvement in community groups.

As some of the employment categories had small numbers, for the analyses, employment was coded into five categories: works full-time, part-time, retired, household duties, and 'other'. In the questionnaire, self-employed respondents were asked to specify the amount of hours they worked per week. If this was 35 hours and above, they were re-classified as 'full-time', if it was 34 hours and under, they were categorised as 'part-time', and if they did not specify the hours they worked, they

were allocated to the 'other' category. Due to small numbers of respondents in a number of categories, the 'other' group consisted of: full-time students, working without pay in a family or other business, unemployed, not working due to disability, 'other', and self-employed (hours not specified).

Housing tenure: The questionnaire asked respondents to specify their housing situation: whether they owned their home outright, were paying off a mortgage, renting public housing from the South Australian Housing Trust, renting privately, renting cooperative housing, or 'other'. Whether respondents own their home outright, partly own their home and are paying off a mortgage, or renting, provides an indicator of possession of wealth (in terms of property), and is thus a form of 'economic capital'. For the analyses, this was collapsed into three categories: owns home outright, paying mortgage, and renting / other (due to the spread of numbers in these categories).

'Institutionalised' cultural capital: This type of 'cultural capital' was examined by considering the measure of education included within the questionnaire, as detailed below.

Highest level of education achieved: The questionnaire asked respondents to specify the highest level of education they had achieved, from eight options: no formal schooling, primary school, secondary school, TAFE course (refers to Technical and Further Education colleges in Australia, which offer a range of courses that provide vocational qualifications, and further education that can lead to university studies), Trade or business qualification / apprenticeship, university degree/diploma, higher degree, or 'other'. 'Other' categories were redistributed to the other 7 categories on the basis of the descriptions provided by the respondents. This item provides a 'crude' indication of the 'institutionalised' cultural capital of respondents. For the purposes of the analysis, this was collapsed into three categories: secondary or less, TAFE / vocational qualification (encompassing TAFE and trade / business qualifications and apprenticeships) and university qualification (including university and higher degrees).

Aspects of 'informal' social capital: This analysis explored the association between community group participation and other, more informal aspects of social capital,

such as an individual's social relationships with family or friends. These measures are described below.

Relationship status: Respondents were asked to specify their relationship status: whether they were single, never married, married, divorced, separated but not divorced, widowed, or defacto / partnered. According to Bourdieu's (1979/1984, 1986) account, relationship status can be seen as a potential form of social capital, (marriage, in particular, is an example of an 'institutionalised' relationship, which can provide a pathway for individuals to advance or maintain their social status and levels of privilege). Preliminary descriptive analysis indicated that those women classified as 'married' had higher rates of participation in community groups than all other categories, including those categorised as 'defacto' partnered (see Appendix E).

Thus, women who identified as 'married' were distinct in the sense that, they had relatively higher levels of participation in community groups. For the purposes of the analysis, the 'relationship situation' variable was split into two categories: those currently living in a married relationship (who identified as married), and those not currently living in a married relationship (single, divorced, separated, widowed, de-facto/partnered). It was decided to split this item in this way because of the higher rates of group involvement among married women. Furthermore, the majority of women in the sample (52%) identified as 'married', whereas all the other categories had smaller numbers, so splitting the variable in this way allowed for an even spread of numbers in both categories.

The combination of all of the 'non-married' categories, and including de-facto partnerships in this, is problematic. There may be significant diversity of social experiences among, for example, single, widowed, de-facto partnered, and divorced women, which may have implications for their participation or non-participation in community groups. Furthermore, the experiences of women who are in a 'de-facto' relationship may be similar to those who identify as 'married'. However, because over 52% of the sample identifying as 'married', it seemed to be the most appropriate approach to separate this from all other categories.

Frequency of face to face contact with relatives and friends: The questionnaire contained two items that related to how often the respondents were in face to face contact with both family members and friends (see Appendix A). This item related to contact with family and friends *that did not live with the respondents*. The responses to this items consisted of six options: every day, most days, once or twice a week, once or twice a month, every couple of months, and less often. This measure provided an indication of the (physical) availability of social ties within the respondents' family and friendship networks, but did not provide an indication of the size of respondents' networks. Nevertheless, it provided an approximate measure of the frequency of their informal contact with others. For the purposes of the analysis, these two items were spit into four categories: very frequent contact (every day / most days), weekly contact (once or twice a week), monthly contact (once or twice a month), and less often contact (every couple of months / less often).

Other measures: The questionnaire also contained other items which were included in the analysis, as they were considered relevant to women's participation within community groups. These items are described below.

Presence of children: The questionnaire also contained an item asking respondents to specify how many children under the ages of 18 and 15 lived in their household for at least some of the time (see Appendix A). The analysis focused upon the presence of younger children under 15 years in the household. For the purposes of the analysis, this item was dichotomised to: children under 15 present in household, or no children under 15 in household.

Household structure: Respondents were asked to specify the nature of their household: whether they lived alone, with a partner/spouse only, with partner/spouse and children, were a sole parent with children, lived with parents and other related adults, live with other unrelated adults, or 'other'. The 'other' categories were examined and classified as: 'lives with partner and related adults', 'lives with partner and unrelated adults' and 'other'.

This item was collapsed into six categories: lives with a partner/spouse only, lives alone, lives with partner/spouse and children, sole parent with children, lives with parents / related adults, and 'Other'. Due to the small numbers of the 'lives with

partner and related/unrelated adults' categories, and the 'live with unrelated adults' category, these groups were combined into the 'Other' category, which also included all 'other' responses. This measure provides an approximate indicator of women's social and family relationships within their own household. In addition, including this measure, which describes relationships as 'living with a partner or spouse' is useful because it provides another way of considering relationship and household situation, in addition to the 'relationship situation' variable. Whereas the latter variable considers the *type* of relationship – whether currently married or not married, this variable is more flexible in that it allows for consideration of how living with a *partner* (whether married or de-facto), or living with a partner and children, may relate to participation in community groups

Age: The quantitative analysis was also concerned with how respondents' involvement / non-involvement in community groups was associated with age. Like gender, age is associated with socially constructed ideals and norms, and perceptions of age-appropriate behaviours and attitudes. Thus, it can be linked with the 'habitus' of individual women. As discussed in chapter 2, it can be a key factor which differentiates among women in the nature of their involvement in community groups. The questionnaire contained an item asking respondents the year in which they were born (see Appendix A). From this data, the respondents' age in years was calculated. This variable was collapsed into three categories: 18-34, 35-54, and 55 and above. It was decided to categorise age groups in this way in order to achieve a reasonably even split of numbers, and these categories were considered to be relatively meaningful in relation to indicating various 'life stages' of women.

3.6.3 *Quantitative analysis*

The quantitative analysis was conducted by using both descriptive and inferential statistical techniques. In preliminary descriptive analyses, the data were examined to ascertain the frequencies and percentages of women who had been involved in a community group in the last 12 months, the rates of participation in all types of groups, and the regularity of the respondents' involvement. In addition, data from the sub-sample of women who indicated they would like to be more involved in community groups was analysed, in order to ascertain the frequencies and percentages of responses to each type of category of 'barrier' to involvement.

In relation to association between the ‘dependent’ participation variables and the ‘independent’ sociodemographic variables, logistic regression analyses were used to identify the sociodemographic variables significantly associated with the variables relating to community group participation. Logistic regression is a technique used for prediction of the probability of occurrence of an event in relation to the occurrence of certain independent variables. Binary logistic regression was utilised, where the dependent variable is characterised by a binary categorical response; either the occurrence or non-occurrence of an event (for example, participation or non-participation in a community group in the past 12 months). Logistic regression produces a statistic called an odds ratio. When an odds ratio is below one or greater than 1 and the 95% confidence interval does not include 1, there is evidence for a reduction or increase respectively in the dependent variable (for example, community group participation) according to an associated increase or decrease in the independent variable (for example, age group).

Significance testing is included within logistic regression analysis, and is a technique that is used in inferential statistical analysis, to make inferences beyond the data about the wider population from which the sample was drawn. In this analysis, any inference from the logistic regression analyses are tentative and do not extend beyond the population of women from the two areas from which the respondents were sampled. Logistic regression is suited to handling categorical data for both for the independent and dependent variables, and thus, is particularly appropriate for questionnaire data (Pallant, 2001). It is suitable for this research, as all the questionnaire data used are categorical.

In this thesis, the purpose of conducting logistic regression analysis was to identify which sociodemographic variables were significantly linked to the participation measures in this sample, rather than to produce the best possible model for explaining or ‘predicting’ participation. Thus, whilst there may be other variables which, if included, could produce alternative models (by examining the contribution of a different range of variables), this analysis was primarily concerned with the links between participation and the key sociodemographic variables identified.

All logistic regression analyses were conducted using SPSS version 14. In order to identify which sociodemographic variables would be entered into multivariate

logistic regressions to 'predict' the occurrence of the relevant dependent variable, a series of univariate regressions were initially conducted. The univariate regressions were conducted with each of the sociodemographic variables, in order to identify which variables were significantly associated with the relevant dependent variable at a univariate level. The variables that were significantly associated at a univariate level were then entered into multivariate regression analyses.

3.7 Methods: Qualitative study

The following section describes the methods used for the qualitative data collection and analysis, which comprised the primary research approach of this thesis. The qualitative research addressed all of the research questions of this study.

3.7.1 Recruitment of interview participants

The postal questionnaire was sent out with a form that asked whether respondents would be willing to take part in further in-depth interviews (see Appendix F). Respondents were requested to return this form with their contact details if they were willing to participate in an interview, and 148 women from the two areas returned this form: 81 from the 'High SES' location and 67 from the 'Low SES' location. Some of these women were recruited for interviews as part of the broader project, and others subsequently declined to be interviewed. The sample of remaining women that was available for this study was 66: 43 women in the High SES area and 23 in the low SES area. A range of women were purposefully selected to obtain variation in income levels (AU\$0-\$299, \$300-599, \$600-999 and \$1000+ equivalised per week) in each area, and a spread across age groups (18-34yrs, 35-54yrs, 55+yrs). Fifty-two women were sent a letter inviting them to participate in an interview. A copy of the recruitment letter can be viewed in Appendix G. Letters were sent to women to provide them with information about this study and to indicate that they would be contacted by telephone to ask if they would like to be interviewed.

It was decided to interview 15 women in each area. The basis for this was that this was the point at which 'saturation' would likely be reached (Patton, 1990). Originally it was intended that 10 'frequent' participators in community groups would be interviewed in each area, and 5 'infrequent' or 'non-participators' would

also be interviewed. Ultimately however, it was not possible to recruit this exact number of frequent and infrequent participators in each area, as will be explained later in this chapter.

At this point, it is important to explain the rationale for recruiting both women who *were* and *were not* frequently involved in groups. Women who were not frequently involved were recruited in order to explore issues relating to non-participation in groups, including perceived barriers to involvement. Frequent involvement was defined as weekly or monthly involvement. It was also initially intended to recruit a third 'low income' participants in the 'high SES' area (\$0-\$299 equivalised weekly household income) and a third 'above low income' participants in the 'low SES' area (above \$300 equivalised weekly household income). Again, it was not possible to recruit this exact proportion of 'low income' participants in each area. It was decided that the income category \$0-\$299 was appropriate for the 'low income' category, as the ABS (2007a, p. 2) states that the mean weekly equivalised income for low income households is \$262.

The questionnaire responses of potential interview participants were examined to ascertain their levels of participation in groups, according to their responses to the item concerning how often they were involved in community groups. Their equivalised household income levels were calculated from the questionnaire item that asked respondents to specify their household income. The method for calculating equivalised weekly household income was described above (pages 71-72, see also Appendix C). Women were selected to receive recruitment letters from the sample of women whose details were available for the purposes of this study: this consisted of 43 women in the High SES area and 23 in the low SES area. Tables 3.4 and 3.5 provide details of the process which determined how the participants were selected to receive recruitment letters, requesting their participation in an interview.

Table 3.4. Recruitment strategy for interview participants in High SES area.

	‘Low’ household income (below \$299 per week)	‘Above low’ household income (\$300+ per week)	Total Letters Sent
Frequent participators (weekly / monthly)	<p>3 → recruitment letters sent to all 3</p> <p>Outcome: 1 recruited</p>	<p>31 → of which 17 letters sent, which included</p> <p style="text-align: center;">↓</p> <p>3 women in 18-34 age group → recruitment letters sent to all 3</p> <p>Outcome: 2 recruited</p> <p>3 women who spoke language other than English → recruitment letters sent to all 3</p> <p>Outcome: none recruited</p> <p style="text-align: center;">↓</p> <p>11 letters sent to women randomly selected from remaining two age group categories:</p> <p>6 from age group 55+</p> <p>Outcome: 4 recruited</p> <p>5 from age group 35-54</p> <p>Outcome: 3 recruited</p> <p>(These numbers were due to existing age profiles of those women already selected.)</p>	<p>20 (10 recruited)</p>
Infrequent / non participators (occasionally / rarely / never)	<p>1 → recruitment letter sent</p> <p>Outcome: 1 recruited</p>	<p>8 → recruitment letters sent to all 8</p> <p>Outcome: 4 recruited</p>	<p>9 (5 recruited)</p>
Total Letters sent	4 (2 recruited)	25 (13 recruited)	29 (15 recruited)

Table 3.5. Recruitment strategy for interview participants in Low SES area.

	‘Low’ household income (below \$299 per week)	‘Above low’ household income (\$300+ per week)	Total Letters Sent
Frequent participators (weekly / monthly)	9→ letters sent to all 9 Outcome: 4 recruited	5→ letters sent to all 5 Outcome: 3 recruited	14 (7 recruited)
Infrequent / non participators (occasionally / rarely / never)	8→ letters sent to all 8 Outcome: 5 recruited	1→ letter sent Outcome: 3 recruited <small>(This disparity was due to changes in the participants’ level of involvement in community groups from the time the questionnaire was administered, to the time the interview was conducted: two of the participants had stopped being frequently involved)</small>	9 (8 recruited)
Total Letters sent	17 (9 recruited)	6 (6 recruited)	23 (15 recruited)

Letters were sent to selected women, as outlined in tables 3.4 and 3.5, and they were subsequently contacted by telephone to follow-up on the letter and to request their participation in an interview. Ultimately, 15 interview participants in each area were recruited. In the High SES area, only 2 low income participants were recruited, and in the low SES area, only 7, not 10, frequent participators were recruited. The small number of ‘low income’ participants recruited in the High SES area, and ‘frequent’ group participators recruited in the low SES area reflected the social and economic contrast between the two areas in which the women lived, and this contrast is also reflected in the different levels of participation in community groups between the areas. Household income levels are higher in the high SES location, and as such, it was difficult to recruit five women who had completed the questionnaire and volunteered to be interviewed, who received less than \$300 equivalised weekly household income.

Similarly, rates of involvement in community groups were lower in the low SES area, to the extent that, from the women that completed the questionnaire and volunteered to be interviewed, it was not possible to recruit 10 women who were regularly involved in a community group. Nevertheless, this provided an opportunity to explore reasons why the participants were not involved, and their past experiences of involvement. Table 3.6 provides a summary of the characteristics of the interview participants that were recruited. Further details of the interview participants are in Appendix H.

Table 3.6. Characteristics of interview participants.

Demographic characteristics	Total	High SES area	Low SES area
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
Equivalised hsehold income			
\$0 – \$299	11	2	9
\$300 - \$599	9	4	5
\$600-999	4	4	0
\$1000+	6	5	1

3.7.2 Ethics considerations

Approval was gained for both the quantitative and qualitative aspects of this research from the Flinders University Social and Behavioural Research Ethics Committee. The quantitative aspects of the research received ethics approval as part of the broader research project. For the purposes of this study, additional ethics approval was obtained to conduct the qualitative research.

Interview participants were fully informed about the nature and aims of this research, and their involvement within it, as they were provided with an information sheet about the research (Appendix I), and a letter of introduction (Appendix J). Consent was sought for the participants' involvement via a signed consent form (Appendix K). Participants were informed that they could refuse to answer any question, or discontinue the interview at any point. All interviews were recorded using a digital recorder, and the participants were informed of this prior to the interview, both verbally and in the information sheet, and consent was gained on the consent form.

Participants were offered a voucher for a major shopping chain to the value of \$30 on completion of the interview, as a way to thank them for their contribution to the research and to acknowledge the time they had given up for the interview. The researcher had the telephone details of health and counselling services to provide to the participants if, during the course of the interview, they became concerned about any of the issues discussed. In all written text relating to the qualitative data, pseudonyms were used in place of the participants' names, to preserve their anonymity. Furthermore, care was taken in the writing of the findings to exclude information, such as references to specific locations or organisations, which could identify the participants.

After the interviews had been completed a letter was sent to all participants, thanking them for their participation in the study (see Appendix L). In August 2006, further follow-up correspondence was sent to participants, providing them with a brief preliminary analysis of the qualitative findings (Appendix M)

3.7.3 Interview procedure

Two interview guides were developed to explore the experiences of those women who were frequent participators in groups, and those who were infrequent participators (See Appendices N and O). The interview guides contained broad questions and prompts relating to: the types of groups that the participants were involved in (currently and in the past), their motivations for being involved, the broader purposes of the group/s they participated in, perceived barriers to being more involved, previous involvement in community groups and reasons for stopping involvement, perceived personal benefits and disadvantages of being involved, and the ways in which participation was perceived to impact upon health and mental well-being.

Each of these interview guides were piloted with two women known to the researcher before the interviews began. Interviews were conducted between early November and late December 2005. The participants were given the option of choosing where they wanted the interview to take place. The majority of the interviews took place in the participants' homes, five took place in their places of work, two at Flinders University and one in an another setting that was convenient for the participant. Interviews lasted between 1 and 2 hours.

The interviews explored participants' previous involvement in community groups, in addition to their current involvement. Past experiences of involvement were particularly a focus in those interviews with participants that were not currently regularly involved in a community group. This was an important aspect of the qualitative research, as the aim was to move beyond a 'static' notion of participation that was measured in the questionnaire, which simply measured the respondents' current involvement or non-involvement, and intended to consider the participants' experiences of community group involvement throughout their lives, and the extent of the impact they perceived their participation had upon their mental well-being over time. Previous involvement was also explored as a way to consider reasons for stopping participation and perceived barriers to involvement.

3.7.4 *Qualitative analysis*

The interviews were transcribed verbatim and downloaded into the Nvivo software program, version 6. The data were analysed according to framework analysis (Ritchie & Spencer, 1994). Framework analysis is a method for analysing qualitative data for applied policy research. It is a thematic approach, which involves identifying a 'thematic framework' from the data. Although Ritchie and Spencer (1994) argue that this approach is particularly suitable for applied research, it was considered appropriate for this study because of the clear system for analysing the data. This system included guidelines regarding the process of familiarising, organising and subsequently interpreting qualitative data. Framework analysis presents a number of stages to be undertaken, however, these need not be carried out in a 'linear' fashion, whereby one stage must be completed before the other is started. Rather, elements of each stage are interconnected and are conducted simultaneously (Ritchie & Spencer, 1994). The sections that follow describe how framework analysis is conducted in more detail.

Familiarisation: Familiarisation refers to the process of becoming familiar with the data. Ritchie and Spencer (1994) explain: 'Before beginning the process of sifting and sorting the data, the researcher must become familiar with their range and diversity, must gain an overview of the body of material collected' (p. 178). As such, familiarisation involves reading and becoming familiar with transcripts, recordings, field notes, and other data collected. This stage also involves beginning the process of abstraction and conceptualisation from the data, thus, familiarisation and interpretation proceed together. Ritchie and Spencer (1994) suggest where there is a vast amount of data and time is limited, that it is appropriate to use a selection of material for this first stage.

I transcribed 8 of the 30 transcripts, and the additional interviews were transcribed by a transcription company. Given the amount of data generated from the interviews, it was decided to initially focus upon familiarisation with a selection of the transcripts. Thus, data from a third of the interviews, 10 transcripts, was initially examined, 5 from each of the high and low SES areas. This included transcripts from participants who were highly involved in groups and were not involved, as Ritchie and Spencer (1994) emphasise the importance of choosing a range of different cases in the

selected material. In addition to familiarisation with the transcribed data, the digital recordings were also listened to. Notes were taken on themes and patterns in these transcripts, and ideas that arose from reviewing this data. This was in order to progress to developing a 'thematic framework' as a basis for organising and analysing the rest of the data.

Identifying a thematic framework: During the familiarisation stage of framework analysis, the researcher takes notes and identifies reoccurring patterns in the data. This familiarisation with a selection of data provides the basis from which to develop a thematic framework. Ritchie and Spencer (1994) describe: 'she or he sets up a thematic framework within which the material can be sifted and sorted.' (p. 179). The first version of a framework is identified after familiarisation with the selected data. This framework is then applied to a small number of transcripts in order to continue to refine and develop the framework, concentrating on identifying 'emergent', as well as 'a priori' themes.

In this study, familiarisation and identifying a framework proceeded together, as familiarisation, including reading transcripts the transcripts in Nvivo and taking notes and 'memos', was accompanied by the 'coding' of data into Nvivo 'nodes'. Initially these nodes were very descriptive and were not organised into a hierarchy of 'trees' but were coded as 'free' nodes. As the reviewing of the data progressed, many 'free' nodes were developed. After completing the initial 'familiarisation' stage with 10 transcripts, these nodes were condensed and re-organised into a more hierarchical structure. These 'tree nodes' formed the basis of the thematic framework, which was then refined by coding additional transcripts. Changes were made to the nodes and thematic framework according to issues and themes that arose in these additional transcripts. The thematic framework finalised in Nvivo (see Appendix P) consisted of 'tree nodes', with all trees except one having a number of 'child nodes'.

Indexing: Indexing involves the application of the thematic framework to the transcripts. In this stage, all data are read and text is annotated with the relevant section of the thematic framework. This stage was conducted in Nvivo, whereby the transcripts were coded according the thematic framework identified. After coding a transcript, the document could be viewed in Nvivo with the relevant coding 'annotated' in the margin by selecting the 'coding stripe' feature. This provided a

stripe at the side of the page indicating which node that particular data has been coded under. This allowed for viewing of ‘annotated’ transcripts as Ritchie and Spencer (1994) describe. As Ritchie and Spencer recommend, the same section of text was often coded under more than one node, where the judgement was made that it was relevant to different parts of the thematic framework. This allowed for consideration of ‘emergent’ patterns and connections in the data. The process of identifying a thematic framework and ‘indexing’ (coding) proceeded simultaneously, as the nodes were altered and refined as the ‘indexing’, or coding, progressed. The thematic framework was finalised after completion of the indexing process.

Charting: Charting involves re-organising the data into charts, whereby data are taken from their original context in the transcripts and recorded according to the relevant thematic area. This process does not involve rearranging ‘chunks’ of the verbatim data, but rather, notes are made on the chart which summarise the data. This is so that the charting process focuses on ‘abstraction and synthesis’ (Ritchie & Spencer, 1994). If a thematic approach is adopted, each chart focuses on one thematic area, and entries are made for this subject across all participants. Importantly, across all charts, the same order of participants is maintained, allowing for easy and simple reference across charts for the whole data set.

A3 charts were prepared in ‘hard copy’ for each thematic area, and the participants were listed in the same order across all the charts. Charting was undertaken by isolating all the data that had been coded under each node in Nvivo. Once Nvivo had produced data for each node, across all participants, this data was reviewed and summarised in the relevant chart. This information was written into the charts by hand. Thus, rather than relying upon the verbatim chunks of text in Nvivo, I summarised this data in the charts in my own words. This process was useful for allowing reflection upon patterns in the data, and to begin to engage in the processes of interpretation and explanation. Consequently, whilst the charting progressed, notes were also taken to assist with the interpretation and analysis. It also enabled further familiarisation with the data. Once the set of charts was completed, the final ‘mapping and interpretation’ stage was undertaken.

Mapping and Interpretation – Creating typologies: Ritchie and Spencer (1994) state that the ‘mapping and interpretation’ stage of the process of analysis ‘is the most

difficult to describe', as it requires intuition and interpretation, rather than following a mechanical, systematic procedure with clear rules. They outline a number of examples of how mapping and interpretation of the data can proceed, whilst emphasising that this stage cannot be rigidly prescribed. The process of identifying typologies in qualitative data is identified by Ritchie and Spencer as part of the process of 'mapping and interpretation', whereby the data are mapped across two or more dimensions to see if they fall within certain clusters or typologies.

After the charting stage was completed, it was decided that the process of 'mapping and interpretation' would focus upon 'creating typologies' of the participants' involvement in community groups. This decision was taken after reviewing the data and notes taken throughout the previous stages, and in consultation with PhD supervisors. The main focus of the analysis was to address the research questions regarding the 'nature' of women's participation, and the perceived 'outcomes' of participation, and the process of identifying and examining typologies was undertaken to assist in this analysis.

The process of creating typologies progressed with a re-examination of raw data, coded data in Nvivo, notes and charts. Further notes were taken and tables were created, in order to organise and classify the participants' involvement into categories. In particular, this stage focused upon examining data coded according to the thematic framework (appendix P): in sections 1.1., 1.2 - which concerned participants' descriptions of their current or previous involvement, including the types of groups they were involved in; and in section 2.1, which related to their motivation for being involved. Six descriptive categories of involvement were initially identified:

- Sporting / Recreation
- Children / Parenting / Family
- Religious
- Informal / Social Support
- Political / Advocacy /Action
- Community welfare / Charitable

These categories were largely based around the *type* of groups participants were involved in. The process of identifying typologies continued by examining data relating to: the participants' motivations (section 2.1 of the thematic framework), the value they placed on their involvement (section 6), and also considered patterns, including similarities and differences, in the participants' experiences of involvement. This included examining data relating to the requirements for them to participate (section 3.1), the perceived outcomes of their involvement (section 4), and any barriers or constraints they had experienced upon their current or past participation (section 2.2). This process was concerned with identifying similar patterns in women's experiences that may be identified within typologies, and/or any contrasts or differences in the data which would distinguish between typologies.

Ultimately, three typologies were identified. These typologies of participation are not necessarily discrete and separate, and some women's participation involved elements of more than one typology. 'Self-oriented' participation involved collapsing 'Sporting / recreation' and 'Informal / social support'. This was due to similarities in the participants' motivations and their experiences being involved in these types of participation. 'Prosocial-oriented' involved collapsing 'Community welfare/charitable' and 'Political / advocacy / action' due to the overlapping nature of some of the groups in these categories, in addition to similarities in the ways in which participants were involved and the structure of their involvement, and their motivation for participation. The third typology relabelled 'Children / parenting/ family' as 'Family-oriented'. This was retained as a separate typology due to distinct aspects of the participants' involvement, including the type and organisation of their involvement, requirements to be involved, motivation, and perceived outcomes of being involved. Religious-based participation was only undertaken by a small number of participants and was diverse in terms of motivations for being involved, and the structure, organisation and requirements of the participation itself. Thus, it was decided to include individual participants' religious involvement in either the self or prosocial-oriented typologies, depending upon their motivation, the types of activities they undertook, and the perceived outcomes and value of being involved. Table 3.7 provides a summary of these three typologies of involvement.

Table 3.7. Typologies of Participants’ community group involvement.

Typology	Description
Family-oriented	<p>Participation is mainly undertaken as an extension of role-based obligations that are attached to family, particularly parenting and ‘mothering’ roles. For example: school-based groups and committees, parenting groups, children’s sporting and recreation clubs.</p> <p>This involvement can have prosocial aims, and can also lead to personal benefit, but mainly starts through a sense of obligation to own family and children, and an extension of parenting tasks and responsibilities.</p>
Prosocial-oriented	<p>Participation which is undertaken with the aim of helping others and making a contribution to the community. For example: charitable organisations, social service and welfare groups, service organisations and advocacy groups.</p> <p>Self-interest can be a motivation to become involved, but added to this is an additional dimension of being able to make some sort of wider contribution (usually not present in self-oriented participation).</p>
Self-oriented	<p>Involvement which is undertaken largely for personal benefit, leisure, and/or needs, for example: interest/hobby groups, sporting clubs, social support groups, personal development groups.</p> <p>This can involve prosocial activities, but is mainly motivated by self-interest, and not necessarily making a wider contribution to the community.</p>

Whilst this process of ‘mapping and interpretation’ was being undertaken, additional tasks were also conducted which required interpretation and analysis of the qualitative findings. This included the writing of academic papers for publication in peer-review journals, (see Appendices Q and R), in addition to the preparation of seminar and conference presentations based upon the qualitative findings. The focus of the research articles presented in appendices Q and R was narrower than this PhD thesis, and they addressed related, but different research questions to this research. For example, as described above, the qualitative analysis for this thesis focused on developing typologies of women’s participation, in order describe fully and explain the nature of the participants’ community group involvement. In contrast, the

published articles include selected aspects of the qualitative data but do not present the detailed analysis of the typologies. In addition, one of the published articles does not include any quantitative analysis, and the quantitative data in the other publication is much more limited than what is presented in this thesis. Thus, this thesis offers a research contribution which is substantially different to that of the journal articles.

Presentation of the qualitative findings: In relation to the organisation and presentation of the findings according to the three typologies, the analysis of the data in each typology focused upon the research questions which guided this study. Thus, the findings are presented under headings which focus upon: a) the ‘nature’ of participation, and b) the perceived outcomes of participation (which included discussion of the implications for mental health and well-being). The analysis also focused on presenting patterns which emerged within particular typologies. Thus, under chapter headings relating to the ‘nature’ of participation, sub-sections are presented which relate to distinct patterns noted as relevant to that typology. In addition, as part of considering the ‘nature’ of involvement, the findings relating to each typology include a discussion of factors which were perceived as barriers or limitations upon participation. This was in order to illustrate data relevant to the issue of how and why some participants were able to participate in groups, and others were not, and to consider inequities among women which may give rise to these differences.

The analysis of the findings in each typology are presented in chapters 6-8. In addition, chapter 5 provides an introduction to the qualitative analysis. This chapter also includes an analysis of data that relates to how the participants understood the concept of ‘mental health’, and issues in their everyday lives that they perceived impacted upon their mental health. This informs the analysis in chapters 6-8. The quantitative findings of this study are presented prior to the qualitative analysis, and are presented in the following chapter.

Chapter 4. Quantitative analysis of women's community group participation.

4.1 Overview

This chapter presents the quantitative findings of this study. In this thesis, the quantitative analysis formed the 'preliminary' investigation before the primary analysis of the more in-depth qualitative findings, which are presented in chapters 5-8. The quantitative analysis focused specifically upon two of the research questions:

- What is the nature of participation in community groups among women who live in metropolitan Adelaide?
- What are the differences in the nature of women's participation in community groups, according to social and economic factors?

The quantitative analysis was not concerned with examining the personal outcomes and consequences of women's participation, or the association between the mental health of respondents and their community group involvement. These aspects of the research were investigated solely through the qualitative study.

The following section provides an overview of the respondents according to the key sociodemographic variables that were identified in chapter 3. An analysis is then presented of the respondents' involvement in community groups within the previous 12 months, and of their involvement in different types of groups. This analysis focused upon identifying sociodemographic factors associated with women's participation or non-participation in any community group, and in different types of community groups. Information is presented concerning the perceived barriers to involvement in community groups, among those women who identified that they would like to be more involved. Finally, an analysis is provided of the sociodemographic factors associated with the participants' frequency of involvement in community groups. This chapter concludes with a summary and brief discussion of the quantitative findings.

4.2 Details of sample according to sociodemographic variables

The sociodemographic variables included in this analysis as ‘independent’ variables were identified in chapter 3 (section 3.6.2). Table 4.1 displays the numbers and percentages of women in the sample according to these measures. For all of the sociodemographic variables aside from weekly equivalised household income, missing data was disregarded, using the listwise deletion procedure in SPSS. This was considered appropriate because the missing data in each of the relevant sociodemographic variables did not constitute more than 5% of the total data.

Table 4.1. Sociodemographic characteristics of sample.

Variables	% (N)
Equivalised weekly household income	
\$0 - \$299	32 (307)
\$300 – 599	20 (192)
\$600 – 999	16 (151)
\$1000+	18 (171)
Missing	15 (147)
Employment situation	
Full-time	19 (180)
Part-time	24 (232)
Retired	23 (224)
Household duties	17 (161)
Other	14 (139)
Missing	3 (32)
Perceptions of financial situation	
Living comfortably	50 (486)
Getting by/finding it difficult	47 (456)
Missing	3 (26)

Table 4.1 continued.

Variables	% (N)
Housing tenure	
Owens outright	40 (389)
Paying off mortgage	29 (285)
Renting/ other	29 (277)
Missing	2 (17)
Level of Education	
Secondary qualification or less	55 (529)
TAFE / vocational qualification	17 (169)
University qualification / higher degree	27 (263)
Missing	1 (7)
Household structure	
Lives alone	17 (167)
Lives with partner / spouse only	29 (285)
Lives with partner / spouse and children	29 (277)
Sole parent household	9 (90)
Lives with parents and/or related adults	10 (101)
Other	3 (24)
Missing	3 (24)
Relationship status	
Currently living in a married relationship	52 (509)
Not currently living in married relationship	46 (442)
Missing	2 (17)
Frequency of face to face contact with relatives	
very frequent	24 (232)
weekly	38 (372)
monthly	18 (173)
Less often	17 (164)
Missing	3 (27)

Table 4.1 continued.

Variables	% (N)
Frequency of face to face contact with friends	
very frequent	26 (255)
weekly	35 (338)
monthly	21 (201)
Less often	17 (163)
Missing	1 (11)
Presence of children under 15 in household	
Children under 15 in household	41 (393)
No children under 15 in household	59 (575)
Missing	0
Age	
18-34	18 (172)
35-54	38 (369)
55 and above	43 (418)
Missing	1 (9)

4.3 Analysis of participation in any community group

The questionnaire asked respondents to specify whether they had been involved in the activities of any community groups, from a list of 18 types of groups, within the previous 12 months. The following analysis was concerned with examining factors associated with whether the respondents had been involved in any of these types of community group. 79% of participants (765) had been involved in one or more group in the last 12 months, whereas 21% (202) had not been involved in any group. Logistic regression analyses were undertaken to explore the relationships between sociodemographic variables and participation in any group in the previous 12 months. Appendix S displays details of the frequencies and percentages of women's participation in any group, according to all of the key sociodemographic variables considered in this chapter.

In order to identify which variables to enter into a multivariate logistic regression, a series of univariate regressions were undertaken to identify which variables were significantly associated with participation in any group at a univariate level. Further details of these analyses can be viewed in Appendix T. Table 4.2 displays the variable categories that were significantly associated with participation in any community group in the previous 12 months at the univariate level. These variables were entered into a multivariate logistic regression.

Table 4.2. Variables significantly associated at a univariate level with participation in any community group.

Variables	Significance level
Household structure	
‘sole parent household’ <i>less</i> likely than ‘living with partner/spouse’	p < .01
Weekly Equivalised household income	
\$300 – 599 <i>more</i> likely than \$0-299	p < .001
\$600 – 999 <i>more</i> likely than \$0-299	p < .001
\$1000 and above <i>more</i> likely than \$0-299	p < .001
Employment situation	
‘Other’ employment situation <i>less</i> likely than works full-time	p < .05
‘Household duties’ <i>less</i> likely than works full-time	p = .05
Face to Face contact with friends	
‘Less often’ contact <i>less</i> likely than ‘weekly’ contact	p < .01
Level of Education	
‘TAFE / Vocational’ qualifications <i>more</i> likely than ‘secondary or less’	p < .01
‘University degree or higher’ <i>more</i> likely than ‘secondary or less’	p < .001
Housing Tenure	
‘Renting / Other’ <i>less</i> likely than ‘owns home outright’	p < .01
Age Groups	
‘55 years and above’ <i>less</i> likely than ‘35-54 years’	p < .05

Table 4.2 continued.

Variables	Significance level
Relationship situation 'Currently living in married relationship' <i>more</i> likely than 'not currently living in married relationship'	p < .001
Perceived financial situation 'Getting by / finding it difficult' <i>less</i> likely than 'living comfortably'	p < .001

A multivariate logistic regression analysis of participation in any type of community group was conducted on data from 880 cases (91% of the total sample). Participation in any community group was coded as 1, and non-participation was coded as 0. Table 4.3 displays the odds ratios, 95% confidence intervals of the odds ratios, significance levels and regression coefficients for this analysis. The model was significant when compared to a constant only model ($\chi^2 = 95.94$ (24) $p < .001$). The model explained 16% of the variance (nagelkerke R-square: .163). The Hosmer and Lemeshow test was not significant⁴. 79% of cases were correctly classified by the model. However, the model accurately classified 94% of those that had participated in a group, but only 6% of non-participants. Thus, the model had a positive predictive value of 81%, (indicating that, of the people the model predicted would have participated in a group, it accurately predicted 81% of them) but a negative predictive value of 38% (indicating that, of the people the model predicted would not have participated, it only accurately predicted 38% of them).

⁴ The Hosmer and Lemeshow test is a goodness of fit test for logistic regression models, provided in SPSS output. A poor model 'fit' is indicated by a significance value of less than .05, thus, a non-significant result supports a model as adequate (Pallant, 2001, p. 167).

Table 4.3. Odds ratios and regression coefficients of logistic regression model to predict participation in any community groups in past 12 months.

Variables	B	Odds Ratio (95% CI)
Relationship situation		
<i>Living in married relationship: Reference category</i>		
Not currently living in a married relationship	-.826	.438 (.230 - .832) *
Frequency of face to face contact with friends		
<i>Weekly contact: Reference category</i>		
Very frequent	-.026	.975 (.594- 1.599)
Monthly	-.632	.531 (.324 - .870)*
Less often	-.756	.469 (.284 - .777) **
Weekly equivalised household income		
<i>\$0 - \$299: reference category</i>		
\$300 – 599	.849	2.337 (1.355 - 4.031) **
\$600 – 999	.560	1.751 (.910 - 3.367)
\$1000+	.426	1.530 (.784- 2.988)
Missing	.768	2.154 (1.112 - 4.175) *
Level of education		
<i>Secondary or less: reference category</i>		
TAFE / vocational	.561	1.752 (1.066 - 2.881)*
University or higher	1.195	3.304 (1.915- 5.699) ***
Perceived financial situation		
<i>Living comfortably: reference category</i>		
Getting by / finding it difficult	-.026	.974 (.628- 1.511)

Table 4.3 continued.

Variables	B	Odds Ratio (95% CI)
Employment situation		
<i>Full-time: reference category</i>		
Part-time	.144	1.155 (.639 -2.087)
Retired	.104	1.110 (.529 -2.328)
Household duties	-.055	.946 (.495- 1.809)
'other'	-.155	.856 (.442 - 1.658)
Household structure		
<i>Lives with partner / spouse only: reference category</i>		
Lives alone	.544	1.723 (.822- 3.613)
Lives with partner and children	-.159	.853 (.478- 1.522)
Sole parent	-.132	.876 (.391- 1.963)
Lives with parents and/or related adults	.581	1.787 (.759- 4.210)
Other	-.220	.803 (.263- 2.453)
Housing tenure		
<i>Owns home outright: reference category</i>		
Paying mortgage	-.058	.944 (.566- 1.575)
Renting / other	-.029	.972 (.566- 1.668)
Age group		
<i>35-54: reference category</i>		
18-34	-.142	.867 (.487 -1.546)
55+	-.359	.698 (.390 - 1.252)

* = p <.05, ** = p < .001, *** = p < .001

In this model, the variables significantly associated with participation in any group in the previous 12 months were: level of education, weekly equivalised household income, relationship situation, and frequency of contact with friends. In relation to education, both those women who had TAFE / vocational qualifications, and those that had university qualifications or higher, were significantly more likely to have been involved than those educated at a secondary level or less. In relation to

household income, those who received \$300–599 were significantly more likely to have participated than those who had a weekly household income of less than \$300. Those who were classified as ‘missing’ because of a lack of income data were also more likely to have participated in a group than those women who received less than \$300 per week.

Women who currently lived in a married relationship were significantly more likely to have participated in a group than those who were not living in a married relationship. Finally, those who had ‘monthly’ and ‘less often’ face to face contact with friends were significantly less likely to have participated in a group than those who had ‘weekly’ face to face contact with friends. This analysis provides a ‘crude’ overview of the factors associated with participation in any of the community groups listed in the questionnaire, but does not take into account differences in participation according to the type of groups. The section below considers factors associated with participation in different types of groups.

4.4 Analysis of participation in types of community group

The survey contained a list of 18 specific types of community groups, in addition to an ‘other’ category, with a requirement for respondents to specify what ‘other’ referred to. As described in chapter 3 (pages 67-70), these types of groups were collapsed into four categories for the purposes of this analysis. Table 4.4 displays both the frequencies and percentages of women involved in each of the four categories of group involvement, and all 18 types of community group within each of these categories. In addition, Appendix S provides detailed information regarding participation in these categories of groups according to all of the sociodemographic variables considered in this chapter.

In the following analysis, each of the four categories of community group involvement was examined, in order to investigate which sociodemographic variables were associated with women’s participation in different types of groups. The following sections provide information on the analyses conducted to investigate women’s involvement in these four categories.

Table 4.4 Categories of groups respondents had been involved in previous 12 months.

Categories of Group	% (N)
Personal Interest / Recreation	53 (515)
Sporting / Recreation	35 (334)
Social clubs	15 (149)
Crafts / hobby	15 (148)
Arts / Cultural	15 (143)
Self-Help	3 (30)
Other Civic / Voluntary	38 (369)
Trade Union / professional	9 (91)
Health / Welfare	9 (86)
‘Other’	9 (83)
Environment / animal welfare	5 (50)
Humanitarian	5 (47)
Services	4 (40)
Ethnic	3 (30)
Civic / action	3 (30)
Voluntary emergency	3 (24)
Human / civil rights	2 (21)
Political party	2 (20)
Indigenous	1 (7)
Children / Parenting	25 (237)
Religious / Spiritual	21 (204)
No groups	21 (202)

4.4.1 Participation in personal interest / recreation groups

As table 4.4 displays, participation in the activities of personal interest / recreation groups in the last 12 months was most common among respondents, as 53% of the sample had been involved in the activities of these types of groups in the previous 12 months. A series of univariate logistic regression analyses were conducted in SPSS to establish which sociodemographic variables were significantly associated with participation in personal interest groups (see Appendix T for detailed results). Table 4.5 provides details of the variables, and variable categories, which were significantly associated with participation in these types of groups at a univariate level. These variables were subsequently entered into a multivariate logistic regression analysis.

Table 4.5. Variables significantly associated at a univariate level with participation in personal interest / recreation groups.

Variables	Significance level
Equivalised weekly household income	
\$300 – 599 <i>more</i> likely than \$0-299	p < .01
\$600 – 999 <i>more</i> likely than \$0-299	p < .01
\$1000 and above <i>more</i> likely than \$0-299	p < .001
Level of Education	
‘TAFE / Vocational’ qualifications <i>more</i> likely than ‘secondary or less’	p < .05
‘University degree or higher’ <i>more</i> likely than ‘secondary or less’	p < .001
Perceived financial situation	
‘Getting by / finding it difficult’ <i>less</i> likely than ‘living comfortably’	p < .05
Household structure	
‘sole parent household’ <i>less</i> likely than ‘living with partner/spouse’	p < .01
Frequency of face to face contact with friends	
‘Monthly’ contact <i>less</i> likely than ‘weekly’ contact	p < .01
‘Less often’ contact <i>less</i> likely than ‘weekly’ contact	p < .001

The multivariate analysis was conducted in SPSS 14, with participation / non-participation during the previous 12 months in personal interest / recreation groups as the dependent variable. Participation in this type of group was coded as 1, and non-participation was coded as 0. Household income, level of education, perceived financial situation, household structure and frequency of face to face contact with friends were entered as independent variables. The total number of cases included was 917 (95% of the total sample). A test of the full model against a constant only model was significant, ($\chi^2 = 72.16 (15), p < .001$). The model explained 10% of the variance in participation in personal interest / recreation groups (nagelkerke r-squared = .101). The Hosmer and Lemeshow test was not significant. 62% of cases were correctly classified in the model (45% of non-participants and 76% of participants). The positive predictive value of the model was 62% and the negative predictive value was 61%. The regression coefficients and odds ratios of all the independent variables included in the model are displayed in Table 4.6.

Table 4.6. Results of multivariate logistic regression: participation in personal interest groups.

Variables	B	Odds Ratio (95% CI)
Equivalised weekly household income		
<i>\$0-299: Reference category</i>		
300 – 599	.516	1.675 (1.119 – 2.508)*
600 – 999	.474	1.606 (1.011 – 2.553)*
1000+	.531	1.701 (1.044 – 2.773)*
Missing	.126	1.134 (.716 – 1.796)
Highest level of Education		
<i>Secondary or less: Reference category</i>		
TAFE/ Vocational qualification	.261	1.298 (.893 – 1.885)
University / higher	.498	1.646 (1.162 – 2.331)**
Perceived financial situation		
<i>Living comfortably: Reference category</i>		
Getting by / finding it difficult	.119	1.126 (.818 – 1.551)

Table 4.6 continued.

Variables	B	Odds Ratio (95% CI)
Household structure		
<i>Living with partner / spouse only: Reference category</i>		
Lives alone	-.002	.998 (.660 – 1.508)
Lives with partner and children	.003	1.003 (.702 – 1.434)
Sole parent	-.668	.503 (.295 - .857)*
Lives with parents / related adults	.341	1.407 (.850 – 2.330)
Other	-.119	.888 (.358 – 2.200)
Frequency of face to face contact with friends		
<i>Weekly contact: Reference category</i>		
Very frequent	.092	1.097 (.766 – 1.570)
Monthly	-.686	.504 (.347 - .731) ***
Less often	-.801	.449 (.300 - .672)***

* = $p < .01$, ** = $p < .01$, *** = $p < .001$

Perceived financial situation did not remain significant in the model. Household income was linked with participation in personal interest / recreation groups, as women in all income categories except ‘missing’ were significantly more likely to have participated in the last 12 months than those women who were in the ‘low income’ category, and received less than \$300 a week. Level of education was also significantly associated with participation in a personal interest / recreation group, as those women who had a university or higher qualification were significantly more likely to have participated than those who had a secondary or lesser qualification. Household structure was significantly associated with participation, in that those who identified as ‘sole parents’ were significantly less likely to have participated in a personal interest group than those women who lived with a partner or spouse only. Finally, frequency of face to face contact with friends remained significantly associated with participation in a personal interest group, as those who had ‘monthly’ and ‘less often’ contact with friends were significantly less likely to have participated in personal interest / recreation groups, than those who had ‘weekly’ contact.

4.4.2 Participation in 'other' civic/ voluntary community groups.

As table 4.4 displays (page 102), 38% of the sample had been involved in the activities of a range of 'other' 'civic / voluntary' groups in the previous 12 months. In order to identify sociodemographic variables significantly associated with participation in civic / voluntary groups (comprised of 12 types of community groups), a series of univariate logistic regression analyses were conducted to establish which variables should be entered into the multivariate model. Appendix T provides further details of these univariate regression analyses. Table 4.7 details the variables that were significantly associated with participation in this category of group, at a univariate level. These variables were entered into a multivariate logistic regression analysis.

Table 4.7. Variables significantly associated at a univariate level with participation in 'civic / voluntary' groups.

Variable	Significance level
Equivalised weekly household income '\$1000 and above' <i>more</i> likely than \$0-299	p < .001
Employment situation 'Household duties' <i>less</i> likely than 'works full-time'	p < .05
Housing tenure 'Renting / other' <i>less</i> likely than 'owns home outright'	p < .01
Perceived financial situation 'Getting by / finding it difficult' <i>less</i> likely than 'living comfortably'	p < .01
Education level 'TAFE / Vocational' qualifications <i>more</i> likely than 'secondary or less'	p < .05
'University degree or higher' <i>more</i> likely than 'secondary or less'	p < .001

The multivariate logistic regression analysis was conducted on 906 cases, 94% of the total sample. The regression coefficients, odds ratios with significance levels and 95% confidence intervals are displayed in table 4.8 .The model was significant against a constant only model ($\chi^2 = 37.45 (13) p < .001$), and the model explained 6% of variance (nagelkerke r squared= .055). The Hosmer and Lemeshow test was not significant. The model correctly classified 61 % of respondents (88% of non-participants and 20% of participants). The positive predictive value of the model was 51% and the negative predictive value was 69%. This indicates that this model was better at predicting non-participation in civic / voluntary groups, than it was in predicting participation. This suggests that there are other factors, not included in this model, which are important in facilitating participation in such civic / voluntary community groups.

Table 4.8. Multivariate logistic regression results: participation in civic/voluntary groups.

Variable	B	Odds Ratio (95% CI)
Equivalised weekly income		
<i>\$0 – 299: Reference category</i>		
\$300 – 599	-.055	.946 (.622 – 1.439)
\$600 – 999	.025	1.025 (.631 – 1.667)
\$1000+	.374	1.453 (.887 – 2.381)
Missing	.165	1.179 (.726 – 1.913)
Employment situation		
<i>Full-time: Reference category</i>		
Part-time	.025	1.025 (.679 – 1.548)
Retired	.147	1.158 (.716 – 1.873)
Household duties	-.267	.766 (.469 – 1.251)
Other	-.019	.981(.586 – 1.641)
Perceptions of financial situation		
<i>Living comfortably: Reference category</i>		
Getting by/ finding it difficult	-.150	.860 (.622 – 1.191)

Table 4.8 continued.

Variable	B	Odds Ratio (95% CI)
Housing tenure		
<i>Owns outright: Reference category</i>		
Paying mortgage	-.194	.823 (.574 – 1.181)
Renting / other	-.283	.754 (.515 – 1.103)
Level of education		
<i>Secondary or less: Reference category</i>		
Vocational qualification	.368	1.445 (.991 – 2.106)
University degree or higher	.544	1.722 (1.219 – 2.432)**

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Thus, this model was better able to identify variables associated with non-involvement than involvement. This may be partly due to the broad range of different groups included in this category, which were not clearly defined around a consistent ‘theme’. The only variable to remain significant in this model was level of education. Those women who had a university degree or higher were significantly more likely to participate in civic / voluntary groups than those who were educated at a secondary level or less.

4.4.3 Participation in children / parenting based groups

As table 4.4 displays (page 102), 25% of the entire sample had been involved in the activities of children / parenting based community groups within the previous 12 months. A series of univariate logistic regression models were undertaken to identify which of the sociodemographic variables was significantly associated with participation in these types of groups (see Appendix T). Table 4.9 displays the variables significantly associated with participation in children/parenting groups at a univariate level. These variables were entered into a multivariate logistic regression.

Table 4.9. Variables significantly associated at a univariate level with participation in a children / parenting based group.

Variable	Significance level
Equivalised weekly household income	
\$600–999 <i>more</i> likely than \$0-299	p < .01
\$1000 and above <i>more</i> likely than \$0-299	p < .05
Employment situation	
Retired <i>less</i> likely than works full-time	p < .001
Household duties <i>more</i> likely than works full-time	p < .05
Level of Education	
‘TAFE / Vocational’ qualifications <i>more</i> likely than ‘secondary or less’	p < .05
‘University degree or higher’ <i>more</i> likely than ‘secondary or less’	p < .001
Perceived financial situation	
‘Getting by / finding it difficult’ <i>less</i> likely than ‘Living comfortably’	p < .01
Relationship situation	
‘Not currently living in a married relationship’ <i>less</i> likely than ‘living in a married relationship’	p < .05
Frequency of face to face contact with relatives	
‘Less often contact with relatives’ <i>more</i> likely than ‘weekly’ contact	p < .01
Age group	
‘18–34 years’ <i>less</i> likely than ‘35–54 years’	p < .001
‘55 years and above’ <i>less</i> likely than ‘35-54 years’	p < .001
Household structure	
‘lives with partner and children’ <i>more</i> likely than ‘lives with partner/spouse only’	p < .001
Presence of children under 15 in household	
‘No children under 15 in household’ <i>less</i> likely than ‘children under 15 in household’	p < .01

The multivariate analysis was conducted on 884 cases (91% of sample). The model was significant against a constant only model ($\chi^2 = 89.61$ (23), $p < .001$). The model explained 14% of the variance (nagelkerke R-squared = 0.143). The Hosmer and Lemeshow test was not significant. The model correctly classified 75% of all cases. However, the model correctly classified 97% of those who did not participate in children / parenting based groups, whereas it only predicted 10% of those who did participate. The positive predictive value was 52%, whereas the negative predictive value was 76%. This indicates that this model is better at identifying factors associated with non-participation, and there may be other factors which are important for facilitating participation in children/ parenting based community groups, which were not included in this analysis. Table 4.10 displays details of the regression coefficients, odds ratios, and 95% confidence intervals of the odds ratios.

Table 4.10. Multivariate logistic regression of participation in children / parenting based groups.

Variables	B	Odds Ratio (95% CI)
Equivalised weekly household income		
<i>0-299: Reference category</i>		
300 – 599	.213	1.238 (.750 – 2.044)
600 – 999	.138	1.148 (.649 – 2.030)
1000+	.007	1.007 (.553 – 1.834)
Missing	.065	1.067 (.575 – 1.980)
Employment situation		
<i>Full time: Reference category</i>		
Part-time	-.199	.820 (.512-1.313)
Retired	.185	1.203 (.586-2.469)
Household duties	-.181	.835 (.471-1.480)
Other	.129	1.138 (.631 – 2.051)
Perceptions of financial situation		
<i>Living comfortably: Reference category</i>		
Getting by / finding it difficult	-.442	.643 (.437 - .945) *

Table 4.10 continued.

Variable	B	Odds ratio (95% CI)
Highest level of Education		
<i>Secondary or less: Reference category</i>		
TAFE / vocational qualification	.167	1.182 (.758 – 1.843)
University / higher	.429	1.536 (1.027 – 2.298) *
Household structure		
<i>Living with partner / spouse only: Reference category</i>		
Lives alone	-.273	.761 (.362 – 1.602)
Lives with partner and children	.181	1.198 (.698 – 2.058)
Sole parent	-.206	.814 (.359 – 1.847)
Lives with parents / related adults	-.722	.486 (.208 – 1.134)
Other	-.867	.420 (.109 – 1.616)
Presence of children under 15		
<i>Children under 15 present in household: Reference category</i>		
No children under 15 in household	.028	1.028 (.675 – 1.567)
Relationship situation		
<i>Currently living in a married relationship: Reference category</i>		
Not currently living in a married relationship	.240	1.271 (.691 – 2.339)
Frequency of face to face contact with relatives		
<i>Weekly contact: Reference category</i>		
Very frequent	.091	1.095 (.715 – 1.676)
Monthly	.032	1.032 (.642 – 1.660)
Less often	.395	1.484 (.945 – 2.332)
Age groups		
<i>35-54: Reference category</i>		
18-34	-.617	.540 (.318 - .915)*
55+	-1.422	.241 (.136 - .428)***

* = p < .05, ** = p < .01, *** = p < .001

Age groups were significantly associated with participation in this category of group, as both those respondents aged under 35 and those aged over 55 were less likely to have been involved than those aged between 35 and 54. Perceived financial situation was also significantly linked with participation, as those who were classified as 'getting by / finding it difficult' were less likely to have been involved than those who were 'living comfortably'. Finally, level of education was significantly associated with participation in a children / parenting community groups, as those respondents who had a university or higher qualification were more likely to have been involved than those with a secondary or lesser qualification. Surprisingly, the presence of children under 15 in the household did not remain significantly associated with participation in children/parenting based groups in the multivariate analysis. Possible reasons for this finding are discussed later in this chapter.

4.4.4 Participation in religious / spiritual community groups

As table 4.4 indicates (page 102), 21% of the entire sample had been involved in religious / spiritual groups within the previous 12 months. A series of univariate logistic regressions were undertaken to identify the sociodemographic variables that were significantly associated with the respondents' involvement in religious / spiritual community groups. See Appendix T for further details of these analyses. Table 4.11 displays the variable categories significantly associated with participation in religious groups at a univariate level. These variables were subsequently entered into a multivariate logistic regression.

The multivariate logistic regression analysis was conducted on 880 cases (91 % of the total sample). The model was significant when compared with a constant only model, ($\chi^2 = 108.1$ (24) $p < .001$.) The model explained 18% of the total variance (nagelkerke r-square = .179). The Hosmer and Lemeshow test was not significant. The model accurately classified 79% of cases, 97% of non participators and 11% of participators. The positive predictive value was 49% and the negative predictive value was 81%.

Table 4.11 Variables significantly associated at a univariate level with participation in religious / spiritual groups.

Variable	Significance level
Equivalised weekly household income	
\$300 – 599 <i>more</i> likely than \$0-299	p < .05
\$600 – 999 <i>more</i> likely than \$0-299	p < .01
Missing <i>more</i> likely than \$0-299	p < .05
Level of Education	
‘TAFE / vocational’ qualifications <i>more</i> likely than secondary or less	p < .01
‘University or higher’ qualifications <i>more</i> likely than secondary or less	p < .001
Employment situation	
Retired <i>more</i> likely than works full-time	p < .05
Perceived financial situation	
‘Getting by / finding it difficult’ <i>less</i> likely than ‘living comfortably’	p < .01
Housing tenure	
‘Paying off mortgage’ <i>less</i> likely than ‘owns home outright’	p < .001
‘renting / other’ <i>less</i> likely than ‘owns home outright’	p < .01
Household structure	
Lives in ‘sole parent’ household <i>less</i> likely than lives with partner/spouse only	p < .01
Relationship situation	
‘Not currently in married relationship’ <i>less</i> likely than ‘currently lives in married relationship’	p < .001
Frequency of face to face contact with friends	
‘less often’ contact <i>less</i> likely than ‘weekly’ contact	p < .05
Age groups	
55 years and above <i>more</i> likely than ‘35-54 years’	p < .01

Therefore, like children / parenting based groups, the model was not able to predict participation in these types of groups as well as it was able to predict non-participation, indicating that there are other factors that are important to facilitating participation in a religious community group which were not considered in this analysis. For example, religious affiliation is an example of a factor which may be associated with participation in these types of groups, which was not measured by the questionnaire. Table 4.12 displays the regression coefficients, odds ratios, and 95% confidence intervals of the odds ratios for this analysis.

Table 4.12. Multivariate regression: participation in religious / spiritual groups.

Variable	B	Odds Ratio (95% CI)
Equivalised weekly income		
<i>\$0 – 299: Reference category</i>		
\$300 - \$599	.193	1.212 (.710 – 2.070)
\$600 - \$999	.166	1.180 (.638 – 2.185)
\$1000+	-.531	.558 (.301 – 1.150)
Missing	.359	1.432 (.770 – 2.661)
Relationship situation		
<i>Married relationship: Reference category</i>		
Not living in married relationship	-1.298	.272 (.110 - .673)**
Frequency face to face contact with friends		
<i>Weekly: Reference category</i>		
Very frequent	.190	1.210 (.777 – 1.885)
Monthly	-.095	.910 (.568 – 1.458)
Less often	-.676	.509 (.284 - .911) **
Age group		
<i>35-54: Reference category</i>		
18-34	-.278	.758 (.388 – 1.478)
55+	.700	2.014 (1.124 – 3.610)*

Table 4.12 continued.

Variable	B	Odds Ratio (95% CI)
Level of education		
<i>Secondary or less: Reference category</i>		
TAFE / vocational	.869	2.385 (1.456 – 3.906)**
University degree or higher	1.509	4.520 (2.897 – 7.052)***
Housing tenure		
<i>Owns home outright: Reference category</i>		
Paying mortgage	-.335	.715 (.434 – 1.179)
Renting / other	.321	1.378 (.793 – 2.395)
Perceived financial situation		
<i>Living comfortably: Reference category</i>		
Getting by / finding it difficult	-.133	.876 (.574 – 1.336)
Household structure		
<i>Lives with partner / spouse only: Reference category</i>		
Lives alone	1.187	3.277 (1.236 – 8.688)*
Lives with partner and children	.311	1.365 (.722 – 2.413)
Sole parent	.672	1.957 (.577 – 6.643)
Lives with parents / related adults	1.287	3.622 (1.192 – 11.003)*
Other	.501	1.651 (.432 – 6.307)
Employment situation		
<i>Works full-time: Reference category</i>		
Works part-time	.126	1.135 (.655 – 1.967)
Retired	.252	1.286 (.644 – 2.570)
Household duties	.022	1.053 (.545 – 2.032)
Other	.051	1.023 (.511 – 2.045)

* = $p < .01$, ** = $p < .01$, *** = $p < .001$

Women who lived alone, and those who lived with parents and/or related adults were significantly more likely to have participated in religious / spiritual community groups in this model, than those women who lived with their partners only. This indicated a change from the univariate analysis of the 'household structure' variable, where it was the category of 'sole parent' that was significantly associated with a decreased likelihood of involvement in this type of group. Thus, while this variable remained significant in the model, the categories within the variable played out slightly differently in the multivariate analysis. Women who possessed vocational qualifications, or were educated at a university level, were significantly more likely to participate in religious groups than those who were educated at a secondary level. Those who had 'less often' contact with friends were significantly less likely to participate than those who had weekly contact. Finally, women who were not currently living in a married relationship were significantly less likely to participate in a religious group than women who were currently living in a married relationship.

Interestingly, these results indicate that women who lived alone were more likely to participate in this category of group than those who lived with a partner or spouse, but that married women were also more likely to participate than women who were not currently in a married relationship (which included a diverse mix of women, including those who were single, divorced, separated, living in a defacto partnered relationship and widowed). Given these two findings, it is useful to draw attention to the distinction between the variables of 'relationship situation' and 'household structure'. The relationship situation category of 'living in a married relationship' is different to the household structure category of 'lives with a partner/spouse only'. Whereas the former only refers to women who identify as married, the latter does not only refer to married relationships. Thus, these categories are not measuring exactly the same type of relationship.

It is necessary to recognise this because, this analysis may possibly indicate a difference in involvement in religious/spiritual groups among women who identify as married and those who identify as living in a relationship with a partner. Given that marriage is an important religious practice, it is perhaps not surprising that those women who are married have higher rates of involvement in religious and spiritual groups than women in other relationships situations.

Furthermore, the results of this analysis, particularly with respect to the 'household structure' variable, must be interpreted with caution. The categories of 'lives alone' and 'lives with parents and/or related adults' only have small numbers (17% and 10% of the entire sample respectively), and table 4.10 displays very wide confidence intervals for these categories. What can be concluded from this analysis is that, in this sample, there appears to be a link between type of household 'structure' and religious / spiritual group involvement.

4.4.5 Summary: Participation in types of community groups

In summary, these analyses suggest that participation in different types of groups varies among women according to social and economic factors. Table 4.13 summarises the results by displaying the categories of sociodemographic variables that were significantly associated with participation in each type of group. As this table shows, every category of group participation was significantly associated with level of education, as the results consistently indicated that those respondents who possess university qualifications were more likely to have participated in groups in the previous 12 months than those participants who were educated at a secondary level or less. This suggests a link between the possession, or non-possession, of institutionalised 'cultural capital' and participation in community groups.

In relation to other factors apart from level of education, there were differences among the four categories of group involvement. In regards to involvement within groups that were classified as 'personal interest / recreation', higher household incomes were associated with an increased likelihood of participation, whereas less often face-to-face contact with friends, and living in a sole parent household, was associated with a lower likelihood of participation, compared to those who had weekly contact with friends and lived in a household with a partner or spouse. This suggests that aspects of economic and informal social capital, in addition to cultural capital, were linked with participation or non-participation in a personal interest group. This indicates socioeconomic differentiation among women in relation to whether they had participated or not in the activities of these types of community group.

Table 4.13. Summary of factors significantly associated with participation in groups in last 12 months.

Significant sociodemographic variables	Group Category
Level of Education:	
Possessing TAFE / vocational qualification associated with <i>increased</i> likelihood of involvement, compared with secondary or lesser qualification.	Any group, Religious
Possessing university/higher qualification associated with <i>increased</i> likelihood of involvement, compared with secondary or lesser qualification.	Any group, Personal interest / recreation, Religious, children/parenting, civic / voluntary
Equivalised weekly household income:	
Receiving \$300 - \$599 weekly household income associated with <i>increased</i> likelihood of involvement, compared to receiving less than \$300 per week.	Any group, personal interest / recreation
Receiving \$600 - \$999 weekly household income associated with <i>increased</i> likelihood of involvement, compared to receiving less than \$300 per week.	Personal interest/recreation
Receiving \$1000+ weekly household income associated with <i>increased</i> likelihood of involvement, compared to receiving less than \$300 per week.	Personal interest / recreation
Being in 'missing' income category associated with <i>increased</i> likelihood of involvement, compared to receiving less than \$300 per week.	Any group
Perceived financial situation	
'Getting by / finding it difficult' associated with <i>decreased</i> likelihood of involvement, compared with 'living comfortably'	Children / parenting
Relationship situation:	
Not currently living in married relationship associated with <i>decreased</i> likelihood of involvement, compared with living in a married relationship	Any group, Religious

Table 4.13 continued.

Significant sociodemographic variables	Group category
Frequency of contact with friends:	
Having monthly face to face contact with friends associated with <i>decreased</i> likelihood of involvement, compared with having weekly contact.	Any group, Personal interest / recreation
Having 'less often' face to face contact with friends associated with <i>decreased</i> likelihood of involvement, compared with having weekly contact.	Any group, Personal interest / recreation, Religious
Household structure:	
Living as a 'sole parent' in household associated with <i>decreased</i> likelihood of involvement, compared to living with partner/spouse only.	Personal interest / recreation
Living alone associated with <i>increased</i> likelihood of involvement, compared with living with a spouse or partner.	Religious
Living with 'parents/related adults' associated with <i>increased</i> likelihood of involvement, compared to living with partner/spouse only.	Religious
Age groups:	
Being in age group 18-34 associated with <i>decreased</i> likelihood of involvement, compared with age group 35-54.	Children / parenting
Being in age group 55+ associated with <i>decreased</i> likelihood of involvement, compared with age group 35-54.	Children / parenting
Being in age group 55+ associated with <i>increased</i> likelihood of involvement, compared with age group 35-54.	Religious

In relation to participation in religious / spiritual groups, age groups and relationship situation were significantly associated with women's participation (in addition to education), as women over the age of 55 were more likely to have participated in a religious group than those who were aged 35–54. This link between the age of women and their involvement in religious groups is consistent with data from other research (ABS, 2006b; O'Neill, 2006). Married women were also more likely to have been involved in religious groups than those who were not married. In contrast to personal interest and recreation groups, participation within these types of groups appeared to be less differentiated by the possession of economic capital (although the univariate analysis indicated an association between household income and participation in religious / spiritual groups). This type of group involvement was also differentiated by the possession of 'institutionalised cultural capital', in regard to the link between higher levels of education and participation in these types of groups. Furthermore, the analysis suggested a link between the type of household and participation in a religious / spiritual group, and frequency of face to face contact with friends and participation. This indicates that this type of group involvement is linked with the composition of the household and social relationships with others.

In regards to the types of groups that were categorised as 'civic / voluntary', only level of education was significantly associated with participation in these types of groups, which also indicated that it was less differentiated by the possession of economic and informal social capital than the other categories of group. Again, this suggests the importance of the possession of institutionalised 'cultural capital' in differentiating among women in whether they participated in these types of community group.

Participation in children / parenting based groups was significantly linked with age groups, as those in the 55 and over age group, and in the 18-34 age group, were less likely to have been involved than those aged between 35–54. This is not surprising given that participation in these types of groups is likely to be linked with having younger and school aged children, and many women who have children of this age are likely to be over 35, but under the age of 54. However, at a multivariate level, the presence of children under 15 in the household was not significantly linked with participation in these types of groups, which indicates that there are other factors

besides having children in the household which facilitate participation in children/parenting based community groups. This finding may also relate to the nature of the questionnaire measure. It may be the case that women who were involved in more 'informal' activities based around their children, such as regular 'helping out' within schools and their children's clubs, would not necessarily have categorised this type of involvement as participation within a 'children, parenting or school related group'. Thus, these types of informal parenting based activities may have been under-represented in the questionnaire responses.

It is also worth noting that the questionnaire item that related to the presence of children in the household asked whether there were children under 15 present *at least some of the time* (see Appendix A). Therefore, this would have included women who occasionally or temporarily looked after children in their households, in addition to those who were mothers with full-time childcare responsibilities. In cases where children under 15 only live in the household for some of the time, such as respondents who were step-parents or grand-parents, they may be less likely to be involved in children/parenting based groups.

Furthermore, it is also likely that there were differences among women with children in their household in this type of participation, according to whether they were sole parents, or lived with a partner. The univariate regression analysis of participation in this type of group illustrated that women who lived with their partner and children were *more* likely to be involved (than those who lived with a partner only). However, sole parents were not more likely to be involved. This may also be a reason why having children in the household was not significantly associated (at a multivariate level) with participation in a children / parenting based group.

Perceived financial situation was linked with participation in children / parenting based groups, as those who identified as 'getting by / finding it difficult' were less likely to participate than those who were 'living comfortably'. Although levels of weekly household income were not linked with involvement in this type of group at a multivariate level, the association between perceived financial situation and participation suggests that a lack of economic or financial resources, and perceived lower levels of 'economic capital' is linked with a lower likelihood of participation.

Overall, these findings provide an overview of patterns of women's involvement in community groups which hints at the complex nature of social, economic and cultural factors which are linked with such participation. They suggest some aspects of 'class' difference among women in relation to their participation in groups, particularly class difference that is attached to the possession of institutionalised cultural capital, as well as aspects of economic and 'informal' social capital. In particular, these results confirm existing research which has established a link between level of education and participation in voluntary community activities. These results illustrate the presence of this association between education and participation among women specifically.

Due to the nature of the questionnaire and the measures utilised, this can only be a very crude and simplified picture of how such factors are linked with participation. These measures do not relate to how often respondents had been involved in these types of groups, and this is considered later in this chapter. Firstly, however, the section below provides information on the barriers that respondents identified to being more involved in community groups.

4.5 Barriers to participation in community groups

The questionnaire contained an item asking respondents whether they would like to be more involved in a community group (see Appendix A). 411 women, 43% of the entire sample, indicated they would like to be more involved. These respondents were asked to indicate barriers that prevented them from being more involved, from a list provided in the questionnaire (see Appendix A). Respondents were instructed to tick as many barriers that applied to them. A list of 12 barriers were provided, (including a category labelled 'other') as displayed in Appendix A.

Table 4.14 below provides details of the frequencies and percentages of this subgroup of 411 respondents who identified specific barriers to being involved in community groups. Where these respondents indicated that 'other' barriers prevented them, they were asked to describe these barriers. The types of barriers specified in this 'other' category were diverse. Many related to having a lack of time due to other factors aside from paid work, including study. Some were generic explanations, such as statements relating to an overall 'lack of time'. Some 'other' barriers alluded to

mental health issues, such as anxiety, and others suggested the possible disadvantages of becoming involved. For a full list of all ‘other’ barriers as specified by this group of 411 respondents, see Appendix U.

Table 4.14. Percentages of respondents who identified barriers from those who would like to be more involved in groups.

Barrier	Total (N = 411) % (N)
Lack of time due to paid work	47 (191)
Can't afford it	29 (121)
Lack of confidence	25 (104)
No-one to go with	23 (96)
Lack of information / knowledge	23 (93)
Childcare / caring responsibilities	20 (84)
Health status	18 (75)
Other	15 (62)
No vehicle / poor public transport	12 (48)
No relevant organisations	4 (18)
Feel unwelcome	4 (15)
Language barrier / difficulty	2 (6)

In order to consider the types of barriers that these respondents may face in their day-to-day lives which prevent them from being more involved in community groups, on a *regular* basis, the associations between perceived barriers and frequency of group involvement were explored. In this sub-group of 411 women who said that they would like to be more involved, 59% (235) identified that they were involved in a group on a weekly or monthly basis, whereas 41% (165) were non-regular participators, as they were involved in the activities of a group occasionally, rarely, or were never involved. Thus, a majority of these women were already involved regularly in a community group. Table 4.15 presents details of the barriers identified

by respondents, according to whether they were involved in a group frequently (weekly or monthly basis), or were non-regular participators (occasionally, rarely or never participated in a group).

Table 4.15. Barriers: according to frequency of involvement.

Barrier	Regular involvement	Non-regular involvement
	(N = 235) % (N)	(N = 165) % (N)
Lack of time	48 (115)	46 (75)
Can't afford it	24 (57)	37 (61)
Lack of confidence	19 (44)	36 (59)
Lack of information	19 (46)	27 (44)
Childcare / caring responsibilities	21 (51)	20 (33)
Nobody to go with	18 (43)	31 (51)
Health status	15 (36)	21 (36)
Other	15 (36)	14 (23)
No vehicle / lack of transport	11 (25)	13 (21)
Feels unwelcome	2 (4)	7 (11)
No relevant organisation	5 (12)	4 (5)
Language	0.4 (1)	3 (5)

As Table 4.15 displays, some barriers were identified by higher percentages of respondents who were *not* regularly involved in a community group, including: not being able to afford it, a perceived lack of confidence, a perceived lack of information, having nobody to go with, health status, no available transport, feeling unwelcome, and a language barrier. In order to identify which barriers were significantly associated with non-regular participation in groups (coded as 1,

including the categories ‘occasionally’, ‘rarely’ or ‘never’), a series of univariate logistic regression analyses were conducted with regularity of participation as the dependent variable. Appendix T provides details of these regressions. The barriers which were significantly associated with non-regular participation among those women who did want to be more involved, at a univariate level, were: the cost of participation, not having anyone to go with, feeling unwelcome, and a lack of confidence. Table 4.16 displays these barriers.

Table 4.16. Barriers significantly associated at a univariate level with non-regular participation.

Barrier	Significance level
Cost ‘Can’t afford it’ <i>more</i> likely to be a barrier for non-regular participators	p < .01
Nobody to go with ‘Nobody to go with’ <i>more</i> likely to be a barrier for non-regular participators	p < .01
Feels unwelcome ‘Feels unwelcome’ <i>more</i> likely to be a barrier for non-regular participators	p < .05
Lack of confidence ‘Lack of confidence’ <i>more</i> likely to be a barrier for non-regular participators	p < .001

Only univariate regression analyses were conducted on this variable, as the purpose of the analysis was to identify which individual barriers were significantly associated, in themselves, with non-regular involvement, rather than to conduct a multivariate analysis to identify which were ‘better’ predictors of non-regular participation. Similarly, the purpose of this analysis was only to consider the perceived barriers themselves, rather than to include the perceived barriers in addition to other sociodemographic variables. The following section presents an analysis of the regularity of the respondents’ involvement in community groups.

4.6 Regularity of women's participation in groups

The questionnaire asked respondents about the regularity of their participation in any community group in the last 12 months, and responses were on a five-point scale. Responses consisted of the categories: weekly, monthly, occasionally, rarely and never (see Appendix A). Table 4.17 displays details of the frequency of respondents' participation in community groups. It is worth noting that, while 232 respondents, (24% of the sample) responded that they were 'never' involved in a group, only 202 respondents (21% of the sample) responded that they had not been involved in any type of community group in the last 12 months. This discrepancy was due to 30 respondents indicating that they had been involved in some type of group in the previous 12 months, but also responding that they were 'never' involved in groups. However, the following analysis disregarded the 'never' responses, as explained below.

Table 4.17. Regularity of respondents' participation in community groups.

Regularity of participation	Total % (N)
Weekly	46 (441)
Monthly	11 (108)
Occasionally	12 (116)
Rarely	4 (33)
Never	24 (232)
Missing	4 (38)

In order to investigate factors associated with regularity of participation in community groups, responses to this item were dichotomised to: frequent participation (weekly or monthly) and infrequent participation (occasionally or rarely). 'Never' responses were disregarded, as this analysis was concerned with examining factors linked with regular or irregular participation, rather than non-participation, particularly as participation and non-participation in various categories

of groups have already been examined. Missing data on this variable were also disregarded. Thus, there were 698 cases remaining for this analysis. Appendix S displays details of regularity of involvement according to all the sociodemographic variables.

A series of univariate logistic regressions were conducted to identify which sociodemographic variables were significantly associated with frequent (weekly / monthly) participation. The details of these analyses can be viewed in Appendix T. Table 4.18 displays the variables and variable categories that were associated with frequent participation in community groups. These variables were entered into a multivariate logistic regression analysis.

Table 4.18. Variable significantly associated at the univariate level with frequent participation in a community group.

Variable	Significance level
Employment situation	
‘Retired’ <i>more</i> likely than ‘works full-time’	p < .001
Presence of children under 15 in household	
‘No children under 15 in household’ <i>more</i> likely than children under 15 present in household	p < .05
Household structure	
Lives with parents and/or related adults <i>less</i> likely than lives with partner / spouse only	p = .01
‘Other’ household structure <i>less</i> likely than lives with partner / spouse only	p < .05
Housing tenure	
‘Renting / other’ <i>less</i> likely than owns home outright	p < .01
Frequency of face to face contact with friends	
‘Less often’ contact <i>less</i> likely than ‘weekly’ contact	p < .001

The logistic regression analysis was conducted on 662 cases (68% of the total sample). Table 4.19 presents the regression coefficients, odds ratios, 95% confidence intervals of the odds ratios, and significance levels of the variables entered into the regression. The model was significant in comparison to a constant only model, ($\chi^2 = 39.36$ (15) $p = .001$). However, the model only explained 9% of the variance (Nagelkerke R-square = .089). The Hosmer and Lemeshow test was not significant. 76% of cases were correctly classified by the model, although the model much more accurately predicted those who were frequently involved (98%), than those who were not frequently involved (5%). The positive predictive value of the model was 78%, and the negative predictive value was 41%. Those women who did not live with children under 15 in their household were significantly more likely to be frequently involved than those who lived with children under 15. Women who identified as 'retired' were significantly more likely to be frequently involved in a community group than those women who worked full-time. Furthermore, respondents who had 'less often' face to face contact with friends were significantly less likely to be frequently involved than those who had 'weekly' contact.

This analysis of regularity of participation suggests that, among women who were involved in groups, there are different factors associated with the *frequency* of their involvement, as opposed to the analyses of whether women had participated or not in the activities of community groups. The model indicates the intertwined nature of various forms of 'social capital', such as regular face to face contact with friends and community group participation. It also suggests an association between types of employment, the presence or not of children in the household, and regular community group involvement. Factors such as employment, issues related to living with children, and informal contact with friends, will be explored in more detail in the qualitative analysis.

Table 4.19. Results of logistic regression of frequency of participation in groups.

Variables	B	Odds Ratio (95% CI)
Employment Situation		
<i>Full-time: Reference category</i>		
Part-time	.411	1.508 (.881- 2.582)
Retired	.962	2.616 (1.292 - 5.298) **
Household Duties	.410	1.507 (.815- 2.785)
Other	.566	1.762 (.912 -3.404)
Presence of children under 15		
<i>Children under 15 in household: Reference category</i>		
No children under 15 in household	.564	1.758 (1.087- 2.845)*
Housing tenure		
<i>Owns outright: Reference category</i>		
Paying mortgage	-.002	.998 (.598- 1.665)
Renting / other	-.403	.669 (.385- 1.162)
Household situation		
<i>Lives with partner/spouse only: Reference category</i>		
Lives alone	-.200	.819 (.427- 1.568)
Lives with partner / spouse and children	.284	1.328 (.726 - 2.430)
Sole parent	.103	1.108 (.495- 2.482)
Lives with parents and/or related adults	-.334	.716 (.339- 1.514)
Other	-.793	.453 (.142-1.446)
Frequency of face to face contact with friends		
<i>Weekly: Reference category</i>		
Very frequent	.087	1.091 (.653- 1.822)
Monthly	-.192	.825 (.481- 1.414)
Less often	-.805	.447 (.259 - .771) **

* p < .05, ** p < .01, *** p < .001

4.7 Summary of quantitative analysis

This chapter has provided an analysis of respondents' participation in community groups. This has included their participation and non-participation in any group, their involvement in four different categories of groups, perceived barriers to participation, and the frequency of their involvement. This analysis has particularly focused upon how these measures of women's participation differ according to particular sociodemographic factors. This quantitative research has been conducted in order to complement the more in-depth qualitative analysis in the following chapters. In addition, these analyses were undertaken to address aspects of the research questions of this study, in particular, to describe the 'nature' and extent of women's participation in community groups, and the differences among women in their participation according to social and economic factors.

In regard to participation or non-participation in groups within the previous 12 months, these results indicate that women's involvement is differentiated by socioeconomic and 'class' patterns. In this context, class difference is understood as differences between groups of women who have varying levels of access to forms of capital. Thus, level of education and the associated cultural (and possibly symbolic) capital that flows from this appears to be significantly linked to whether respondents had participated in any community group, and any of the four categories of groups, within the last 12 months. This is consistent with previous research which has linked levels of education with social and civic participation (Baum et al., 2000) and volunteer involvement (DiPasquale & Glaeser, 1999; Okun & Michel, 2006; Thoits & Hewitt, 2001; Wilson & Musick, 1997).

Aside from education, the different categories of group were associated with different categories of sociodemographic variables (see table 4.13, page 118-119). The logistic regression analyses of the four categories of group participation highlighted that various combinations of economic and social factors were linked with respondents' participation and non-participation.

In relation to barriers that women perceive to participation, among those women who identified that they would like to be more involved in community groups, the most commonly identified barriers were: lack of time due to paid work, not being able to

afford it, a lack of confidence, not having anyone to go with, childcare and other caring responsibilities, and lack of information and knowledge on how to become involved. In relation to this sub-group of women who wanted to be more involved, the barriers significantly associated with non-regular participation were the cost of involvement, a perceived lack of confidence, feeling 'unwelcome', and having nobody to go with. This suggests that, among women who are not involved regularly and would like to be more involved, economic, social and psychosocial issues are perceived as important in preventing them from being involved more regularly in groups. Perceived barriers to, and reasons not to be involved in community groups are also explored in the qualitative analysis in the following chapters.

In relation to the frequency of women's involvement in community groups, and excluding non-participants, education and access to economic resources appeared to be less important in distinguishing whether participation is frequent (weekly/monthly) or infrequent (occasionally/rarely), than for distinguishing whether respondents participated in groups at all. The factors which differentiated among women in relation to the regularity of their involvement were not having children in the household, and being retired, as these were associated with an increased likelihood of frequent participation. Having 'less often' contact with friends (as opposed to weekly) was also associated with a decreased likelihood of regular participation. This suggests the possibility that those women who were relatively socially isolated (in relation to contact with friends) were also less likely to be regularly involved in community groups.

Previous research has linked having young children with an increased likelihood of participation (as opposed to non-participation) in a range of voluntary civic organisations (Caiazza, 2001). However, this study did not find a link, in multivariate logistic regression analyses, between the presence of children under 15 in the household and participating in children / parenting based groups in the previous 12 months. Possible reasons for this lack of association (including the nature of the questionnaire measure) were discussed previously (see page 120-121). Moreover, the findings presented here indicate a link between having *no* children under 15 in the household and an increased likelihood of frequent group participation.

Thus, among women who do participate in groups, it is possible that not having children and being retired are factors which are associated with their ability to be frequently involved in a group. This suggests possible connections between the nature of women's everyday child-caring and employment responsibilities, in addition to the frequency of their contact with friends, and the regularity of their involvement in community groups. These issues are explored in more detail in the qualitative analysis in the following chapters.

This chapter has provided insights into some of the factors which are linked with women's participation in community groups, and factors which differentiate among women. In order to consider some of these factors in more detail, and also to consider the personal outcomes that may result from women's participation (which were not measured by the questionnaire), and the implications for health and mental well-being, the following chapters provide an analysis of the qualitative data from in-depth interviews.

Chapter 5. Women's participation in community groups: Introduction to qualitative analysis.

5.1 Overview

This chapter provides an introduction to the analysis of the qualitative findings. It also includes a summary of the participants' 'lay accounts' of their own mental well-being, including their perceptions of what constitutes mental 'health' and being mentally healthy. This introduction to the qualitative data will inform the subsequent qualitative analysis in the following chapters, where the links between the participants' experiences of involvement in community groups and their mental well-being will be considered. This chapter concludes with an explanation of the 'typologies' of women's community group participation which were identified in the qualitative data. These 'typologies' provided a means to organise the presentation of the qualitative findings.

In the chapters that follow, the qualitative findings from thirty in-depth interviews with women in the high and low SES areas are analysed. These chapters explore the nature of the participants' involvement in community groups, and their perceptions of the personal consequences of their participation. The qualitative analysis focused upon the social context in which women's participation takes place, including how their involvement or non-involvement in community groups related to other aspects of their everyday lives. In addition, the analysis concentrated on identifying contrasts and differences in women's experiences, in order to consider the diverse nature of their participation, and how participation was perceived to impact upon their mental well-being.

5.2 Description of qualitative sample

This section provides a description of some of the characteristics of the sample of women that were interviewed for this study. Thirty women were interviewed: 15 each in the high and low SES areas. Chapter 3 contains information, (see table 3.6, page 83), on the sample of interview participants in relation to their household incomes, age groups and their level of involvement in community groups. Appendix H provides further detailed information about each of the participants, including their

'pseudonyms' for the purposes of this thesis, selected demographic details, their level of involvement in community groups, and some brief notes summarising their descriptions of their own physical and mental health.

Twenty-four of the participants were mothers, although they had children of diverse ages, from those with adult children and grandchildren, to those with infants and very young children. In relation to age, only five women interviewed were under 35, and the majority of participants were in older age groups, as there were six participants in their 50s, nine participants in their 60s, and three participants in their 70s. Thus, most of the participants were older women. All of the women except two were originally from English speaking backgrounds. Two participants that had migrated from non-English speaking European countries had been settled in Australia for approximately 50 years. Thus, in relation to ethnicity and cultural background, this sample of women was fairly homogenous. Some of the participants originally came from countries other than Australia; however, they were all of European descent and were white 'Caucasian' in ethnicity.

In relation to the extent of their involvement in community groups, 17 of the participants were regularly involved in community groups at the time of the interviews, whereas 13 of the participants were only infrequently involved, or were not involved at all, in community groups. In the case of the latter group of participants, the discussion in the interviews focused upon topics such as their past experiences of involvement, and the barriers they perceived to involvement. The following chapters will present the findings in a way which integrates both insights from the 'infrequent / non participants' as well as those who were regularly involved, rather than presenting the findings from these women in two separate categories. In this way, the analysis will consider the experiences of current and previous involvement among all the participants, and will discuss the nature of different barriers and limitations to involvement that were perceived across the whole sample.

In relation to their perceptions of their health status, the participants' experiences varied. Some reported having particular physical health problems, and others had specific disabilities. In addition, in discussing mental health, some of the participants spoke of their experiences of common mental disorders, including depression and anxiety. In some cases, participants identified that they had been diagnosed in the

past with specific mental illnesses such as depression, and had been treated by GPs and other healthcare professionals. In such cases, the participants often spoke of their mental health in relation to their experiences of specific diagnosed mental health ‘conditions’. This indicated that ‘lay’ accounts of health often incorporate and draw upon ‘professional’ and medical understandings of health and illness (Shaw, 2002). Other participants reported they were physically and mentally healthy, and did not identify any specific health problems. The following section focuses upon participants descriptions and understandings of their mental health.

5.3 Experiences and perceptions of mental health

This section provides a descriptive overview of the participants’ ‘lay’ accounts relating to mental health, including issues in their everyday lives that they perceived impacted upon their mental well-being. Table 5.1 displays a brief summary of aspects of the participants’ descriptions of mental health.

Table 5.1. Summary of the participants’ descriptions of mental health.

‘Lay accounts’ of mental health	
Summary: perceived meanings of mental health.	<ul style="list-style-type: none"> • To be able to ‘cope’ and manage normal challenges, to be able to function and be ‘productive’. • To be able to feel ‘happy’, ‘content’ and positive with life. • To be both physically active and mentally ‘alert’. Being mentally alert – having a good memory, being mentally ‘sharp’. • To be relatively free of physical illness and mental disorder.
Summary: main factors perceived to influence and determinemental health.	<ul style="list-style-type: none"> • ‘Innate’ factors: personality, biochemistry of brain. • Social, economic circumstances: having relationships with others, access to money, resources.

This section proceeds to highlight selected comments from the participants, in order to illustrate wider patterns in the ways they talked about their mental health. This section will inform the analysis in the following three chapters, which will consider how mental health was perceived to be linked with involvement in community groups.

5.3.1 Descriptions and understandings of mental health

The interviews explored the meanings that participants attached to the concept of 'mental health' and being 'mentally healthy'. Whereas some participants framed their understandings of mental health as the absence of particular mental illnesses, the majority discussed mental health not simply as lack of a disorder, but viewed mental 'health' as a different concept to mental illness. Many of the participants spoke of mental health as relating to feeling 'positive' and 'content' in everyday life. In addition, mental health was commonly viewed as having the personal resources, and resilience, to be able to cope with, and manage 'everyday' challenges. In this way, 'mental health' was viewed in similar ways to the definitions highlighted in chapter 1 (pages 7-8). This perception of mental health was reported by Camilla:

What it means to be mentally healthy ... Just being able to cope, I suppose... I mean, everybody has their trying times, but ...if you're mentally healthy I suppose then you can find ways to deal with it and, better it or, you know, get over it (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area).

Thus, Camilla's comments illustrate the perceived 'normal' nature of challenging and difficult experiences, and the ability to cope with such 'trying times' indicates good mental health. Similarly, Alice spoke of how she felt that being mentally healthy was having the ability to manage health problems, including mental disorders, and her comments illustrate her perception that this management would sometimes involved taking medication:

To be mentally healthy would be to lead a productive, active life, and have your emotional experience ... not impacting on your life, detrimentally ... so

if you had schizophrenia say, or if you suffered from some form of schizophrenia, you could take medication, and if it didn't have very adverse side effects, that you had an active, busy life with it with only a few bouts, well that would be good ... I guess so, it's about managing, all health is about self-management (Alice, 63yrs, non-participator, \$300-599 per week, university qualification, retired, married, lives with husband, High SES area)

Thus, Alice's comments illustrate the idea of mental 'health' as something that is separate to, and can co-exist with, the presence of a mental 'disorder' or 'illness'. This idea of mental health as tied to 'self-management', in being able to cope with problems, and managing to function in everyday life and deal with challenges, was commonly reported. Nadia had an accident earlier in her life which had left her with physical and intellectual disabilities. However, she spoke of her own mental health as meaning she was able to negotiate these difficulties, and lead an active and fulfilling life:

To say that I'm mentally healthy would be that I know what I'm doing ... I'm confident, I'm able to look after myself. The defects that are left from the accident aren't things that stop me from doing that... So mentally healthy is just being me but being true to myself and good and being able to do all the things that normal people do, whatever normal is... just having the sense to get around the things that are wrong with me, like my memory and it's best to write things down, which I don't always, but you know that's mentally healthy - to know what I have to do to carry on a good life (Nadia, 47yrs, non-participator, \$0 - \$299 per week, TAFE qualification, not working due to disability, divorced, lives alone, Low SES area).

Thus, Nadia's comments emphasise the role of personal control, in being able to look after herself and to be aware of how to manage everyday challenges. Many accounts focused upon individual psychosocial characteristics, such as personal skills in being able to 'cope'. In addition, Leslie spoke of how she felt that experiences of mental health was dependent upon individual biological factors, rather than the role of the wider social environment, and that some people could simply cope with difficult circumstances because they had the right 'biochemistry' in their brain:

I tend to feel that it's a biochemical thing really... if the biochemistry in your brain is right then you're happy, you can be happy with the most appalling life and tragedies, and some people have every opportunity and luxury and they're not happy... so I think it's really something you could say from within (Leslie, 59yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband, High SES area)

However, other participants also spoke of the importance of having wider social and economic resources in order to be mentally healthy, in addition to individual psychosocial factors such as confidence and the ability to cope. For example, Nancy's comments indicate a perceived link between 'positive thinking' and having financial resources, and the quality of social relationships with family:

I think it's definitely a lot to do with whatever your circumstances are, like ...it has a lot to do with positive thinking and I think finances contribute a lot to, you know, to your general state of health whether you, for instance have money concerns or whatever; and children can contribute to your mental health in terms of their well-being and their financial well-being (Nancy, 52yrs, frequent participator, \$600 - \$999 per week, university qualification, works full-time, married, lives with husband, High SES area)

Thus, Nancy's comments indicate the way she perceived that individual attitudes, such as 'positive thinking', were interlinked with an individual's social and economic situation. The perceived importance of financial resources and social relationships, to enable people to cope with mental health problems was also reported by Lynette:

I think if you were very short of money and didn't have the resources to go to see someone I think that would be difficult and to get out of your environment, I think limited financial resources would be a difficulty. I think also if you didn't have any friends I think that would be very difficult or anyone who cared about you, you know, I think they're the sort of things that would make life very difficult (Lynette, 66yrs, frequent participator, \$1000+ per week, university qualification, retired, married, lives with husband, High SES area).

In summary, these descriptions indicate that many of the participants viewed feeling mentally 'healthy' as linked with personal skills and resources, such as those that enable people to 'cope' with and 'manage' normal everyday challenges and difficulties, including those that may result from health problems, mental illness and disabilities. In addition to such personal skills, some participants also identified the role of social relationships and economic and financial resources in enabling individuals to have a sense of positive mental well-being. These insights are useful in setting the broader context for further analysis of how the participants felt their current or previous community group involvement was linked with their mental well-being. The next section describes the participants' experiences of issues which they felt enhanced their own mental health.

5.3.2 Issues which were perceived to enhance mental health

In relation to factors which were perceived to be helpful in enabling the participants to maintain their own health and well-being, the participants spoke of a number of issues in their lives which were perceived as important for their mental health. A significant aspect of maintaining positive mental well-being was having positive social relationships with others, which were seen as beneficial and fulfilling. Verity spoke of the importance of her relationships with her 'mad mates' for her own well-being, as well as undertaking activities which were mentally stimulating, and leisure activities for personal enjoyment:

I think my mad mates, doing these Saturday cross quiz and in the Saturday cross quiz ... I look forward to doing that. That gives me great satisfaction... Your mates and simple things like the crossword...I see musicals. I see a fair number of movies ...I love my swimming and I love pottering around in the garden (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area)

Family relationships were reported as a source of enjoyment and well-being, both in the sense of having positive relationships with family members, and also in terms of having an emotional investment in the lives of others, in feeling happy and satisfied that children and other family members were happy and content. In speaking about aspects of her life which were positive for her mental health, Olivia described how

her positive relationship with her husband and her satisfaction at the type of person her son had become was important for her:

Interviewer: what other things would you say impact upon your mental health and overall wellbeing?

Well I guess it's probably having a pretty decent husband, and having a son who's successful ... He's going to Japan next year....I think I'm also really pleased that in some ways my son has gone outside the boundaries to look for things, because you sort of think well, he thinks outside the square too ...people have always called us similar (Olivia, 53yrs, frequent participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area)

Olivia's comments suggest an emotional investment in her son, in that she felt satisfied that he had become a person who shared the same values as her and was successful in his life. They also illustrate the importance of having a positive, meaningful close relationship, as married and 'defacto' partnered participants commonly reported upon the value of their relationship with their husbands / partners and how this enabled them to maintain a sense of mental health and well-being. Another way in which family relationships were viewed as important for mental health was that some of the older participants described the ways in which they felt their relationships with their grandchildren enriched their lives. Elaine spoke of the pleasure that she got from her relationships with her grandchildren:

Interviewer: How about your involvement, being part of your grandchildren's lives and taking them out?

Oh I love that, I really do, I think they need ...I want to be that sort of Nana that my grandkids love me, and like to do all these things with Nana ... the ones that are here, just love my company, they ring me up, and say 'Nana, I've got to come over', and I say to 'em, there might be a time when I say, I haven't got that much money to go anywhere with, 'don't worry about that Nana, I just wanna be with you', 'okay, no worries' ... [grandson] usually breaks his neck to be with his Nana (Elaine, 51yrs, non participator, \$0 – 299

per week, university qualification, not working due to disability, separated, lives with children, Low SES area)

Thus, emotional connections with significant others, such as family members, were important for many of the participants' mental well-being. In relation to other issues which were perceived to impact upon mental health, some of the younger participants described how their mental health was tied with their physical fitness, as being physically active was seen as important for maintaining mental health, including having a positive body image, as Cathy describes:

Regular exercise and I don't just mean physical health, I think for your mental health, exercise is important... I think, sport is an important part of mental health but a lot of people don't realise it, it's just physical really, keep fit and I think having a positive body image is also part of mental health, you know, of having good mental health. I think I got to a stage probably in my late twenties, early thirties, where I just went "You know what, this is the body I have and I may as well make the most of it 'cos I ain't getting another one!" (Cathy, 36yrs, infrequent participator, \$0-\$299 per week, university qualification, full-time university student, single, lives with unrelated adults, High SES area).

Cathy's comments regarding the importance of maintaining physical health and fitness for overall well-being, including having a positive body image, were echoed by the other participants in their 20s and 30s. The importance of physical health and well-being for the maintenance of mental health were also reported by many of the participants, who often viewed their own mental health as tied to their physical health. This included illnesses and injuries they had experienced, in addition to their levels of physical activity.

Employment, and the nature of paid work, was also reported as important for maintaining mental health in a number of ways: by providing a financial income, by having a flexible work situation which provided personal autonomy, and by gaining satisfaction and achievement from being successful at work. Rachel described how she felt her part-time work in a customer service-based job benefited her mental well-being, including her sense of purpose and ability to contribute to her family's

finances. In addition, her work provided an alternative focus in her life from her family and domestic responsibilities:

Well, I think it's going to work and having a purpose, and the money helps... I think it's just the, I feel good in myself, I feel like I'm contributing financially and, sometimes, I just like to go and say "I'm going to work" and the kids will say "Well, what's for tea?" I'll say "I don't know, because I'm going to work" you know? ...that's not my problem....To pass that responsibility on to somebody else.... It's doing something different, and then, what you are doing, you're getting rewarded for because you get paid... I like the social aspect of it as well ...Some people are really rude and you don't like it, but then other people are really friendly, and it's just nice (Rachel, 42yrs, non-participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area).

Rachel's description illustrates the importance of paid employment: as it offered financial resources, a sense of purpose and satisfaction, and also provided a means to 'escape' domestic responsibilities. Thus, participants identified a range of issues in their everyday lives which enhanced their ability to feel mentally healthy, including their social and emotional connections to others, undertaking paid work, and being physically active. The following section focuses upon the participants' descriptions of what detracted from their overall mental health.

5.3.3 Issues which were perceived to detrimentally impact on mental health

In terms of issues which made it difficult for participants to feel mentally healthy, many spoke of aspects of their lives which had the potential to be 'stressful', and experiencing stress was often understood in terms of feeling psychological pressure from the demanding nature of various activities and relationships, and the resulting feelings of tiredness and anxiety. Thus, in talking about their mental health, many of the participants described aspects of their lives which, on a day-to-day basis, were 'stressful' and difficult to cope with, rather than problems which were seen as causing severe mental health problems or mental illness.

The kinds of pressures that resulted from family responsibilities, and a lack of support, was described by Henrietta. She was studying and working part-time, in addition to having two young children. She described the importance of having support to help her look after her children, and how difficult it was for her to manage when she did not have this support available:

I find what makes it difficult for me to cope with my everyday activities is when my husband is working too long hours and I don't have his support. Recently my parents were overseas for three months, and I get a lot of support from my mum especially, and it was very difficult having her away and still having the kids and when [husband] was working too long hours, while she was away it got a bit nasty, but I sorted that out by making sure I had extra baby sitting (Henrietta, 33yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area).

Whilst family relationships were viewed as positive for mental health by some participants, it was also commonly highlighted by participants how their relationships with family members could be emotionally draining. Eve spoke of her difficulties with her family members, including the pressures involved with being part of a 'blended' family:

Interviewer: What makes it difficult to cope?

Fighting with my family is the biggest thing I think... Not a week goes by when one of us isn't talking to somebody... I don't have a very good relationship with my step-mother and so just occasionally my sister and my step-sister and I ...the three of us fight ...my step-mother and I don't necessarily get on and my sister and her mother don't really get on so ... just a big fight with my step-mother can drag down my whole week... Family relationships are very political sometimes, I mean I wouldn't do without those relationships, but sometimes I just want to strangle them (Eve, 23yrs, non participator, \$0-\$299 per week, university qualification, works part-time, single, lives with unrelated adults, Low SES area)

This sense of feeling ‘dragged down’ and frustrated with family members was echoed by other participants. Rachel spoke of how she felt the demands placed upon her by her family, to undertake the majority of household and domestic responsibilities, in addition to her parenting tasks, was something she resented and felt had a negative impact on her mental health:

Interviewer: What kinds of things are stressful?

Kids. Husbands. I’m just trying to think what, you know, the kids stress me sometimes ... I feel like sometimes, I just think “Who died and left me in charge?” Because I don’t want to be. Everyone in the house does what they want to do, and the rest is left for me, and I think “How did that happen?” I don’t remember signing an agreement that you do what you want and I’ll do everything else... I think that’s the worst thing, because sometimes I just feel like all the responsibility is left to me, because everyone else will do what they want, but then I’ve just got to pick up the slack everywhere. That’s probably the most stressful thing I think, for me. I keep threatening to go on strike (Rachel, 42yrs, non participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area)

This sense of feeling ‘stressed’ by family responsibilities was also reported by older participants who had caring responsibilities for their grandchildren. Whereas some participants felt that their relationships with their grandchildren enriched their lives and benefited their mental health, others reported the demanding nature of their responsibilities. Alice was an older participant with a disability, and she and her husband were involved in looking after her grandchildren. She described how this had both positive and negative consequences for her health and mental well-being:

Interviewer: How do you find that impacts on your life, having to look after the grandchildren?

Severely. It’s got good points, I mean I’m blind so therefore I’ve got a focus ...I’m like any other grandmother, I’m busy, I’ve got washing to do, children to pick up, guinea pigs to feed, house to clean, you know, clothes to buy, cos

I buy clothes for the grandchildren when their parents don't have time ...one of my daughters is a single parent, can't manage money ... I manage her money for her ...sometimes we get very stressed, there's a lot to do and we get very tired ...it can be very stressful (Alice, 63yrs, non-participator, \$300-599 per week, university qualification, retired, married, lives with husband, High SES area)

The perceived demands of having to look after grandchildren as you get older were discussed by other participants. In talking about issues that impacted upon her overall health and well-being, Samantha highlighted how she thought that it was positive that her grandchildren did not live close to her, in that it allowed her to have freedom to be involved in other activities:

My son lives up in Brisbane, it would be nice if he was here. But on the other hand, I feel that I'm not tied to grandchildren and things like that, which enables me to do all these other things, where if I was a grandmother like my friend, she's got 6 grandchildren under the age of 2, well she can't get involved in lots of things ...so it's an advantage not having grandchildren (Samantha, 67yrs, frequent participator, \$0- \$299 per week, vocational qualification, retired, married, lives with husband, High SES area).

Thus, issues relating to childcare were not just restricted just to women who were mothers, but also had an impact upon the mental well-being of older women who were grandmothers, and had extensive caring responsibilities. Other types of caring responsibilities were also reported as stressful. Rhonda, an older participant, described how she had recently cared for her husband before he died. At the time, this had restricted her ability to be involved in many activities, and she spoke of the demands of her full-time caring responsibilities:

Interviewer: What other things would you say impact upon your mental health and overall well-being?

I think looking after [husband] for three years was a big drain. It was a big drain looking after him for three years. The early stages of the dementia he used to argue with me ...little silly simple things used to be very draining

...that was very tiring, yes. And I think that would be a strain on anybody's health....Really it was, it was a hard three years. I try not to think about that now. I think of more pleasant things...That was a hard time (Rhonda, 71yrs, frequent participator, \$0-\$299 per week, secondary qualification, widowed, lives alone, Low SES area).

Thus, caring responsibilities for others were perceived as particularly difficult for mental health. Other participants spoke of difficulties associated with their paid employment. Leah worked full-time, and lived with her husband and teenage children. Apart from her husband and children, the rest of her family did not live in Australia, and her husband worked away from home during the week. She described how she felt her full-time work was stressful for her, in addition to the general worry she felt about financial issues, such as her mortgage. Her distance from her own parents was also something that had the potential to negatively affect her mental well-being:

I'm trying to slow down at work because I was suffering from stress ...I went to the doctor and he says... "You're suffering from stress and it's work related"...Now I'm just trying not to do as much at work, and not to worry too much about your mortgage and things like that, so I'm just trying to slow down a bit ... I've just come back, just finished long service leave and I was relaxed, I could sleep right through the night. Since I've been at work I've been getting up at three in the morning and thinking "Have I done this, have I done that"... also because all my family's in the UK, I do get a bit depressed sometimes as well. So I rang mum up last night just to hear her talking (Leah, 45yrs, non participator, \$1000+ per week, TAFE qualification, works full-time, married, lives with husband and children, Low SES area)

Some participants spoke of how they had experienced mental health problems such as depression and anxiety. For those that had these experiences, it was often described as resulting as a consequence of particularly difficult, challenging and sometimes traumatic events that had happened in their lives. For some, it was as a result of dealing with the occurrence of disability or health problems in themselves, for others, it related to coping with the sickness or death of those that were close to them. Other participants spoke of the mental health problems that arose from coping

with particularly difficult situations, such as those that occurred in a work-related context or were associated with having children. Camilla described how she was depressed after experiencing a workplace injury, and the difficulties that followed from this. She told of how she felt her injury restricted her life, and this lack of control had a negative impact on her mental health:

With my work injury ...I was actually seeing a psychologist If you can't move on with your life, in whichever area, like mine was working, ..., I could not better myself in the workplace, I could not, you know, contribute to the family finances, I could not participate in some sports that my kids were doing, or activities, because of injuries. It's just, all of that just really just plays with your mind and you just feel a bit worthless (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area)

Camilla's comments illustrate how a perceived lack of control, in her inability to feel that she could 'move on', and feeling like she could not make a contribution to her family, were significant reasons why she experienced depression. Other participants also reported the mental health issues that resulted from coping with particularly difficult situations. Verity described how she had been treated for cancer in the recent past, and her experiences in dealing with this illness had lead to her experiencing depression. Furthermore, she also described how she provided emotional support to her daughter, who also experienced depression, and this was an added stressful aspect of her life:

Well I take antidepressants because every time I think I could wean myself off, something happens, and the GP is very aware of everything that's gone on in the last few years and she'll say just stick on them.... [daughter] went through a really awful period a few years ago where she had a work place injury... It was just really awful and she went into such a depressed state that virtually two and a bit years she didn't get off the couch. She'll never be back to what she was... I have to do a lot of jolly along, but what you can't say to anybody who is clinically depressed - "snap out of it", much as you would like it. So I think that that can be quite exhausting, when I thought 'God, I'm the one that's had the malignancy, why am I buoying her up?' but that's life

(Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area).

Verity's comment of 'that's life' indicated how she 'normalised' the emotionally challenging task of supporting her daughter. This sense of viewing stressful and challenging problems and tasks as 'normal' parts of everyday life was echoed by other participants. Her account also illustrated her own perceptions of 'clinically' diagnosed mental health problems, in that it was something that she did not think it was easy to simply recover from or 'snap out of'. Thus, the way in which she understood her daughter's depression, as an 'entrenched' condition with no easy solution, exacerbated the difficulties and stress for her in providing ongoing emotional support.

The participants' accounts of issues which were viewed as hindering their mental health varied, from day-to-day difficulties which were perceived as stressful, to incidences which led to experiences of depression and specific mental health illnesses. This overview of how the participants described factors which negatively impacted upon their mental health will inform the analysis of the participants' involvement in community groups, and how this impacted upon mental well-being.

5.3.4. Summary: 'Lay accounts' of experiences of mental health and well-being

Overall, the participants' descriptions of the meanings of 'mental health' and being mentally 'healthy' were similar. Mental health was commonly viewed as the ability to be able to 'cope' and manage challenges, and to have the personal, social and practical resources to enable such coping. In this way, these 'common sense' understandings of mental health were similar to the definition provided by the WHO highlighted in chapter 1 (pages 7-8).

The qualitative data indicated that the participants' mental well-being was perceived to be linked with, and in some cases dependent upon, their social relationships, and emotional connections with others, such as family members and friends. Thus, relational aspects of everyday life were significant for the participants' perceptions of their mental well-being. This is consistent with the notion that women's experiences

of their mental well-being are linked with their feelings of social connection to others (Rosenfield et al., 2000).

The findings indicated that such relationships with others could have either a positive or a negative impact on mental well-being. Aspects of the participants' descriptions can be understood within the context of the gendered nature of their 'day-to-day' responsibilities. Participants described both the positive aspects of caring and family responsibilities, and the difficulties and stressful pressures associated with managing household tasks, childcare responsibilities (for children and grandchildren), and caring for and supporting family members. The gendered nature of some of the issues which impact upon the participants' mental health is important to consider in the analysis in the following chapters. This analysis will address how community group involvement is perceived to be related to mental health and well-being.

The following three chapters present the findings of the qualitative analysis, organised according to the typologies identified on pages 90-91. These chapters focus on each of these typologies in detail. Each chapter considers the nature of participants' involvement, the perceived outcomes of their involvement, differences among women in their involvement, and the perceived links between participation and mental well-being. This analysis concludes in chapter 9 with a summary and discussion of both the qualitative and quantitative findings.

Chapter 6. Qualitative analysis: Family-oriented participation.

6.1 Overview

This chapter considers the nature and perceived outcomes of the participants' family-oriented participation. This typology refers to women's involvement in community groups which was motivated by their duties and obligations within their own families, in most cases, as a result of their roles as mothers. Many of the women's roles and responsibilities as mothers were central to determining the type and extent of their participation in community groups. Key themes and characteristics of the participants' experiences of this type of participation are discussed in this chapter, in order to consider the implications of this type of participation for women's mental well-being.

Feminist writers have noted that the ways in which women create social capital through community involvement is often through parenting based social activities, organised around providing childcare and supporting children's pursuits (Lowndes, 2000; Morrow; 2006; Sapiro, 2006). In order to consider this type of participation in detail, the types of activities discussed with participants were broad, and included activities such as volunteering at their children's school, and for children's recreation groups, in addition to more formal and organised participation in school committees and clubs. Thus, the activities discussed with participants were diverse, and very loosely identified as 'community group' participation.

For most of the participants, this type of involvement represented activities which they had *previously* been involved in, rather than currently. Thirteen of the participants had previously been involved in parenting and school based community group activities, whereas only three were currently involved. Two of the participants that were currently involved in this type of participation had also previously been involved in family-oriented participation which they had ceased to participate in. The large numbers of participants who had previously been involved in this type of participation reflects the age composition of this sample of women: most of them were in older age groups, and had adult children. This indicates a key characteristic

of this type of participation: that it often occurs at a particular stage in women’s lives, usually when they have school-aged children. Thus, as the quantitative data also illustrated, it is likely that this type of participation is closely linked with age.

The participants that were involved in this type of participation, and the type of groups they were involved in (both currently and previously), are displayed in table 6.1. This table also displays the equivalised income category within which their weekly household income was located, their age and household situation. This group of participants who had undertaken this type of participation had varying levels of equivalised household income, and the majority lived in ‘family’ households with husbands and children.

Table 6.1 Family-oriented participation: participants involved and types of groups.

Participant	Current involvement Type of group	Previous involvement Type of group
Rebecca (38yo, \$300-599 per week, lives with husband and children)	School-based volunteering: involved in children’s school in canteen. Also volunteers in school to read to other children.	
Camilla (47yo, \$0-299 per week, lives with husband and daughter)	Pet / animal showing club: involved in club through her parents and previously because of her children’s pets.	Children’s recreational club: running / facilitating children’s group
Rachel (42yo, \$300-599 per week, lives with husband and children)	School-based: occasional involvement in school council and volunteering in school-based fundraising	Children’s playgroup: running and facilitating group
Lynette (66yo, \$1000+ per week, lives with husband)		School-based groups: school committees

Table 6.1 continued.

Participant	Current involvement Type of group	Previous involvement Type of group
Nancy (52yo, \$600-999 per week, lives with husband)		School-based groups: school committees
Verity (68yo, \$300-599 per week, lives with daughter)		School-based groups: mothers' clubs, volunteering to help out in school, in classroom
Leila (69yo, \$0-299 per week, lives with husband)		School-based groups: volunteering with fundraising, Children's recreational clubs: volunteering to help
Raelene (61, \$300-599 per week, lives with husband)		School-based volunteering: school canteen
Alice (63, \$300-599 per week, lives with husband)		School-based volunteering: school committees, fundraising
Ruth (61, \$300-599 per week, lives alone)		School-based volunteering, children's recreation groups
Elaine (51yo, \$0-299 per week, lives with children)		Children's sporting clubs: coaching, organising
Maria (53yo, \$300-599, lives with husband and children)		Volunteering in children's recreational clubs: school- based volunteering

Table 6.1 continued.

Participant	Current involvement Type of group	Previous involvement Type of group
Natalie (exact age unknown, \$0-299 per week, lives with husband and children)		Children's recreational clubs: running and facilitating group
Wendy (61, \$600-999 per week, lives with husband)		School-based volunteering: group of mothers who work in school library, school committees, children's sporting clubs: facilitating and organising.

6.2 Nature of involvement

The following section explores the 'nature' of the participants' involvement in family-oriented community group participation, including the individual motivations of participants, and the 'everyday' context in which their participation occurs. This was in order to investigate the 'social capital infrastructure' characteristic of this type of participation, and the similarities and differences among women in the ways in which they were involved.

6.2.1 Motivations for involvement

In most cases, the participants' involvement in community activities stemmed from their responsibilities as mothers, and was seen as a 'natural' part of their parenting duties. Thus, this type of participation was clearly shaped by gender roles associated with 'mothering'. Many of the participants appeared to view activities such as volunteering in their children's school, and regularly being involved in their children's recreation and sporting clubs, as an inevitable and 'taken for granted' part of their every day activities. Leila, an older participant who had undertaken these sorts of activities when her children were young, was now regularly involved in 'prosocial' oriented voluntary activities. Her current voluntary work had allowed her

to see that the activities she undertook when her children were young were also voluntary activities, and yet, she describes that, at the time, she viewed her parenting-oriented involvement as a normal part of being a mother; something that came ‘automatically’ and she didn’t view it as voluntary work:

The children start in the kindergarten and you work. Without realising that I was volunteering, you help out... The kids go to the primary school, you help out in the canteen... I didn’t see it as volunteering really. It was just helping the kids and helping the school and then the kids grew up... they went through the cubs, the girl guides, and yeah, if they needed help I was always available, but again, I didn’t see that as volunteering... I think it’s pleasing your child because mummy is helping at school and, yeah, there was a need. We needed books in the library...so you start raising some money. You step in and help them ..it just came automatically (Leila, 69yrs, frequent participator, \$0-\$299 per week, secondary qualification, retired, married, lives with husband, Low SES area).

Thus, Leila’s comments illustrated a desire to help her own children, and to please her own children by being connected to them through the school. Being motivated by the interests and welfare of her own children was viewed as a ‘natural’ motivation for her, as a mother. This was also reflected in the comments of Rebecca, a participant who lived in the low SES area with her husband and six children. She was regularly involved in volunteering in the school canteen, and reading with children in the school. She describes her motivation for doing this in terms of her children’s enjoyment:

Interviewer: what would you say is your main motivation of doing it?

The kids like it (laughs)

Interviewer: So, thinking about the kids like it, are you meaning the kids in general or just your own?

Oh, more my children.

Interviewer: So why is that important?

I don't know, because they get enjoyment out of it, like, they like me to interact at school, I suppose (Rebecca, 38yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, household duties, married, lives with husband and children, Low SES area).

The nature of Rebecca's comments, including her use of 'I don't know' and 'I suppose' implied that she had not given detailed consideration to the exact reasons why she was involved in volunteering at the school, but again, it was a 'taken for granted' part of her everyday duties and responsibilities as a mother. Her own children's enjoyment was viewed as an obvious and natural reason to be involved.

However, other participants spoke of how getting involved in their children's school provided a way for them to help other children, beyond their own family. Thus, this represented an extension of their interest in helping their own children, to helping and contributing towards the development of other children. Maria, a participant who lived in the low SES area with her husband and teenage children, did not currently participate in any community group, but had previously been heavily involved in volunteering in activities in her children's school. Her explanation for being involved highlighted both a sense of obligation and wanting to contribute to the school, and a desire to help other children, which was underpinned by an ethic of care:

School canteen, I did that for about ten years; I did crèche at Church; the Learning Centre at school, one-on-one with students, I did that for about five years.

Interviewer: So that one-on-one, is that, kind of, giving them particular support?

Participant: Yes, the strugglers needing extra help

Interviewer: So what was your motivation for doing that?

Because I think it's hard work for kids who are not able to do things, the same as others in their class, and if we can give them extra support, give it to them... it really helps their confidence, I've had little ones, their timetables, to learn them has been a huge thing ...you know, the satisfaction, "I

can say my eight-times-table now” and it’s just great... I suppose in a way too it was my way of helping the school because I appreciated what they were doing for my children...because, little did I know really... my two older daughters had no problem with school work... then our last one here, she’s a struggler and you see it totally different (Maria, 53yrs, non participator, \$300-\$599 per week, TAFE qualification, works full-time, married, lives with husband and children, Low SES area)

Thus, Maria explained her past involvement as being underpinned by moral values, in that her participation was focused towards the welfare of children, and was motivated by a desire to help other children. This represents an extension of caring and ‘mothering’ beyond her own family to other children. Thus, Maria’s comments illustrate an intersection between ‘prosocial-oriented’ involvement, driven by a desire to help others and make a contribution, and family oriented involvement, in that it was her own children, and obligation as a parent, that provided a pathway and a reason to volunteer at the school. This intersection of family obligation and prosocial motivation was also described by Elaine, who was no longer involved in community groups. She had previously been heavily involved in her children’s activities, including coaching their sporting teams and volunteering at her children’s school. Elaine lived in the low SES area, and she explained her involvement in relation to others’ perceptions of the bad reputation of the area, and how she wanted to help the children who grew up in that area, as they may be disadvantaged by this reputation:

You are helping, the kids are going to benefit somewhere along the line...I tell you another thing too that really drove me was the reputation that kids from [suburb] had. I thought if I could do something to change that reputation by helping those children...they’re gonna be better off. I think that’s what drove me in a lot of respects... You used to hear it in the media, and you’d hear other people say ‘Oh, [suburb!] That’s a dump’, you know, hooligans and all the rest of it...When you went somewhere ...a tournament, student council thing or whatever it was, and you say well I’m from [suburb], and you hear their thinking ‘its full of hooligans, thieves’...that used to really irritate me, it really did. You’re not giving these kids a chance (Elaine, 51yrs,

non participator, \$0 – 299 per week, university qualification, not working due to disability, separated, lives with children, Low SES area).

Thus, Elaine explained her motivation to volunteer in school and parenting based community activities in terms of her perception that the young people who lived in the local area were disadvantaged, because of the ways the area was perceived throughout the rest of Adelaide. She explained her involvement in terms of trying to redress the negative effects of this disadvantage. Thus, her explanation of her involvement drew upon moral ‘prosocial’ values of wanting to help local children, and thus, this represented an extension of ‘caring’ for the welfare of children beyond her immediate family. However, other participants explained their participation in parenting based activities differently, in a more negative light, and the following section considers the ways in which this type of involvement was perceived to be driven by an unwelcome sense of obligation.

Motivations: Obligation based involvement.

Whilst some of the participants’ motivations for being involved in these types of activities had ‘prosocial’ elements, as it was to help and support children, another theme that emerged from many participants’ accounts was that being involved in family-oriented activities was driven by a sense of compulsory obligation to one’s own children and family. This obligation could consist of unwillingly taking on such responsibilities, rather than positively wanting to do so. Thus, participants reported feeling pressured to undertake such involvement, and did not feel able to say ‘no’. Camilla’s involvement was an example of family-oriented participation that was not undertaken as a result of her parenting responsibilities, but rather, out of a sense of obligation to her own parents:

The club at the moment is just showing of [pet animals] my parents have been involved for a long, long time ...so, yes, I got roped into doing all that and then when my kids were little, they had their pets, so I go along to that about once a month ...

Interviewer: so what, would you say, is the main motivation for keeping you involved?

Pressure from my parents, I must say. They sort of : “Oh, we need someone to do this” and you think “Oh, okay.” I mean, for a good number of years now, I haven’t had any animals. Well, I didn’t, it’s just that the kids had them and ...I mean, my youngest is eighteen, so we’ve not had any animals for a long time, it’s just me doing the work (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area).

Camilla’s description reveals the sense of unwilling obligation that she felt underpinned her involvement, as she refers to being ‘roped in’ and the ‘pressure’ from her parents to be involved and help out with particular tasks. Thus, her community involvement was shaped by the demands of her family members, and a sense of not being able to escape the pressure and obligation that came from her family. This type of obligation was reported by other participants who had previously been involved in family-oriented participation. Ruth was no longer involved in any type of group, but described her past involvement in school-based activities, and children’s recreational clubs when her children were young. Her comments illustrate this sense of obligation:

I think you tend to do it more when you’ve got children, particularly the children’s things, and it usually comes because nobody else is going to do it. You don’t necessarily set out to be a leader or a president or whatever, but you get involved because of the children and nobody else will do it and then you feel: ‘all right, if I have to’ (Ruth, 61yrs, non-participator, \$300 - \$599 per week, secondary qualification, works part-time, divorced, lives alone, High SES area).

Ruth and Camilla’s descriptions of the motivation for their involvement can be contrasted with the ‘caring’ ethic and desire to help others that was expressed by Maria and Elaine. This sense of feeling obliged to get involved in voluntary community activities for the sake of one’s own children, and because of a lack of other people who were involved, was also reported by Rachel, who described herself as someone who is ‘unable to say no’, particularly when asked to be involved in activities in her children’s school:

I know that I'm not a person that will say no, you know? If someone asks me to do something ...even my husband says that: "You've got to learn to say no. Sometimes you just have to say no." ...I even find that at school, I feel obliged to do things, and then I think "Why did I say I'd do it?"... Only last week, we had a council meeting, and then they were talking about having a second hand shop, like you know, for people who are finished with their uniforms ... to start up a second hand shop, and John, the principal, goes "If we had someone to do it ...if somebody would volunteer, just one morning a week" sort of looking at me, and I'm going: "if it's just one morning a week, I'll do it' ... like when there's Christmas activity at the end of the year, it's like "would you be able to help with Christmas activity?" and I'm just like "okay" and they ask me in front of the kids (Rachel, 42yrs, infrequent participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area)

Rachel described her perceived inability to say 'no' as a personal characteristic, and an individual flaw, and also spoke of how her husband tells her that she 'should' be able to say no. However, rather than see this as a personality trait, this can also be understood as a consequence of her gendered roles and responsibilities, particularly as a mother, and the resulting pressures she experiences in her everyday life. Implicit in her account is the obligation to be involved and 'help out' in her children's school from a moral sense of wanting to a 'good mother'. It was particularly difficult to say 'no' when her children were present to witness her being asked to undertake particular responsibilities. This pressure caused her anxiety, as she was aware that such tasks she takes were time consuming and a source of personal stress. This illustrates the potentially negative impact that such demanding obligations can have on mental health and well-being.

This sense of feeling obliged to take part, and of being the 'sort of person' who will say yes to becoming involved, particularly when there is no-one else available, was also reported by Wendy. She was no longer involved in any type of community group, but had previously participated in various parenting based community activities, and she described how this could have a negative impact, in terms of feeling tired:

I suppose through their sporting clubs as they got older I sort of, was always seemed to get involved in all the committees, the fund-raising and that... I think once you get involved in that sort of area you find the same people being involved in everything else, and you always seem to be the one they call on, because no-one else can do it ...I'm one of those people that say "Oh alright"... If I've got the time I'll put the effort in, but it does get a little bit tiring sometimes ...by the time the third child comes along (Wendy, 61yrs, non participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband, High SES area)

These accounts highlight the ways in which women's participation can be shaped by the traditional gendered responsibilities in their everyday lives, as it was often the case that their roles as mothers meant that they felt obliged to become involved, even when it can be personally stressful, tiring and time consuming for them. In addition, many of the participants described this type of involvement as an unwilling obligation because of the time-consuming and energy-intensive work it required from them. Camilla described the extent of her past involvement within her club:

The last few years, I've kept it to a minimum ...when I was on the committee, it was, you know, monthly committee meetings and making sure equipment was updated and, you know, advertising stuff and things, and then going to all the shows and some of the big shows, like the ag [*agricultural*] shows; you set up the day before and then it's a long day there, so it would take a lot of time, yes... When I was show convener that was a good three or four days a month, doing things at home, too, doing show schedules, points system and things for trophies (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area).

Thus, family-oriented participation could be demanding, which was often the reason why the participants were not enthusiastic about their involvement. Thus, some of the participants' descriptions of their current and past experiences suggest the potential negative implications for mental well-being of such involvement. Furthermore, the participants' accounts of the unwilling and demanding nature of family-oriented involvement can be viewed within their broader explanations of

issues which detracted from their mental health, as stress associated with managing family responsibilities was commonly reported (see chapter 5, section 5.3.3). The following section considers differences among the participants in the nature of their involvement in this type of ‘family-oriented’ participation.

6.2.2 ‘Formal’ family-oriented involvement

Some of the participants reported that their previous involvement had taken the form of being involved on committees, and having ‘formal’ positions on such committees, whereas others reported more ‘informal’ sorts of activities, as described by some of the participants above, such as ‘helping out’ in their children’s sporting and recreation clubs, and volunteering in parents’ groups within their children’s schools. Other participants’ previous and current involvement consisted of a mix of ‘informal’ and ‘formal’ responsibilities, such as Camilla’s previous roles in a pet showing club, as described above. A difference between ‘formal’ and ‘informal’ styles of involvement is also considered in chapter 7, which discusses the participants’ prosocial-oriented participation. This difference among some of the women could illustrate aspects of ‘class’ differences among women in their involvement. One participant, Nancy, who worked as a research scientist, explained her previous involvement in her children’s school in ways which reveal the gendered dimensions that can underpin such involvement, as her account was framed within her desire to ‘resist’ being involved in women-dominated and traditional ‘mothering’ type activities:

Women’s groups I’m not into ...because being a technical person, always tended to work with men... so I’m not a real women’s club person...It sounds pretty, a bit weird ... I don’t tend to, if there’s women’s groups or something on at, you know, Church for example, I wouldn’t go to those...So I’m a bit weird...

Interviewer: So what about when your children were young, were you involved in any kind of parent and school based kind of stuff?

When they were younger ...they went to private school, and I was involved in, like a parents and friends association. I think I was the treasurer for a

couple of years and I organised ...you know, fund-raising things and whatever, so I was involved ...I did get involved because, you know, actually paying for six kids' private school fees, well, I'll get some involvement. I didn't go to the mothers' group things, and parents and friends in a private school, I've found tend to have a lot of men who want to know where the money's going, and so they tend to go to annual general meetings ...I'd say it was not particularly women-orientated...like some people like to talk about their kids ... but I'm just not, I've got, I'm thinking about something else (Nancy, 52yrs, frequent participator, \$600 - \$999 per week, university qualification, works full-time, married, lives with husband, High SES area).

Nancy explains her involvement as treasurer in a parents and friends association of her children's private school in terms of wanting to have some involvement in the school, partly because of the amount of money she was paying in school fees. She also describes her perception that other male parents also wanted to know 'where the money was going'. Interestingly, she described her involvement within the context of a discussion concerning her avoidance of 'women only' groups, and her comments indicate her lack of interest in traditional 'mothers' groups' and women-dominated parenting involvement. Her description of herself as 'a bit weird' illustrated that she felt that, as a woman, her lack of interest in women's groups would be perceived as 'deviant' and strange. Overall, her account implied a perception that her 'formal' involvement as treasurer on a school committee was not consistent with the typical gendered nature of women's parenting based involvement.

Nancy's comments can also be viewed in light of aspects of 'class'. Her involvement within a private school in which she was paying school fees illustrates the possession of a certain level of financial resources and 'economic capital'. Her sense that she should have some involvement in the school, as opposed to simply paying the school fees and having no input into their financial activities, indicates her perception that she is entitled to make a contribution, and her expectation of a level of accountability from the school. This entitlement to be involved reflects a feeling of having a stake in her children's school, and having a particular status as a parent and feepayer. These perceptions of status and entitlement can be viewed as being associated with a

certain level of social and cultural advantage, and a relatively privileged 'class' position.

Another participant, Lynette, who was relatively highly educated, and had previously worked in a professional occupation, also reported undertaking this type of involvement when her children were younger. This type of 'formal' bureaucratic involvement was consistent with other organisations and activities that she had been involved with in the past:

I used to be heavily involved in organisations that were to do with my profession ... I was the President of the [Professional association] ... What other things have I been involved in and I'm not involved in now? Well, when my daughters were home I was very heavily involved in netball. I was on the Committee for [Netball group] for about 20 years, ... and heavily involved in my both my daughters' schools, I was the Chairman of the [Primary School] Council, and I was on the Council at [secondary school], so I've always been involved in lots of things (Lynette, 66yrs, frequent participator, \$1000+ per week, university qualification, retired, married, lives with husband, High SES area).

The types of involvement that Lynette had undertaken throughout her life, including her parenting based involvement in her children's schools, can be viewed in terms of her 'class' position. As a highly educated individual working within a medical profession, she was relatively privileged in terms of her access to 'cultural' and 'economic' capital. This is reflected within the nature and style of the involvement she undertook in community groups: in that it was formal, bureaucratic and could carry relative amounts of 'prestige' and symbolic capital, including having roles such as a 'President' and 'Chairman'.

The types of participation described by Lynette and Nancy were not typical of most of the participants' family-oriented involvement, as many of the women reported more 'informal' types of volunteering within schools and clubs, including within school-based 'mothers' groups'. The more 'formal' style of family-oriented involvement described above is interesting, because it highlights the intersection of gender and class elements: in that these were activities undertaken by two

participants in relatively advantaged 'class' positions (in relation to their levels of education and professional occupations) and that they were activities which were less typical of traditional 'gendered' types of activities that women, as mothers, are usually involved in. The following section discusses barriers and constraints that participants perceived influenced their ability to be involved in this type of participation.

6.2.3 Barriers and constraints to involvement in family-oriented participation

Some of the participants had specific barriers that prevented them from being involved in family-oriented community groups. Elaine had experienced severe health problems, which had led to changes in her life, including the break-up of her marriage, and she described how her involvement in her children's school and sporting activities had stopped:

I threw myself into everything really, all that was going, as long as the kids benefited... it all slowly weaved down ...when you start putting on weight and fluid, you can't hardly walk or anything, my kidneys started to pack it in, I nearly drowned in my own fluid because my lungs filled up with fluid

Interviewer: so that was the main reason why your involvement stopped?

I just couldn't cope, too much coping at home, what with coping with that too ... I'm trying to put my own life back together sort of thing, get things, work things out at home and that, and that's taking a bit of time. Things more to do with home, things I always promised myself I'd do...I'm always the babysitter too, for my grandkids, and my daughter (Elaine, 51 yrs, non-participator, \$0 – 299 per week, university qualification, not working due to disability, separated, lives with children, Low SES area)

Thus, Elaine described how her illness had resulted in severe changes to her life. This led to a re-prioritisation of her everyday activities, including withdrawing from extra activities in order to cope within her immediate home surroundings. Her comments also highlight that, despite her illness, she still had caring responsibilities in relation to her children and grandchildren, and this, in combination with her illness, meant that she was not able to take on anything extra in her life. This

illustrates the ways in which health problems, and the resources and effort needed to cope with and manage such issues, can act as a barrier that prevent women from being able to undertake any kind of involvement in community groups, including family-oriented involvement.

Whilst participants described becoming involved in their children's activities as a 'normal' thing to do, some also noted how the responsibilities associated with childcare could be a barrier to maintaining involvement in community groups. Camilla described how, in the past, she was motivated to get involved in facilitating a children's recreational club, only to have to give up this participation due to the pressures of looking after her own children:

I was with a brownie troupe as well, as their troupe leader ...I remember we took it on, me and my girlfriend took it on, because the troupe just had nobody...but then I had two, my boys were not quite five and four and then my daughter was a baby... I was taking her because I was still breast feeding her, but it just got too much with the three kids, because hubby was working afternoon shift at that time, so he wasn't here to babysit. (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area).

Camilla's comments demonstrate that, for some women, the pressures upon them to care for their young children may prevent them from being involved in community groups, including being able to participate in family-oriented participation. For some women whose children had grown older, their return to full-time paid employment prevented them from maintaining their involvement. Maria described how she would still like to be involved in volunteering for the local school, even though her children had now left that school. However, she had returned to working full-time, which prevented her from being involved in any kinds of community group or voluntary activities:

The girls have grown up these days, and I've only got the one in Year 10 now and so that has cut out a lot of activities I used to be involved in ..now I work more or less ...full-time so that's changing my life ...If I wasn't working, I probably would get involved with it again, in school, I did enjoy it. Just

going for reading, just you know how mums go in for reading ...that sort of thing (Maria, 53yrs, non participator, \$300-\$599 per week, TAFE qualification, works full-time, married, lives with husband and children, Low SES area)

Whereas Maria indicated that she would still like to be involved in school-based activities, but her full-time work prevented her, most of the participants described how they chose to give up this type of participation because their children got older. Thus, they perceived that there was no longer a need to be involved, as the nature of their parenting duties had changed. For example, Wendy, who was not involved in any type of community group, had three adult children, and she described how she had maintained some involvement in school-based community groups in the past, as her children grew older. However, as her youngest child grew up, she gradually went back to paid employment, firstly part-time and then full-time. This meant that she was no longer involved in these sorts of activities:

I used to, with the children I was involved very much with the school, school activities. When they grew up and when my daughter was at Uni, I still used to go down there and help out with the library and doing books and things of that calibre... That used to be a volunteer type mums group that used to meet ...we used to sort of make sure the books that were in the library part of it were, you know, no pages pulled out

Interviewer: So did that end ...as your children got older?

Yes, because then I more or less went back to full-time work... I had been involved in working probably while the youngest one I think was at school, primary school, I started back part-time and then I gradually went to full-time and I've been pretty well full-time for the last 20 years (Wendy, 61yrs, non participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband, High SES area)

Maria and Wendy's comments illustrate that as their children got older, the nature of their everyday responsibilities changed, as, not having to spend time caring for young children, they returned to the full-time workforce. Full-time paid employment

was therefore a factor which restricted involvement in school based activities. However, the participants' descriptions of their reasons for finishing this type of involvement were also underpinned by the sense that it was inevitable they would stop being involved as their children grew older. This is consistent with the notion that parenting based community activities were associated with a specific stage in women's life, when they were likely to have younger children.

6.3 Outcomes of family-oriented involvement

This section focuses upon exploring the personal outcomes that participants felt arose from their family-oriented community group involvement, and whether they felt they had positive or negative consequences for them individually, and how this was perceived to impact upon mental health.

6.3.1 Positive outcomes

Some of the participants spoke of the positive sense of satisfaction that came from being involved and connected to their children, and being able to help other children. Rebecca described how she derived a sense of enjoyment from her interaction with children:

Interviewer: What would be the personal benefits to you from being involved?

Just enjoying interacting with the kids, and playing, the children's enjoyment. Cos they see you in the shop... You have little kids that come up and say 'hello, how are you?' they're happy to see you, and they say to their mums, "oh, she works in the canteen", or "I read to her" (Rebecca, 38yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, household duties, married, lives with husband and children, Low SES area)

Thus, the sense of being known to children, and being able to contribute to their enjoyment and pleasure, was seen as beneficial by Rebecca. This connection with children, and the satisfaction that was derived from this, was also reported by Elaine, from her past experiences of being involved in her children's schools and in their sporting clubs:

What gives me satisfaction now, is if we go shopping or something, and a kid comes up and says to me ‘Oh hello Mrs B, how are you today?’ you know, ...that makes me feel good, they still come up ...after all these years, that makes me feel good. I still get personal satisfaction (Elaine, 51 yrs, non participator, \$0 – 299 per week, university qualification, not working due to disability, separated, lives with children, Low SES area).

Thus, for some participants, the sense of being connected to children in a positive way was a powerful source of enjoyment and satisfaction, and this illustrates the importance of emotional connectedness with others, particularly children and young people, in some women’s community participation. These examples illustrate the ways in which family-oriented involvement contribute towards enhancing mental well-being, by providing a sense of connection with others which was rewarding and valuable.

Social interaction with other group members was also viewed as a valuable benefit that arose from this type of community group involvement. Camilla described how the social contact with other club members as an enjoyable part of her involvement. She viewed this as having particular importance for her mental health and well-being. As discussed in chapter 5 (page 147), Camilla described how she had suffered depression after she stopped work due to injury. She described how going to her club was difficult to manage during this period, but ultimately, she felt that it had a positive impact on her mental well-being when she was coping with depression, particularly through the social interaction with others:

I suppose, for a while there, when I was having some depression issues, I suppose the slightest thing would make me feel a bit worse ...but, on the whole I think ...going was probably beneficial ... being able to socially talk to people was, I suppose it takes your mind off your own problems doesn’t it? It’s not brought up and you’re not having to deal with that.

Interviewer: So, overall, it was good. Having the social interaction was the main thing?

It was. For a while there, you tended to, sort of: “I can’t do anything, so I won’t go out there.” ..but, if I got myself out there, to the club, and yes, and then just talked to people and just had a good time and, you know, then yes, it was better...There were times when I just didn’t go, yes, but then sort of had another look at myself and thought “Okay, no more excuses, I’ve got to go now.” (Camilla, 47yrs, frequent participator, \$0-\$299 per week, TAFE qualification, household duties, married, lives with husband and adult daughter, Low SES area)

Thus, Camilla described that, if she was able to motivate herself to go to the club when she was suffering depression, being there would provide positive social interaction and an ‘escape’ from other problems. Thus, her account illustrates that, in some situations, being a part of a community group can contribute towards mental well-being by providing a way of managing and coping with the challenges of mental illness. The ability to ‘cope’ with such difficulties was understood by many of the participants as a central aspect of mental health. However, on the other hand, Camilla’s comments also highlight the effort involved with managing to go along and take part in a community group when experiencing depression, and that sometimes, this was too great a barrier, as there were times when she did not feel able to go.

In relation to other beneficial outcomes, one participant described how her past involvement in a community group based within her daughters’ school had led to paid employment. Verity’s previous voluntary involvement in school-based community groups provided her with the opportunity to perform certain tasks and use certain skills. Ultimately, she was able to convert both her ‘social capital’: her involvement in school groups, and her ‘embodied cultural capital’, such as her ability to perform certain tasks, into a paid job. This was interesting because it was an outcome that was only reported by one other participant. Verity described how her involvement led to paid work:

There was canteen, mother’s club, committees, fund raising, fetes, all that sort of school thing ...And then also covering books in the library, hearing, reading, all that sort of carry on and then, 1971, I thought: ‘hey here’s an ad for a teacher aide, why shouldn’t I try and get paid for what I’m doing for

nothing?', so I did. So in 1971, I went to work as a teacher aide ... I left in 1996, so for twenty-six years I turned my sort of hobby into a fundraiser for me ... This teacher aide thing was a new idea that was coming into Adelaide ... I could rock up and say I've been in the classroom for this, I've heard reading, I've done this, I've done that and also a lot of crafty things too, so that was the entry into paid work (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area)

The ability to gain useful and satisfying job opportunities from community-based involvement can potentially provide financial resources, in addition to socially fulfilling roles, and can therefore indirectly promote positive health and mental well-being, through enabling individuals to have access to useful resources and a sense of control over their lives. Rebecca also spoke of how she was offered a job through her volunteering in the school canteen, but she was unable to take it up, because she was too busy with the responsibilities involved in looking after her children and running a household:

I got offered a job because I work at the canteen, at the bowling alley, I didn't take it but I got offered it. I'm too busy to work... I heard about it that at bowling, quite often, she'd get busy, and ...she knew that I had served in the canteen, and handled money and that, and she said; 'do you wanna a job?' .. I'm too busy ... Mondays is my day at home, Tuesday is canteen, Wednesday's kindergym ... Friday is reading, and then go shopping (Rebecca, 38yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, household duties, married, lives with husband and children, Low SES area).

In some circumstances, family-oriented community involvement could lead to paid work. However, in Rebecca's situation, she was not able to take up the offer of paid employment due to her family and household responsibilities. Therefore, whether, and the extent to which, parenting based community involvement leads to realistic opportunities for employment depends upon the differing contexts of women's lives, including the demands of their everyday childcare and household responsibilities.

In relation to the ways that family-oriented participation was perceived to directly enhance mental well-being, some of the participants spoke of the importance of becoming involved in social and group activities at an earlier stage in their life, particularly when they had babies and young children. This suggests that social and community activities, including family-oriented groups, may benefit mental health at a time when some women feel particularly isolated. In this sense, the convenient opportunities to be involved in parenting and childcare-based groups may be important for some women to maintain their mental well-being. Nadia, who was not currently involved in a community group, spoke of her experience in the past when she was a single mother with a young child:

I used to just sit at home and look after my little girl, because I only have one daughter, and I used to just sit at home and look after my little girl and feel sorry for myself and then I just sort of sat down and said no, this has got to change and it takes just that one step, join a club, do something, so I started to do that... I did realise that I needed to at that time because I'd come out of a bad marriage and with that, all my friends went with him... So I had to make new friends (Nadia, 47yrs, non participator, \$0 - \$299 per week, TAFE qualification, not working due to disability, divorced, lives alone, Low SES area).

Thus, it is possible that parenting based groups may provide an important source of social interaction for some women who otherwise would be socially isolated. The positive outcomes that participants perceived arose from their involvement can be understood in terms of providing beneficial social capital 'resources' and can be linked with maintaining mental well-being. The section below explores the negative personal outcomes that participants perceived arose from their family-oriented involvement, and how these were linked with mental health and well-being.

6.3.2 Negative outcomes

There was recognition on the part of some participants that involvement in family-oriented groups could be demanding and time-consuming, and was perceived as having a potentially negative impact upon their mental well-being, particularly in terms of tiredness and stress levels. This can be understood within the wider context

of participants' accounts of factors that negatively impacted upon their mental health, which included the stresses and difficulties associated with managing demands from competing responsibilities. This has already been illustrated in that many of the participants spoke of a sense of obligation that underpinned their involvement, and that they participated due to pressure from others, rather than being motivated by their own benefit. In some cases, participants described how they felt their own involvement was unappreciated and devalued by other parents. Natalie was not currently involved in any community group, but had previously been involved as a leader in her child's scout group in a country area, before moving to Adelaide. Her account suggests the difficulties involved with supervising groups of children when their parents did not show an interest:

Sometimes, you feel like some parents, just want you to babysit... I used to do Joeys as well. They were the little toddlers...not by myself, I had another leader with me...some parents, just bring their kids in and say: 'can you look after them?' ...some parents don't get involved... Most of them don't get involved, they just leave their kids there, drop 'em off at the door, and then they just go...That's one thing, I didn't like, cos they're supposed to come in, say they're here, and sign a book.(Natalie, exact age unknown, non-participator, \$0-\$299 per week, TAFE qualification, not working due to disability, married, lives with husband and children, Low SES area)

These comments suggest a frustration with being taken for granted by others, particularly as Natalie indicates her perception that those who would just use her as a babysitter also were not willing to get involved themselves. Furthermore, participants spoke of the demanding nature of the work they undertook to support their children's activities, which did not provide any source of personal enjoyment or pleasure. Maria described what was required from her in the past to support her daughters' recreational pursuits. Her account illustrates how women who are involved in voluntary activities to support their children's hobbies can be required to undertake repetitive, time-consuming labour:

Interviewer: From your past experiences with being involved in things, what were the main disadvantages at the time?

I suppose with the costumes when the girls were in calisthenics because I'm not a very good sewer ...I think anything with costumes and sewing. There were times when I had costumes made and then I'd just have to sew the sequins in, which is a joke, just to have to sew sequins on, that was hour after hour (Maria, 53yrs, non participator, \$300-\$599 per week, TAFE qualification, works full-time, married, lives with husband and children, Low SES area).

This account indicates the potential for such repetitive labour to be stressful and negative for individual women, a chore to be undertaken for the sake of their children, rather than for their own enjoyment. In addition, the qualitative data suggested some of the ways in which unequal gender power relations can underpin social dynamics within parenting and family-based community groups. Ruth, who was not currently involved in a community group, had previously been involved in a social group which for sole parents, which was organised around providing social contact and activities for both parents and their children. In this sense, this involvement had aspects of both self-oriented and family-oriented involvement, as it was a community group that catered to the needs of children and their parents. She described the extreme negative experience she had as a result of her involvement:

I had been involved with [organisation]... but that folded when I could no longer be president, because I got sick with a nervous disorder, and nobody else would do it, so it folded. I sort of did it under duress because nobody else would do it. One of the guys that was involved with our branch ended up stalking me. That's when I had a breakdown... nine years later I'm still on medication because of what he did to me... actually that's the last thing I've done, because I got sick and I wasted five years of my life trying to get over that, and I'll probably be on medication for the rest of my life ... it took five years out of my life in my early 50s, now I'm in my 60s, I just can't be bothered...the only tablets I take are for the results of the stalking, I'm on antidepressants because it helps with panic attacks. I ended up with panic anxiety disorder ...I couldn't leave my house. (Ruth, 61yrs, non participator,

\$300 - \$599 per week, secondary qualification, works part-time, divorced, lives alone, High SES area).

Thus, Ruth described how this experience had meant that she had stopped being involved in any type of community group activities, as she has suffered trauma and a mental illness as a consequence. Her comments illustrate how, after having been through such an experience, she currently feels that she 'can't be bothered' to be involved in any community group activities. Although this is a relatively extreme example, it highlights that relations within community groups, particularly when they involve both men and women, can give rise to gendered violence. Ruth's experiences of this involvement within a parenting based social club illustrates the ways in which group involvement can pose a risk for individual women, and have a damaging and long-lasting impact upon their mental well-being. Her account also highlights that community group involvement will not be an appropriate health-promoting strategy for all women, particularly those that may have experienced violence and trauma in the past as a result of such participation.

Overall, the data suggests that, as well as giving rise to useful 'social capital' in some contexts, family-oriented participation can be a source of stress, as it was often undertaken as an obligation to others, rather than for personal benefit. The demands that arose from such involvement, and the types of tasks involved, could detrimentally impact upon mental health. In addition, social relationships within such groups could have a damaging effect on mental well-being. The following section summarises the analysis of the participants' reports of their involvement in family-oriented participation.

6.4 Summary

Family-oriented participation was most often undertaken by participants when they had younger, school-aged children, and it was viewed by some as a 'natural' and taken for granted part of the responsibilities which accompanied having children. For most of the participants, it represented a commitment which ceased when their children got older. Participants expressed mixed views about this type of participation, some felt that their involvement, and the ability to help and contribute towards the welfare and development of children in particular, was valuable and

rewarding. However, others explained their involvement as arising from an unwilling sense of obligation, and perceived it to be a stressful 'chore' to be undertaken for the benefit of others, rather than themselves.

Many of the participants reported personal benefits to them from family-oriented involvement, as feeling a sense of achievement from their participation, and a positive sense of having helped others. Maintaining a connection with children was viewed as an enjoyable and pleasant consequence of involvement, and social interaction with other group members was viewed as positive and valuable, and had the potential to contribute positively to mental well-being. Thus, these findings indicate the ways in which family-oriented involvement can give rise to positive social capital 'outcomes' which are beneficial for women's mental well-being.

On the other hand, other participants reported that the work involved in this participation could be demanding and potentially stressful. Overall, the women's accounts did suggest that family-oriented participation can reinforce gendered demands on women's time and labour. Some participants viewed the social dynamics within groups as a source of problems, particularly in mixed gender groups. Thus, family-oriented participation could give rise to both positive and negative outcomes which were linked with the participants' mental well-being. The following chapter discusses the participants' prosocial-oriented involvement.

Chapter 7. Qualitative analysis: Prosocial-oriented participation.

7.1 Overview

This chapter discusses the nature and individual outcomes of participants' involvement in prosocial-oriented participation. Key aspects of the participants' 'prosocial' involvement are considered, in order to contrast this involvement with the other typologies, and to consider the implications of this type of involvement for women's mental health and well-being.

The word 'prosocial' was chosen to characterise this typology, because prosocial has been defined as: 'voluntary actions that are intended to help or benefit another individual or group of individuals' (Eisenberg & Mussen, 1989, p. 3). This typology refers to the participants' community group involvement which had the purpose of helping and supporting others and / or 'civic' involvement which was concerned with making a contribution to a particular cause or community. In order to explore fully the types of prosocial-oriented involvement that the participants engaged in, a diverse range of group activities were discussed, including involvement in charitable organisations, advocacy groups and civic organisations. This typology included volunteering activities for various groups, thus, the types of activities contained in this category are broad and encompassed activities which can be also be defined as 'volunteering' and 'volunteer work' for community and voluntary associations. Politically-oriented involvement and action groups are included in this category because the participants' involvement was underpinned by a 'civic' sense of making a contributing to the community.

Importantly, prosocial behaviour is characterised by the *outcome* or consequences of such behaviour, rather than by the initial motivations. Thus, it can be contrasted to altruism. It is possible for prosocial action to be motivated by self-interest and to result in benefits for others. Altruism refers to *motivations* which are in the interest of others, rather than oneself. Therefore, the participants' reasons for being involved in prosocial-oriented participation could be driven by a combination of altruistic and self-interested motivations.

Nine of the participants were currently involved in this type of participation, and six of these same participants had previously been involved in other prosocial-oriented participation, but their involvement within these groups had ceased. Five participants had previously been involved in prosocial-oriented participation but were not currently involved. Among this group of participants who had currently or previously been involved in this type of participation, there were more women in older age groups, as nine women were over the age of 55, and there were only two in the 18-34 age group. Seven participants currently received 'low' household incomes of below \$300 a week, and the remaining 8 received weekly amounts about \$300. Nine participants lived in households with either their husbands only, or their husbands and children. Of the remaining five participants, two lived alone, two lived with unrelated adults, and one lived with a family member. Details of the participants and the types of groups in which they were currently and previously involved are provided in Table 7.1.

Table 7.1 Prosocial-oriented involvement: participants involved and types of groups.

Participant	Current involvement Type of group	Previous involvement Type of group
Lynette (66yo, \$1000+ per week, Lives with husband)	Service organisation: fundraising, charitable activities, volunteering time in community events, sitting on committees	
Olivia (53yo, \$600-999 per week, lives with husband and son)	Neighbourhood crime prevention organisation: facilitating and organising group, contributing to local community events	Political party
Rhiannon (43yo, \$1000+ per week, lives with husband)	Young persons' recreation club: running and facilitating group	

Table 7.1 continued.

Participant	Current involvement Type of group	Previous involvement Type of group
Rita (74yo, \$600-999 per week, lives with son)	Carers' advocacy organisation: sitting on committees, general contribution towards activities of organisation: such as lobbying government bodies	Health advocacy organisations: involvement in committees
Samantha (67yo, \$0-299 per week, lives with husband)	Church-based group: volunteers at a community garden through local church	Wildlife / nature conservation group: volunteered in group that maintained wild bird sanctuary
Leila (69yo, \$0-299 per week, lives with husband)	Volunteering for community service / welfare agencies: involves befriending and assisting elderly people, supporting families of prisoners	
Raelene (53yo, \$300-599 per week, lives with husband)	Local community organisation: sits on committee and volunteers in local organisation designed to provide financial assistance to local residents	Voluntary organisations: involved in boards of local voluntary groups
Rhonda (71yo, \$0-299 per week, lives alone)	Charitable aid organisation / NGO: is involved in local branch, sits on committee, involved in fundraising and attends meetings	Volunteered in charitable organisations
Teresa (26yo, \$0-299 per week, lives with partner and child)	Animal welfare / conservation group: involved in group which rescues and looks after injured wildlife	
Alice (63yo, \$300-599 per week, lives with husband)		Prisoners' welfare and advocacy organisation
Cathy (36yo, \$0-299 per week, lives with unrelated adults)		Human rights organisation

Table 7.1 continued.

Participant	Current involvement Type of group	Previous involvement Type of group
Renee (68yo, \$1000+ per week, lives with husband)		Service organisation: fundraising activities
Eve (23yo, \$0-299 per week, lives with unrelated adults)		School-based volunteering: assisting disadvantaged children
Nadia (47yo, \$0-299 per week, lives alone)		Local community organisation

7.2 Nature of prosocial-oriented involvement

This section considers the nature of the participants' prosocial involvement, including their motivations for being involved, and the types of groups they had currently or previously been involved in. In addition, the structure and tasks involved with the women's participation are discussed, as there were differences in the levels of 'formality' of involvement.

7.2.1 Motivations of prosocial involvement

The motivation to be involved in prosocial-oriented participation was explained by many of the participants in terms of the value of being involved in the community and making a contribution, and their desire to help others. For example, Olivia was heavily involved, as the secretary and assistant coordinator, in the local Neighbourhood Watch branch:

Neighbourhood Watch was going to disband unless they could actually get someone to take over the position, so I thought I can do this sort of thingI knew that I had the skills to do it and thought it's probably quite important. I know of other people who had done it ...they'd had their turn ...they needed

to have a break. ... I just think it's important to keep it going because whether it does a lot or not ... people can always remember that it's there, that they maybe have some obligations and responsibilities ... I just think it's one of those things that ... it still reminds the community we are a community (Olivia, 53yrs, frequent participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area)

Thus, Olivia's belief in the importance of community, and a feeling of wanting to contribute in some way, was a central aspect of her motivation to be involved in her neighbourhood watch group. Olivia frames her motivation for being involved within a wider value system which emphasises that all people should feel some level of duty and responsibility to become involved within their communities. Her explanation therefore conveys a moral imperative for her to be involved: as she perceives that it is important to do something to make a contribution. Importantly, she also describes how she chose Neighbourhood Watch because of their perceived need for volunteers, and she already had the necessary skills that could assist them. This indicates the intertwined nature of the relationship between social capital (through community group involvement) and cultural capital, particularly 'embodied' cultural capital (through possessing certain skills and abilities).

Prosocial involvement could be motivated by religious beliefs, illustrated by Samantha. Samantha lived in the high SES area, and was involved in volunteering at a public garden run a group at her church. She described how she had a religious 'conversion', and linked this experience to her own desire to wanting to become less 'selfish':

Well I had a big conversion about eleven years ago so since then I've been very involved in the church ... we've got a Rosary group started, I go to prayer groups when I can. There is a rosary garden up at [area], I go up there once a week as a volunteer, helping with disabled that might come in for morning tea... It's just I became a different person, I think, and wanted to do all these things... we in this day and age are very selfish ... a lot of people are very selfish, don't want to give their time and don't want to become involved

(Samantha, 67yrs, frequent participator, \$0- \$299 per week, vocational qualification, retired, married, lives with husband, High SES area).

Samantha linked her voluntary activities to her moral values, which she saw as opposed to being 'selfish'. She linked her 'conversion' to religious beliefs with becoming 'a different person', and gained a moral conviction to help others and to volunteer. Other participants also spoke of their desire to make a contribution towards helping and assisting particular groups of people. Rhiannon was regularly involved as a volunteer leader in a local Guides group. Although her involvement was organised around the interests of children and young women, Rhiannon did not have any children of her own, thus, she did not volunteer as a leader in a Guides group out of a sense of obligation or duty to her own children and family. Rather, this was a voluntary commitment that she actively sought out and chose to participate in, and she describes her motivation as wanting to contribute to the development of the 'next generation':

With Guiding, I've gone into that because I don't have children of my own and that was a conscious decision of my own, but I also still wanted to be in touch with that next generation and I wanted to make a difference, and I felt like I could do that, doing this sort of work with the kids directly...I want to make a difference to kids ... to actually see them grow up and know that I can talk with them and give them ideas about different ways of doing things and just looking at the world from different perspectives ...I think that's really important for us to do, is to work with that next generation so that they don't have just one way of looking at the world, but they have these different influences in their lives (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area)

Rhiannon's account again illustrates the importance of making a wider contribution, and of the value of community involvement, in motivating her participation. Like other participants, she frames her motivation for being involved within as a moral commitment to contribute towards helping others. In addition, she explains her choice to become involved in a group that is organised for young people because she does not have any children of her own. The ability to be connected to children and

young people is viewed as significant, particularly because she does not have this opportunity within her immediate family. This demonstrates that issues relating to the development and well-being of children can shape the participation of women who are not mothers, in addition to motivating the participation of those women who were mothers.

Thus, the above accounts indicate the ways in which prosocial-oriented participation could potentially be important for mental well-being, as it enabled some participants to feel that they were undertaking meaningful and useful activities which were consistent with their own personal values, including the significance they placed on being able to help others and make a wider contribution to the community.

The gendered nature of the values that underpin prosocial-involvement, and the work that is required, were explicitly reported by some participants. Cathy, who was not currently regularly involved in a community group, drew upon essentialist notions of biologically determined roles. She linked a capacity to have children with caring, nurturing values which she viewed as necessary to undertake voluntary community participation. Cathy also thought that undertaking voluntary community activities might be more consistent with acceptable gender norms of behaviour among women, as opposed to men:

I believe women have a more nurturing side because we are the bodies that carry babies, it's nature, I mean the biology of our bodies leads, would lead to that. I think as well, I mean it's hard because I'm not a guy, but other girls would be more likely to be impressed ...whereas guys might get the piss taken out of them. It's not cool, is it, to be involved in voluntary work?
(Cathy, 36yrs, infrequent participator, \$0-\$299 per week, university qualification, full-time university student, single, lives with unrelated adults, High SES area)

This view that men might perceive certain types of community activities in a negative light, and as somehow not consistent with acceptable norms of behaviour, whereas these activities are more 'natural' for women, was echoed by Samantha:

Well, the Rosary garden is mostly women.

Interviewer: What is it about the Rosary garden that it's mainly women do you think?

Well, I think you'll find that women are the backbone of the church and all of those things wherever you go, I heard a priest say once if it wasn't for the women the church would collapse...I think they just have a bit more compassion and a bit more, more spiritual, than men. Men probably see it as a bit of a 'sissy' thing to do (Samantha, 67yrs, frequent participator, \$0- \$299 per week, vocational qualification, retired, married, lives with husband, High SES area)

Samantha's comments also illustrate the perceived significance of women in religious and spiritual involvement, and this idea that women 'are the backbone of the church' is consistent with research that women have higher rates of involvement in religious activities. The view that women were more likely to be involved in community participation which required compassionate values were echoed by other participants. Raelene described why the participants in the organisation she was involved mainly consisted of women, and attributed this to women's ability to 'cope' with managing situations that required emotional work, including helping and supporting others:

I think those sort of, those sort of organisations tend to be something that women run because of ...just the nature of the organisation ...it's a very compassionate organisation and usually you find in those sort of circumstances it's mainly women... I mean it's a lot easier for women to ...I mean if you've got a mum there, with a couple of kids who are in desperate circumstances, mum's crying, and the kids are out of control, and all of that sort of thing, you know, it's usually a lot easier for women to cope with that than it is for men (Raelene, 61yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, retired, married, lives with husband, Low SES area).

Therefore, women's community involvement within groups which required helping and supporting others was understood by some participants as a natural extension of normal 'feminine' characteristics, such as being able to care for others, and cope with emotionally demanding situations. In addition, some participants perceived that the ability for women to have children, and the importance of maintaining a connection to children (and being able to take care of them) was as an important element in shaping women's prosocial-oriented participation.

However, for one of the participants, her decision to undertake prosocial-oriented participation was motivated by a desire to resist the traditional gender role of 'housewife' and find something more fulfilling:

I was made redundant and I was looking for work. I wasn't ready to become a boring housewife, so I was looking for work and going through Centrelink, what used to be the unemployment office, they suggested that I should try voluntary work and that's how it started... I need other involvements, either activities or community work. I need more than just being a housewife (Leila, 69yrs, frequent participator, \$0-\$299 per week, secondary qualification, retired, married, lives with husband, Low SES area).

Leila's involvement included tasks which were concerned with helping and supporting others, so, in this sense, it was underpinned by a 'caring' ethic. However, at the same time, her motivation was explained in terms of resisting traditional gender roles, which she viewed as boring and unsatisfying. Leila explained her motivation for being involved in terms of the benefits it offered her personally, as providing fulfilling roles and tasks, rather than as a part of a wider moral commitment to the community and helping others.

Most of the participants described their prosocial involvement as resulting from a desire to make a contribution to the activities of community groups. They viewed this sort of involvement, and the activities of such groups, as inherently valuable. The following section discusses the structure and organisation of the participants' involvement in prosocial-oriented community groups.

7.2.2 Structure of the participants' involvement

The style of the participants' involvement, in relation to the extent to which it was 'formal' or 'informal', was discussed in relation to family-oriented participation, in chapter 6 (section 6.2.2). In terms of the structure and organisation of the participants' involvement in prosocial-oriented participation, as with family-oriented involvement, there were differences in levels of 'formality'. Some of the participants' involvement was fairly organised and bureaucratic, in that it consisted of being involved in committees and boards of NGOs and voluntary organisations. Others were involved regularly in more 'informal' types of voluntary activities, such as regular 'helping out' in community groups and organisations, but not being involved in committees and in the management of these groups. Some of the participants' current or previous involvement consisted of a mixture of 'formal' and 'informal' activities.

'Formal' prosocial-oriented involvement.

'Formal' prosocial-oriented participation consisted of being involved in committees and boards, and in the bureaucratic management of community groups. It can be classified as 'civic', or as typical of 'civil society' participation, and it is consistent with the types of voluntary commitments that are considered within the 'citizen participation' literature (for example, Zimmerman & Rappaport, 1988). This type of involvement is viewed as particularly important in the mainstream social capital and health literature, because of its potential to provide 'weak' ties, such as 'bridging' and 'linking' social connections (see Kawachi et al., 2007). An example of this type of 'formal' civic involvement is illustrated by the experiences of Raelene, a participant who lived in the low SES area, who had a long history of civic involvement within various community organisations. She was currently involved, and held formal positions on the board of a local voluntary group which aimed to provide charitable relief and assistance to people who lived locally:

The [area name] Community Fund ... services people in extraneous circumstances ... they come to us, they get referred to us by all sorts of organisations ... We have a Chair... It is run by a Board of 10 and they are all picked from the community. We have a person from Family and Community

Services on the Board; a person from the Salvos⁵ ...those sorts of organisations, we, and two or three of the Churches in the area, they're also on the Board because we have a direct relationship with them (Raelene, 61yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, retired, married, lives with husband, Low SES area).

Raelene was the only example from the low SES area of a participant whose involvement took this 'bureaucratic' form. In comparison to many of the other participants in this area, she received a relatively higher household income (over \$300 per week), and was educated beyond a secondary level. In addition, her 'formal' civic involvement was the only example of this type of prosocial-oriented participation in the whole sample that was focused on the needs of people living in the local area. This is possibly because the presence of socioeconomic disadvantage was more 'immediate' in this area than it was in the high SES location. Raelene's formal involvement was an example in which an identity of 'place', and the needs of people within this particular area, where she herself lived, motivated her involvement. This was not reflected as a motivation among participants who were involved in prosocial-oriented participation in the 'high SES' area. Raelene described her motivation for being involved in local community activities, and her comments also allude to the negative stereotyping of this disadvantaged area throughout the rest of Adelaide:

I have just got a passion for my area ...and a compassion for it as well, and that drives me to succeed and, and better the human condition in [location name] because ...if you haven't got people of passion then it's a very difficult thing for other people to keep going, and you just have to rid yourselves of the stereotyping that people tend to put in different areas ...and move on and get on with it (Raelene, 61yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, retired, married, lives with husband, Low SES area)

⁵ Australian reference to The Salvation Army, a Christian charitable organisation.

An example of 'formal' prosocial-oriented involvement from the High SES area was Lynette's participation in the local branch of an international women's service organisation. She described the objective of this organisation as advancing the status of women at a global level. Its activities included fundraising and advocacy work. Lynette's involvement consisted of participating in various committees:

I'm on the board of directors of the organisation and so we have two meetings a month, one general club meeting and one board meeting, and then I'm also on some committees as well ...I'm actually the Treasurer at the moment... I'm on the Awards committee ...as a group, [group name] is very heavily involved in education, the provision of education particularly for women, and the Awards Committee is responsible for all of the various scholarships and prizes we give for educational service (Lynette, 66yrs, frequent participator, \$1000+ per week, university qualification, retired, married, lives with husband, High SES area)

As discussed in chapter 6, relating to her family-oriented involvement, Lynette's comments represent the style of involvement she undertook: as more formal, bureaucratic and carrying certain amounts of 'prestige' in her roles within the groups she was involved in. Similarly, another of the participants, Rita, sat on the national board of an advocacy group for carers, and had previously been the national president. Her participation had a political dimension, in that it involved lobbying for government funding, in order to 'empower' carers, and her comments also revealed an element of 'prestige' and public recognition that was attached to her involvement, in that she received a national award for her involvement:

I've been involved with [organisation]... that's gone on now for sixteen, seventeen years, and that was to empower family carers to speak out and we advocate for them in a lot of circumstances, but we also lobby government for recognition of what they do... I got an [award] two, three years ago for my contribution to aged care, which was lovely...you know, those little things are quite gratifying to get. As far as the [award] went, I said that that really represents all of my carers, all of the carers. I wish I could give them a tiny piece each, but at least it was recognised (Rita, 74yrs, frequent

participator, \$600 - \$999 per week, university qualification, retired, widowed, lives with adult son, High SES area)

Thus, Rita's description indicates how this type of 'formal' involvement within a national association resulted in receiving an award, a form of 'symbolic capital'. Overall, there were five participants who currently undertook formal based prosocial-oriented involvement: Lynette, Rita, Raelene, Olivia and Rhiannon. Three of these participants were educated at a university level, one had educational qualifications beyond secondary school, and one was educated at a secondary level. None received household incomes below \$300. Furthermore, the majority worked, or had previously worked prior to retirement, in professional occupations, for example, Lynette was a retired medical physician, Rhiannon worked full-time as an academic, and Olivia worked full-time as manager of a travel agency.

Thus, in this small sample, becoming involved in these types of civic activities appeared to be characteristic of interview participants who were not on low incomes, were relatively highly educated, in older age groups, and had worked in professional occupations. It is not claimed that all of these participants were very wealthy or affluent, however, none of these participants lived in conditions of pronounced socioeconomic disadvantage.

Some participants reported that they found this type of participation unappealing. For instance, Henrietta described how service clubs with a clear structured hierarchy did not appeal to her:

I think any group with a really rigid power structure, I would have a lot of problems with...I don't do very well in groups where there are idiots leading....like I'm not in Rotary...those kinds of things. My father in law is, and it's great for him (Henrietta, 33yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area).

Thus, Henrietta's perception of the 'rigid' and inflexible power structures that underpin such groups; and the potential for 'idiots' to be in positions of power, meant that this type of formal civic involvement did not appeal to her. Verity, who was

involved in 'self-oriented' participation, also described why she was not on boards or committees for either of the groups she participated in:

I am the worst committee person. I've been on committees when [daughter] was at school ...I can't stand the waffle. I mean if somebody said to me make nine loaves of sandwiches ...that I can do, but sit at a meeting ... talk fests, no, so I would never, never be on the board. I cut to the chase, let's get on with it. Not a committee person at all (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area).

Verity explained her resistance to this type of involvement in terms of her perception that there was too much 'waffle', and her own personal preference to be more focused on specific, practical tasks. Formal, organised and 'bureaucratic' types of civic involvement has been associated with gender, in that it is more characteristic of the 'public' sphere of community life, and it has been found that men are more likely to be involved in these types of organisations (Hall, 1999; Norris & Inglehart, 2006). Whilst it can not be concluded that Verity and Henrietta's comments are specific to women, and are not relevant to the perceptions and experiences of men, they do illustrate some of the reasons why some individuals may not be attracted to such involvement. The following section considers the participants' 'informal' prosocial-oriented involvement.

'Informal' prosocial-oriented involvement.

This section considers regular voluntary tasks and duties that were undertaken by women for voluntary community groups, which were not bureaucratic or formal in nature, for example, volunteering to 'help out' particular organisations, and to help particular groups within the community. These participants' involvement was focused around performing particular practical tasks and activities. Leila, an older participant who lived in the 'Low SES' area, was regularly involved in volunteering for a local hospital, and for a government agency. She was a trained volunteer, and her duties involved counselling and providing social support to older people in the local community. She described her voluntary activities:

It is mainly visiting isolated, disabled or very lonely people, who have got no way of getting out of the house by themselves or having friends, family who can visit them occasionally. So I'll go and see them once a week and try to socialise a little bit or help them or either take them shopping or take them for lunch every now and then... for the [government department]...it's mainly the welfare of the family from the prisoners. I have done a lot of counselling with the prisoners themselves in the prison...but at the moment I'm only looking after the welfare of mainly parents of the prisoners. (Leila, 69yrs, frequent participator, \$0-\$299 per week, secondary qualification, retired, married, lives with husband, Low SES area)

Thus, Leila's duties did not involve being involved in any kind of bureaucratic or administrative duties, or sitting on committees, but she was occupied in such tasks of face-to-face helping, counselling and support. Teresa was involved in a wildlife rescue organisation, and her duties mainly involved caring for injured wildlife, in addition to being 'on call' to respond when people found injured animals, and to organise other volunteers to pick animals up and arranged for them to be cared for:

We pick up and deal with native wildlife... I also do the phones... we take calls, and so then, what we do is, say: 'what type of bird have you got?' ...And they tell us, and we go 'is it injured?' ..normally we go okay, we'll give you three numbers, you try them, and see if you can drop it off, or someone will try and come out to you (Teresa, 26yrs, frequent participator, \$0-\$299 per week, secondary qualification, household duties and part-time university student, partnered, lives with de-facto partner and infant daughter, The Low SES area)

Another example of 'informal' prosocial-oriented involvement was that undertaken by Rhonda. She regularly attended meetings of a local branch of an international NGO, and was involved in fundraising activities. Rhonda's involvement was a mixture of 'self-oriented' and 'prosocial-oriented', as her participation involved fundraising, but she mainly continued to attend to maintain her social connections with her friends in that particular group. Nevertheless, she described the work she has undertaken at various times for fundraising events:

I cook for the morning teas and I cook for the trading tables and I cook for all the things that they have...I do a lot of cooking ...we have scones and things and I'll make the scones and tarts and things, and then we have trading tables and I work hard to make nut loaves and all sorts of different things for the trading table (Rhonda, 71yrs, frequent participator, \$0-\$299 per week, secondary qualification, widowed, lives alone, Low SES area)

All of these women undertook voluntary work for community organisations which can be described as 'feminised' labour, such as working with disabled and elderly people, or caring for animals, or 'domestic' tasks, such as cooking. Thus, these types of 'informal' activities are consistent with traditional gender divisions of labour, in that they involve tasks such as caring duties, providing emotional support, and household and domestic tasks. Indeed, some of the participants recognised explicitly that the allocation of 'informal' jobs and tasks within their groups was organised on gendered lines. For example, Rhiannon described how, when her community group needed informal help and assistance from parents to do particular things, there were certain activities that the fathers would be likely to undertake:

We just need parents who are involved in helping us fundraise, run the barbeques, maintain the hall. So there's sort of pre-determined men do these sort of things ...they'll be ones around camps, and at the camps...come and help us set up, and take down ...I find the men do help quite a bit with that, the women usually go 'I have no idea, I'm staying out of this' ...the girls are struggling to do things in the dark, mum's holding the flashlight, dad's got the hammer out with himdads love to do barbeques, I find they love to do the pyromaniac fire, like the fires that are 2 feet high (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area).

Rhiannon's description of the types of tasks that fathers would help out with further illustrates the gendered allocation of activities and 'informal' helping tasks within community groups, and how it can often reproduce traditional gender divisions of labour, in that, in this instance, she described how men were more inclined to help with activities such as barbeques and manual tasks such as putting up tents. These

kinds of patterns were echoed by other participants who described how the men involved with their groups were responsible for tasks that involved manual labour.

Overall, in this particular sample of women, the findings tentatively suggest aspects of ‘class’ differentiation among the participants who undertook ‘formal’ or more ‘informal’ types of prosocial-oriented involvement. All four of the women who currently undertook more ‘informal’ types of activities within their community groups: Samantha, Leila, Teresa, and Rhonda, received equivalised household incomes of less than \$300 per week. Three of these participants were educated at secondary level, and one had a vocational qualification, although Teresa was studying part-time at University. Thus, this involvement was not characterised by higher levels of education and household income, in contrast to the more ‘formal’ committee-based types of prosocial-oriented participation. The following section considers the type of work participants reported undertaking as part of their prosocial-oriented involvement.

7.2.3 Nature of work involved in prosocial-oriented involvement

Some of the participants described the demanding and potentially stressful nature of this type of their participation. Olivia worked full-time, and in addition to this, she had multiple responsibilities as part of her involvement in the local neighbourhood watch branch. She described the types of activities she undertook as secretary and assistant co-ordinator of her group:

I’ve got to do the agenda, I’ve got to do the minutes from the last meeting, I’ve got to do the agenda up so there’s something to follow...Plus also come up with ideas and the correspondence, ...generally organise getting the supper... just really making sure the tea and coffee’s there, the urn’s turned on, just little things that don’t sound much, but it means that you don’t actually ever sit back and relax at a meeting. Plus you’ve got to organise guest speakers at different times...

The newsletter is generally the notice out to the community so that means that I’ve basically got to try and work out something interesting to say ... Then you’ve got to divide it up into about 17 areas, so you’ve got to divide the

numbers up into the right envelopes ... Then I actually usually just take it to ..the treasurer ...he takes it to the people and then they deliver about 20 houses at a time. When I want to get something out quickly ...I just letterbox half of [suburb] myself (Olivia, 53yrs, frequent participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area)

Olivia's description of the types of work she undertook on behalf of her group illustrates the time-consuming nature of her involvement. Rhiannon also worked full-time, and described the multiple tasks that she undertook as part of her participation within her community group:

I have a number of different roles with guiding because I'm a guide leader and also the treasurer for the district and for the region...as a general rule Saturday I usually sit down ...and look and see what they're supposed to be doing this week or in two or three weeks ...because I just have to put together permission slips or notices and things that are related to something two or three weeks down the line. So I'm looking ahead at what needs to be done on a Saturday, getting all that put together ...

I'm the treasurer for the unit ...I keep track of all the funds there, but then the district and the region I also do. ... The parents pay us a support group fee ...we have to go through and work out, well, who's still here and who's left and have they paid their fees or haven't they? ... If they haven't, we're chasing them and then working out exactly how much money each unit is to be paid (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area)

These descriptions of the types of duties participants carried out were typical of the regular work that was undertaken as part of prosocial-oriented involvement. Those participants who were currently involved in these sorts of groups continued their involvement because they felt that their participation made a valuable and important contribution, and helped to achieve positive outcomes for their groups. Nevertheless, there was an acknowledgement on the part of many of the participants that the effort required from them to be involved was personally demanding and challenging, and

that their involvement was an additional responsibility that they had to manage in addition to other tasks related to their paid work and family households. The perception that the work involved in prosocial-oriented participation was demanding and time-consuming is also relevant to considering the barriers that some women felt prevented them from being involved. The following section discusses issues that both enabled and constrained involvement in prosocial-oriented participation.

7.2.4 Factors enabling and limiting participation

This section considers issues that participants identified as facilitating and encouraging their prosocial involvement, and barriers that limited and prevented their participation. Some of the participants' accounts illustrated the ways in which they associated their educational experiences with their regular involvement in community groups. Rhiannon described how a class she had taken as part of her postgraduate studies led her to consciously focus on her own personal goals, and ultimately motivated her to become involved in a community group:

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 studies 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, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area)

Rhiannon's experience illustrates the role that education, and the process of studying, may play in encouraging participation, as it may enable conscious reflection on personal priorities and values, and consequently encourage voluntary involvement. However, another participant, Cathy, who was not regularly involved in a community group, identified that her ongoing university studies acted as a barrier to being more involved. Nevertheless, she also spoke of how she would like to be more involved in groups in the future, and that her studies would also provide an

alternative pathway to being able to have positive involvement in the community. Cathy was studying full-time to become a teacher, and was a member of a human rights organisation, but was not actively involved.

In describing why she was not regularly involved in the activities of this group, Cathy spoke of how her future career as a teacher would provide opportunities to encourage young people to become involved in such activities. Thus, her investment in acquiring 'cultural capital', through her studies, whilst acting as a barrier to her involvement, was also viewed as providing an alternative pathway for opportunities to help others and create community-level 'social capital':

It's just, yes, work pressure... I have to work obviously also to support myself and study... You've got to start prioritising... but you know, I'm going to be a secondary school teacher so I know that I can encourage students to get involved with [organisation], so the cycle can continue, ...I'm as involved as I can be at the moment but certainly in the future, yes I will be, you know, that's one of the great things about being a teacher, and I'm serious, this is one of the reasons I wanted to be a teacher, is that I am able to influence or at least discuss ideas with the next generation ... that's part of my desire is being able to get the next generation to ...you know, change the world... just being able to make a difference, a positive difference in someone's life (Cathy, 36yrs, infrequent participator, \$0-\$299 per week, university qualification, full-time university student, single, lives with unrelated adults, High SES area)

In relation to issues which enabled participants to be involved, in some cases, being in a long-term married relationship facilitated involvement in prosocial-oriented community groups. Many of the women spoke of how they were involved in informal volunteering for the prosocial-oriented service organisations that their husbands participated in. Thus, in some cases, the involvement of the participants' husbands or partners provided a pathway to being involved, as this type of activity was something that couples could undertake together. This was not reported in self-oriented involvement, and only in limited ways in family-oriented involvement. Samantha had recently retired, and she described how she had not been involved in

many community groups in the past, due to her employment. However, she had been involved in a community group through her husband:

I've always worked and I haven't really wanted to commit myself, apart from [organisation], which is the service club my husband was in. I would always go along to anything that they had and help, you know.... if they had any fundraising things going on, I was always there helping (Samantha, 67yrs, frequent participator, \$0- \$299 per week, vocational qualification, retired, married, lives with husband, High SES area).

The support of husbands and partners was also reported as important in enabling some participants to be regularly involved in community groups. Lynette was also involved in volunteering for the organisation her husband participated in. This was in addition to the groups she herself was involved in. She also had a vision impairment which limited her everyday activities. When asked about how she was able to maintain her own regular activities in her community groups, she described the importance of her husband:

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 (Lynette, 66yrs, frequent participator, \$1000+ per week, university qualification, retired, married, lives with husband, High SES area).

Thus, Lynette's comments suggest that being able to access extensive support from a partner (or other family members or friends) may be a particular advantage for women who have particular disabilities, and otherwise may not be able to be involved in a community group.

In relation to barriers to involvement, participants who did not currently participate in a group, but expressed a desire to be involved in prosocial-oriented groups most often reported their lack of time, due to issues such as paid employment, study, and household and childcare responsibilities, and this was similar to the other typologies. However, very few participants who were not involved in this kind of participation expressed a wish to be involved, and many of the participants did not find prosocial-

oriented involvement very appealing. Thus, they described how they purposely chose not to become involved in these sorts of activities, rather than identifying any particular barriers that prevented them. This was particularly the case in retirement, as participants got older. For example, Alice, who was not currently involved in any community group, but had been involved in both prosocial and family-oriented groups in the past. She described how she did not want to get involved in prosocial-oriented participation:

I've given, I've given, I've given, I don't want to be involved in community activities anymore ...I want my time to myself, it's what [husband] and I find, is it's all very well to talk about community things, but we want time to ourselves, to sit and relax (Alice, 63yrs, non-participator, \$300-599 per week, university qualification, retired, married, lives with husband, High SES area)

In these comments, Alice implies that community activities are unappealing because of the demanding and potentially stressful nature of such involvement, whereas she wants to prioritise time for herself, as opposed to volunteering to help others. Her comments illustrate that she did not anticipate that participating in prosocial-oriented activities would be beneficial for her personally. Alice's account can also be understood in light of her disability, and the pressures that arose from the responsibility of looking after her grandchildren, as discussed in chapter 5 (pages 144-145). Thus, given the nature of the demands in her everyday life, the idea of becoming involved in prosocial-oriented participation was not appealing. This was echoed by Renee, who was not currently involved in any groups, but had a long history of being involved in prosocial-oriented charitable community groups in the past, and fundraising activities, through her own activities and through the organisations her husband was involved in:

I think as you get older ...there are other things that you value more... putting it into a nutshell, you look in the paper, the obituaries, and you see how many people are dying off, in their 60s and 70s, well I'm approaching 70, I'll be 70 in a couple of years time, time to devote time to yourself and do the things that you wanna do (Renee, 68yrs, non participator, \$1000+ per week, vocational qualification, retired, married, lives with husband, High SES area).

These comments suggest that, for these older women who were not currently involved in groups, participating in prosocial-oriented groups was not appealing due to the demanding nature of the work involved. Both the positive and negative consequences of participants' prosocial-oriented involvement, and how they were linked with mental well-being, are considered in the following section.

7.3 Outcomes of prosocial-oriented involvement

This section explores the outcomes and personal consequences that participants perceived arose from their involvement. This includes the potentially beneficial resources they could access, which could promote their mental well-being, in addition to the perceived disadvantages of being involved.

7.3.1 Positive outcomes

In relation to the positive individual benefits of prosocial-oriented involvement, many of the participants explained this in terms of their ability to help others, and to make a useful and valuable contribution. This led to positive feelings of satisfaction and achievement. Thus, prosocial-oriented involvement could contribute towards enhancing mental well-being by providing a pathway to undertake meaningful and valued activities. Leila explained why she enjoyed the voluntary work she undertook:

I just get a kick out of it... I get a lot of personal satisfaction out of it and if you see a person happy, even if you could put a smile on a person's face for half an hour, it's a job well done...I think it's mainly personal satisfaction for me (Leila, 69yrs, frequent participator, \$0-\$299 per week, secondary qualification, retired, married, lives with husband, Low SES area).

Leila's comments indicate the importance she attached to performing a fulfilling role, in the sense that she was able to support and help others. This led to a significant sense of personal satisfaction for her individually, which enhanced her own sense of well-being. This sense of reward and satisfaction at being able to help others was echoed by other participants, including Raelene:

It's the ability to actually be able to help people and that's, that's really great because we get some, we get some terrible circumstances ... you can just see

the light in their eyes when, when you're actually helping them and they, it occurs to them that somebody actually cares (Raelene, 61yrs, frequent participator, \$300 - \$599 per week, TAFE qualification, retired, married, lives with husband, Low SES area)

Leila and Raelene's descriptions of the personal benefits they derived from their involvement indicate the ways in which prosocial-oriented participation could be beneficial for mental well-being. Other participants also recognised the potential benefits of this type of involvement. Wendy, who was not currently involved in any type of group, explicitly discussed the ways in which she thought this type of involvement could promote mental well-being:

To be with people and to know you're worth, if you're sort of putting effort into like by doing charity work or whatever the case may be, you think you're sort of ...helping the community, I think it's a way of sort of renewing our energies with other people. If you just stay at home you become very insular ... if you don't get out and do things you die inside... I think it's just meeting people mainly and not only keeping your mind active but you're also ...just committing yourself to doing something (Wendy, 61yrs, non participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband, High SES area).

Thus, Wendy's account illustrated her perception that the act of making a commitment, social interaction with others and 'helping the community' was positive for mental health, as opposed to being isolated and withdrawn. Similarly, other participants explained the benefits that arose from prosocial-oriented involvement in relation to being able to help others, and make a broader contribution. Cathy, who was not currently involved regularly in a community group, nevertheless described how she believed that community involvement was important, particularly 'prosocial' oriented involvement. When asked about the benefits that people may get from being involved in community, she explained the advantages of being able to help others. She did not view the idea of undertaking such involvement solely for personal gain as an adequate reason for being involved:

I would say the reward of making someone else's life better or improving, you know, the quality of somebody's life. I mean, to me, there's no bigger reward....I'm sure there is that as well, that for some people it's about putting on their resumé, fine, if that's what it's about, as long as they're doing it ... I bet they might start out that way but, you know, over time I'm sure that their motivation may be different (Cathy, 36yrs, infrequent participator, \$0-\$299 per week, university qualification, full-time university student, single, lives with unrelated adults, High SES area)

Cathy explained her perception of the advantages in moral terms, in that being able to help others and make a positive contribution was the main benefit that arose from community group involvement. Thus, her comments suggest the importance of undertaking activities to create 'community-level' social capital, rather than to acquire individual-level social capital for personal advancement. Her account implies that it is misguided to be undertaking such activities solely for personal benefit, such as professional development, through being able to 'put it on the resume'.

However, in contrast, there was a recognition on the part of another participant that prosocial-oriented involvement could potentially offer opportunities for professional advancement. Eve had only recently completed her university degree in social work, and was not currently involved in any community groups. Although she spoke of how she felt a moral obligation to help others who were 'less fortunate', she also described how she felt that prosocial-oriented involvement could offer career opportunities:

I do think that I should be involved in a lot more things for careers because I've been asked by various lecturers, where they've had opportunities, the lecturers have said "And what are you involved in?" and I say "Ah, I work, and I study here" and they're like "Oh", and that tends to close a few doors for me...

Interviewer: What are the kind of groups or things you think you should be involved with, that would help - you think "Oh well that could help my career?"

Volunteer stuff. I know some of the girls that I've done classes with that I've spoken to ...one of them does translating for refugee women in camps, and make me feel like I'm not doing enough for the country...something that looks good on the resumé, you know, I kind of feel like I owe it because I've been quite lucky with my family, so, I really should be helping out people who aren't as fortunate (Eve, 23yrs, non participator, \$0-\$299 per week, university qualification, works part-time, single, lives with unrelated adults, Low SES area).

Thus, Eve's comments illustrate an awareness on her part that this type of involvement could be beneficial for professional development, in addition to a sense of 'moral' obligation.

Some participants described the social benefits to them from being involved in prosocial-oriented participation. Rhiannon migrated to Australia from the U.S, and did not have any family (apart from her husband) living in Adelaide. She described how being involved in her community group allowed her to consciously work on developing a social network. In this sense, Rhiannon was consciously aware of her own need to develop her own individual 'social capital' in an area where she had limited social connections:

One of these things I noticed when I moved here was I didn't have a way to build up a community other than through work, and I worked in an industry, I.T. industry, which is very insular...that was very frustrating for me when I first came here... one of the reasons I did the MBA was to meet somebody who wasn't in the I.T. industry.... And then going to guides was again another extension of that... as I've been with them longer ... I'm meeting these other women who have been there and have a whole other set of networks, a community, and I'm now, like I'm now drawing on them to help me out here...

I'm like 'oh, your husband does this, he can come help us, can he?', and they're going 'oh good, you can come help us do this' and so it's starting... and it's taken 5 years...but I'm starting to see that other side of the social network of being, of really expanding who I know in Adelaide. In Adelaide,

it's all about who you know. And it's a tough nut to crack when you first come here (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area).

This illustrates how Rhiannon was able to use her involvement to expand her social connections. Her involvement within a group can be understood as indirectly enhancing her mental well-being, by providing a potential source of social support in a place where she had been relatively socially isolated in the past. She gave an example of the ways in which she was able to utilise the social contacts she gained through her community group involvement in order to assist her when she lost her job, and was considering a career change:

Some of it is about information... I mean a year and a half ago, I was retrenched... part of what I was trying to do when I first got retrenched, was to learn more about different industries ... not just of people that were guide leaders, but also a lot of the parents, because I'd get to know all the parents ...so you would say to them, 'oh, look, I know you work in this industry, can you tell me more about it, could you tell me more about it, what sort of things go on' and that sort of thing, so that I could gather information about what was happening, what was going on. (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area).

Rhiannon's account highlights a very tangible result for her of being involved in her group, as it has allowed her to build up useful and diverse social contacts in a place where she initially had limited social connections. Thus, her participation did provide very useful practical and informational 'resources' for her individually. The process of acquiring such social capital 'resources' took time and effort, as she described how it was 'a tough nut to crack', and it took five years before she had a social network that she could regularly rely upon for mutual help and assistance.

Rhiannon's example demonstrates how community group involvement enables individuals to expand their social contacts, and to have relationships they can rely upon for support. The perceived availability of such support can contribute towards enabling individuals to negotiate and cope with everyday challenges.

Importantly, Rhiannon described a process of purposely investing time in gaining *bridging* ties through her group, that is, she intended to build a more diverse set of social connections than those she could gain just through her work, which she perceived as too ‘insular’. Her account illustrates that she feels she has gained these bridging ties, as she can now gain reciprocal help and support through the extended social networks of those people she was in contact with through her group. She also described how she was able to use her connections with the parents of the young people that attended her group, to gain useful information when she was undergoing a change in career.

Lynette also described how her involvement has led to her having positive social contacts with a wide variety of different people. Furthermore, the diverse networks and ‘weak’ ties she had gained through her group meant that she could get specific assistance for members of her family. She explained that she initially joined her group because she wanted to gain more diverse social ties than simply those through her profession, and how this had led to certain benefits:

I think probably I joined because I think that too often ...particularly I know in medicine... whatever professional group you are, you tend to get too involved in that particular area, so not only do you work in that area but the majority of your friends come from that area and I think that’s very narrow-minded ...I wanted to belong to an organisation where I would have friends who did not work in medicine ...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, 66yo, frequent participator, \$1000+ weekly household income, university qualification, retired, married, lives with husband, High SES area).

Lynette’s description of the benefits of her involvement illustrates how she was able to gain certain resources from her group involvement. This included positive social contacts with a wide variety of people, and useful assistance for her family members in another part of Australia, which she accessed because of her involvement in her

club. She also described the friendship she developed through her group as ‘fantastic’, indicating the beneficial and valuable nature of those social relationships for her personally. The social connections that arose from Lynette’s involvement can be viewed as ‘bridging’, in the sense that the members of this group consisted of women from diverse professions. However, in another sense, the extent to which these types of social connections can be viewed as ‘bridging’ can be questioned, as Lynette’s community group consisted solely of professional women. As she described:

It’s an organisation for business and professional women...Like if you were a nurse for instance, you could be a member of [organisation] if you were the nursing director, or if you were in charge of a clinic of some sort, because you have to be an executive nurse, you can’t just be somebody who works on the wards (Lynette, 66yo, frequent participator, \$1000+ weekly household income, university qualification, retired, married, lives with husband, High SES area).

Thus, it was not a diverse organisation in the sense that it drew from a pool of relatively well-educated professional women. Furthermore, it was exclusive in the sense that it was not open more broadly to women who did not work in ‘professional’ occupations. In relation to Lynette’s example above, of being able to use contacts within her community group to gain assistance for her daughter, not many other participants reported such clear examples of gaining resources to assist themselves or family members from their group involvement. Lynette and Rhiannon’s examples of being able to draw upon useful ‘bridging’ ties through their group involvement are particularly interesting in light of their pre-existing levels of advantage and ‘class’ positions, in that they were both relatively highly educated professional women.

In some cases, prosocial involvement could lead to a sense of achievement and satisfaction, could offer opportunities for positive and useful social interaction, which in turn could lead to mutually beneficial help and assistance. All these elements can be viewed as key ingredients of useful ‘social capital’, and can have a role in promoting positive mental well-being. However, this analysis tentatively suggests the possibility that certain types of tangible benefits, such as those gained through bridging ties, could be restricted to those participants in relatively

advantaged 'class' positions, in terms of their access to other forms of capital. The data also illustrated the ways in which prosocial-oriented participation could also place demands on individual women. The following section considers the negative outcomes of prosocial involvement reported by participants.

7.3.2 Negative outcomes

Most of the participants currently involved in these sorts of prosocial-oriented activities felt that the collective-level outcomes of their involvement, for their community groups, were worthwhile and beneficial, although some participants acknowledged that their prosocial involvement could be individually demanding in terms of time, and financially. Lynette acknowledged some of these difficulties, particularly in light of having a lower income in retirement:

It's both a heavy commitment in time and it's quite a big financial commitment, because you have to support a lot of activities ... sometimes, you know, to get everything done I really get frantic ... As far as the financial commitment is concerned, you know, when you retire you do have less money than when you were working and so one is aware that there will be differences in the way I go about my [club] commitment...you think twice about spending the money when you're retired that you wouldn't think about when you were earning every day (Lynette, 66yrs, frequent participator, \$1000+ per week, university qualification, retired, married, lives with husband, High SES area) .

Lynette's example of becoming 'frantic' to achieve all the responsibilities involved with her participation was echoed by other participants. As described previously, Olivia undertook extensive and time-consuming tasks for her community group. She described the downsides of her involvement, in terms of feeling tired at certain times:

Interviewer: What impact would you say being involved, like your role within the group, has on other areas of your life?

Just makes me fairly tired... I guess it does sort of cut into your time, and 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 as to what I do, so you just sometimes have to fit it in. Sometimes I'll do it on a Sunday at work (Olivia, 53yrs, frequent participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area)

Thus, Olivia described how she used time at work to complete tasks for her community group. In order to get everything done, she would sacrifice her lunch breaks and take time on the weekends. Whilst she had the freedom and flexibility within her paid job to be able to do this, it came at a personal cost to her, in terms of her own time. She was willing to undertake a variety of tasks because she believed that it was important to continue the operation of her group, but she also described a sense of feeling unappreciated and devalued, and the difficulties of managing the work in combination with her other household tasks:

Interviewer: What would you say the disadvantages are to being involved in groups?

Half the time nobody notices you, nobody really appreciates you, and you get tired, and at times when you're 'oh 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? ' But at the end of the day you actually get them all done.

Interviewer: So have you experienced that with [group], those kinds of disadvantages?

Occasionally yes, when you don't quite get yourself organised and you think, 'Oh, I've got to have this out by such and such!, I'd better get my butt into gear!' So yeah, you do get tired. But I mean generally, there's not that many disadvantages. There's little annoyances, little sort of inconveniences, but I don't know whether you'd actually call them disadvantages. It's like you just have to adjust things. (Olivia, 53yrs, frequent participator, \$600 - \$999 per

week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area).

These comments illustrate some of the burdens and demands that some of the participants faced as a result of their prosocial-oriented involvement, and there is the potential that these demands can, indirectly, have a negative impact on mental health and well-being, by contributing to the overall difficulties and stress associated with managing competing tasks. However, Olivia's comments also revealed how she 'normalised' such issues as 'little inconveniences', and she did not view such demands as significant, as they did not outweigh the positive aspects of being involved. Indeed, many of those participants who were currently involved in prosocial-oriented participation felt that, despite such demands, it was nevertheless worthwhile and beneficial to be involved.

However, as discussed in chapter 5, in relation to overall experiences of mental health and well-being, participants commonly spoke of the stressful pressures of managing competing responsibilities associated with work, family and household tasks. Olivia's comments suggest that community group participation can be experienced as an extra pressure which contributes to this stress of dealing with multiple demands. Her description of having to manage activities (such as the shopping and washing) in addition to her paid work and community group involvement can be viewed in light of wider societal patterns in which women face disproportionate responsibility for domestic and household labour. The lack of appreciation she felt from group members also indicates the ways in which she felt her work was taken for granted and not fully acknowledged. Thus, despite her own perception that these demands are not significant, her comments still reveal the negative aspects of being involved in prosocial-oriented participation.

In relation to outcomes of prosocial-oriented participation that arose from social interaction within groups, while some participants described how they felt their involvement gave rise to positive friendships and useful social contacts, it was also the case that the social interaction with other group members could lead to experiences of frustration. As previously discussed, Rhiannon described how she felt her group involvement had led to valuable social connections. However, she also

described how being involved in her group could involve challenges in relation to social interaction with another group member:

I mean there are times ...I may well tell off one of the other leaders, cos she just goes off on a tangent, and, I'm not the only one who goes, 'oh, just enough! You know, you're off on the wrong place, we're coming back here, you go off there ...leave us to just get something done!' Maybe to the point where my husband gets emails from her and goes: 'You've got an email from this stupid woman!'... I mean, she's wonderful as a guide leader... but there are just times when you wanna strangle her (Rhiannon, 43yrs, frequent participator, \$1000+ per week, university qualification, works full-time, married, lives with husband, High SES area)

Although Rhiannon did not perceive such experiences as particularly significant in detracting from her overall positive experience of being involved in her group, her comments do illustrate that being involved within community groups can give rise to challenging, frustrating and potentially difficult social interaction with others, and that these kinds of social dynamics can be a disadvantage of being involved.

In relation to negative outcomes that arose from social relationships within groups, another participant, Nadia, spoke of how her previous involvement in a prosocial-oriented group had an extremely negative impact on her mental health. She had been involved in a local male-dominated community volunteer organisation with a hierarchical structure. She described the violence and severe trauma she experienced as a result of participating in this group:

Interviewer: So what was the main reason why your involvement stopped?

Personal reasons, really nasty personal reasons. Sexual harassment was one...I was raped, I said no and he didn't take no for an answer, and that was the boss... That was one of the most traumatic times in my life. It was very hard, because the [organisation] was very much a boys' club... So they all side up with the boss because it's a boys' club.... There was not that many women in there when I was in, they sort of understood because he did the same to them, not to that extent, but he'd slap you on the bum when you went

around, that sort of thing...so they understood but they backed off because they wanted to stay in (Nadia, 47yrs, non participator, \$0 - \$299 per week, TAFE qualification, not working due to disability, divorced, lives alone, Low SES area)

In Nadia's situation, the trauma of this experience led to her stopping her involvement, and she was no longer involved in any type of community group activities. Her account is similar to the experience of Ruth, discussed in the previous 'family-oriented' chapter (pages 173-174), who was involved in a parenting based social group and was harassed and stalked by a male member of the group. Nadia's experience had a direct negative impact upon her mental well-being, as it resulted in her experiencing trauma and mental health problems. These experiences illustrate the potential for community groups, particularly which involve both men and women, to lead to violence and reinforce oppressive gender relations. They also raise the issue of the safety and health risks that women, in particular, may face through being involved in some community groups.

In addition, Nadia described her experience of how the other women within the male-dominated group were aware of the harassment within the group, but 'backed off' because they did not want to cause problems by challenging the powerful members of the group. This illustrates the difficulties that can arise with maintaining 'cohesion' within community groups, particularly when relations within the group are unequal and oppressive. It is possible that, in some contexts, efforts to keep a group 'cohesive' can act as way to mask unequal power relations, and in extreme cases, acts of violence and harassment. Nadia's involvement in this voluntary organisation was 'prosocial' in nature. Despite her experience of sexual violence, she pointed out the personal benefits that arose from her involvement, particularly for her own confidence and mental well-being:

If you're a bit not sure of yourself, being involved in a group, mentally, is about the best thing you can do for yourself. I would have to say it's the best thing I ever did for me... friendships, learning how to talk to people again...learning different things, yeah it's self satisfaction, the whole thing.

Interviewer: I guess you've had a mixed experience?

Yeah, but I've dealt with that... I mean being part of a group, believe it or not, is an ego booster which everybody needs every now and then (Nadia, 47yrs, non participator, \$0 - \$299 per week, TAFE qualification, not working due to disability, divorced, lives alone, Low SES area).

Interestingly, Nadia recognised the ways in which her past involvement had benefited her mental health, despite the extreme nature of her negative experience. This illustrates that participation in community groups can both generate useful 'social capital' that can be converted in other forms of capital, such as learning new skills, and can have personal benefits, whilst simultaneously providing the context for negative social relationships. These can lead, in extreme cases, to violence which directly damages health and mental well-being.

7.4 Summary

Prosocial-oriented involvement was often motivated by the perceived value of community involvement and helping others, which was understood by some as an extension of women's 'nature' and 'maternal' characteristics. This type of participation was perceived as giving rise to positive and valuable benefits for many of the participants, including the positive sense of satisfaction and achievement through being able to make a 'contribution' and helping others, and the beneficial social interaction they gained through their participation, including useful social contacts, support and assistance. Such positive outcomes of involvement could contribute towards mental well-being.

However, this type of involvement was characterised by demanding levels of work that were time-consuming and potentially stressful for individual women, although many of the participants reported that they felt their participation was making a contribution towards valuable and worthwhile aims. In an extreme case, social dynamics within a group lead to one participant's experience of violence. The findings tentatively suggest that the participants' involvement was differentiated socioeconomically: as relatively more advantaged women undertook more formal, bureaucratic styles of involvement. Those participants who described gaining resources from weak 'bridging' ties were also relatively socioeconomically advantaged. This could possibly indicate how 'social capital' forms part of and

reinforces aspects of class difference. The following chapter considers qualitative data that relates to the participants' 'self-oriented' participation.

Chapter 8. Qualitative analysis: Self-oriented participation.

8.1 Overview

This chapter discusses the nature and characteristics of the participants' involvement in 'self-oriented' participation. The participants' involvement has been classified as 'self-oriented' when it was undertaken for personal benefit, or to fulfil personal interests and needs. This is opposed to the previous typologies, where participation was undertaken with the additional aim of helping others and contributing to the community (prosocial), or where it was undertaken because of parenting and family obligations (family). Thus, this typology includes participation in recreation, leisure and sporting clubs, hobby / interest groups, and groups which were primarily designed to facilitate social support and friendship between members.

Participation in these types of groups could involve 'prosocial' activities, such as sitting on committees, or being involved in fundraising, but ultimately, the participants' motivation to be involved was largely due to the personal benefit they could directly get from their involvement, rather than being oriented towards helping others. This typology was unlike the former two in the sense that it involved the participants prioritising their own interests, as opposed to the interests of others.

Nine participants were currently involved in these types of groups, and three of those participants had also previously been involved in self-oriented participation that they were no longer involved in. Six participants had previously been involved in this type of participation, but no longer took part in these types of groups. Details of the participants who undertook self-oriented involvement, and the types of groups they had currently and previously been involved in, are displayed in Table 8.1. There were higher numbers of participants who received household incomes of over \$300 per week who currently or previously undertook this type of participation, and there was only one participant who was currently involved in this type of participation who received a household income of less than \$300 per week. Most of the participants lived in 'family' households with their husbands and children, or with other family members. Two of the participants lived only with their husbands, two lived alone, and one lived with unrelated adults. In relation to age, a larger proportion of younger

participants were currently or previously involved in this type of participation, as four were under the age of 35.

Table 8.1 Self-oriented participation: Participants involved and types of groups.

Participant	Current involvement	Previous involvement
Henrietta (33yo, \$1000+ per week, lives with husband and children)	Sporting / activity club: involved in a swimming club	Social support group: 'new mothers' support group
Leslie (59yo, \$1000+ per week, lives with husband)	Recreation group: plays bridge with group of friends regularly	
Linda (23yo, \$300-599 per week, lives with family members)	Sporting club: plays cricket in women's cricket club	Sporting club: Netball club
Lynette (66yo, \$1000+ per week, lives with husband)	Sporting club: plays lawn bowls in local club	
Nancy (52yo, \$600-999 per week, lives with husband)	Social group: involved in informal social group of local residents	
Olivia (53yo, \$600-999 per week, lives with husband and son)	Sporting club: plays in local cricket club. Interest / recreation groups: involved in 'pop culture' fan group and in astronomical group	
Rhonda (71yo, \$0-299 per week, lives alone)	Interest group: garden club, social group: involved in social club through local church	

Table 8.1 continued.

Participant	Current involvement	Previous involvement
Vera (77yo, \$300-599 per week, lives alone)	Religious group: involved in church group	Social club
Verity (68yo, \$300-599 per week, lives with daughter)	Interest group: involved in amateur theatre society	
Rebecca (38yo, \$300-599 per week, lives with husband and children)		Sporting club: netball team
Leah (45yo, \$1000+ per week, lives with husband and children)		Recreation group: craft group in local church
Ruth (61yo, \$300-599 per week, lives alone)		Interest group: vintage car club, art group
Eve (23yo, \$0-299 per week, lives with unrelated adults)		Recreation group: singing club
Laura (19yo, \$0-299 per week, lives with family members)		Sporting group: swimming club
Rachel (42yo, \$300-599 per week, lives with husband and children)		Social support group: 'New mothers' support group

8.2 Nature of involvement

This section investigates the nature of participants' self-oriented involvement in community groups, including the diverse types of groups they were involved in, their motivations for being involved, and how they were able to manage their involvement, or not, within the context of competing responsibilities in their everyday lives. This is in order to explore the nature of the social capital 'infrastructure' that arose from this type of participation.

8.2.1 Types of participation and motivations

There were three main categories of groups that were included in this typology. Firstly, some participants reported participating in sporting groups, and this was mainly undertaken for personal health and fitness. Secondly, interest and hobby groups were pursued for personal recreation. Finally, social support groups provided a way of maintaining friendships and social interaction with others. In addition, one of the participants was involved in a religious group which provided a sense of personal meaning and fulfilment for her individually, in addition to a source of social support and friendship.

Some of those participants who were currently involved in this participation described their motivations in terms of the direct health benefits they got from their involvement. This was particularly the case for those women involved regularly in sporting clubs. Linda, a younger participant, described her motivation to be regularly involved in her cricket club in terms of her lifetime habit of being involved in sport. Her account reveals the 'taken for granted' nature of her involvement, which includes her enjoyment of cricket, that playing some kind of sport has always been part of her life and her family, and she also highlights her motivation to be physically active:

I've always played sport ...so, just being active and all that sort of stuff. ...I guess it's a lot of the team game, yes, I don't know, because I've got two brothers, and dad ...we played since I was a kid in the back garden so I've kind of grown up with it, and then just the team aspect, like we've got a really good team in terms of just a really good, friendly, get along atmosphere

(Linda, 21yrs, frequent participator, \$300 - \$599 per week, secondary qualification, full-time university student, works part-time, partnered, lives with mother and brother, High SES area).

Thus, Linda's comments illustrate how she perceived being involved in her cricket team was a 'normal' part of her life. Her description of her cricket club also illustrated some of the ways in which women's participation in sporting clubs can occur within a wider context of gender inequality. She spoke of how her team, as the only women's team in the Adelaide competition that was not attached to a men's club, was disadvantaged in comparison to some of the other women's teams:

A lot of people, like ... if you say "Oh I play cricket", they're like "who's that for?" and I'm like "Well, a women's team" and they're like "Oh really?" ... they're surprised that there's a women's competition, which sort of seems a bit strange ... I mean it's definitely a male dominated game and some of the other clubs have a slight advantage in that they're associated with a male team...

Interviewer: your team not being well known, how does it impact on fund-raising?

I think it can impact quite a bit, like I guess the other teams might be able to get some fund-raising through the actual Club itself ... The major Club itself would have their own fund-raising as it is and then, you know, a portion of that would go to the women's cricket teams... but we would have to go out and do all that fund-raising ourselves and sort of getting our name out there it's probably a bit more difficult because we're not a men's team (Linda, 21yrs, frequent participator, \$300 - \$599 per week, secondary qualification, full-time university student, works part-time, partnered, lives with mother and brother, High SES area)

Linda's account of the relative disadvantage her team faces is significant because it illustrates that community groups operate and function within a wider context of inequality, which privilege the activities of some over others. In this case, Linda is describing how she perceives that gender inequality in this sport impacts upon the

ability of her club to fundraise and gain access to resources. Thus, she describes her perception that her club is disadvantaged in its' ability to fundraise because it does not have access to the resources of a men's team, as some of the other women's team in the competition do. In addition, Linda spoke of the surprised and 'strange' reaction of other people to the idea that she plays cricket in a women's competition. In this sense, gender, including the male-dominated organisation of this particular team sport, influences the way in which her group involvement is perceived by others.

Other participants were involved in self-oriented participation for their own personal interest. Verity, an older participant from the high SES area, was involved in two amateur theatre groups, and was responsible particularly for co-ordinating costumes for plays. She describes her motivation in the context of a long-standing family interest in theatre:

Both of them are theatre based because that's our primary interest in the family, or what's left of it... I am involved with the [organisation] Dramatic Society ...also the [organisation] in the city, and I look after their costumes ... my husband used to direct for them... I'm interested in costuming, and I like things to be right (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area).

Another example of this type of recreation-based involvement for personal interest was undertaken by Leslie. She described her regular involvement in an informal bridge group, which consisted of a group of her friends who regularly met to play bridge. She spoke of her motivation for being involved in terms of a kind of 'insurance' for her as she was getting older and approaching retirement, as it was underpinned by a recognition that maintaining social interaction with others is important, even if the effort required to maintain such involvement was not always appealing:

I am not all that keen sometimes on going to the bridge group. There are things I would prefer to be doing but I just think it's good to keep up that social contact and because of my age I think about retirement, and I think you know, I'll really need things like that when I retire so and once I get there it's

great fun, it's just I've got interests that I would much prefer to be getting along with (Leslie, 59yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband, High SES area).

The other type of self-oriented participation that some of the women had been involved in were groups that were organised specifically to provide social support to members. These were often driven by a particular need for social contact in certain situations, rather than interests and hobbies. For example, both Henrietta and Rachel had previously been involved in support groups for new mothers when they first had their children. Both of these participants described their reasons for being involved in such groups as arising from their own need for social interaction with other adults at that particular time in their life. Rachel, who was not regularly involved in a community group, described how her past participation in a group which was initially started by a state government health agency, Child, Adolescent and Family Health services (CAFHS):

We did a, six or eight week CAFHS thing, like with the CAFHS nurse...we'd say things that we wanted to know about ...She would get a guest speaker, you know, like a doctor came one day to talk about, I can't remember now, but whatever ...after that was over, we just kept on, just the mothers ourselves, kept on meeting at the CAFHS building once a week, for the kids to get together, for us to get together. It was really a social activity for the mothers more than anything, but as the kids got older, it was like fun for the kids to have someone to play with, because I think we met until they were about... well, until they started going to kindy; so until they were four. We kept it going for quite a long time (Rachel, 42yrs, non participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area).

Whereas this informal social group that arose from the initial meetings had elements of 'family-oriented' motivations, in that the women's children could also play with each other, this type of participation can be viewed as 'self-oriented' as it was mainly about the maintenance of social interaction and support among a group of women who were in a similar situation. Interestingly, in one sense Rachel's involvement in this group can be seen as 'bonding' social capital, as it involved support and

friendship among a group of women who were all mothers of babies and young children. However, on the other hand, Rachel described the diverse nature of this group of women:

We were all very different, you know, quite different people, that I often think to myself “I wonder if we met each other in some other way, would we have connected?” I sort of think, some of them, we’d just have sort of looked at and gone “yeah, right” and turned the other way (Rachel, 42yrs, non participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area).

This illustrates the problem with making a sharp distinction between ‘bonding’ and ‘bridging’ social connections, as groups can ‘bond’ on one dimension but be ‘bridged’ on others. Rachel’s comments are also interesting in that they illustrate how, in normal everyday situations, social interaction is governed by unacknowledged rules which shape who we choose to interact and connect with. These rules can divide people according to social and cultural differences. Rachel highlights that this knowledge of how we inadvertently ‘choose’ not to connect with certain people, only became visible to her when she was in a particular situation where a group of otherwise diverse women came together. This is consistent with Bourdieu’s (1980/1990) observations of the ‘unintentional’ and ‘taken for granted’ nature of everyday practice. Rachel’s comments illustrate her ‘feel for the game’ (Bourdieu, 1990, p. 61) of social interaction within particular fields, and how social divisions between groups of people become viewed as ‘natural’ (See also Williams, 1995, p. 582). Her description also illustrates the gendered organisation of some aspects of women’s social experiences, particularly in relation to the specific experience of becoming a mother. The process of having children, and the specific life changes associated with being a mother, can be an experience which brings women together socially, to provide mutual support, and this can ‘transcend’ other social and cultural differences between women.

The type of self-oriented participation described by Rachel, which was oriented towards social support between group members, was different to involvement in sporting, recreation and interest groups, in that it was mainly driven by a perceived need for social interaction. Another example of this type of self-oriented

participation (for social support and interaction) was described by Nancy. She and her husband had lived overseas for a number of years, and had only returned to Australia within the last five years. They were regularly involved in church groups, and an informal group of people in their street who regularly met up to socialise and talk about neighbourhood issues. Their time overseas had meant they had lost their social connections in Adelaide, and their efforts to become involved in these groups were driven by the need to make social connections:

The time we were away in Taiwan we really lost our circle of friends ...I'm originally from Sydney, and I'd been travelling before that in China and Taiwan for more, for 20 years and so apart from the friends that I stay in touch out over the phone, or see occasionally, we sort of lost that circle of friends, so we found our neighbours in our direct street were very good, they welcomed us ...that sort of interaction was, because we'd lost, we'd really lost that circle of friends (Nancy, 52yrs, frequent participator, \$600 - \$999 per week, university qualification, works full-time, married, lives with husband, High SES area).

This type of motivation to be involved, which was primarily for friendship and social interaction, was also described by Rhonda, an older participant who was widowed. She undertook involvement that can be considered both self-oriented and prosocial-oriented. She was a member of an international non-governmental organisation, and regularly attended branch meetings. Whilst part of her involvement meant that she occasionally undertook fundraising activities, she explained the importance of being involved as mainly to maintain social connections with her friends. She explained why she attended her particular branch, which was not the closest to her geographically:

I've always gone to [suburb], so I still go back to [suburb] because my mates are down there...

Interviewer: So it's just easier to go there?

Yes because me mates are there... You know, you sort of feel secure in your own little group (Rhonda, 71yrs, frequent participator, \$0-\$299 per week, secondary qualification, widowed, lives alone, Low SES area).

Finally, in addition to sporting, recreation and social support groups, one participant also reported her group involvement as being driven by a personal religious commitment. Vera explained her involvement in her church group as one purely for her own spiritual well-being, rather than because of any social contact, and her participation was not characterised by prosocial activities. Thus, it was 'self-oriented' in the sense that it was about maintaining her own spiritual values:

I'm involved with my church... it means going to church 3 times on Sunday... I'm in church nearly all day on Sunday, bible studies, prayer meetings, fellowship groups, daily devotions, my whole life is, I'm a Christian, and my whole life is centred mainly around that... the church is good yes, but even more important than the church is what the church stands for. The head of the church is Christ. (Vera, 77yrs, frequent participator, \$300 – 599 per week, university qualification, widowed, retired, lives alone, Low SES area)

Thus, while some other types of religious involvement reported by other participants (such as Samantha) were 'prosocial' in nature, Vera's religious involvement was mainly motivated by her own need for spiritual fulfilment. The section below considers issues which enabled or prevented the women from being involved in these types of groups.

8.2.2 Factors that prevented or constrained self-oriented involvement

Barriers to self-oriented participation commonly identified included the pressure of managing competing demands, including parenting and family responsibilities, paid work, and study, in addition to community group involvement. Henrietta, a mother of two children, who was involved regularly in a swimming group to maintain her own health and fitness, described how she would like to be able to swim more often, and be actively involved in a water polo team. However, her desire to be a good mother, coupled with the demands of combining part-time work and study, meant that she

had conflicting demands on her time and ultimately, chose to spend her time with her young son:

If water polo training was at, you know, 10 on a Friday morning, and there was a crèche, I'd be there...But at the same time, I feel like...cos I'm working and studying, I feel like I should probably spend the time with him instead of, you know, racing off to do more swimming. I could swim Tuesday mornings as well as Thursday mornings. The crèche is there. But he doesn't need me in the pool. He needs me playing with him. (Henrietta, 33yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area).

There is an implied sense of guilt in Henrietta's account: that it would be wrong for her to spend more time engaging in an activity for her own benefit, when she could be spending this precious time with her son. Henrietta's comments also illustrate how, for women, being regularly involved in social and community activities can require a substantial amount of 'juggling' of other responsibilities, such as work, study and childcare. This is also clear in her comments, highlighted in chapter 5 (page 143), regarding how a lack of support from her husband and mother with childcare makes it difficult for her to cope with managing her everyday activities. However, Henrietta was able to maintain her involvement in her swimming group, despite the competing pressures in her life, and she discussed her strategies for managing participation:

My husband changed things so that, I was going Wednesday ...he started playing tennis on a Wednesday night so I got bumped, and so now if anyone tries to bump me out of Monday night, I just kick and scream a bit ...I have a seminar at Uni from 4 until 6 and then we go after the seminar, go off and have a drink or something and then I go straight to swimming from 8 til 9 so I just don't come home, and if I don't come home they can't make me stay here with the kids (Henrietta, 33yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area).

Henrietta's account alludes to pressures which come from her husband and family to spend time looking after her children, especially in her comment: 'they can't make me stay here with the kids'. Thus, she is able to find strategies to continue her swimming and resist competing demands. She also described how she is in a position to turn down paid work if it clashes with her swimming group:

I'll be negotiating with Uni to teach in January next year and I'll be saying well I'm available Monday, Tuesday, Wednesday or Friday. I'm just not available on Thursday... I'm very lucky. Privileged I guess. Really privileged that I can do that. But I'm in a position where my skills are in demand and I can negotiate. And also because I don't have the pressure on me to work I don't have to say yes to everything. And I turn down a lot more work than I accept (Henrietta, 33yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area)

These comments indicated that Henrietta does not have financial demands on her to have to accept all paid work that she is offered, therefore, she can turn down work in order to go to her swimming group. This suggests that, despite the pressures in her life that result from a combination of parenting, work and study responsibilities, her financial security and relative privilege enabled her to continue her community group involvement. This was something that other participants were not able to do. For example, Eve, who was not currently involved in any community groups, was a younger participant without children, so in one sense, she was 'free' from parenting responsibilities. However, she spoke of how her need to have an income, and the insecure nature of her part-time casual work, meant that she was unable to become involved in a community group for her own leisure or recreation:

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, 23yrs, non participator, \$0-\$299 per

week, university qualification, works part-time, single, lives with unrelated adults, Low SES area).

Eve's comments illustrate how she would be interested in becoming involved in a group for her own interest, but the insecure nature of casual work, and the financial necessity to undertake it, can prevent becoming involved in community groups. This was also echoed by Laura, who was not currently involved in a group, but had previously been involved in sporting clubs when she was at high school. When asked about disadvantages to being involved in a group, she also described how the nature of her casual work prevented her from becoming involved:

Disadvantages? ...Having to be committed to something ...I was trying to find out about netball once, cos I was interested in joining, but, having to be, certain times to be able to go train ...there are times when I work, so it's a bit hard (Laura, 19yrs, non participator, \$0-\$299 per week, secondary qualification, works full-time, single, lives with mother and brother, Low SES area).

Thus, the comments of these younger participants illustrated their perception that being involved in self-oriented participation for their own recreation could be positive. However, the insecure and changeable nature of their casual work meant that they were not able to be involved in community groups.

In relation to other factors which prevented some participants from being involved in any type of community group, some of the participants' descriptions illustrated how other aspects of their lives, such as their education, took priority, and that being involved in community groups was not something that they were able to do. For example, this was the case with Cathy, previously discussed in chapter 7 (page 195). In relation to self-oriented participation, Eve also described how she stopped being involved in community groups for her own interest and recreation when she started studying at university:

I didn't join anything at University ...when I started studies I thought, you know, I have to really buckle down and take this seriously...I didn't get involved with social groups because I didn't think that they gave me as much

benefit as, you know, the disadvantage of them taking up my time. ... I think it was also just, when it came down to it, I had enough time to do my assignments, enough time to work ...the little time I had left over I wanted for myself and my friends. I didn't want to be participating in anything. I did think about joining the University choir but they were very hard-core, like if you miss three rehearsals you get kicked out and singing for me is for fun and I didn't want to have somebody ruin that for me (Eve, 23yrs, non participator, \$0-\$299 per week, university qualification, works part-time, single, lives with unrelated adults, Low SES area).

Thus, Eve described how, when she started attending university, she chose to devote much of her time to her studies and not be 'distracted' by being involved in community groups, which she perceived would take up too much of her time. She also spoke of how the perceived pressure of being involved in the university choir would mean that the experience was not enjoyable. Thus, she prioritised her time to 'invest' in acquiring 'cultural capital'. She also spoke of how this was viewed as an important priority within her family, as gaining a university qualification was viewed as a significant achievement within a family that had not had a history of completing this level of education. This family pressure meant that completing university was an important priority for her:

I'm the first grandchild out of the lot of them that did University ...my mother was very hard core when it comes to education and there was no question that we would all do University, and my brother did it and flunked out ...I had to do it well otherwise my mother would have failed twice. (Eve, 23yrs, non participator, \$0-\$299 per week, university qualification, works part-time, single, lives with unrelated adults, Low SES area)

The pressures upon her to do well at university and gain this valuable 'cultural capital' related to aspects of class and social status, as it is likely that her family, and particularly her mother, viewed this as an important pathway to social and professional advancement. Thus, the importance of her university education meant that involvement in community groups at that time in her life was not a priority.

In relation to other barriers which prevented participants from being involved in self-oriented participation, for some who were relatively financially secure, the demands of family responsibilities and full-time work precluded involvement. This was highlighted by Leah, a mother of two teenage children who worked full-time, and was not currently involved in a community group. Leah had previously been involved in a craft group when she worked part-time, however this stopped when she began working full-time. Her husband was often away from home working during the week, and she described how she prioritised the needs of her children and chosen not to be involved in playing netball:

When I was working part-time ...I joined the Church that my friend is in and we'd do craft on a Tuesday morning... 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 ...

I'd like to do netball...just for fun, but I do feel ...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 ...and with [Daughter] as well when she was at school last year in Year 12, she needed a lot of help....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 (Leah, 45yrs, non participator, \$1000+ per week, TAFE qualification, works full-time, married, lives with husband and children, Low SES area).

Leah's comments illustrate a sense of guilt at the idea of not spending time helping her children, which was also alluded to in Henrietta's account, highlighted previously in this section. Thus, Leah's explanation indicates the pressures upon her, as a mother, in addition to her full-time work, which prevented her from being involved in a community group. The previous chapters discussed the negative and stressful pressures that the participants faced from managing multiple responsibilities. Leah's description of her reasons for not undertaking self-oriented community group involvement illustrate how, when faced with other competing pressures in every day life, she felt that the 'extra' commitment of undertaking self-oriented community group involvement was not realistic.

However, not all participants who had young children reported that they would feel guilt if they became involved in self-oriented participation. As described in chapter 5 (page 144), in relation to mental health, Rachel discussed how she resented the pressures placed upon her by her husband and children, and how these demands were stressful. She was not able to be regularly involved in self-oriented participation, but it was not a sense of guilt that prevented her from being involved. Rather, it was simply that she did not feel she had the time to commit to such activities in addition to her other responsibilities, as she worked part-time, had two children at school, and undertook most of the household and domestic tasks, as her husband worked full-time. Thus, she anticipated that, if she were to commit to self-oriented participation, it would be an extra burden for her to manage:

I don't have time for anything...Sometimes I think I'd like to do something, just for me, but I don't really know what's there, I don't really know what I want to do, so that doesn't help... Occasionally there are things advertised in the paper or whatever, but, and sometimes I feel like, if I do go and do it, then I've committed myself, and it's like "Oh, do I really want to? In two months time, will I still want to be?".. like some weeks, I feel like I've got heaps of time, and see, whereas this week, already we're up to Tuesday, and really, I've accomplished nothing... like some weeks, I just don't feel like there's enough hours in the week to get done what I have to do, without anything extra (Rachel, 42yrs, infrequent participator, \$300 – 599 per week, secondary qualification, works part-time, married, lives with husband and children, Low SES area).

Thus, Rachel describes how, in one sense, she would like to become involved in some kind of 'self-oriented' activity which would be 'just for her', however, she did not know what she would like to do, and did not feel able to make a commitment to such involvement. Similar reasons for not being involved were echoed by other participants who did not have parenting responsibilities for their own children. Wendy was not currently involved in a community group, and she worked full-time, was married and had adult children who did not live with her, and a grandchild that had been born around the time of the interview. She had been involved in a variety of

group activities in the past, including a public speaking group, and described the reasons why she had not been able to be involved more recently:

Interviewer: What would you say has been the main barriers to being involved, or keeping involved in things?

I think because ... we had a death in the family, my mother died and we were trying to get all that estate sorted out, we had a wedding also, and then of course this overseas trip ... then coming back and being, going back to work and then my husband getting sick and then getting him convalesced ... then of course, now with this new baby ... when I came back from overseas, it was our busiest time of the year at work ... so they asked me to stay on full-time... I'm finding I don't cope as much as what I used to be able to, with doing the garden, and ... this house is a big house now (Wendy, 61 yrs, non participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband, High SES area).

Wendy's account of why she was no longer involved is interesting because it highlights a variety of pressures that can affect older women: the combination of her full-time work, her caring responsibilities for her husband, providing support to her family with the arrival of a new grandchild, the tasks that needed doing after her mother's death, in addition to managing household responsibilities. Thus, her family responsibilities are central in her life, and coupled with her paid work, this prevents any option of being involved in any sort of community group activity. Her comments can be understood within a wider societal context in which women predominantly have responsibility for caring for family members and children, including grandchildren, in addition to household responsibilities.

In terms of other barriers which prevented self-oriented involvement, Alice explained how she would like to be involved in a recreation group with her husband, so that they undertake social activities together. This is in contrast to her remarks about participation oriented towards 'prosocial' aims, as discussed in chapter 7 (page 197). Whereas Alice did not see prosocial-oriented participation as appealing, she spoke of how she thought it could be positive to become involved in self-oriented recreation

activities. However, she had a vision impairment, and this disability limited her ability to be involved in any kind of recreation activity with her husband:

If it was just social, if I could make a few friends, and do something together... but there's nothing like that, we've had a look at all the things they offer down at [suburb]... if I wasn't blind, we would probably go to the film things at the library, and we would probably go to card nights, and possibly dancing, that's the three things that we would enjoy (Alice, 63yrs, non-participator, \$300-599 per week, university qualification, retired, married, lives with husband, High SES area).

Thus, Alice's disability limited both her, and her husband's, ability to be involved in a self-oriented community group. It is also worth noting that, along with her disability, Alice and her husband had fairly extensive responsibilities relating to caring for her grandchildren, as described in chapter 5 (pages 144-145). These childcare responsibilities had a demanding impact on her own life, which also meant that she had less time and effort available to consider becoming involved in recreation activities.

In summary, the above accounts illustrate that self-oriented involvement, which sometimes requires that women prioritise their personal interests over those of their family and paid employment, can be quite difficult and demanding to undertake. For some participants, this type of involvement was too difficult to manage, due to the demands and necessity of paid work, university study, and managing family, parenting, caring and household responsibilities, in addition to the limitations imposed by disability. Henrietta's comments in particular illustrated the importance of relative financial security in being able to prioritise her involvement in a sporting group. The following section considers the personal outcomes and consequences that participants reported arose from their self-oriented participation.

8.3 Outcomes of involvement

This section presents findings that relate to the consequences that participants perceived arose from their self-oriented involvement. This was in order to explore the types of potentially beneficial 'social capital resources' that participants could

access as a result of their involvement, in addition to any negative personal outcomes which they felt stemmed from their involvement, and how the outcomes of their involvement were perceived to be linked with their mental health and well-being.

8.3.1 Positive outcomes

Most of the participants reported positive outcomes of self-oriented community group participation. This most commonly related to the perceived benefits of social interaction and friendships that stemmed from regular involvement. In particular, many of the participants' comments highlighted the benefits of feeling included within a positive community of people, and this was perceived to be personally satisfying and fulfilling for them. The participants' accounts frequently reflected the assumption that being able to pursue activities for the sole purpose of leisure and recreation, and being able to share these experiences with others, was valuable for health and well-being.

Participants who were involved in sporting or physical activity groups, or had previously been involved, also reported the benefits of physical activity for their own overall health, including their mental health. Linda discussed how her involvement in her cricket club was positive for her mental well-being, in terms of her physical health and body image, social interaction with others, and in that it provided an 'escape' from other stressful influences in her life, including study:

Interviewer: How would you say your involvement in cricket, like doing cricket, impacts upon your health ... and your mental health?

I guess, apart from keeping fit and being able to be happy with that kind of, I guess body image and happy with who I am kind of thing, it kind of it provides a motivator and something to look forward to so if it's you know, if I'm getting stressed out or down, it's like an escape so I don't have to think about study in that time or I don't have to think about whatever it is that might be stressful... it's quite a casual like joking atmosphere, so there's always, you know, in our team you're bound to get a laugh so that's always kind of helpful, so even if like cricket is a stress, you know you've had a bad innings or bad bowling or something, there's always, I guess the social aspect

will pick you up (Linda, 21 yrs, frequent participator, \$300 - \$599 per week, secondary qualification, full-time university student, works part-time, partnered, lives with mother and brother, High SES area)

Thus, Linda's comments illustrate the ways in which her involvement enhanced her mental well-being, by providing a way to be physically active and maintain a positive body image, in addition to being helpful in enabling her to cope with other stresses in her life, such as her studies. Such issues were identified by many of the participants, as discussed in chapter 5 (page 141) as significant for the maintenance of positive mental well-being.

In relation to involvement in sporting and physical activity groups, Henrietta also spoke of the benefits of being involved in her swimming club for her own health and fitness. In addition, she discussed the relationships she had established with other women in the group. This was important to her because it provided a way of being in contact with successful, professional independent women, who were a contrast to other women within the local area, and also to the women she met through her husband's friends:

The women that I swim with you know, are really intelligent successful women and ... they're great ... I'm part of a group with them sort of helps me feel really good about me ... I know that I'm studying hard, and I know that I'm working hard and I'm doing really well... I think, I think part of that is that ... some of the women around here that you come into contact with are not the most interesting of women and have ... nothing better to do than out-dress each other. ... I'm not saying that these women don't dress well. I'm just saying that they have other things that are important to them and that's really good for me ... our social group with my husbands friends, a lot of the wives are wives, and they're not really independent (Henrietta, 33 yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband and children, High SES area).

Henrietta's comments illustrate how her participation in her swimming club allowed her to feel part of a small community of women, in which her identity was not solely about being a wife and a mother, but in which she felt valued in terms of her

professional and educational achievements. This is in contrast to her perceptions of other women in the local area, which was the high SES location, whose interests are simply to 'outdress' each other, and those women she knew whose only apparent identity was to be 'wives' to their husbands. Thus, the social contacts that she gained through her involvement allowed her to resist traditional gendered demands to be seen merely as a wife, and instead to create an alternative gender identity as a successful professional woman, which was positive for her own sense of well-being.

Other participants described the value of social interaction with 'like-minded' people. Olivia described her involvement in a 'pop culture' TV fan club, as having intrinsic value of meeting and talking to people with the same interests. She explained the value of being able to connect with similar people, and thus, being included within a social group, as opposed to feeling different and 'deviant'. Her comments illustrate the assumption that feeling a sense of inclusion within a group of people who have shared interests was valuable, and being able to 'have fun' and 'not take yourself too seriously' was positive for overall well-being:

I'm also a member of the [club name] which is the Star Trek Fan Club...I just would like to sometimes mix with people who think the same as me, that we can talk about things... when you sort of sit and talk about Klingons... people look at you like you're a strange woman, 'have you taken your medication?' So you can talk to other people who know all about that... Yes and I mean really you can't take yourself too seriously. It's just good fun. (Olivia, 53yrs, frequent participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband and adult son, High SES area)

Thus, Olivia's comments highlight the importance of having social contact with people who shared the same interests, particularly when those interests might have been viewed as 'strange' by people in general. Rhonda also described the social benefits in terms of being able to have regular contact with others, which she perceived as protecting against social isolation:

Interviewer: What are the benefits you get from it?

Meeting other people and seeing other people. When you live on your own you tend to talk too much. I think it's because you don't see anybody to talk to, you're so pleased to see somebody and have a conversation and it's really nice to go out and see somebody else ...it's the company that I like (Rhonda, 71yrs, frequent participator, \$0-\$299 per week, secondary qualification, widowed, lives alone, Low SES area).

In this sense, participating in a community group was seen as an important maintaining mental health and well-being, as it provided a source of positive interaction and contact with others. Support and assistance from others was also described by Vera. Although she described the main motivation for her involvement as spiritual, she also described the value of the social contact and support she received from other church members, as an additional positive aspect of her involvement:

Interviewer: Can you describe the benefits?

Yes, a closer walk with God. It's great to have people that you can share with, the good things and the bad things. There's always somebody around when you need support, and they are very, very supportive. When my husband was sick, he had cancer, and he was sick for a long time, they were so supportive, and I had so much love and care from them, and when he died, and since....I know that, if I felt down now, I could pick up the phone and there's always somebody I can ring and talk to (Vera, 77yrs, frequent participator, \$300 – 599 per week, university qualification, widowed, retired, lives alone, Low SES area)

Vera's comments highlight the importance of being able to feel part of a group of people with which you can rely upon for support, and be able to share your own experiences with, particularly if this group of people share the same values. Her accounts suggests the importance of 'bonding' social ties and contact with like-minded people, particularly for maintaining positive mental well-being.

In relation to the perceived benefits for mental health, some participants who were involved in self-oriented participation also reported the advantages of being involved in a group when they were experiencing a mental illness. Leslie described how attending her bridge group at a particular time when she suffered depression had provided a useful 'distraction'. She described how she felt being involved in her bridge group was positive:

When I didn't feel well several years ago, going out to bridge was quite a good distracting experience, so it was just the distraction from thinking about myself. It was really good... I suppose if I didn't have things like that I might feel unfulfilled, I might feel bored (Leslie, 59yrs, frequent participator, \$1000+ per week, university qualification, works part-time, married, lives with husband, High SES area).

Leslie's comments are similar to those of Camilla (chapter 6, pages 168-169), who also described how being involved in her family-oriented group could provide a positive 'distraction' at times in the past when she had felt depressed. As highlighted previously, Linda's comments also describe how being involved in her cricket club provides an 'escape' from other stress in her everyday life. Thus, community group participation was viewed as positive for mental health when being involved could provide a distraction from other problems being experienced in everyday life.

However, in some cases, participants who were not involved in self-oriented participation identified how they were able to gain similar benefits from other activities, rather than being involved in community groups. Nadia had stopped being involved in community groups due to her previous experience of violence, and described that she was not able to become involved in anything new, due to financial limitations. She was studying at a local college for adult education that she described as 'school'. She described how she felt this resulted in benefits for her which were similar to the positive aspects of being involved in a self-oriented community group, such as providing social interaction, increasing her confidence and providing interesting and stimulating activities:

I do that mainly because ... I have mental and physical disabilities and to go to school keeps my mind working, it keeps me sociable. Otherwise if I didn't go out and do something I would just sit at home and that would be it and I don't want to do that, I love to go out and do things and learn stuff...School is the one thing in my life I don't think I could do without. Because it keeps my confidence, it keeps me out of not being stuck in the house, it keeps me seeing all different people (Nadia, 47yrs, non participator, \$0 - \$299 per week, TAFE qualification, not working due to disability, divorced, lives alone)

Thus, for Nadia, her attendance at an educational institution provided an important way for her to maintain her mental well-being, through being sociable, mentally active, protecting against isolation and enhancing her feelings of confidence. These sorts of benefits were identified by participants to being involved in self-oriented community groups, and Nadia's comments illustrate that there are alternative pathways to experiencing such positive consequences, particularly through education and attending educational institutions. Thus, the process of working towards obtaining 'institutionalised cultural capital' can potentially provide positive benefits and resources similar to that gained from involvement in community groups.

Overall, the data suggests a number of positive social capital 'resources' that can be gained from self-oriented community group involvement, including physical and mental health benefits, and positive social interaction and social support and assistance from others. Participation for leisure and recreation was often viewed as intrinsically valuable, for its own sake, in that being able to be involved in such activities contributed to the participants' well-being. The following section considers the negative outcomes that participants reported arose from their self-oriented involvement.

8.3.2 Negative outcomes

In relation to negative outcomes, self-oriented involvement was the least demanding for participants, in terms of the effort and work that was required from them by their groups. This was in contrast to the effort which was required to negotiate other responsibilities in everyday life, and prioritise time to be involved. Many of the

participants did not perceive many disadvantages in terms of the effort that was required of them to undertake tasks within their groups. However, Verity was an exception to this, as her involvement within an amateur theatre group was fairly demanding in terms of the work, time and effort it involved. She was responsible for co-ordinating costumes for plays, and when a production of a play was being put on, she described that she could be involved in work that was related to the play for six days of the week. She described the disadvantages to being involved:

I try not to let it get me to the stage where, I call it: 'stop the world I want to get off!'... when you're starting to get a little angst ridden then, you've just got to say no more, pack it up and sit down...

I think you can be out of pocket, although the group always says: 'keep the docket and we pay them', but you can be a bit of pocket. You can have to cope with frustration and anger. Overall it's usually a satisfactory, there's not a lot of disadvantages. You can get very, very tired, tired... It can be very stressful but you try and make it that's it not... The advantages outweigh all the way along (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area).

Verity's description of her experiences indicates the ways in which group involvement can put pressure on mental health, in a similar way to the demands experienced by some participants who undertook prosocial and family-oriented activities. She described her feelings of frustration, tiredness, and generally high stress levels, all of which had the potential to negatively impact upon her mental health. Although Verity described how she felt that the advantages, in terms of a sense of achievement, and the friendships she had within the group, outweighed the negatives. Nevertheless, she also described the negative consequences of social interaction during the group, particularly during the busy times related to the production of a show:

I'm not very good at confrontation... I can be very snappy... There were these two women in 'A Little Night Music' ... I always start off by saying I'm not a dressmaker. ... I just wasn't good enough to give them what they wanted,

and the good dressmaker was too busy. At one of the last group things that we had in the rehearsal, they said has anybody got anything to say, and these two, each in their own way said: 'I'm not happy with my costume, my mother could have made it', and I said 'well why didn't she?' And then I'd probably go out and slam the door. You can have some very nasty conflicts...I suppose it's a lack of respect that I find annoying (Verity, 68yrs, frequent participator, \$300 – 599 per week, secondary qualification, retired, widowed, lives with adult daughter, High SES area)

Verity's account of this incident illustrates the stressful impact that conflict and tensions within community groups can have. Her comments indicate the ways in which interaction with others within a group could have a detrimental impact upon mental well-being. Although many participants reported that social interaction within their groups was positive, these experiences of negative social interaction, and difficult aspects of social dynamics within groups, were also reported by other participants. Eve had previously been involved in a singing group when she was in high school. She grew up in a rural country region of South Australia, north of Adelaide, and she described how she perceived this area to be very strongly religious, whereas she did not hold any particular religious beliefs. She described how this difference, on the basis of religion, meant that she chose not to associate socially with the other young people that were involved in her singing group:

I did the singing group ...I was really heavily involved in that, but the girls I sang with, I despised most of them ...the [country region] is a very religious area and they all wore the "What would Jesus do?" bracelets... I thought they were completely weird but I sang with them and I did, you know, my best with it, but I didn't associate with them outside the singing group ... Relationships in the [country region] can be a little bit strained, because I'm not religious... it's such a closed community (Eve, 23yrs, non participator, \$0-\$299 per week, university qualification, works part-time, single, lives with unrelated adults, Low SES area).

Thus, Eve's comments highlighted how, despite her involvement within a community group, she did not build useful or beneficial social relationships through her participation, because of the way in which religious beliefs organised the social

experiences of life within that particular community. She perceived that religious beliefs and values represented a significant way of ‘dividing’ people in this area, and as a result, she did not feel that it was worthwhile to socially engage with the other members of her group.

Difficult and challenging social dynamics within groups could be underpinned by a gender dynamic. Wendy described her previous experience of involvement in a netball club, and the conflicting approaches of the male coach and the female players. Her description suggests a contrast between values that are commonly perceived as ‘masculine’: competition, being tough and winning at all costs, against traditionally ‘feminine’ concerns of care for others rather than competition:

That was one of the reasons I stopped playing netball quite a few years ago now. I had young children and I was playing in a team and there was young girls we were playing half our age, and they had a male coach and he was trying to teach them how to play dirty tricks ...we had one girl that got crashed into a goal post and broke her pelvis...and we were mostly all mums at that particular stage and we thought “Well, we’re not playing for sheep stations!”⁶ we were playing because we enjoyed the game ... most of us, sort of, that following year ...didn’t go back (Wendy, 61yrs, non participator, \$600 - \$999 per week, secondary qualification, works full-time, married, lives with husband, High SES area)

Wendy’s description of why she stopped being involved in a sporting group indicated her negative experience of being involved in a sporting club, where competition was prioritised above recreation and enjoyment. Her perception that such an approach could lead to harmful consequences for players meant that she chose not to continue to be involved.

⁶ Colloquial Australian saying: the phrase ‘not playing for sheep stations’ is used to encourage people to play a sport or game in a friendly manner, and not be overly competitive, see Wikipedia: http://en.wikipedia.org/wiki/Playing_for_sheep_stations.

Another participant described her perception that negative social dynamics was an inevitable consequence of being involved in community groups. Ruth had previously had an extremely negative experience of social contact with a man who was involved in the same family-oriented group as her, as discussed in chapter 6 (pages 173-174). She was not currently involved in any type of group, had been involved in self-oriented groups in the past, including an art group and vintage car clubs. She described her overall perceptions of the kinds of the negative aspects of social dynamics within groups:

You probably have groups that mostly are fine, but there always seems to be somebody, there's a personality clash with somebody somewhere along the line....Anywhere where there's competition. So they have little cliques here and little cliques there ...when I was married, involved with car clubs, vintage car clubs, and new people apparently would come in and say oh it's cliquy, but it's only cliquy because the same people do the same things on a regular basis together. It's not that we want to exclude people, but you're so familiar with your own little group that you've formed (Ruth, 61yrs, non participator, \$300 - \$599 per week, secondary qualification, works part-time, divorced, lives alone, High SES area).

Ruth's comments illustrate her perception that negative social dynamics and patterns of exclusion naturally occur within community groups, and overall, many the participants' accounts suggest that negative social interaction was a common disadvantage of being involved in a group.

Thus, participants reported some negative experiences of being involved in self-oriented participation. In relation to this typology, participants did not speak as much of the negative impact of the amount of work and effort that was required from them as they did for the previous two typologies, although Verity's experiences were an exception. However, these women spoke of the difficulties in managing tension, conflict and negative social interaction within groups, and a lack of willingness to engage with other group members. Such experiences meant that some participants discontinued their involvement, and in some cases, the nature of such social interaction could potentially be negative for their mental well-being. The section below provides a summary of this analysis of participants' self-oriented involvement.

8.4 Summary

Self-oriented participation consisted of involvement in a diverse range of groups and activities, which were broadly motivated in order to fulfil personal interests or particular ‘needs’, such as for social support. Those participants who were currently involved often perceived that their participation gave rise to benefits which were beneficial for both their physical health and mental well-being, such as being able to have ‘fun’, enabling them to maintain their fitness, and providing valuable social contact with like-minded others. Similarly, some participants who were not currently involved in this type of participation also reported their perceptions that being able to be involved in a group for personal recreation would be pleasant and enjoyable.

On the one hand, social relationships within groups were viewed as positive and personally beneficial, but on the other, relationships within some self-oriented groups could be difficult to manage, and give rise to stressful conflict and negative social interaction. In relation to the positive benefits from involvement, the findings illustrated how it was possible to get similar benefits from other activities, such as attending educational institutions.

Furthermore, in relation to issues which acted as barriers to participation, self-oriented involvement was particularly difficult for some women to undertake, due to the demanding nature of pressures that resulted from their everyday lives; including managing work, family and parenting responsibilities and study commitments. Thus, this type of participation was shaped and constrained by gender roles and responsibilities in the sense that it was difficult for some women to prioritise their own interests, particularly when they faced a combination of family, work and household demands. The analysis also suggested that a certain level of social, cultural and economic advantage is necessary to be able to undertake and maintain this type of involvement, particularly for women who have to manage competing demands on their time. The following chapter provides an integration of both the qualitative and quantitative findings, including a summary of the qualitative findings of all three typologies.

Chapter 9. Summary and Discussion.

9.1 Overview

This chapter provides an overall summary of the qualitative findings, and discusses and integrates the findings from the quantitative and qualitative analyses. The findings of the study will be considered in relation to the specific research questions that guided this thesis:

1. What was the nature of women's participation in community groups, among women who lived in two areas of metropolitan Adelaide?
2. What were the perceived outcomes of women's participation in community groups?
3. What were the differences among women in the nature and perceived outcomes of their participation, according to social and economic factors?
4. How was the nature and perceived outcomes of participation linked to the ways in which women experienced and perceived their mental health and well-being?

Before proceeding to consider both the qualitative and quantitative findings of this study, it is useful to include a brief recap of the purpose of including both of these methods in the study design.

9.2 Approach to evaluating both qualitative and quantitative findings

As described in chapter 3 (page 58), this thesis used the 'priority sequence model' (Morgan, 1998) approach to combining qualitative and quantitative research, and this was utilised within a broader epistemological framework of constructionism. This thesis prioritised the qualitative investigation as providing the primary source of data for this study, and quantitative statistical analysis was undertaken to complement the qualitative findings.

Furthermore, it is worth reiterating that the quantitative analysis in this study only addressed aspects of the first and third of the research questions above, in that it considered both the nature of women's participation and the differences among women in the nature of their participation. The outcomes of women's participation, and the perceived connections with mental health and well-being were considered

solely in the qualitative analysis. As described in chapter 3 (page 59), this was in order to explore the personal consequences that women perceived arose directly from their participation, and how community group participation was perceived to be linked to mental well-being. This study focused upon the perceived links between mental health and well-being and participation within the context of the participants' 'lay' accounts and understandings of their own mental health.

The quantitative analysis complemented the qualitative data by providing a comprehensive overview of the socioeconomic factors that were significantly associated with measures of women's involvement in community groups. However, in relation to the types of groups that women were involved in, whereas the qualitative analysis identified typologies which reflected both the *types* of groups the participants were involved in, and their *motivations* for being involved, the quantitative analysis focused on categories of groups that respondents had participated in. Thus, the qualitative typologies of women's participation cannot be directly compared with the analysis of the types of groups that questionnaire respondents had been involved in. Nevertheless, by considering the similarities and contrasts in the findings between the categories of involvement in the quantitative data, and the typologies in the qualitative data, it is possible to gain some useful insights into patterns among women in the 'nature' of their participation. The following section discusses both the qualitative and quantitative findings.

9.3 Summary of main findings: The nature of participation

The following sections provide an overview of the key findings of this thesis, from both the qualitative and quantitative data. They address the research questions by examining the diverse nature of women's participation, including differences among women in the nature of their community participation, and the diverse outcomes they perceived emerged from their participation. Furthermore, how these issues were perceived to be linked with their mental health and well-being is examined.

Together, the qualitative and quantitative findings reveal some of the ways in which the 'nature' of women's involvement in community groups was influenced by intersecting gender and social, economic and cultural factors. This research suggests that the nature of women's participation in community groups is shaped by the

gendered context of their lives, and in addition, was influenced by their varying levels of possession of other forms of ‘capital’. The sections that follow consider both the gendered contexts in which women’s participation took place, and the differing socioeconomic factors that impacted upon their participation.

9.3.1 The nature of participation: Gendered aspects of women’s community group involvement

Three typologies of participation were identified from the qualitative data: family oriented, prosocial-oriented and self-oriented. The findings illustrated the different ways in which gender was relevant to each of these typologies. Family-oriented participation referred to the participants’ current and previous involvement in groups that were oriented around the needs of others in their family, most commonly, their children. This typology is consistent with feminist literature that has documented women’s involvement in social and community ‘caring’ activities organised around their children (Abrahams, 1996; Lister, 2005; Lowndes, 2004, 2006).

This type of participation was viewed as a natural and inevitable part of parenting roles by some participants, as some women’s comments illustrated the ‘taken for granted’ nature of this type of involvement, and how it was part of the everyday practice and ‘habitus’ of women who were mothers. This indicates the ways in which the types of participation an individual undertakes is partly determined by their position within a social structure, and corresponding ‘habitus’: such as being classified as a mother of young children. These findings were interesting in light of the quantitative data which found that having children under 15 in the household was not significantly associated (at a multivariate level) with participation in children / parenting based groups. This finding will be discussed later in this chapter. At this point, it is worth noting that, even though other factors were important in enabling them to be involved, many of the participants viewed their current or past responsibilities as mothers as a significant reason to be involved in family-oriented participation. The qualitative findings illustrated that, although other factors may have been important in facilitating their ‘family-oriented’ participation, the participants nevertheless explained the motivation for their involvement within the wider context of their duties as mothers.

While participation in these type of group activities was viewed by some as an inevitable part of their roles as mothers, some of the participants reported the sense of unwelcome obligation that was attached to this type of involvement. These participants felt this type of involvement was an unpleasant 'chore' to be undertaken. Despite the perceptions that such activities were a burden, participants reported feeling obliged to be involved for the good of others, in particular, their children. This is consistent with qualitative research which has documented the negative emotional 'cost' for women of investing time and energy in activities to support their children (Reay, 2005).

Another typology of involvement, prosocial-oriented participation, was perceived by some participants in explicitly gendered ways, as it was described as underpinned by gendered values of care. Some participants expressed the view that traditionally feminine 'compassionate' and 'maternal' values were important for facilitating this type of involvement. The importance of caring and 'prosocial' values in shaping women's community participation in particular has been noted by others (Bond, Holmes, Byrne, Babchuck & Kirton-Robbins, 2008; Boneham & Sixsmith, 2006; Bruegel, 2005; Petrzalka & Mannon, 2006). Thus, family and prosocial-oriented participation were similar in that they were both linked with traditionally 'feminine' values and roles that were focused upon helping and providing support to others.

However, it cannot be concluded from these findings that being involved in family and prosocial-oriented participation, motivated by caring values and focused upon the needs of others, is not relevant to men's experiences. Indeed, some of the types of activities the participants reported being involved in, and the sense of obligation they felt to undertake them, is something which may be common among many men who have parenting and family responsibilities. Nevertheless, the findings from this study sit within the wider context of gendered patterns in voluntary community involvement, as higher numbers of women are involved in activities organised around education and school support (ABS, 2006b; Lowndes, 2000; Norris & Inglehart, 2006), and community welfare and social support services (ABS, 2006b; Lowndes, 2000; Norris & Inglehart, 2006; Onyx & Leonard, 2000). The findings are also consistent with a well-documented gender division of labour in which women

spend a greater proportion of their time engaged in childcare and supporting children's activities (ABS, 1999; Reay, 2005; Hochschild & Machung, 1989).

It has been widely found that women spend a greater proportion of time engaged in unpaid domestic tasks within households (Baxter, 2002; Baxter, Hewitt & Western, 2005; Bianchi, Milkie, Sayer & Robinson, 2000; Shelton & John, 1996). The qualitative data illustrated the ways in these kinds of activities extended beyond women's home environments, into their responsibilities within community groups. The participants' descriptions of the work they undertook in both family and prosocial-oriented typologies illustrated the ways in which community involvement can reproduce traditional gendered divisions of labour. Some participants reported undertaking tasks that can be viewed as traditionally 'feminised' forms of labour, such as cooking, food preparation and working in kitchens, supervising children, sewing and costume-making. In addition, some described the gender-segregated nature of tasks undertaken within the groups they were involved in, as men were perceived to undertake different types of tasks.

This is also consistent with evidence that men and women undertake different tasks within voluntary organisations within Australia, as higher numbers of women prepare and serve food whereas more men are involved in tasks such as undertaking repairs, maintenance and gardening (ABS, 2006b). Thus, the qualitative findings are consistent with broader patterns, and tentatively illustrate some of the ways in which women's involvement in community groups can reproduce the gendered nature of their unpaid labour.

Feminist critics has focused upon how Putnam's (2000) account of social capital accepts uncritically women's traditional 'caring' and family roles, as the basis by which women 'invest' in social capital for the good of their children, families and wider communities (Arneil, 2006; R. Edwards, 2004). The qualitative findings of this study provide empirical data which extends feminist arguments that this acceptance of traditional gender roles is problematic. The findings illustrated the ways in which the participation associated with parenting roles can come at a cost for individual women. The findings also highlighted the ways in which women can feel that their prosocial-oriented participation can benefit their groups and the wider community, but the demands of such involvement can be negative for them individually.

Self-oriented participation was less explicitly driven by traditional gender roles and responsibilities, as it was often concerned with the pursuit of personal interest and recreation, rather than being focused around the needs of others and making a contribution to the community. However, it occurred within a gendered context, in that it could be limited and constrained by the types of gendered pressures that many women faced in their everyday lives. For some women, their combined family, caring and employment responsibilities prevented them from being involved in these types of groups. For others who were involved, the findings suggested that the pressures of managing their regular participation could detract from the personal benefits of being involved. The demands that women in particular face from the combination of paid employment and unpaid labour have been well documented (Hochschild & Machung, 1989; Simon, 1995; Walters, 1993). This study suggest the ways in which community group involvement can contribute to such demands.

In contrast to family-oriented involvement, which was viewed by some women as a 'taken for granted' activity to undertake, it was difficult for some women to prioritise their own interests in order to undertake self-oriented participation. The kinds of limitations and barriers that prevented some women from being involved (such as the demands of managing competing family and work responsibilities) applied to community groups in general, not only self-oriented groups. Nevertheless, it was particularly apparent that the gendered pressures women faced could prevent them from being able to prioritise their own personal interests. This was particularly apparent in comparing self and family-oriented involvement, as the latter was explained by some participants as a necessary 'chore' that had to be undertaken.

When considering the issue of managing participation in the context of competing responsibilities, the quantitative data complemented the qualitative particularly in relation to factors associated with regular weekly or monthly participation.

Qualitative data from the interviews suggested that a range of pressures relating to family, employment, study commitments and health problems contributed towards limiting or preventing women from being regularly involved in community groups. The quantitative results added a dimension to this, as there was a significant association between a higher likelihood of regular participation and being retired (as opposed to being employed full-time), and not having children under 15 in the

household. This indicated that those women who were relatively free of pressures relating to full-time paid employment and childcare responsibilities were those that were more likely to participate regularly in a group. This reinforces the picture that emerged from the qualitative data in relation to the factors which may limit or prevent women from being regularly involved in groups, particularly in relation to employment and family responsibilities. To summarise, this study has identified some of the ways in which women's participation occurs within the gendered contexts of their everyday lives.

9.3.2 The nature of participation: Community group participation and relative 'class' position

The following sections consider both quantitative and qualitative data, in order to identify social and economic differences in women's participation, and contrasts among women in their patterns of involvement or non-involvement. The qualitative data highlighted contrasts among women in each typology that can be understood in light of aspects of 'class' positions. In particular, there was a difference within the prosocial and family-oriented typologies in relation to the form and structure the involvement took. This related to the extent to which involvement was informal, or more formal and bureaucratic. The latter type of involvement appeared to be undertaken by women who were relatively well educated and did not live in conditions of socioeconomic disadvantage. This suggests a class dimension to this involvement, including a link between the possession of cultural capital (as indicated by level of education and professional occupation) and participation in formal, bureaucratic types of groups. This type of involvement could be associated with formal positions which suggested a level of prestige and authority.

These findings are consistent with previous research that investigated women's involvement in school-based parenting groups (Vincent & Martin, 2000). This research identified a class dimension to women's involvement in parenting groups. Women with relatively higher levels of education, who worked in professional occupations displayed an interest in their children's education and support for their children's schools by attending school meetings, and avoided: 'being assigned an ancillary role or being given gendered domestic tasks, such as washing paint bottles or preparing food' (Vincent & Martin, 2000, p. 471). In contrast, women with lower

levels of education, or who worked in non-professional and part-time employment, were more likely to undertake these types of 'informal' volunteering support roles, which involved typical 'feminised' domestic tasks (Vincent & Martin, 2000).

Thus, the qualitative findings offer data which support the argument that the *types* of involvement that women undertake is shaped by aspects of class (Foley & B. Edwards, 1999; Hall, 1999), particularly through the possession of 'cultural capital'. As Bourdieu's (1979/1984, 1986) conceptualisation would suggest, the possession of capital is linked with participation in certain types of community groups through the class-specific dispositions, behaviours and practices of the 'habitus'. Furthermore, class difference is reinforced by certain tastes and behaviours being marked with 'distinction'. Thus, involvement within certain types of voluntary organisations, and the type of involvement, such as 'civic' bureaucratic participation (for example, sitting on a committee) may be perceived as more 'normal' and 'natural' for some social groups than others, for example, those in relatively privileged 'class' groups, with university-level qualifications and professional occupations (Wakefield & Poland, 2005). Therefore, the choice to participate in certain types of groups is shaped by, and reflects, tastes and practices which form part of the 'habitus'. Participation within certain types of groups can also reproduce class position by conferring prestige and 'symbolic capital'. The following sections discuss in more detail the ways that community group involvement was linked with the possession of cultural and economic capital.

Women's community group participation, education and 'institutionalised' cultural capital.

The qualitative data suggested some of the ways in which levels of education, particularly through the process of attending university, can give rise to group participation: by providing an opportunity to reflect upon personal priorities and encouraging the decision to be involved in a group. In addition, the data illustrated how some community groups are exclusive in the sense that membership was contingent upon certain levels of educational achievement and specific professional backgrounds. The quantitative data complemented this by providing a broader overview of the factors associated with all types of involvement, and higher levels of education were linked with an increased likelihood of participation in all types of

groups. This is consistent with a wider body of evidence that links levels of education with higher levels of volunteering and participation in social, civic and voluntary groups (Baum et al., 2000; Caiazza, 2001; 2005; Choi, 2003; DiPasquale & Glaeser, 1999; Hall, 1999; McPherson & Rotolo, 1996; Okun & Michel, 2006; Thoits & Hewitt, 2001; Warburton & Stirling, 2007; Wilson & Musick, 1997).

It was also the case that some participants who were in the process of studying chose to prioritise their time on their education, *instead of* becoming involved in community groups. This was particularly the case if they had not already completed their educational qualifications, or did not have a family and personal background rich in cultural capital. Thus, for some participants, acquiring 'institutionalised cultural capital' was relatively more important than investing in social capital (through community group involvement). This supports Bourdieu's argument that the types of capital that individuals prioritise to invest in depends upon their pre-existing levels of access to different types of resources and their relative position within the social structure. In other words, the ways in which people gain access to different forms of capital is not homogenous, and different individuals need to prioritise their investment in various types of capital, according to their own social and economic situation (Bourdieu & Wacquant, 1992; see also Reay, 2006). It was also the case that being involved in educational institutions provided an alternative pathway to gaining the kinds of positive and potentially health-promoting resources that also arose from being involved in community groups.

Together, the qualitative and the quantitative data suggest both that education is linked with higher levels of participation, and that level of education plays a role in shaping the nature of women's involvement, as women with relatively higher levels of education and 'professional' backgrounds participated in groups in different ways to those with relatively lower levels of education. Both the quantitative and qualitative data indicate the connection between the possession of 'institutionalised' cultural capital and community group participation, and particularly, how the possession of cultural capital, in the form of educational achievement (particularly, but not exclusively, from a university setting), gives rise to, or can be converted into, social capital, through community group involvement. This supports Bourdieu's (1986) account of the interlinking of various forms of capital, and how being able to

access forms of capital is dependent on the levels of capital already possessed. The following section discusses both quantitative and qualitative findings in relation to participation, access to financial / material resources and economic capital.

Women's community group participation and access to economic capital.

The quantitative results suggested that aspects of economic capital were linked with respondents' involvement in any type of community group, and particularly in personal interest / recreation groups and children / parenting based groups. Higher levels of household income were associated with participation in any type of community group, and this is consistent with a wider body of research that indicates a link between higher incomes and increased participation in social and community groups and volunteering (ABS, 2006b; Baum, 2000; DiPasquale & Glaeser, 1999; Hall, 1999).

In relation to participation that was concerned with personal interest and recreation, the quantitative data indicated that higher levels of household income were associated with an increased likelihood of involvement. This association between relative economic advantage and participation for interest or leisure was also evident in the qualitative findings. The qualitative data indicated that those women who participated in self-oriented groups, particularly sporting and recreation groups, were relatively financially secure. Furthermore, the analysis identified the importance of economic resources in enabling women to overcome barriers to pursuing regular self-oriented involvement. A lack of financial resources, and the need to prioritise paid work over other activities, were also identified in the findings as issues which prevented involvement, or placed limitations on current involvement, and these were issues that were evident in both self-oriented and prosocial-oriented participation.

The quantitative findings revealed an association between perceived financial situation and an increased likelihood of participation in children / parenting based groups. Thus, those women with children under 15 in their household, who felt they were 'getting by' or 'finding it difficult' financially, were less likely to be involved in such groups. This suggests that financial resources have a role to play in facilitating this type of participation.

Interview participants did not explicitly identify a link between their financial situation, education and their family-oriented participation in parenting and school-based community groups. Whereas many of the participants described their current or previous ‘family-oriented’ involvement in ways which suggested such activity was part of normal everyday roles, the quantitative analysis provided an important additional insight, that being in a better perceived financial situation (measured as ‘living comfortably’) was associated with an increased likelihood of participation in children and parenting based groups. This indicates the value of drawing upon both qualitative and quantitative data in order to consider fully the diverse nature of women’s involvement in community groups. The following sections considers the links between community group participation, ‘informal’ social relationships and other issues, such as household situation and the various age groups (and corresponding ‘life stages’) of different women.

9.3.3 The nature of participation: Community group participation and other social and household factors

The quantitative results found that participation in different types of groups were linked with aspects of social relationships, household situation and age groups. In relation to ‘informal’ social relationships, the quantitative analysis revealed that more frequent face to face contact with friends was associated with participation in any type of group, personal interest / recreation groups, and religious / spiritual groups. This suggests that more ‘informal’ types of ‘social capital infrastructure’ are linked with participation in community groups. These links between different types of social connections and group participation were consistent with the qualitative findings. The interviews revealed how some participants felt maintaining friendships was a central part of being involved in community groups. In relation to religious / spiritual groups, whilst this was not considered as a separate type of participation in the qualitative analysis, the data did suggest that, for some older participants, involvement in religious community groups could provide an important source of social interaction and support.

The quantitative findings also found that living in a married relationship was associated with an increased likelihood of involvement in any type of group, and religious/spiritual groups. In addition, the qualitative data also illustrated the ways in

which women who were married could be involved in groups with their husbands. Furthermore, the support and assistance of husbands and partners was important for enabling some participants to maintain their involvement in community groups. The importance of being in a married or defacto relationship (and the possible social or economic resources this may provide) is also suggested by the quantitative findings, in that those respondents who lived as sole parents in households with children, were less likely to be involved in personal interest/recreation groups than those women who were married. The qualitative findings also illustrated that having sole or primary responsibility for the care of children, without the regular support of a partner, was an issue which raised barriers to being involved in community groups.

In relation to age groups and participation in children / parenting based groups, the quantitative analysis found that a lower likelihood of involvement *within the previous 12 months* was associated with being under the age of 35, or over the age of 55. The qualitative data supported the idea that some women (particularly those who are mothers) are involved in parenting based ‘family-oriented’ participation at particular stages in their lives, as many of the participants described undertaking this type of participation when they had younger children. The interviews highlighted that this was a type of participation that often ceased as women’s children grew older. Thus, the picture that emerged from both the qualitative and the quantitative findings was types of ‘parenting based’ and ‘family-oriented’ involvement were often undertaken by women who were mothers with younger children, and they did not continue with at later stages in their life. The quantitative analysis also found that women over the age of 55 were more likely to be involved in religious/spiritual groups, and this is consistent with other research that has found that women who volunteer for religious organisations are more likely to be older than other women volunteers (O’Neill, 2006).

The quantitative analysis also suggested that the presence of children under 15 in the household was not significantly linked, in a multivariate analysis, to participation in children and parenting based community groups. This is in contrast with research which suggests that having children facilitates higher levels of group involvement amongst women (Caiazza, 2001). This indicates that having children in the household, in itself, is not sufficient to ensure involvement in parenting based

community groups, and that other factors may be relatively more important in enabling participation in these types of group. However, as discussed on pages 120-121, this finding may be explained partly by the nature of the questionnaire, as certain types of parenting based activities may have been under-represented in the responses. Furthermore, those respondents who had children in their household *at least some of the time* may have consisted of a mixture of parents, grandparents, step-parents and others. Differences in household situation, such whether respondents were sole parents or lived with a partner, may also play a role in explaining why the presence of children under 15 was not significantly associated with participation in a children / parenting based group in the multivariate analysis (see chapter 4, pages 120-121).

Overall, both the qualitative and quantitative analyses suggested that whether women were involved in community groups, and the type and nature of their involvement and social capital ‘infrastructure’, was differentially shaped according to aspects of the wider social, economic and cultural context of their lives. This included their relative ‘class’ position and levels of access to aspects of economic and cultural capital, and other forms of social capital infrastructure. The following section discusses the barriers that women perceived to being involved in community groups in more detail.

9.3.4 The nature of participation: Perceived barriers to involvement

The qualitative data highlighted a range of intersecting barriers that were perceived to prevent or limit their involvement: including their own health problems, disabilities, the nature of their paid employment, the cost of being involved, family and caring responsibilities, study commitments and household responsibilities. These aspects of the qualitative data were revealing because the factors that prevented or constrained women from being involved reflected, in some cases, the *gendered* pressures that shaped their ability to participate. Thus, barriers such as paid employment and study commitments were experienced by the participants in combination with other limitations, such as childcare, other family caring duties, and domestic responsibilities.

Furthermore, whether participants were able to manage these pressures in order to continue to be involved in groups, or whether these factors were perceived to completely preclude involvement, provided insights into how the possession of other types of financial and social resources were key factors to enabling involvement. This is consistent with research that suggests that resources such as money, having time available, relevant skills, good health status, and social support from others are important to enabling voluntary involvement in community organisations, and, consequently, a lack of such resources acts as an obstacle to involvement (Sundeen, Raskoff & Garcia, 2007; Thoits & Hewitt, 2001; Warburton & Stirling, 2007; Wilson & Musick, 1997).

The quantitative analysis of the perceived barriers to involvement indicated that, among those respondents who did want to be more involved in community groups, the most commonly identified barriers were a lack of time due to paid work, not being able to afford it, lack of confidence, no-one to go with, lack of information or knowledge, and childcare and caring responsibilities. Therefore, these descriptive quantitative statistics support the picture that emerged in the qualitative data: that women perceive a range of barriers in their everyday lives that limited their ability to be involved. The analysis of the responses from women who did want to be more involved revealed significant associations (at the univariate level) between a lower likelihood of regular involvement in community groups and a perceived lack of confidence, not being able to afford to be involved, having nobody to go with and feeling unwelcome.

These findings highlight an issue that did not emerge strongly in the qualitative data: the importance of psychosocial factors (such as level of confidence) as potential prerequisites for involvement in community groups. This may be because the women who volunteered to take part in interviews were not typical of women who feel they may be lacking in confidence, feel 'unwelcome' and have a lack of social contacts, to the extent that these issues prevent them from participating in community groups. In addition, it may have been harder to discuss such issues in the context of a face to face interview, in contrast to completing a postal questionnaire. Thus, the quantitative analysis contributed an important additional insight to understanding the nature of barriers to women's involvement in community groups.

The qualitative data added depth to the understanding of the perceived barriers to participation, as it did not consider factors such as paid work and caring responsibilities as discrete issues, but examined how the participants perceived these issues combined and interacted in their everyday lives to limit their involvement. It is possible that the psychosocial issues identified as significant barriers in the quantitative analysis could be related to a range of other issues, such as the pre-existing possession of aspects of cultural, economic, and other forms of 'social' capital, for example, education, financial resources, and support from others.

In addition, the qualitative data also revealed, as well as barriers which prevent women's involvement, how some women actively *chose* not to become involved in groups because of the perceived demands involved. This highlighted a recognition on the part of some of the participants that there are negative consequences of involvement, which are examined in more detail in the following section. A lack of interest as a 'barrier' or reason for choosing not to be involved in voluntary community participation has been noted in previous research (Sundeen et al., 2007). Sundeen et al. discuss that a lack of interest in volunteering in such activities may be shaped by previous negative experiences, or by the perception of a 'bias' within community groups, for example, on the basis of 'class', gender or cultural background, which is viewed as exclusionary (Sundeen et al., 2007). The qualitative data in this study support the notion that past negative experiences can lead to a lack of enthusiasm for community group involvement, and that women choose not to get involved in particular types of groups because such groups do not 'fit' with aspects of their 'habitus'.

In summary, both the qualitative and the quantitative data reveal, in different ways, how women's ability to participate is linked to the possession of various forms of resources, including cultural, economic and informal 'social' capital, and is partly determined by the gendered and 'class' contexts of their lives. The section below considers the qualitative findings that relate to the perceived outcomes of women's participation.

9.4 Summary of main findings: Outcomes of women's participation

The personal consequences that women perceived arose from their participation were only considered in the qualitative analysis. The findings of this study indicate that social capital 'infrastructure' (the nature and type of participation within community groups) can lead to outcomes which can be either positive or negative for individual women. The sections below discuss the outcomes that women identified arising from their group involvement. These sections also consider the ways in which these outcomes were perceived to be linked with mental well-being. The subsequent part of this chapter (section 9.5) then provides an overall summary of the main pathways by which community group participation was linked with mental well-being specifically.

9.4.1 Positive outcomes

The qualitative data indicated that many of the participants viewed the social connections that arose from their involvement as positive. This was often reported to be linked with the friendship and social interaction with others that resulted from involvement, which was perceived as valuable. Thus, the findings illustrated how community group involvement can provide a positive source of social connections for individual women which are perceived to enhance well-being. In addition, the findings illustrated how being regularly involved in a community group, and the social interaction this involved, provided a means of coping when experiencing mental health problems, indicating the role that social interaction within groups may play in offering a 'buffer' against distress (Kawachi & Berkman, 2001).

This was particularly important given that many of the participants understood the concept of mental 'health' as being able to cope and manage with normal challenges, as the data illustrated the ways in which community group participation enabled some of the participants to cope with the stresses they faced in their lives, and to manage their mental health problems (such as depression). In addition, the participants' accounts of factors that enhanced their own mental well-being indicated the beneficial role of positive social and emotional connections with others, such as friends and family members. The data showed that community group involvement could potentially be an additional source of such relationships.

The social connections that arose from group involvement gave rise, in some cases, to tangible benefits, such as help, assistance and support from others within the group. Some participants reported purposely using their social contacts gained through their group involvement to gain benefits and assistance for themselves and family members. These kinds of benefits highlight how community group participation can give rise to beneficial 'social capital resources' for individual women, in that the social ties with others can lead to the availability of useful sources of help and assistance, which, in turn, can be linked with positive health and well-being.

However, it is important to consider this ability to access useful social capital resources from community group involvement within the wider context of the participants' levels of access to other forms of capital. Some participants who were able to access useful outcomes (such as practical support, assistance and information from others) from their community involvement already possessed certain other resources, such as relatively high levels of education, professional backgrounds, and a level of financial security.

Tentatively the findings suggest that access to such useful 'social capital resources' from involvement may have disproportionately applied to those who were already in relatively privileged 'class' positions. This supports arguments that the positive, useful consequences of involvement in social networks may benefit certain individuals or groups who have pre-existing access to certain socioeconomic advantages (Foley & B. Edwards, 1999). This is also supplemented by the quantitative findings, which indicate that measures of advantage, such as higher levels of education, were linked with whether women had been involved in a group, indicating that those women who were relatively more privileged were more likely to be involved in groups, and thus, potentially more likely to access beneficial resources from their participation. It is possible that such resources are more likely to act as a 'buffer' against negative outcomes.

In relation to prosocial-oriented and family-oriented participation, some women reported a positive personal sense of satisfaction and achievement that they felt from being able to contribute towards assisting groups, and to 'make a difference' by being able to help others. Furthermore, some participants reported that their

involvement enabled them to learn new skills, which provided a source of personal confidence. Such findings indicate the relevance of theories that explain women's health and mental well-being in relation to the concept of 'role enhancement'. This approach argues that participation in multiple roles which provide socially valued, fulfilling activities, are beneficial for women's health and mental health (Bartley, Popay & Plewis, 1992; Lahelma, Arber, Kivela & Roos, 2002). This was also illustrated in the participants' accounts of wider issues which they felt positively contributed to their mental well-being, as some spoke of the meaningful and fulfilling nature of their paid work and studies.

Thus, the findings highlighted some of the participants' perceptions that their involvement within community groups provided satisfying roles with a sense of purpose and achievement. This is consistent with previous research concerning women's voluntary involvement (Warburton & McLaughlin, 2006; Bond et al., 2008). For some participants, their community group involvement, particularly their family and prosocial-oriented activities, was personally 'empowering', as it provided activities which enabled them to feel a sense of reward and achievement at having made a meaningful contribution, which was consistent with their own personal values.

These findings illustrate the links between the participants' pre-existing personal values and beliefs and the positive outcomes that they perceived emerged from their involvement. Some of the women's accounts highlight the value they placed in being able to help others and make a contribution towards goals that were beyond their own personal interests, and the presence of such motivations as underpinning voluntary involvement, and their role in promoting well-being, has been noted in previous qualitative research (Warburton, McLaughlin & Pinsker, 2006). In contrast, for other participants, the idea of being involved in prosocial or family-oriented groups was not appealing. Thus, this illustrated how the benefits that participants perceived arose from their involvement was dependent upon their own pre-existing values and priorities.

The interviews also indicated some of the ways in which certain types of participation could be empowering and could allow women to create positive personal identities which resist traditional gender roles and norms. This illustrates the

ways in which community group participation can offer opportunities to create a positive self-identity which provide a source of personal satisfaction and fulfilment. This indicates the links between community participation and the construction of social identities (Campbell & Jovchelovitch, 2000). Furthermore, the findings also indicated the ways in which community group participation could provide opportunities to 'escape' traditional gendered tasks, such as domestic and household responsibilities, which were viewed as unfulfilling. In this sense, participation in some community groups could be empowering, as it provided a source of worthwhile activities and roles, and consequently, enabled participants to have a sense of control in their everyday lives. However, the findings of this study also highlight that community group participation is not necessarily an 'empowering' experience for all women in all settings. This supports arguments that, instead of considering community participation as a general source of 'empowerment', attention must be directed to the different ways in which certain types of groups, within specific contexts, may empower women in different ways (Cornish, 2006b).

As discussed in chapter 5 (page 141), some of the participants spoke of how maintaining their own physical health and fitness was important for their mental well-being. The data indicated how involvement in 'self-oriented' sporting and physical activity groups, particularly among younger participants, was perceived as providing a means to stay physically fit and healthy and to maintain a positive body image, which was viewed as important for their mental health. In addition, many of the participants who were currently or previously involved in personal interest or recreation groups, or who wanted to be involved in such groups, reported that they felt it was positive to be able to pursue activities for 'fun' and recreation. This suggests the ways in which such involvement can positively contribute towards mental well-being, although, as described previously, the qualitative findings suggested that those women who were relatively more advantaged were more able to be involved in 'self-oriented' participation. The quantitative data also reinforced this, as the results indicated a significant association between higher levels of income and education and participation in 'personal interest / recreation' groups. Thus, these types of benefits may be disproportionately available to those women who are relatively socioeconomically advantaged. In the following section, the negative outcomes of women's involvement are considered.

9.4.2 Negative outcomes

The qualitative data indicated that participation in community groups could place considerable demands on women's time and energy, in the work that they undertook. In relation to family oriented involvement, some women reported seeing this as an unwelcome 'chore', but described feeling obliged to participate, in contrast to other participants who actively chose to be involved in community groups.

The findings indicated how, for some participants, involvement (across all three typologies) could contribute towards 'role overload' which in turn, could exacerbate negative pressures on their mental health and well-being. In contrast to the 'role enhancement' approach, the 'role overload' model suggests that the demands and stress imposed upon women by managing multiple roles, such as parenting responsibilities, household tasks, paid employment and voluntary community involvement, is negative for mental well-being (Rosenfield, 1989). There is limited evidence to suggest that it is simply the *number* of roles which impacts negatively on women's mental health (Weich, Slogget & Lewis, 1998). However, the health benefits of paid employment has been found to be lower for women in full-time professional and managerial jobs (Bartley et al., 1992), indicating that aspects of 'role overload' may be relevant to women who work full-time. Furthermore, it has been argued that it is the *quality*, rather than the quantity, of social roles which is important for women's mental health (Holmshaw & Hillier, 2000). Whether involvement within particular activities contributes towards 'role enhancement' or 'role overload' can be understood within the wider social and economic context, including women's pre-existing levels of advantage or disadvantage (Arber, 1991).

Some of the participants were able to manage their involvement in addition to their other responsibilities, due to factors such as support from others (for example, partners and family members), having flexibility in their paid employment, and a level of financial security. Furthermore, many of the participants felt that the demands of such involvement did not outweigh the benefits of being involved, both for themselves, and the groups they were involved with. Nevertheless, the findings illustrated that, for some women who managed their participation with competing demands, the personal outcomes of negotiating these multiple roles may not be entirely positive. This suggests that the 'role overload' from undertaking multiple

tasks associated with paid employment, community group involvement, and domestic and family responsibilities can potentially lead to negative experiences for individual women. For other women who were not currently involved, the idea of taking on the extra commitment, in addition to their other responsibilities, was too difficult, and it was not something they felt able to do.

One of the ways in which gendered pressures influenced women's ability to participate was illustrated in some of the participants' descriptions of 'guilt' at not being able to spend enough time with their children if they became involved in self-oriented groups. Whilst not all of the participants who had young children reported feeling such guilt, such descriptions of guilt and an obligation to their children on the part of some of the participants are consistent with previous qualitative research which has documented the powerful, and normal, 'everyday' nature of the guilt that mothers feel (Boney, 2002; Seagram, 2002), particularly employed 'working mothers' (Elvin-Nowak, 1999; Simon, 1995).

Such experiences of guilt can be understood from a feminist perspective, as psychoanalytic feminist theorists have argued that women's self-identities are shaped according to traditional gender ideology, which links the experience of being 'female' to an 'ethic of care', and responsibility for others (Gilligan, 1982; Miller, 1984). It has been argued that it is this perception of responsibility for the welfare of others, particularly children, is the precursor to experiences of guilt (Elvin-Nowak, 1990). In modern western societies, the idealised and stereotypical image of a 'working mother' that many women are exposed to in popular discourse is that of a woman who successfully deals with her multiple roles, and has many choices available to her, whereas in practice, the structural and organisational barriers that women face to successfully combining paid employment, childcare and household responsibilities are significant (Hoschild & Machung, 1990; Elvin-Nowak, 1999). However, when women perceive that they personally have not been able to successfully undertake their responsibilities to others, this can be interpreted as an individual failure (rather than representing structural and societal patterns of gender inequality) and feelings of guilt are the result (Ashley, 2003; Elvin-Nowak, 1999).

The regulation of some women's activities according to feelings of 'guilt' could also indicate the operation of 'symbolic violence'. Bourdieu referred to symbolic violence

as the process whereby disadvantaged groups accept their lack of power as legitimate and natural (Bourdieu & Wacquant, 1992). It refers to the operation of power in disguised and 'taken for granted' ways (Bourdieu & Wacquant, 1992). Applying a 'gender lens' to this concept, it can be argued that experiences of guilt act as a regulating mechanism which can result in women continuing to prioritise their caring responsibilities within their families and households over their own individual interests. This prioritisation of the interests of family over self can be viewed as a gendered aspect of women's 'habitus'. This has the potential to limit some women, particularly those who have caring and parenting responsibilities, from engaging in self-oriented participation which can potentially benefit their health and mental well-being.

The findings indicated the ways in which community group participation can give rise directly to negative, as well as positive, personal consequences. These negative outcomes were often associated with the difficulties of managing social dynamics within groups. Relationships within groups were often reported to be a source of stressful personal conflict and difficulties were associated with managing relationships with others. This indicates that, at a 'micro' level, rather than necessarily leading to social cohesion, group relations can be characterised by conflict and struggle. The difficult nature of social conflict within community and voluntary organisations has been documented in previous research (Bond et al., 2008; Boneham & Sixsmith, 2006; Friedmann, Florin, Wandersman & Meier, 1988; Klandermans, 1984; Sixsmith & Boneham 2003a; Wandersman, Florin, Friedmann & Meier, 1987).

In groups with both men and women, the findings illustrated that social relations within groups could give rise to gendered violence, including harassment and sexual assault. Such experiences are highly traumatic, and those participants who had been affected by such violence reported a direct and significant negative impact on their mental health and well-being. As such, the findings indicated the potential risks to health and personal safety that some mixed-gender community groups may pose to individual women. Previous research relating to gender and social capital has identified that a perceived lack of safety, and fear of violence and sexual assault can restrict the activities of women and girls in their local neighbourhoods, and prevent

them from being involved in community groups (Caiazza, 2005; Morrow, 2000). The findings of this study build upon such research by illustrating the potential for social dynamics within community groups to lead to oppressive power relations.

Furthermore, this supports feminist arguments that community groups can operate in ways which reinforce and perpetuate patterns of gender inequality (Arneil, 2006; Molyneux, 2002). The following section summarises the ways in which community group participation was linked with women's experiences of their mental health, including how involvement or non-involvement in groups was part of the participants' experiences of their mental well-being.

9.5 Summary of main findings: Mental health and participation

As previously discussed, many of the participants described being mentally 'healthy' in ways which emphasised having the ability and resources to cope with difficult challenges, and to maintain a sense of well-being in the face of difficulties (see discussion in chapter 5 regarding the participants' 'lay' accounts of mental health). The previous sections discussed the positive and negative 'social capital outcomes' that participants perceived arose from their participation, and the implications of such outcomes for mental health. This section provides a summary and overview of the ways in which community group participation was perceived to be linked with the participants' experiences and 'lay accounts' of their mental well-being.

As part of the process of being reflexive, and considering the ways in which this research, and the knowledge it has generated, is situated within a specific cultural and social context, it is important to consider the notions of 'mental health' discussed in this thesis. In this study, mental 'well-being' and 'health', (and factors that were viewed as positive or negative for mental health) have been based upon dominant 'individualistic' assumptions regarding health and well-being (Horsfall, 1998). Much of the discussion with the interview participants was organised by questions (set by the researcher) which assumed that health and 'mental health' was something that they personally 'owned', and was experienced in ways that were 'discrete' and separate from others.

Furthermore, discussion often explicitly focused upon the participants' perceptions that their experiences of 'mental health' resulted from their own characteristics and

personal qualities as individuals. There was less explicit focus upon alternative ideas of mental health, as a 'communal', rather than individual experiences. In addition, the interview discussion did not explicitly focus upon the ways mental well-being may be shaped by collective social identities (for example, based around ethnicity, class and gender), although the qualitative analysis engaged with issues of gender and class. Thus, the 'lay' views of mental health discussed in the interviews were shaped and constrained by the assumptions and wider cultural values of the researcher and the participants, and the views of mental health (and factors perceived to enhance or detract from mental health) reported in this study were consistent with wider 'western' individualistic cultural assumptions (Horsfall, 1998; Kokanovic et al., 2008).

Participants spoke of aspects of their everyday lives which enhanced, or negatively impacted upon, their experiences of their mental health. They described the impact of their current or previous participation, or their non-involvement, had in their everyday lives, including how it was perceived to affect their mental health. Participants described the benefits of being involved in groups in ways that indicated how involvement enhanced their ability to be mentally 'healthy'. As outlined in the sections above, many described the value of social relationships, the sense of achievement that came from their involvement, the benefits of being able to pursue their interests and hobbies, and the value of physical activity and having stimulating mental activities. Thus, participation in community groups was often viewed as leading to outcomes which enhanced mental well-being. It is clear from the qualitative findings that being involved in community groups can be highly valuable and can promote the mental health of individual women.

However, the data also indicated that participation in community groups contributed towards factors which exacerbated negative experiences of mental health, such as stressful social interaction and the difficulties of negotiating social dynamics, demanding responsibilities which were perceived as unrewarding, and difficulties with managing with competing tasks, which all were seen as negating from the ability to manage and 'cope' with challenges in everyday life. Whether participation had an overall positive or negative effect was shaped by the context of individual women's lives. This included factors such as their level of access to other forms of

‘capital’ and resources, their own personal values, their current health situation, and past experiences of being involved in groups.

These findings suggest that becoming involved in a community group will not benefit mental health in all circumstances, and it will not necessarily act to promote mental health for all women. Details of context of women’s everyday life are vital in determining whether participation has a positive, negative or mixed impact on mental well-being. The following section summarises the pathways by which participation was perceived to be linked with positive experiences of mental health.

9.5.1 Community group participation and positive experiences of mental health

The findings suggest that participation in community groups had the potential to be positive for women’s mental health in two key ways: firstly, through provision of social relationships and the associated support and resources that can stem from this, and secondly, by offering a source of valuable social roles and identities.

In relation to the first point, the findings are consistent with an extensive literature on the importance of social ties, social integration and support for health and psychological well-being (see Berkman & Glass, 2000; Berkman et al., 2000; Kawachi & Berkman, 2001, for reviews), which draws upon the work of Durkheim concerning the importance of social inclusion and belonging for mental health. The psychosocial pathways by which social integration and support impacts upon mental health have been summarised as consisting of the ‘main effect’ model, whereby positive social relationships directly give rise to beneficial psychological states, such as higher levels of self-esteem and self-worth, and the ‘stress buffering’ model, whereby social relationships and perceived levels of social, practical and material support available through them are protective against stress (Kawachi & Berkman, 2001).

The participants’ accounts suggest that aspects of both of these models are important in explaining why the social relationships gained from group involvement are positive for mental health. The qualitative data also suggested the broader ways in which social connections with others, such as partners, family members and friends, were perceived to enhance mental well-being, and the perceived value of social

interaction within community groups can be understood within this context. This is consistent with research which suggests that women experience their mental health in ways which emphasise the extent to which they feel socially connected with others (De Coster, 2005; Rosenfield et al., 2000).

In regards to the second point, participation was perceived as positive for mental well-being where it offered the participants opportunities to feel they had achieved objectives that were worthwhile and personally satisfying. This is consistent with research concerning the health impacts of women's paid employment, which suggests that 'role enhancement' is beneficial for mental well-being (Bartley et al., 1992). It is also in keeping with research on voluntary work which has suggested that involvement which provides a source of socially valued roles will benefit mental health (Piliavin, 2005; Warburton & McLaughlin, 2006). Previous research has outlined the psychosocial pathways by which voluntary and community work impacts upon well-being, through levels of self-esteem, happiness, satisfaction and 'mastery', the latter implying a link between voluntary involvement and levels of personal control (Piliavin, 2005; Thoits & Hewitt, 2001).

However, the findings suggest that these kinds of benefits may be contingent upon an individual's pre-existing values and beliefs, and aspects of their 'habitus', in addition to their access to social and economic resources. Thus, it cannot be assumed that involvement in community groups will lead to these kinds of psychological benefits on a widespread level, as not everyone within diverse communities will share the same values, and have access to the same amounts of resources, and thus, not everyone will inevitably benefit from participation (Arneil, 2006; Wakefield & Poland, 2005). Thus, the findings of this study question the notion that community group participation, in itself, is inherently beneficial for health and mental well-being. The following section considers the ways in which community group involvement was linked with negative experiences of mental health.

9.5.2 Community group participation and negative experiences of mental health

The findings highlighted three main ways in which participation could negatively impact upon mental well-being. Firstly, the social dynamics within groups gave rise to negative, as well as positive, consequences which could potentially damage mental

health. Secondly, the types of obligations and tasks undertaken by participants within groups could place stressful demands on their time, energy and labour. Thirdly, and relatedly, some participants reported how the effort involved with managing participation with competing responsibilities was difficult and could exert a negative pressure on their mental health and well-being.

In relation to the negative aspects of social interaction, managing group dynamics and conflict that arose was seen as a problem that, in some cases, could be highly stressful. As chapter 5 (pages 143-144) illustrated, this was an issue which was not restricted to social relationships within community groups, as negative interaction with family members was also reported as stressful. This is consistent with research which has documented the negative, as well as positive, side of social interaction and social relationships, and its potentially harmful effects on health and mental well-being (Holt-Lunstad, Uchino, Smith & Hicks, 2007; Pagel, Erdly & Becker, 1987; Rook, 1984; Rook, 1998 Uchino, Holt-Lunstad, Smith & Bloor, 2004). Indeed, evidence suggests that 'problematic' social ties with others can be particularly salient, and can have a greater negative impact on well-being than supportive social ties can have a positive impact (Rook, 1984; Pagel et al., 1987).

In relation to the second point, the findings identified how the tasks involved with community group participation could burden women with stressful demands, and this is consistent with research which has outlined the costs involved with being involved in voluntary organisations, such as the time and effort demanded from those involved, and a perceived lack of appreciation from other group members (Chinman & Wandersman, 1999; Prestby et al., 1990, Wandersman et al., 1987; Chinman et al., 2005). The qualitative findings illustrated how some participants spoke of the negative affects of participation upon their mental health in terms of 'tiredness', and viewed this as 'normal', and this is consistent with previous qualitative research exploring women's accounts of their health problems (Popay, 1992; Sixsmith & Boneham, 2004; Walters, 1993; Walters & Denton, 1997).

In addition, some women reported undertaking time-consuming and boring tasks, sometimes with little or no appreciation from others within the group. Often these were tasks that were consistent with traditional 'domestic' responsibilities, (such as sewing, costume preparation and looking after children). Research has linked

women's 'nurturant' roles (associated with traditional gendered responsibilities, including childcare and domestic tasks) to negative consequences for health and mental health (Gove et al., 1984; 1979). The findings of this study indicated the ways in which women undertake these types of traditional gendered responsibilities within community groups.

While many of the participants did not see these experiences as negative enough to stop their involvement, these findings do illustrate the ways in which these types of activities can negatively impact upon their mental health and well-being. The findings also identified how managing to undertake participation in addition to other responsibilities, such as childcare and family tasks and paid employment, could be demanding and potentially stressful, and for some, the anticipation of the stress this could cause precluded becoming involved in community groups. This can be understood in light of the participants' description of issues which negatively impacted upon their mental health, as described in chapter 5, as some women spoke of how the difficulties with managing family and domestic responsibilities, paid work, and caring duties (such as caring for grandchildren) could be stressful and potentially have an overall negative impact on their mental well-being.

Thus, the findings identified ways in which community group involvement is both positively and negatively linked with women's mental health. The following chapter concludes this thesis by providing an overview of the contribution of this research, including insights for understanding the concept of social capital, and implications for health and the promotion of women's mental health.

Chapter 10. Conclusion.

10.1 Introduction

This chapter concludes this thesis with a consideration of the implications of this study for understanding the concept of social capital. It also discusses the insights from this research for the ways in which social capital, through community group participation, can be used to promote health and mental well-being, particularly women's mental well-being. The strengths and limitations of this research are highlighted, and this chapter concludes with a summary of the contribution of this research. The following section considers the implications of this study for theoretical understandings of social capital.

10.2 Implications of findings for social capital theory

In this thesis, social capital theory has been presented according to two perspectives: communitarian accounts, which represent the dominant approach to conceptualising social capital in studies of health (Moore et al., 2006, 2005) and critical perspectives. This research has been undertaken using a critical feminist approach, and the findings suggest ways in which mainstream communitarian accounts of social capital are limited and incomplete. In particular, through an examination of women's participation, this study has built upon and extended feminist critiques of social capital, such as those by Arneil (2006), Gidengil and O'Neill (2006), Lowndes (2000, 2004) and Molyneux (2002), among others. This thesis has also expanded upon the findings of previous qualitative studies of social capital and health, as summarised by Whitley (2007), that have identified limitations in using Putnam's (2000) conceptualisation in considering the links between social capital and health. The section below considers the insights from this study for theoretical understandings of social capital.

10.2.1 Insights for communitarian perspectives of social capital

This thesis offers findings which contribute towards a more comprehensive understanding of the gendered nature of women's social capital, and the links with health and well-being. This is an important contribution, given feminist criticisms that mainstream communitarian approaches to social capital have neglected to

adequately consider gender (Gidengil & O'Neill, 2006). In this study, gender has been a central analytical focus, and the ways in which the gendered context of women's lives shapes their participation, and the outcomes that flow from this, have been examined critically. In this way, this thesis has addressed some of the issues that have been identified as lacking from some of the mainstream social capital literature. In particular, the findings of this study offer empirical data that support feminist arguments that it is problematic to base understandings of social capital upon the notion that women are 'naturally' predisposed to create social capital in their traditional roles as mothers and caregivers (Arneil, 2006; Kovalainen, 2004). Thus, if communitarian approaches to social capital accept traditional assumptions about women's roles and responsibilities, they will fail to consider how women themselves may be disadvantaged by efforts to create social capital, and how, in turn, this can reproduce gender inequality.

However, it is important to emphasise not all communitarian approaches to social capital take this approach, as some feminists have advocated in favour of communitarian accounts, particularly Putnam's (2000) conceptualisation, as a way to consider fully the potential value of the social aspects of women and men's lives, particularly in policy development (Cox, 1995). Other feminist studies have adopted Putnam's conceptualisation as a way to emphasise the value of women's participation and community activism (Gittel et al., 2000). Thus, it is possible that communitarian accounts of social capital may offer some *strategic* value for feminists, who wish to frame women's social and community work in terms of creating important and valuable 'social capital'. Nevertheless, this study suggests the need for communitarian accounts to adopt critical understandings of gender, and women's roles and responsibilities in 'creating' social capital, and to direct attention towards the ways the 'creation' of social capital occurs within, and is shaped by, a broader context of gender inequality.

Some have argued that social capital can be viewed as a potentially useful strategy to empower disadvantaged groups by enabling them to work together to advance social change (Campbell & Jovchelovitch, 2000; Gittel et al., 2000; Hawe & Shiell, 2000). Both the quantitative and the qualitative findings of this study indicated that very few women were involved in groups with such purposes. Among the interview

participants, the small number of women who were involved in prosocial-oriented participation in advocacy groups were relatively privileged, and were involved in those groups as a way to help others, who were more disadvantaged than themselves. Thus, the findings of this study suggest that very few women become involved in groups specifically designed to campaign to bring about social and political change, and that this type of involvement is not something that many disadvantaged women engage in. This implies that community group involvement in itself cannot be expected to spontaneously give rise to 'transformative' social capital which leads to social change, and empowers disadvantaged communities. Rather, such efforts need to be carefully designed, in order to enable disadvantaged communities to work together to take collective action, and resources need to be provided to support people to be involved in these types of group activities. Furthermore, such collective action needs to be designed and organised in such a way so as to provide a realistic possibility of positive benefits for those who are involved.

This study has also drawn attention to the ways in which participation, including the nature and type of participation, and social capital 'resources' that may arise from this, is inequitably distributed among women, according to pre-existing levels of socioeconomic advantage and aspects of 'class' position. This is consistent with other research regarding the socioeconomic distribution of participation, in that those who are more likely to participate are relatively socioeconomically advantaged (Baum et al., 2000; Caiazza, 2005; Wilson & Musick, 1997).

The findings also highlighted the ways in which social relations within groups can reinforce unequal power relations. Communitarian approaches to social capital which follow Putnam's approach consider civic engagement and social capital as a community 'good', which has collective-level benefits (Baum & Ziersch, 2003). The findings of this study support the argument that, instead of considering social capital as operating on a collective level, and having wide-scale benefits, attention should also be directed to the ways in which aspects of 'social capital infrastructure', (including participation), can reinforce and perpetuate inequality and social exclusion for particular individuals and groups within communities (Portes, 1998; Portes & Landolt, 1996). These issues of social dynamics *within* communities are ignored if

social capital is viewed as operating homogenously at the level of communities (such as neighbourhoods, provinces and countries).

Communitarian understandings of social capital assume that participation in community organisations and ‘civil society’, in many cases leads to positive social capital for communities, including socially cohesive and trusting relationships (Kawachi & Berkman, 2000). The qualitative data in this thesis has provided a more complex picture of the social dynamics within community groups. This thesis indicates that *both* positive and negative interaction can arise from being involved in community groups. Thus, there potential for disunity and tensions to result from social dynamics within groups as well as social cohesion and support. In some cases, the negative social dynamics within groups can have extreme negative consequences for individuals.

The qualitative findings illustrated the operation of power relations and conflict at a ‘micro level’ within groups. Negative social interaction within groups is not necessarily a gendered phenomenon, but the findings illustrate how relations within community groups can give rise to violence perpetrated by men against women, such as harassment, stalking, and sexual assault. Communitarian approaches to social capital acknowledge the presence of a ‘dark side’ which can include such elements as negative social dynamics, and pressure exerted upon individuals to conform to group norms (Kawachi et al., 2007; Putnam, 2000). Indeed, researchers who have adopted Putnam’s approach in the field of health have increasingly recognised the potential for social networks to have negative consequences for individuals (see Kawachi et al., 2007). However, it has been argued that, despite this recognition of a ‘dark side’, social capital researchers have paid little attention to the mechanisms in which social capital acts as part of a system that reinforces injustice and oppressive social practices (Wakefield & Poland, 2005).

Pathways by which social capital can lead to negative outcomes have been explained by referring to the distinction between bonding and bridging ties. For example, Kawachi et al. (2007) accept that social capital can lead to both positive and negative health outcomes for individuals. They state: “Distinguishing between bonding and bridging capital may help to explain the sometimes conflicting effects associated with social capital” (p. 6). They argue that bonding social capital, particularly within

disadvantaged communities, may be a 'liability' for health (p. 7), and they conclude that 'bridging' ties are a more promising source of health promoting social capital: 'The key to improving health therefore appears to lie in residents' ability to access resources outside of their immediate social milieu, i.e., access to bridging social capital' (Kawachi et al., 2007, p. 7). The examples they provide of organisations which provide 'bridging' ties are civic organisations, such as business groups, trade unions and professional groups (Kawachi et al., 2007, p. 6). In addition, access to 'bridging' or 'linking' ties has been viewed as a potentially important way of promoting social change and empowering disadvantaged individuals and communities, by enabling them to access and have influence in more powerful social networks (Szreter, 2002; Szreter & Woolcock, 2004),

However, the qualitative findings of this study suggest that this type of 'bridging' social capital, which provides access to 'weak' and diverse social ties, may be largely accessed by women who are relatively advantaged, in terms of their level of education and professional occupations. Thus, this study tentatively indicates the possibility that, among women, 'bridging' social ties are inequitably distributed, according to relative class position and pre-existing levels of socioeconomic advantage. This is consistent with other research which has identified that 'bridging' social capital operates in exclusive ways, and can reinforce inequality (Leonard, 2004).

This study has also problematised the distinction between 'bonding' and 'bridging' connections. The findings illustrated the ways in which some groups can be viewed as both 'bonding' and 'bridging'. The difficult nature of this differentiation between bonding and bridging has been acknowledged (Putnam, 2000). However, the tenuous nature of the distinction between the two types of social capital suggests difficulties with using it as a way to neatly explain the mechanisms by which community group participation can give rise to different outcomes for individuals.

The qualitative findings also illustrated some of the ways in which relations within different types of groups can be underpinned by unequal power relations, which can lead to negative consequences for individual women. These issues of power dynamics between people within groups are not adequately addressed by an individualistic focus upon how a person's access to useful 'bridging' ties can enable

them to 'get ahead' (Bruegel, 2005). Thus, the findings of this study suggest some of the ways in which accounts of social capital which draw upon Putnam's communitarian framework are limited. The following section considers the insights this study offers to critical perspectives.

10.2.2 The value of Bourdieu's critical perspective

This study has drawn upon Bourdieu's (1986) conceptualisation of social capital as providing the basis for a critical investigation of women's participation in community groups. Furthermore, this study has utilised aspects of Bourdieu's (1986) conceptualisation in order to consider social capital both from the perspective of gender, and class. However, it is important to emphasise that Bourdieu's (1986) conceptualisation of social capital was only developed in limited ways in his work. Furthermore, the aim of this study was not to conduct research which strictly and consistently adhered to Bourdieu's overall theoretical positions, but to utilise his critical understanding of social capital as a way to investigate the concept. This study also used his critical conceptualisation to inform a feminist analysis of the concept of social capital.

This findings of this thesis illustrate the ways in which community group participation is linked with the wider social and economic conditions of women's lives, including how participation plays a part in maintaining the gendered and 'class' aspects of women's lives. In this sense, it supports Bourdieu's (1986) conceptualisation which views social capital as one 'guise' of a range of interlinked capitals, which can all act to reproduce and maintain existing power relations and patterns of inequality.

Overall, this study illustrates the value of Bourdieu's critical approach, as a useful 'starting point' for considering how social capital 'infrastructure' (through community group participation), and the social capital 'resources' that arise from it, impacts upon women's health and mental well-being. The qualitative findings illustrated some of the ways in which Bourdieu's (1979/1984) concept of 'habitus' is relevant to the ways in which participants were involved in community groups.

This study has considered the ways in which the participants' 'habitus' (as shaped by both gender and class-dependent ways of thinking, feeling and acting) has influenced their community group participation. For example, the findings revealed some of the participants' perceptions of the normal, 'taken for granted', (and sometimes resented) nature of their current and past obligations and responsibilities as mothers. These perceptions meant that they viewed certain types of community group participation as 'natural' and necessary activities. However, the nature of many of the participants' everyday family and caring responsibilities, including caring for family members and grandchildren, (in addition to other responsibilities) meant that they were unable to undertake involvement in other types of group participation. Thus, aspects of the participants' habitus, and their locations in social 'fields', influenced the types of participation they were able to undertake, and the types of involvement that they perceived as unavailable to them.

The difficulties for some women in negotiating their involvement in the face of such gendered pressures, or not being able to participate because of the demands of caring, family and household responsibilities, suggests that, in some instances, women in particular may face particular difficulties in accessing useful 'social capital' from community group involvement, and converting it into other forms of capital. Thus, the findings of this study support feminist arguments concerning the ways in which wider patterns of gender inequality may constrain women's ability to 'convert' the capital they possess into useful resources (Lowndes, 2004, 2006; Reay, 2006).

Some participants reported their perceptions that certain types of 'compassionate' and 'caring' prosocial-oriented involvement were more characteristic of women's normal behaviours. They viewed such participation as an extension of 'natural' maternal values that women are 'predisposed' to have (whether they have children or not), and even as a result of physical bodily characteristics. These types of comments revealed the participants' perceptions of how gendered aspects of women's habitus, such as values, norms, behaviours, and physical features, could directly influence the types of voluntary community participation that women undertook.

The findings also suggested class-specific differences in the ways in which participants undertook their involvement. The women were involved in different types of groups, and had different styles of involvement, and the data tentatively

indicated that this was linked with their different levels of access to cultural and economic capital. Furthermore, whether participants were involved in community groups or not, and the type of their involvement, was linked with their explanations of how their own personal values and beliefs motivated their participation or non-participation. Therefore, the findings indicated that nature of women's community group participation (or non-participation) can be influenced in part by gender issues and class position, which are reflected in norms of behaviour, tastes, values, bodily practices and dispositions of their 'habitus' (Wakefield & Poland, 2005).

The findings also illustrated how social interaction, and the choice to become involved in certain types of community groups, is governed by unacknowledged rules and social divisions within particular 'fields'. These rules concerning social interaction are part of the 'taken for granted' nature of everyday practice (Bourdieu & Wacquant, 1992). However, the data indicated how, in some instances, becoming involved in certain types of community groups can disrupt this by providing social contact between dissimilar individuals who would not normally interact, and this can enable individual women to access useful social capital 'resources'.

Bourdieu's social theory has been criticised for privileging structure over agency, and for providing an overly deterministic account which does not consider how social networks may provide the tools to advance social change (Bruegel, 2005; Williams, 1995). This study has focused on the level of the individual, and the qualitative findings do suggest ways that participation can potentially empower individual women. This included the provision of resources which could enable women to create positive change in their lives (such as opportunities for paid employment, or practical assistance from others). In addition, participation could provide a means to resist traditional gender roles and create more fulfilling personal identities.

However, such potential can also be constrained by the wider contexts of women's lives. Furthermore, not all types of group participation will offer such opportunities. This study provides empirical data which supports the argument put forward by Foley and B. Edwards (1999), that the extent to which an individual can access useful social capital resources from a social network is dependent upon their location within the broader social structure. Thus, for example, if an individual women is both

socioeconomically disadvantaged, and has demanding responsibilities relating to caring for others and domestic tasks, this will limit the resources they are able to access through the social capital ‘infrastructure’ that arises from community group participation.

In summary, this study illustrates the usefulness of drawing upon Bourdieu’s critical understanding of social capital, as a framework for analysing community group participation and the individual outcomes that arise from it. The findings offer critical insights that raise issues for communitarian approaches. The following section summarises the implications of this study for considering how social capital can promote women’s mental health and well-being.

10.2.3 Social capital as a way to promote mental well-being: The importance of directing attention to power and inequality

The introduction to this thesis outlined a conceptualisation of ‘well-being’ and definitions of ‘mental health’ which emphasised the importance of equitable social relationships based upon respect and collaboration, and a wider distribution of resources in society that are based upon equality and social justice. As summarised in the previous chapter (section 9.5), this study has illustrated the ways in which women’s community group participation was linked with both positive and negative experiences of mental health. The findings demonstrated that, where community group participation involved social interaction with others which was respectful and collaborative, and where it included activities which enabled participants to have a sense of achievement and control, it promoted both relational and, ultimately, personal and mental well-being. However, when community group involvement (and the tasks and responsibilities associated with it) were based upon traditional gender roles, which placed undue demands on women, and where social relations within groups were based upon unequal power relations, and a lack of respect, it did not promote personal well-being and detracted from mental health.

Furthermore, the study also illustrated wider issues which impacted upon women’s experiences of mental health. The findings indicated how issues such as the inequitable distribution of household and family tasks, and pressures relating to paid employment, and managing social relationships, had a negative impact on the mental

health of some women. Furthermore, the stressful impact of such issues in women's lives meant that some perceived community group involvement would exacerbate the negative pressures on their mental health. The study also illustrated how positive experiences of group involvement which enhanced mental well-being were often contingent upon the possession of economic, material and social resources.

Prilleltensky & Prilleltensky (2007) argue that well-being is dependent upon relationships, practices and policies which promote equitable power relations. The findings of this study suggest that social capital cannot be expected to promote mental health and well-being if no attention is paid to addressing issues of power, and unequal power dynamics. Such attention needs to be directed both at the 'micro' level of power struggles between people in social settings (such as community groups), and more broadly at wider structural inequalities which organise the ways in which people experience their everyday lives, and how this impacts upon the type of social capital available to them. The following section considers implications from this study for using social capital to promote women's health and mental well-being.

10.3 Insights for health promotion and health policies

Encouraging community participation is an important aspect of health promotion and community development. It is viewed as an important part of developing health policies and programs in ways which are democratic and accountable, and is seen as a strategy to empower individuals and communities to gain control over their social and economic circumstances, which in turn, can be beneficial for health and well-being (Commission for the Social Determinants of Health, 2008; Laverack & Labonte, 2008; Wakefield & Poland, 2005). In relation to social and health policy, a focus on community participation is an important aspect of government policies in countries such as the UK and Australia, which aim to reduce social 'exclusion' (Popay et al., 2008). Encouraging participation by community members in relation to health programs and services is viewed as a way to include disadvantaged groups and address social exclusion and health inequalities (McLean, Campbell & Cornish, 2003).

Furthermore, the notion of developing 'social capital' has been adopted as a guiding framework within policy approaches which aim to increase community participation

within disadvantaged neighbourhoods, as a way to address social and health inequalities (Campbell, 2000; Campbell & Gillies, 2001; Campbell & McLean, 2001). Government policy initiatives that view community participation as a tool to address neighbourhood-based inequalities have been developed in countries such as Australia (for example, see: Neighbourhood Renewal Branch, 2007) and the U.K (for example, see: Neighbourhood Renewal Unit, 2005). Developing 'civic engagement' and participation in group activities within local communities has also been identified as a 'theme for action' to promote mental health (see VicHealth, 2005).

Among researchers and commentators who have written about the links between, and potential value of, social capital for health promotion, some have cautiously concluded that social capital can contribute towards health promotion, in the extent to which it can be used for its *strategic* value, and that the concept can be carefully employed within wider health promotion practices which explicitly draw upon social justice, equity and empowerment principles (Campbell, 2000; Hawe & Schiell, 2000; Labonte, 1999; Wakefield & Poland, 2005;). Thus, social capital has been seen as offering some value, despite a lack of an explicit orientation towards promoting equity (Wakefield & Poland, 2005).

This study did not consider women's participation within the context of specific health promotion programs and practices, thus, it is limited in the extent to which it can offer detailed recommendations for health promotion. However, the findings of this thesis support the argument that the concept of social capital should be used within health promotion practices which explicitly draw upon an empowerment framework, with the aim of increasing equity (Baum, 2007; Laverack & Labonte, 2008). The possibility that some types of community participation, like some forms of paid employment, can be damaging for health, and can reinforce inequality, has been acknowledged in the health literature (see Baum, 2008; Kunitz, 2001; McCubbin et al., 2001). The findings of this study reinforce the importance of directing attention towards the ways in which participation can be negative, in order to minimise health damaging consequences. In addition, this study supports the argument of Campbell and McLean (2002), that social and health policies should not simply encourage increased participation in community activities as a way of promoting health, without also acknowledging the nature of the barriers and

difficulties that can be associated with such participation, (particularly for disadvantaged groups) and taking measures to address these.

In relation to women's health and mental well-being in particular, it is important that strategies that utilise community participation to benefit specific communities (for example, people living within disadvantaged neighbourhoods) recognise that it is often women that invest time in participation to benefit others, for example, in children's locally-based school and recreation groups. In this sense, health promotion policies and practices need to explicitly recognise the potential that efforts to increase participation in local communities may unduly rely upon the efforts of women, and consequently, impose stressful demands on individual women. The potential for efforts to 'increase' community social capital to rely disproportionately upon women has already been noted (Molyneux, 2002; Onyx & Leonard, 2000). Thus, it would be helpful if this awareness was accompanied by measures designed to ensure women are not unduly burdened by community participation. This suggests the importance of adequate funding and resources for health promotion programs to promote local community participation, so that they do not unduly rely upon the efforts of volunteers, who may be women.

Furthermore, the qualitative findings of this study suggest that, to encourage women to be involved in groups specifically to promote health-enhancing behaviours, such as recreation and physical activity groups, it is necessary to design such groups in ways that explicitly challenge traditional gender roles, such as notions of 'guilt' about not spending time looking after children. It is also important to provide positive opportunities and resources for women to be involved who may be limited by other caring responsibilities, such as women who care for their family members of grandchildren.

The qualitative findings of this study suggest that participation in community groups can potentially offer health benefits to women who may be socially isolated and lack confidence. However, issues such as a lack of confidence and 'having no-one to go with' were identified in the quantitative findings as barriers to regular involvement. Thus, this indicates that it is difficult for women who feel isolated and lacking in confidence to take the step to participate in community groups. It is also important to acknowledge that, as the qualitative findings illustrated, some women may have

negative experiences of being involved in community groups, which may detract from their confidence and lead to their withdrawal from social situations. Thus, in considering how to promote mental health among women who feel socially isolated, taking a simplistic approach of increasing participation in any type of community group is not appropriate. To engage such women in organised social activities which may be beneficial for their health, it is necessary to provide sufficient resources and support to enable them to be involved, within a safe and comfortable environment.

Thus, it can be concluded from the findings of this study that it is important to provide a safe social environment which is free from violence, and offers practical resources such as childcare and transport. This may involve strategies such as providing women-only group activities, facilitated by trained staff. Such resources attached to participation should be actively promoted in order to engage with, and enable the participation of women who may not otherwise become involved. These insights suggest that it is beneficial for women's group participation to be explicitly organised around feminist principles, which have an awareness of gender and sociocultural issues which impact particularly upon women.

The significance of a feminist framework in guiding women's community group participation indicates the important role of women-specific health and community services. Broom (1991) describes the historical development of women-specific health services, including women's health centres, in Australia. Women's health centres grew out of the feminist women's health movement, and were set up in the 1970s and 1980s to provide women with an alternative source of healthcare, one which was more sensitive towards their sociocultural circumstances, and were organised according to feminist principles (Broom, 1991). Currently, Women's Health Centres provide women-specific health services in South Australia and throughout Australia. One of the services provided by Women's Health Centres in Adelaide are opportunities to participate in group activities, such as support groups, and recreation groups which promote physical activity (see Women's Health Statewide, 2008). These services provide group activities for women at no or minimal cost, and offer childcare. The findings of this study reinforce the importance of such women-specific services, and the need for them to be adequately resourced and funded, as they provide opportunities for women to participate in group activities

within safe environments, and aim to improve women's health and well-being through promoting empowerment and gender equality.

Finally, and more broadly, this study also offers insights for community organisations within the voluntary sector. The findings suggest the importance of designing and organising community groups in ways which have an awareness of the health-damaging impact of participation, including the possibility that involvement may place stressful demands on individuals, and the health impact of negative social interaction. In addition, this study indicates the importance of providing a safe environment and of being aware of the potential for gender violence to arise within mixed gender groups. In Australia and other developed countries, high levels of volunteering and community participation are considered to be a valuable objective as volunteers are viewed as 'good' and 'active' citizens (see Government of South Australia, 2008; Milligan & Fyfe, 2005; Oppenheimer & Warburton, 2000; Warburton, Le Broque & Rosenman, 1998; Warburton & Smith, 2003). Furthermore, voluntary community participation can be a compulsory activity imposed upon some groups, as individuals who receive unemployment benefits are compelled to volunteer and be involved in community activities (Warburton & Smith, 2003).

This wider policy context of encouraging higher levels of involvement suggests that community organisations need to have sufficient resources which enable them to successfully manage such challenges. This thesis also suggests the importance of community organisations (which may operate outside of the health sector) explicitly directing attention towards minimising the negative health consequences of participation, in addition to considering the ways in which participation can promote health. It also highlights the need to be aware of issues of safety and the potential violence that can result from social relationships within groups, which may be an important consideration in situations where groups of people are compelled to volunteer their time in community activities.

10.4 Limitations, Strengths and suggestions for future research

This section considers the limitations of this study, and possible avenues for future research. It also discusses the particular strengths of this research, and the value of the findings of this study.

10.4.1 Study limitations and suggestions for future research

The design of this study had a number of limitations. In relation to the quantitative aspects of this research: although follow-up reminders were sent to recipients of the postal survey, the overall response rate to the questionnaire was 53%, which is not high. However, as discussed in chapter 3 (page 57), the overall purpose of this study was not to produce findings which were generalisable to a broader population beyond this sample, but to use both qualitative and quantitative data to conduct an in-depth investigation of community participation within this particular sample of women who lived within metropolitan Adelaide.

This study relied upon the self-selection of questionnaire respondents and interview participants, which may have lead to the exclusion of particular groups of women. There are well documented problems with relying upon self-selection of respondents for postal surveys, as they may be less acceptable to individuals with lower rates of literacy (Baum, 2008), and particular groups are likely to be under-represented, such as those with lower levels of education and from migrant and non-English speaking backgrounds (De Vaus, 2002).

In addition, it has also been noted that those individuals who are more interested in the subject of the research are more likely to return postal questionnaires (Fowler, 1984), and in this study, it can also be concluded that those women who were interested in the research topic were also more likely to volunteer to be interviewed. Furthermore, the time of day in which the interview participants were contacted by telephone to be recruited would have had an impact on the sample. Participants were contacted by telephone prior to 6pm in the evening to be recruited for the study, and this would probably have under-represented women who worked full-time (Fowler, 1984). However, participants were contacted by home, mobile and work phone numbers, and messages were left on answering machines or with other household residents when women were not available in order to recruit women who worked full-time.

Related to this, both samples of questionnaire respondents and interview participants contained a larger proportion of older women. This was a consequence of relying upon self-selection of research participants, as it disproportionately favoured women

of particular ages who may have been interested in the subject of the research, and would possibly have more time available (due to not working full-time or being retired) to complete a questionnaire or participate in an interview. Thus, the experiences of younger women were under-represented in both the quantitative and qualitative aspects of the study.

This study only considered the experiences of women, so no comparison can be made with men's experiences of participation in community groups. While this study contributes to a body of research that illustrates the gendered context of women's community participation, it cannot be concluded that this study provides insights which are only applicable to women and not relevant to men. Thus, the findings of this study *alone* cannot claim to demonstrate fully the gendered nature of community group participation. Further research is necessary to explore the gendered context in which men's community group participation takes place, and the ways in which it may impact on their health and mental well-being. Such research would be useful, firstly, to contribute to a more comprehensive understanding of participation as a gendered activity, and secondly, to identify social and economic factors which may distinguish *among* men in their participation, or non-participation, in community groups. Such research could also extend and build upon the findings of previous studies of health, gender, and men's social capital (Sixsmith & Boneham, 2002, 2003a).

The interview participants and questionnaire respondents largely consisted of women who were of European descent, white and English-speaking. Thus, this research has not adequately explored the experiences of other groups of women in the Australian community who come from culturally and ethnically diverse backgrounds. This is an important avenue for future research, as it is important to consider how community participation and the social capital that arises from it, is shaped by intersecting gender, ethnic, cultural and socioeconomic inequalities, and the implications of this for the health and well-being of diverse groups of women and men. It is also important to acknowledge that the idea of voluntary community involvement is one which is located within 'western' liberal democratic traditions, (which represents dominant social, political and cultural values in Australia) and this study has focused upon the participation of women who have 'Anglo'-Australian or European-

Australian cultural backgrounds. Community group participation is likely to be perceived and experienced in different ways by women from other cultural backgrounds.

Both the quantitative and qualitative data collected cross-sectional data, which provides a 'snapshot' of the respondents' views and experiences at one particular point in time. This is limited because it cannot consider changes among participants over time in the ways in which they have participated in community groups.

However, the qualitative interviews did explore the participants' previous as well as current involvement, and how they perceived it impacted upon their mental health and well-being, so in this respect, the data did include findings that related to the ways in which the participants' involvement may have changed over time.

In relation to the quantitative analysis, logistic regression techniques were used, which involved entering sociodemographic variables (such as level of education and employment situation) as discrete items, and considering which variables were better 'predictors' of various measures of participation. While this kind of statistical technique is common in social science and health research, it is problematic as it does not allow for consideration of how these sociodemographic variables were interlinked and dependent upon one another, and form part of a broader complex picture of the respondents' social, cultural and economic context.

This study has explored the outcomes of women's involvement in a qualitative way within a small sample. Further research on a wider scale is necessary to fully explore the health and mental outcomes linked with women's involvement in community groups. Similarly, the qualitative research has mainly focused at a 'micro' level on the nature of women's participation within groups. More detailed quantitative analysis is required to comprehensively compare and examine different types of groups, in relation to the outcomes and consequences that arise from participation for individual women and men.

10.4.2 Strengths of this study

An important strength of this research has been that it utilised both qualitative and quantitative data. One of the ways in which this thesis has offered an original

contribution to knowledge of social capital has been through the use of both types of methods to examine the concept in different ways. This study included a detailed, in-depth consideration of the nature of women's involvement (through qualitative methods), and how they perceived it was linked with their experiences of mental well-being. This was in addition to an exploration of some broader patterns in women's community group participation (through quantitative methods), including differences among women according to sociodemographic factors.

Whilst the main source of data for this research was qualitative, the quantitative analysis was able to complement the qualitative findings by providing some insight into the wider patterns in the sample from which the interview participants were drawn. In this sense, utilisation of the quantitative data provided a useful background context against which to consider the qualitative findings, and this kind of background data is not available in many qualitative studies. Furthermore, the quantitative analysis indicated associations in the data which were investigated in greater depth in the qualitative findings. Thus, whilst the challenges of using both methods have been well documented, this study took the approach that using these different sources of data was a way of using different 'tools' to consider women's community group involvement. The use of these different methods in a complementary way has contributed valuable insights and understanding of the social capital associated with women's participation.

The previous section highlighted that the lack of inclusion of men's experiences was a limitation of this study. Whilst this is the case, it is also a strength of this research that it has paid particular attention to women's experiences and specific differences among women in their involvement in community groups. Although the findings of this study alone can not be used to draw conclusions about the gendered nature of participation, this detailed focus on women has contributed towards a greater understanding of the ways in which *aspects* of gender, (including the nature of women's everyday family, caring and household roles) intersect with other social and economic issues, (including their relative class position) to shape the different ways in which they are involved, or not involved in community groups. This is a particularly valuable contribution given that the social capital literature has been criticised for not paying adequate attention to the ways in which women's social

capital occurs within contexts of gender, as well as socioeconomic inequality (Gidengil & O'Neill, 2006; Molyneux, 2002).

This study has illustrated some key differences *among* women in the ways in which they participate, and this in itself is a valuable contribution to knowledge of the nature and operation of social capital. A sole focus on women enabled this study to conduct a detailed examination of aspects of 'social capital' and community group involvement, in ways which might not have been possible in a broader study that compared both women and men. In order to build upon the findings of this study, further research is necessary to investigate social capital through considering the diverse nature of men's experiences of community group involvement.

Finally, this study has only considered the ways in which community group involvement is linked with mental health and well-being in the qualitative analysis, through a consideration of women's own 'lay' accounts' of their health and well-being. Furthermore, the qualitative analysis considered wider factors in their day-to-day lives which they felt impacted upon their mental health, in positive or negative ways, and how their involvement or non-involvement in community groups was a part of this broader picture. The qualitative findings illustrated the gendered context in which women experience their personal well-being, and this informed the more specific analysis of how their participation, and the ways it affected mental health, was influenced by gender. Thus, examining the participants' lay accounts and experiences of mental health was a valuable aspect of this research, as it meant that the findings relating to community group participation could be understood as part of wider issues which occur in women's day to day lives and impact upon their experiences of mental health.

This is a strength of this research as it has considered the multiple and complex ways, both positive and negative, that community group involvement and the associated social capital is linked with individual women's health and mental well-being. Such nuanced understandings have the potential to contribute to the ways in which health promotion and health policies can utilise the concept of community group involvement to promote women's mental well-being, and the limitations and difficulties associated with using the concept of social capital to promote health. The following section concludes this thesis by providing some final remarks concerning

the contribution it has made to understanding of social capital, women's involvement in community groups and the links with their mental health and well-being.

10.5 Final remarks

This thesis has contributed in a number of ways towards understandings of social capital and how it is linked with women's health and mental well-being. While women's participation in community groups has been studied in relation to other theoretical concepts, such as citizenship and volunteering, (see Lister, 2005; Putland, 1999, 2000; Warburton & McLaughlin, 2006) and empowerment (see Itzhaky & York, 2000), the original contribution of this thesis is that it has examined women's community participation as a way to analyse aspects of the concept of *social capital* and how it relates to women's mental well-being.

This study has contributed towards knowledge of the ways in which gender is relevant to women's community participation and the ways in which they access social capital. In addition, it has indicated that women's participation is differentially shaped by social, economic and cultural factors, and acts to reinforce social and 'class' differences among women. It has also identified ways in which community participation can result in outcomes which can be positive or negative for individual women's mental health and well-being, supporting arguments that the 'social capital' associated with community group involvement is not necessarily positive for health (Kunitz, 2001). In this way, this thesis has contributed to understandings of the ways in which social capital through community participation, is linked with health and mental well-being. The findings suggest that the links between community group participation and associated 'social capital' and women's mental health and well-being is complex, and that community group participation can result in outcomes which can both promote and damage mental health.

Finally, the findings of this study suggest that critical conceptualisations of social capital are more useful than communitarian approaches for strategies to promote health. This thesis has indicated the value in employing concepts of social capital which are informed by Bourdieu's (1986) critical perspective, particularly if community participation is to be used as a tool to try and create health-promoting social capital for women in particular. Bourdieu's approach emphasised the social

and historical context in which social capital was created and accrued, and its role as a form of power in reproducing social inequalities. An awareness of these issues is crucial to inform health policies designed to facilitate change, promote health and mental well-being and increase health equity through social capital building.

Appendix A. Items from broader questionnaire used in study.

Section 2: Activities that you are involved in

Group activities

11. In the past **12 months**, have you participated in the activities of any of the following **types of groups or organisations** on more than one occasion?

Please also indicate **how many groups of each type** you have participated in (*eg. if you are involved in two sporting groups tick the box for a) and write 2 in the space provided*)

Tick as many as apply

- | | | |
|---|--------------------------|----------------------|
| a) sporting or recreation groups or organisations | <input type="checkbox"/> | → How many? _____ |
| b) arts or cultural groups or organisations | <input type="checkbox"/> | → How many? _____ |
| c) craft or hobby groups or organisations | <input type="checkbox"/> | → How many? _____ |
| d) religious or spiritual groups or organisations | <input type="checkbox"/> | → How many? _____ |
| e) social clubs | <input type="checkbox"/> | → How many? _____ |
| f) Indigenous clubs or organisations | <input type="checkbox"/> | → How many? _____ |
| g) ethnic clubs or organisations | <input type="checkbox"/> | → How many? _____ |
| h) trade unions, professional organisations or technical associations | <input type="checkbox"/> | → How many? _____ |
| i) political parties | <input type="checkbox"/> | → How many? _____ |
| j) civic or action groups or organisations | <input type="checkbox"/> | → How many? _____ |
| k) environment or animal welfare groups | <input type="checkbox"/> | → How many? _____ |
| l) human and civil rights groups | <input type="checkbox"/> | → How many? _____ |
| m) children, parenting or school related groups | <input type="checkbox"/> | → How many? _____ |
| n) services clubs | <input type="checkbox"/> | → How many? _____ |
| o) humanitarian aid groups | <input type="checkbox"/> | → How many? _____ |
| p) health or welfare organisations or groups | <input type="checkbox"/> | → How many? _____ |
| q) self-help groups | <input type="checkbox"/> | → How many? _____ |
| r) voluntary emergency, rescue or fire services organisations | <input type="checkbox"/> | → How many? _____ |
| s) other: (please specify _____) | <input type="checkbox"/> | → How many? _____ |
| t) <i>I have not participated in any of these groups</i> | <input type="checkbox"/> | → Go to question 14. |

13. Overall, in the past 12 months, **how often** have you participated in the activities of **any** of these groups/organisations? *(please tick one box)*

- Weekly Monthly Occasionally Rarely Never
- ₁ ₂ ₃ ₄ ₅

14. Would you like to have been **more involved** in any of the types of groups or organisations listed in question 11?

Tick one box

Yes..... ₁

No ₂

➔ If yes, what are the main reasons you have not been more involved?

Tick as many as apply

- lack of information/knowledge about how to get involved ₁
- no relevant organisations ₂
- child-care or other caring responsibilities ₃
- health status ₄
- can't afford to ₅
- lack of time due to paid work ₆
- no vehicle/poor public transport ₇
- no one to go with ₈
- feel unwelcome ₉
- lack of confidence ₁₀
- language barrier/difficulty ₁₁
- other (please specify: _____) ₁₂

Social activities

17. On average, excluding the people you live with, approximately how often do you do the following with **at least one of your relatives**? *(please tick one box for each line)*

	Every day	Most days	Once or twice a week	Once or twice a month	Every couple of months	Less often
have face-to-face contact (e.g. visiting each other, gone out together)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
have telephone or email/Internet contact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

18. On average, excluding the people you live with, approximately how often do you do the following with **at least one of your friends**? *(please tick one box for each line)*

	Every day	Most days	Once or twice a week	Once or twice a month	Every couple of months	Less often
have face-to-face contact (e.g. visiting each other, gone out together)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
have telephone or email/Internet contact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Section 4: About You

The following questions ask some background information about you, in order to compare the views of a range of people about their neighbourhood and health. All of this information is STRICTLY confidential (as are all your other answers).

42. Are you:

Male.....₁

Female.....₂

43. In what **year** were you born? _____

44. What is the **highest level of education** that you have completed?

Tick one box

No formal schooling.....₁

Primary school.....₂

Secondary school (high, tech etc)₃

TAFE certificate course₄

Trade or business qualification/apprenticeship₅

University degree or tertiary diploma₆

Higher degree₇

Other (please specify: _____) ₈

48. What best describes your current **relationship status**?

Tick one box

- Single, never married ₁
- Married ₂
- Divorced ₃
- Separated but not divorced ₄
- Widowed ₅
- De-facto/partnered ₆

49. What was your **household income** before tax in the last financial year? Please add up the amount of **BEFORE TAX** income received by everyone in your household. (A 'household' is a group of two or more related or unrelated people who live in the same dwelling and who share food or other essentials for living)

Per year	OR	Per week	
less than \$2,080		less than \$40	<input type="checkbox"/> ₁
\$2,080-4,159		\$40-79	<input type="checkbox"/> ₂
\$4,160-6,239		\$80-119	<input type="checkbox"/> ₃
\$6,240-8,319		\$120-159	<input type="checkbox"/> ₄
\$8,320-10,399		\$160-199	<input type="checkbox"/> ₅
\$10,400-15,599		\$200-299	<input type="checkbox"/> ₆
\$15,600-20,799		\$300-399	<input type="checkbox"/> ₇
\$20,800-25,999		\$400-499	<input type="checkbox"/> ₈
\$26,000-31,199		\$500-599	<input type="checkbox"/> ₉
\$31,200-36,399		\$600-699	<input type="checkbox"/> ₁₀
\$36,400-41,599		\$700-799	<input type="checkbox"/> ₁₁
\$41,600-51,999		\$800-999	<input type="checkbox"/> ₁₂
\$52,000-77,999		\$1,000-1,499	<input type="checkbox"/> ₁₃
\$78,000-\$103,999		\$1,500-\$1,999	<input type="checkbox"/> ₁₄
\$104,000 -\$129,999		\$2,000-\$2,499	<input type="checkbox"/> ₁₅
\$130,000 or more		\$2,500 or more	<input type="checkbox"/> ₁₆

50. How would you say you are **managing financially** at the moment?

Tick one box

- Living very comfortably ₁
- Living quite comfortably ₂
- Getting by ₃
- Finding it quite difficult ₄
- Finding it very difficult ₅

51. Which **ONE** of the following best describes your current **employment situation**?

Tick one box

- Working full-time for pay ₁
- Working part-time for pay ₂
- Self-employed ₃ → Go to question 53
- Working without pay in a family or other business ₄ → Go to question 54
- Unemployed, looking for work ₅ → Go to question 54
- Retired ₆ → Go to question 54
- Full-time student ₇ → Go to question 54
- Household duties not looking for work ₈ → Go to question 54
- Not working because of a disability ₉ → Go to question 54
- Other (please specify: _____) ₁₀ → Go to question 54

52. Which of the following best describes the **terms of your employment**?

Tick one box

- Permanent ₁
- Casual ₂
- On short term contract/s (1 year or less) ₃
- On medium term contract/s (more than a year, less than 3 years) ₄
- On long term contract/s (3 years or more) ₅

53. How many **hours of paid work** do you usually do per week? ____ hours

54. Which of the following living arrangements best describes your **household**?

Tick one box

- Live alone ₁
- Live with partner/spouse only ₂
- Live with partner/spouse and children ₃
- Sole parent with children ₄
- Live with parents or other related adults ₅
- Live with other unrelated adults ₆
- Other (please specify: _____) ₇

55. **Including yourself**, how many people **aged 18 and over** live in this household?

_____ adults

56. How many **children under 18 years of age** live with you at least some of the time?

_____ children → How many of these are under 15? _____

59. In this residence are you?

Tick one box

The outright owner/ joint owner 1

Paying off a mortgage 2

Renting from the SA Housing Trust 3

Renting privately 4

Renting Cooperative housing 5

Other (please specify: _____) 6

Appendix B. 'Other' responses: Types of group participation.

Response	Frequency
40yrs meals on wheels	1
Adult school	1
Air youth of SA	1
Astronomical soc	1
Bluelight	1
Business org	1
Cadets group	1
Charity (Anglicare)	1
Charity donations	1
Charity for overseas orphans	1
Church & fellowship	1
Church study groups	1
Community based	1
Community capacity	1
Daily work (myself)	1
Disability group as volunteer	1
Dog obedience	1
Dog shows	1
Food & wine club	1
Fund raising red cross	1
Fundraising/charity	1
Garden club	1
Gardening club	1

Response	Frequency
Gym	2
Gymnasium	1
High school year 12	1
Housing co-op meeting	1
Housing co-operation	1
I'm a carer	1
I don't have time	1
Intellectually handicapped	1
Lifeline	1
Mow	1
Nail technician course quality training for learning co	1
Neighbourhood watch	4
Occupational therapy	1
Op shop work	1
Over 50 group	1
Own family support (extended)	1
Parents group	1
Play cards every monday in a group	1
Police tattoo (volunteer)	1
Red shield appeal	1
Red x, neighbourhood watch, hospital volunteer	1
Refer q70	1
Reiki	1
Royal geographical society	1
Royal society for blind	1
Safety house	1

Response	Frequency
School canteen volunteer	1
School friends/graduate friends	1
Small business group	1
Stroke support group	1
Study at flinders university b. Theo	1
Study group	1
Support group	1
Tafe – education	1
Tafe	1
Toy library	1
Twice month	1
University volunteer	1
Voluntary radio	1
Voluntary trengza committee	1
Voluntary, sporting, social	1
Voluntary/thrift shop	1
Volunteer	1
Volunteer aged care	1
Volunteer at hospital	1
Volunteer at riding for disabled	1
Volunteer in hospital	1
Volunteer library work	1
Volunteer lunchtime program	1
Volunteer meals on wheels	1
Volunteer nursing home	1
Volunteer radio presenter	1

Response	Frequency
Wea educational org	1
Weight watchers	1
Yoga	2
Total	83

Appendix C. Calculation of equivalised income.

Equivalised income was calculated according to the 'modified OECD' formula (ABS, 2006a). This involves allocating 1 point to the first adult in the household. Each additional person in the household who is 15 years or older is allocated 0.5 points. Each child under the age of 15 is allocated 0.3 points. The questionnaire included an item which asked: 'Including yourself, how many people aged 18 and over live in this household?' and then asked respondents to specify how many people under the age of 18 lived in the household, and how many of these were under the age of 15. These items were utilised to calculate the number of people in households who were aged 15 years or over, or under the age of 15.

The equivalised income of a household is obtained by dividing the total income by the total of all the points allocated to individuals in the household. Thus, the equivalised income of a single-person household is the same as total income. In this study, questionnaire respondents were not asked to specify their exact income, but to indicate their income within categories. Thus, the median of the relevant income category was used to calculate equivalised income. For example:

A household with 2 adults over 18, 1 child over 15, and 2 children under 15:

- Equivalence points: $1+0.5+0.5+0.3+0.3 = 2.6$
- Total (before tax) household income (per week) as identified in questionnaire: \$500-599. Median: \$549.50.
- Median weekly equivalised income: $\$549.50/2.6 = \mathbf{\$211.35}$.

Appendix D. 'Other' responses to employment situation.

Response	Frequency
3jobs	1
Age pension	1
Aged pensioner	1
Carer	2
Carer not looking for work	1
Carer to husband	1
Casual	2
Casual man power	1
Disability	1
Full-time carer for daughter	1
Full-time student with scholarship pay	1
Full time during holidays	1
Full time mum	1
Full time volunteer	1
Hearing impairment	1
Home duties/home studies & tafe courses	1
Household & voluntary work	1
Household duties looking for work	1
Household duties, mother of 2 small children, looking for p/t work	1
I have epilepsy bad	1
I only do volunteer work	1
Looking for part time work	1
Maternity leave	2

Response	Frequency
On maternity leave	1
On sick leave	1
Parenting pension	1
Part-time uni student/medical certificate	1
Partner allowance	1
Pensioner	3
Pregnant with twins	1
Raising children	1
Receive small payments through board positions - retired	1
Self-funded retiree	1
Single mum looking for work	1
Single parent, wanting to learn new skills to find employment but don't know how	1
Sole parent lots of volunteer work	1
Studying	1
Unemployed - home duties. Starting a new job feb 2005	1
Unemployed due to illness	1
Voluntary work	2
Volunteer work	1
Volunteering	2
Widow allowance (centrelink)	1
With crs	1
Workcover	1
Workcover leave from permanent employment & studying part-time	1

Response	Frequency
Working part time for pay - on annual leave - not working because of pregnancy	1
Total	54

Appendix E. Participation in community groups according to relationship situation.

Participation in any community group in previous 12 months, according to relationship situation.

Relationship situation	Participated in any group % (N)
Single, never married	79 (118)
Married	85 (432)
Divorced	68 (60)
Separated not divorced	63 (19)
Widowed	77 (72)
Defacto / partnered	70 (55)

Frequency of participation, according to relationship situation

Relationship situation	Weekly / monthly participation % (N)	Occasionally/rarely/never participation % (N)
Single, never married	55 (82)	45 (67)
Married	65 (322)	35 (171)
Divorced	48 (40)	52 (44)
Separated not divorced	45 (13)	55 (16)
Widowed	58 (49)	42 (36)
Defacto / partnered	47 (35)	53 (40)

Appendix F. Form requesting participation in interview.



FLINDERS UNIVERSITY
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Department of Public Health

NEIGHBOURHOOD & HEALTH STUDY



We wish to talk to people further about
their neighbourhood and health.

Would you be willing to be interviewed in more detail?

If you are interested in being involved,
please fill out your name, address and phone number
below and send it to us in the envelope provided
or post it in a separate envelope to the
address below (no stamp needed).

We will be randomly selecting people to participate in an interview
and will be contacting those people over the next 12 months.



Yes, I am interested in being interviewed in more detail for the Neighbourhood and Health study.

My **NAME** is:

My **PHONE NUMBER** is:

My **ADDRESS** is:

.....

.....

.....

IN THE EVENT THAT I MOVE IN THE NEXT 12 MONTHS, I AM HAPPY FOR YOU TO CONTACT THE FOLLOWING PERSON (FRIEND, RELATIVE ETC) TO GET IN CONTACT WITH ME:

NAME:

PHONE NUMBER:

Send to: Reply Paid 21
(Dept of Public Health – Location & Health)
The Director of Administration and Registrar
Flinders University of South Australia
GPO Box 2100
ADELAIDE SA 5001

Appendix G. Interview participant recruitment letter.



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

Department of Public Health
Faculty of Health Sciences

GPO Box 2100
Adelaide 5001 Australia

Telephone: (+61 8) 8204 6388
Facsimile: (+61 8) 8204 5693
Email: katy.osborne@flinders.edu.au

Ms FIRST NAME LAST NAME
ADDRESS LINE 1
ADDRESS LINE 2

Dear Ms LAST NAME,

I am a PhD student in the Department of Public Health at Flinders University. My supervisor is Professor Fran Baum. I am writing in regard to the "Neighbourhood and Health" questionnaire that you completed for this Department last year. You indicated at that time that you would be interested in taking part in an interview to explore issues related to neighbourhood and health in more detail.

As part of the Neighbourhood and Health research project, I am undertaking a study on the subject of: "Women's health and community participation", which seeks to investigate how involvement in social and community activities impacts upon the individual health and well-being of women. In order to explore these issues, I will be conducting interviews over the next two months.

I would be most grateful if you would volunteer to spare the time to assist in this project, by granting an interview, which touches upon certain aspects of this topic. No more than two hours on one occasion would be required.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Those who participate in this study will be offered a Coles Myer voucher to the value of \$30 on completion of the interview. This is to say "thank you" to participants for giving up their time to assist this research.

I will be contacting you by telephone on: PHONE NUMBER in the next few days, to see if you are interested in taking part in an interview. Alternatively, if you have any questions about this study, you would like to arrange an interview, or inform me that you do not want to take part, **I can be contacted by telephone on (08) 8204 6388, by fax on (08) 8204 5693, or by email: katy.osborne@flinders.edu.au.**

My supervisor can also be contacted in regard to any questions that you may have about this study, by telephone on (08) 8204 5983, by fax on (08) 8374 0230, or by email: fran.baum@flinders.edu.au.

Yours sincerely

Katy Osborne

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. The Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

Location: Sturt Road, Bedford Park, South Australia.

Appendix H. Details of Interview Participants.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Alice	Non-participator	60-65	\$300-599	University	Retired	Married	High SES	<p>Disability: vision impairment</p> <p>Physical health: health problems, felt health was poor.</p> <p>Mental health: had experienced depression in past, currently felt mental health was good.</p>
Camilla	Frequent Participator	45-50	\$0-299	Vocational	Household duties	Married	Low SES	<p>Physical health: some problems, including past work injury, overall health was reasonable.</p> <p>Mental health: had experienced depression in past, currently felt was reasonable.</p>

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Cathy	Infrequent participator	35-40	\$0-299	University	Full-time student	Single	High SES	Physical health: good. Mental health: had experienced depression in past, currently felt was good.
Elaine	Non-participator	50-55	\$0-299	University	Not working due to disability	Separated	Low SES	Disability: needed to attend hospital regularly for serious health condition Physical health: has health problems, felt was poor. Mental health: good.
Eve	Non-participator	20-25	\$0-299	University	Works part-time (just finished full-time study)	Single	Low SES	Physical health: good Mental health: good
Henrietta	Frequent participator	30-35	\$1000+	University	Works part-time	Married	High SES	Physical health: good Mental health: previous mental health problems, currently felt mental health was good.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Laura	Non-participator	18-20	\$0-299	Secondary	Works part-time	Single	Low SES	Physical health: good Mental health: good
Leah	Non-participator	40-45	\$1000+	Vocational	Works full-time	Married	Low SES	Physical health: good Mental health: reasonable, some problems.
Leila	Frequent Participator	65-70	\$0-299	Secondary	Retired	Married	Low SES	Physical health: some problems, currently felt was poor. Mental health: good.
Leslie	Frequent participator	55-60	\$1000+	University	Works part-time	Married	High SES	Physical health: overall health was good. Mental health: Previous experience of depression. Currently thought mental health was good.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Linda	Frequent participator	20-25	\$300-599	Secondary	Full-time university student, works part-time	Partnered	High SES	Physical health: good. Mental health: good.
Lynette	Frequent participator	65-70	\$1000+	University	Retired	Married	High SES	Disability: vision impairment Physical health: reasonable, some problems. Mental health: good.
Maria	Non-participator	50-55	\$300-599	Vocational	Works full-time	Married	Low SES	Physical health: overall reasonable, some health problems. Mental health: good.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Nadia	Non-participator	45-50	\$0-299	Vocational	Not working due to disability	Divorced	Low SES	Disability: mild physical and intellectual disabilities resulting from an accident in past. Physical health: reasonable, some health problems Mental health: good
Nancy	Frequent participator	50-55	\$600-999	University	Works full-time	Married	High SES	Physical health: reasonable, some problems. Mental health: had experienced depression in past, currently felt was good.
Natalie	Infrequent participator	40-54	\$0-299	Vocational	Not working due to disability	Married	Low SES	Disability: experienced workplace injury. Physical health: reasonable, some health problems Mental health: reasonable.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Olivia	Frequent Participator	50-55	\$600-999	Secondary	Works full-time	Married	High SES	Physical health: good. Mental health: good.
Rachel	Infrequent participator	40-45	\$300-599	Secondary	Works part-time	Married	Low SES	Physical health: good Mental health: reasonable.
Raelene	Frequent Participator	60-65	\$300-599	Vocational	Retired	Married	Low SES	Physical health: reasonable. Mental health: reasonable
Rebecca	Frequent Participator	35-40	\$300-599	Vocational	Household duties	Married	Low SES	Physical health: good Mental health: good
Renee	Infrequent participator	65-70	\$1000+	Vocational	Retired	Married	High SES	Physical health: good. Mental health: good.
Rhiannon	Frequent Participator	40-45	\$1000+	University	Works full-time	Married	High SES	Physical health: good. Mental health: good.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Rhonda	Frequent Participator	70-75	\$0-299	Secondary	Retired	Widowed	Low SES	Physical health: had health problems, overall felt was poor. Mental health: good.
Rita	Frequent Participator	70-75	\$600-999	University	Retired	Widowed	High SES	Physical health: some problems, overall was good. Mental health: good.
Ruth	Non-participator	60-65	\$300-599	Secondary	Self-employed works part-time	Divorced	High SES	Physical health: some problems, overall felt health was not good. Mental health: experienced anxiety disorder in the past, currently felt was reasonable.
Samantha	Frequent Participator	65-70	\$0-299	Vocational	Retired	Married	High SES	Physical health: experienced serious illness in past, but now was good. Mental health: good.

Pseudonym	Level of involvement in community group/s	Age grp	Equiv. wkly income category	Level of education	Employment situation	Relationship situation	Area	Summary: Own description of health
Teresa	Frequent Participator	25-30	\$0-299	Secondary	Studies at university part-time, household duties	Partnered	Low SES	Physical health: some problems, overall felt was reasonable. Mental health: good
Vera	Frequent Participator	75-80	\$300-599	University	Retired	Widowed	Low SES	Physical health: health problems, felt health was poor. Mental health: good.
Verity	Frequent Participator	65-70	\$300-599	Secondary	Retired	Widowed	High SES	Physical health: experienced serious illness in the past, currently felt was good. Mental health: has experienced depression, currently felt was good.
Wendy	Non-participator	60-65	\$600-999	Secondary	Works full-time	Married	High SES	Physical health: good. Mental health: good

Appendix I. Information sheet.



THE FLINDERS UNIVERSITY
OF SOUTH AUSTRALIA

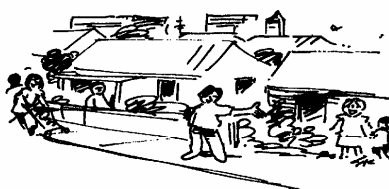
GPO Box 2100
Adelaide SA 5001
AUSTRALIA

*Department of Public Health
School of Medicine
Faculty of Health Sciences*

Telephone: (08) 8204 4968
Fax: (08) 8204 5693

INFORMATION SHEET FOR PARTICIPANTS IN AN INTERVIEW

We are a group of researchers from Flinders University who are undertaking research looking at community life in your neighbourhood and the role it plays in your health and wellbeing. The purpose of this research is to look at ways to best promote healthy neighbourhoods.

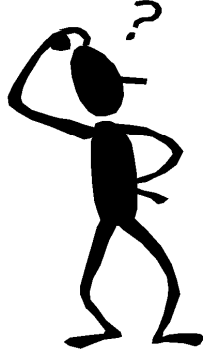


We would be grateful if you could spare the time to participate in an interview.

IMPORTANT INFORMATION:

- Any information that you provide will be strictly confidential
- No information provided will be used in a way which could identify the people involved
- Interviews may be tape recorded, when agreed.
- You are free to withdraw at any time from the study, and to decline to answer individual questions.
- Interviews will probably take up to one and a half hours.
- There will be no direct health benefit to you from participation in this study. However we are keen to add to our knowledge in this area and feel that your perspective would offer a valuable contribution to the research.
- In order to say "Thank you!" for giving up your time to assist in this research, we would like to offer you a Coles Myer voucher to the value of \$30, which will be given to you on completion of the interview.

Please note that you will not receive the voucher if you decide to withdraw from this study before completing the interview.



Any questions?

If you have any questions about the project itself or your involvement in the study, please contact either of the people at the details below.

This study has been approved by the Social and Behavioural Research Ethics Committee. The contact number of the Secretary, Sandy Huxtable is 8201 5962, her fax number is 8201 2035, and her email is: sandy.huxtable@flinders.edu.au

Thank you in advance for your assistance.

CONTACT DETAILS:

Katy Osborne
PhD student
Department of Public Health
Flinders University of South Australia
GPO Box 2100
Adelaide 5001

Tel: 8204 6388
Fax: 8204 5693
Email: katy.osborne@flinders.edu.au

Professor Fran Baum
Supervisor
Professor and Head, Department of
Public Health
Flinders University of South Australia
GPO Box 2100
Adelaide 5001

Tel: 8204 5983
Fax: 8204 0230
Email: fran.baum@flinders.edu.au

Appendix J. Letter of Introduction.



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

Department of Public Health
GPO Box 2100
Adelaide 5001 Australia
Telephone: (+61 8) 8204 6388
Fax: (+61 8) 8204 5693
Email: katy.osborne@flinders.edu.au

LETTER OF INTRODUCTION FOR INTERVIEWS

Dear

I am a PhD student in the Department of Public Health at Flinders University.

I am undertaking research leading to the production of a range of publications on the subject of Neighbourhood Life and Health. The purpose of this study is to look at the best ways to promote healthy neighbourhoods.

I would be most grateful if you would volunteer to spare the time to assist in this project, by granting an interview which touches upon certain aspects of this topic. No more than two hours on one occasion would be required.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since I intend to make a tape recording of the interview, I will seek your consent, on the attached form, to record the interview, to use the recording or a transcription in preparing the report or other publications, on condition that your name or identity is not revealed, and to make the recording available to other researchers in the team on the same conditions. It may be necessary to make the recording available to secretarial assistants for transcription, in which case you may be assured that such persons will be advised of the requirement that your name or identity not be revealed and that the confidentiality of the material is respected and maintained.

Any queries you may have concerning this project should be directed to me at the address given above or by telephone on 8204 6388 fax 8204 5693 or e-mail katy.osborne@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely,

Katy Osborne
PhD Student
Department of Public Health

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. The Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

Location: Sturt Road, Bedford Park, South Australia.

Appendix K. Consent form to participate in interview.



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

*Department of Public Health
Faculty of Health Sciences*

GPO Box 2100
Adelaide 5001 Australia

Telephone: (+61 8) 8204 6388

Facsimile: (+61 8) 8204 5693

Email: katy.osborne@flinders.edu.au

CONSENT FORM FOR PARTICIPATION IN RESEARCH BY INTERVIEW

I

being over the age of 18 years hereby consent to participate as requested in the Letter of Introduction and Information Sheet for the research project on "**Neighbourhood and health: Women's health and community participation**".

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to my information and participation being recorded on tape.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording be stopped at any time, and that I may withdraw at any time from the interview.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

Location: Sturt Road, Bedford Park, South Australia.

Appendix L. Follow-up letter.



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

*Department of Public Health
Faculty of Health Sciences*

GPO Box 2100
Adelaide 5001 Australia

Telephone: (+61 8) 8204 6388

Facsimile: (+61 8) 8204 5693

Email: katy.osborne@flinders.edu.au

Ms FIRST NAME LAST NAME
ADDRESS LINE 1
ADDRESS LINE 2

Dear FIRST NAME,

Thank you for taking the time to participate in an interview for my study. I enjoyed meeting you recently and learning about your experiences and insights regarding community participation and health. I am most grateful for the contribution that you have made to my PhD research.

I will send you a summary of the findings from the interviews and a copy of the interview transcript if you requested to see it. I anticipate that I will be able to send this information to you within the next six months. In the meantime, if you have any further questions in relation to this study, I can be contacted by telephone on 8204 6388, or by email: katy.osborne@flinders.edu.au.

Sincerely,

Katy Osborne

Appendix M. Preliminary analysis of findings supplied to participants.



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

*Department of Public Health
Faculty of Health Sciences*

GPO Box 2100
Adelaide 5001 Australia

Telephone: (+61 8) 8204 6388
Facsimile: (+61 8) 8204 5693
Email: katy.osborne@flinders.edu.au

Ms FIRST NAME LAST NAME
ADDRESS LINE 1
ADDRESS LINE 2

Dear FIRST NAME,

I am writing in regards to my PhD study: "Women's health and community participation", for which you kindly participated in an interview last year. I am pleased to enclose a brief summary of the findings of the interviews.

I apologise for the delay in sending this information to you. I took sick leave earlier this year and this caused some interruptions in the transcribing and analysis of the interviews. It is possible that a more comprehensive analysis of the interview findings may be published at a later date. Please let me know if you would like to be informed if this research is published in an academic journal or other format.

Thank you for your contribution to my research.

Kind regards,

Katy Osborne
PhD Candidate
Department of Public Health
Flinders University

Location: Sturt Road, Bedford Park, South Australia.

Women's health and Community Participation: Summary of Interview Findings

What is this study about?

This project is exploring the relationships between women's voluntary involvement and participation in social and community groups and their health, in particular mental health. Interviews were conducted with women in two contrasting areas in Adelaide. These areas were chosen to explore a diverse range of women's experiences. This study will attempt to identify any positive or negative effects of community participation upon women's mental health.

INTERVIEW FINDINGS

Gender and participation

A common theme that emerged in the interviews was that community involvement was motivated by caring for the welfare of others. In particular, voluntary involvement was often parenting based and centred around children's activities. However, this was not the only focus and participants reported being involved in a range of community, charitable, social, environmental and religious groups. Many of these groups were focused around the need to care for and help others. Some participants identified women's approaches to community involvement as typically compassionate and caring.

Women's unpaid labour was important for the organisation and running of voluntary groups. Skills that are often viewed as traditionally 'feminine', including cooking, sewing and costume-making, child-care and customer service were important for the operation of social and community groups.

Positive impact of participation on mental health

Interview respondents reported a number of positive benefits of group participation on mental health. The main themes that emerged were:

Positive social relationships

Interview participants identified the supportive friendships they had gained through involvement in groups as a benefit for their mental health. The opportunity to meet new people who had different interests and experiences was also viewed as an important aspect of group involvement. Being involved in groups was also seen as a way to protect against the negative effects of social isolation.

Sense of achievement

Many interview respondents felt their participation in groups was rewarding, and felt a sense of satisfaction at being able to achieve something, whilst possibly helping others and contributing something positive to the wider community. This was identified as a benefit for mental health and well-being.

Practical assistance

Some interview participants described how their involvement in groups meant they were able to access practical assistance when necessary. This often involved transport and help during times of illness. Knowing that this help was available was viewed as having a positive impact on mental health and well-being.

Direct health benefits

Group involvement sometimes provided interview participants with a means to keep physically fit and active, and this was seen as having a positive impact on both physical and mental health.

Negative impact of participation on mental health

However, interview participants reported that group involvement reported in a number of disadvantages for mental health. Some of the negative themes were:

Stressful social relationships

Group involvement requires social contact with other people, and this often had negative consequences. Conflict with others was commonly identified as stressful. Interview participants also reported disrespect from other group members as a disadvantage. Social struggles and exclusion within groups were described as having a negative impact on mental health. Some social relationships within community groups were identified as causing mental distress as they can become abusive and pose a risk to personal safety.

Demands of commitment

Participation in voluntary groups was often viewed by interview respondents as too demanding. Many reported that they have found it difficult to say “No” to the demands on their time and skills from group involvement. The responsibilities of group activities were often viewed as stressful when combined with work, family, study and other social commitments.

Financial strain

Some interview participants identified that involvement in community and social groups could be quite costly. This was seen as having a potentially negative impact on mental health, as it provided an additional stress if financial resources were limited.

Thank You

I would like to thank you for your contribution to this study. This research is ongoing and this is not a comprehensive summary of the findings from the interviews. If you would like to read more about the interview findings, or would like any further information on this project, then please contact me.

Katy Osborne
PhD Candidate
Department of Public Health
Flinders University
Phone: (08) 8204 6388
Mobile: 0401 840 631
katy.osborne@flinders.edu.au

Appendix N. Interview Guide for frequent involvement in community groups.

I'd like to talk about your experiences of being involved in a group. In thinking about groups, I'm talking about any voluntary activity that people may participate in regularly which involves social interaction with others for a shared or common purpose. So this is quite broad, and can be anything from recreational or sporting to religious or political. It can include local groups, or groups which people have to travel further to be a part of.

PARTICIPATION

Describe the group(s) you are involved in

Prompt for:

- size of group
- purpose of group
- where is group based
- who else is involved in group
- where do members come from

How often do you participate in group?

How long have you been involved?

What motivates you to be part of the group?

Prompt for:

- Reasons for getting involved in first place
- Importance / value of group

Describe your role within the group

Prompt for:

- any specific responsibilities/duties / tasks
- what is required from you to be part of the group

What impact does being involved in group have on your life in general?

Prompt for:

- work
- family
- other social activities

Can you describe how the group is structured?

Prompt for:

- How is group organised
- how formal or informal is the structure of the group
- how often does the group meet
- describe a typical meeting

Have you ever been involved in any other groups in past

If yes: can you describe the group/s you were involved in

Prompt for:

- Motivation to be involved at that time?
- Why did involvement stop ?

Would you like to be involved in any other groups.

If no: What are some of the reasons for that ?

If yes: tell me more about why you would like to be involved in another group?

Prompt for:

- What are / have been barriers to participation in other groups?

Describe the personal benefits to being involved in your group?

Prompt for:

- Material/financial
- educational
- informational
- social
- emotional
- practical
- physical
- benefits for others, eg. family & friends

Describe the disadvantages to being involved in your group

Prompt for:

- time
- cost
- responsibility
- demands / energy
- social
- emotional

How significant are these disadvantages

Do both men and women take part in your group?

If yes:

What proportion of the people involved in your group are men, and women?

What is it about your group that it has that gender composition?

Roles and responsibilities of men and women in the group (if mixed composition)

Prompt for:

- A) specific roles of individuals within the group
- gender differences in who does certain things / responsibilities

HEALTH AND WELL-BEING

Describe your health in general.

Prompt for:

- What helps to be / stay healthy
- Managing regular / everyday activities
- Regular exercise/ physical activity

I'd now like to talk about mental health in particular. In talking about mental health, I am not wanting to think about specific mental illnesses, but mental health in a broader sense, and what it means to be mentally healthy or mentally unhealthy.

How do you understand mental health, (eg. what kinds of things does it mean)

Describe your mental health in general

Prompt for:

- What helps to be / stay mentally 'healthy'
- What makes it / would make it difficult to cope with everyday activities.

Can you describe positives for mental health that you may gain from group involvement

Prompt for:

- friendships
- access to material/financial/educational resources,
- support
- physical activity.
- Practical help / assistance

Can you describe any negatives for mental health that you may gain from group involvement

Prompt for:

- stress
- energy
- conflict
- time
- Safety issues

How do you think involvement in your group affects the mental health of other members

What are the health advantages and disadvantages to participating in groups, for people in general

What other things impact upon your mental health and well-being

Prompt for:

- own physical health
- family
- friends
- work
- wider community / society, cultural issues.

Anything else ?

Thank you. I will provide you with some feedback about the findings of this study.

WOULD YOU LIKE TO VIEW A COPY OF THE TRANSCRIPT OF YOUR INTERVIEW?

Yes No

GIVE VOUCHER

Appendix O. Interview guide for infrequent / non involvement in community groups.

I'd like to talk about your experiences and perceptions of groups that people belong to. In thinking about groups, I'd like you to consider any voluntary activity that people may participate in regularly which involves social interaction with others for a shared or common purpose. So this is quite broad, and can be anything from recreational or sporting to religious or political. It can include local groups, or groups which people have to travel further to be a part of.

Have you ever been involved in any groups like this in the past?

If yes: can you describe the group/s you were involved in?

Prompt for:

- Type of group involved in
- Motivation to be involved at that time
- How long were involved for
- Why did involvement stop
- Experiences of being involved in group
- Benefits of involvement
- Disadvantages of involvement

Would you like to be involved in any other groups?

If no: What are some of the reasons for that ?

Prompt for:

- Past experiences of group involvement

If yes: tell me more about why you would like to be involved in another group?

What are / have been barriers to participation in other groups?

Prompt for:

- lack of interest
- safety
- cost
- time
- family responsibilities
- health
- stress
- lack of transport
- child care
- lack of social connections
- confidence

What would encourage you to be part of a group

What does/does not appeal about being part of a group

Do you think there are individual or personal benefits to being part of a group, in general?

If yes: prompt for:

- material / financial
- emotional
- informational
- social
- educational
- benefits for family members, close others

Thinking about the sorts of benefits that some people may get from being part of a group, do you think you are able to get those benefits from other areas of your life?

Prompt for:

- informal networks (partner, friends, family)
- work
- educational institution
- neighbours

Do you think you would gain something extra from being part of a group that you don't already have– (notwithstanding any barriers we've talked about)

If yes, prompt for:

- material / financial
- emotional
- informational
- social
- educational
- benefits for family members, close others

What do you think are the disadvantages to being involved in a group for people in general

Prompt for:

- time
- cost
- responsibility
- demands / energy
- emotional

HEALTH AND WELL-BEING

Describe your health in general.

Prompt for:

- What helps to be / stay healthy
- Managing regular / everyday activities
- Regular exercise/ physical activity

How do you think being involved in a group might affect your health?

I'd now like to talk about mental health in particular. In talking about mental health, I am not wanting to think about specific mental illnesses, but mental health in a broader sense, and what it means to be mentally healthy or mentally unhealthy.

How do you understand mental health, (eg. what kinds of things does it mean)

Describe your mental health in general

Prompt for:

- What helps to be / stay mentally 'healthy'
- What makes it / would make it difficult to cope with everyday activities.

**How do you think being involved in a group would affect your mental health?
Describe whether you feel it would be positive or negative.**

If positive, Prompt for:

- friendships
- access to material/financial/educational resources,
- support
- physical activity.
- Practical help / assistance

If negative, Prompt for:

- stress
- energy
- conflict
- time
- Safety issues

**What are the health advantages and disadvantages to participating in groups,
for people in general**

What other things impact upon your mental health and well-being

Prompt for:

- own physical health
- family
- friends
- work
- wider community / society, cultural issues.

Anything else?

Thank you. I will provide you with some feedback about the findings of this study.

WOULD YOU LIKE TO VIEW A COPY OF THE TRANSCRIPT OF YOUR INTERVIEW?

Yes No

GIVE VOUCHER

Appendix P. Thematic Framework for qualitative analysis.

Thematic Framework: Nvivo 'Tree' Nodes

1. Description of community group involvement

Child nodes:

- 1.1 Current participation
- 1.2 Past Participation
- 1.3 Group structure / organisation

2. Reasons for involvement or non-involvement in community groups.

Child nodes:

- 2.1 Motivation
- 2.2 Barriers / constraints / limitations
- 2.3 Unappealing participation
- 2.4 Appealing participation

3. How community group participation gets 'done'

Child nodes:

- 3.1 Requirements of being involved
- 3.2 Gendered nature of organisation
- 3.3 Power relations / social dynamics within groups

4. Participation outcomes

Child nodes:

- 4.1 positive outcomes of participation
- 4.2 negative outcomes of participation

5. Health outcomes of participation

Child nodes:

- 5.1 mental health positives
- 5.2 mental health negatives
- 5.3 physical health

6. Value attached to participation

Child nodes:

- 6.1 Value of community involvement
- 6.2 Value of social connections within community groups

7. Informal social connections: not attached to community group participation, eg: family, friendship networks, work colleagues.

Child nodes:

- 7.1 Informal social connections
- 7.2 Responsibilities / duties associated with informal social ties.
- 7.3 Outcomes of informal social connections.

8. Mental Health

Child nodes:

- 8.1 Perceptions of mental health
- 8.2 Issues related to positive mental health
- 8.3 Issues related to negative mental health

Appendix Q. 1st Publication arising from PhD research.



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). Hyppa 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

Sociodemographic Variables	Type of group					
	Sporting/ recreation % (N)	Children/ parenting % (N)	Religious/ spiritual % (N)	Social clubs % (N)	Craft/ hobby % (N)	Arts/ cultural % (N)
Age groups						
18-34	41.9 (72)	22.7 (39)	14.0 (24)	14 (24)	14.3 (21)	14 (24)
35-54	39.0 (144)	38.2 (141)	17.1 (63)	10.8 (40)	14.1 (52)	13 (48)
55+	27.8 (116)	12.9 (54)	26.8 (112)	19.9 (83)	17.7 (74)	17 (71)
Area						
Burnside	45.3 (228)	29.8 (150)	28.2 (142)	14.1 (71)	17.5 (88)	23.7 (119)
Playford	22.8 (106)	18.7(87)	13.3 (62)	16.8 (78)	12.9 (60)	5.2 (24)
Highest level of education						
Secondary or less	28.2 (149)	19.5 (103)	13.8 (73)	17 (90)	12.5 (66)	8.1 (43)
Trade / Vocational qualifications	37.3 (63)	23.1 (39)	23.1 (39)	14.2 (24)	18.3 (31)	13.6 (23)
University / higher degree	46.4 (122)	35.7 (94)	35 (92)	12.9 (34)	19.4 (51)	29.3 (77)
Employment situation						
Full-time	40.6 (73)	18.3 (33)	18.3 (33)	11.7 (21)	12.8 (23)	14.4 (26)
Part-time	45.3 (105)	37.9 (88)	22.8 (53)	12.9 (30)	13.7 (34)	17.7 (41)
Retired	25.7 (54)	12.1 (27)	28.1 (63)	20.5 (44)	17.9 (40)	16.3 (41)
Household Duties	31.7 (51)	34.2 (55)	16.8 (27)	29 (18)	19.9 (32)	10.6 (17)
Other	27.9 (39)	21.4 (30)	15.7 (22)	12.1 (17)	11.4 (16)	11.4 (16)
Weekly equivalised household income						
\$0-\$299.99	25.4 (78)	20.8 (64)	15.6 (48)	15 (46)	12.7 (39)	7.2 (22)
\$300-\$999.99	39.4 (135)	29.2 (100)	24.8 (85)	16.3 (56)	17.5 (60)	16.3 (56)
\$1000+	46.8 (80)	26.3 (45)	19.9 (34)	12.3 (21)	13.5 (23)	27.5 (47)
Perceptions of financial situation						
Living comfortably	39.1 (190)	26.1 (127)	24.9 (121)	16.3 (79)	16.9 (82)	19.3 (94)
Getting by / finding it difficult	30.5 (139)	23 (105)	17.5 (80)	14.9 (68)	14 (64)	10.5 (48)
Presence of children under 15						
No children under 15 in household	33.2 (191)	11.7 (67)	22.6 (130)	16.7 (96)	15.8 (91)	17.7 (102)
Children under 15 in household	36.4 (143)	43.3 (170)	18.8 (74)	13.5 (53)	14.5 (57)	10.4 (41)
Relationship status						
In married relationship	37.7 (192)	30.6 (156)	25.5 (130)	15.7 (80)	17.7 (90)	16.5 (84)
Not currently in married relationship	31.7 (146)	17.9 (79)	16.1 (71)	15.2 (67)	12.9 (57)	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	35.0 (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, $\chi^2(14) = 58.16, p < .001$. However, the model explained less than 10% of variation in the dependent variable (Nagelkerke $R^2 = 0.094$). The model correctly classified 61% of individuals as frequent or infrequent participants.

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)
	35+	-.339	.713 (.459 - 1.107)
Area (vs Burnside)	Playford	-.174	.840 (.573 - 1.233)
Highest level of education (vs. secondary or less)	Vocational	.067	1.069 (.717 - 1.593)
	University degree or higher degree	.510	1.665 (1.115 - 2.487)*
Employment situation (vs. full-time)	Part-time	.615	1.849 (1.190 - 2.834)**
	Retired	1.099	3.002 (1.659 - 5.433)***
	Household duties	.745	2.107 (1.253 - 3.542)**
	Other	.707	2.028 (1.188 - 3.462)**
Weekly equivalised household income (vs. \$300 - \$999.99)	\$0 - \$299.99	-.366	.693 (.465 - 1.033)
	\$1000+	.200	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 - 1.288)
Relationship status (vs in a married relationship)	Not currently in married relationship	-.406	.666 (.478 - .927)*

* $p < .05$, ** $p < .01$, *** $p < .001$

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 studies ...that 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 participant, \$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 led 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 participant, \$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 participant, \$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-participant, \$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-participant, \$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 participant, \$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 de-facto 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 health-enhancing 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 (Asrbury & 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.

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Appendix R. 2nd Publication arising from PhD research.

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4 Journal of Community & Applied Social Psychology
5 J. Community Appl. Soc. Psychol., 18: 1-13 (2008)
6 Published online in Wiley InterScience
7 (www.interscience.wiley.com) DOI: 10.1002/casp.988
8
9

10 11 12 13 Negative Consequences of Community Group 14 Participation for Women's Mental Health and 15 Well-Being: Implications for Gender Aware Social 16 Capital Building 17 18

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20
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22 Department of Public Health, Flinders University, Australia

23 24 25 ABSTRACT

26
27 Participation in community groups is argued to be an important way to create health-promoting social
28 capital. However, relatively little attention has been paid to the ways in which gender affects the
29 health promotion potential of participation. This paper reports on a qualitative study of women's
30 experiences of participation in a diverse range of community groups, and considers how such
31 involvement can potentially have a negative impact upon mental well-being. In-depth interviews
32 were conducted with 30 women in Adelaide, South Australia. Women's accounts of their group
33 involvement reflected that their identities as mothers were particularly important in shaping their
34 participation. Some women reported difficulties in combining group involvement with their family
35 responsibilities. Stress attached to negotiating social interaction within groups was also raised as an
36 issue. We found that participation can reinforce gender inequality and potentially have severe
37 negative consequences for mental health, issues that need to be considered alongside the potential
38 health benefits. The findings are considered in light of Bourdieu's critical conceptualization of social
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40 Key words: community group participation; social capital; women; mental health; gender

41 42 43 INTRODUCTION

44
45 The concept of social capital has become prominent in health promotion and health
46 research (Hawe & Shiell, 2000; Wakefield & Poland, 2005), including an interest in its
47 potential ability to promote mental well-being (Cullen & Whiteford, 2001). The concept
48 has also attracted criticism, particularly in relation to its perceived failure to address issues
49 of power and inequality both within and between communities (Muntaner & Lynch, 2002;
50 Navarro, 2002). Whilst a consideration of gender has not been prominent in the social
51

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Accepted 17 March 2008

Osborne, K., Baum, F., & Ziersch, A. (In Press). Negative consequences of community group participation for women's mental health and well-being: Implications for gender aware social capital building. *Journal of Community and Applied Social Psychology*

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capital and health literature, it is becoming more common to examine social capital from a gender perspective (Arneil, 2006; Gidengil & O'Neill, 2006). However, little research has been done to explore the ways in which aspects of social capital might promote women's mental health, or exacerbate mental health problems.

In this paper, we present findings from a qualitative exploration of women's experiences of community group participation in Adelaide, South Australia, and the implications of this participation for mental health. We draw upon these data to undertake a critical examination of the notion that social capital, particularly through participation in group activities, is inherently beneficial for women's mental health. In particular, we will consider the social context in which women's participation takes place, women's descriptions of the negative consequences of their participation, and how these are perceived to be linked with mental health and well-being.

SOCIAL CAPITAL, PARTICIPATION AND MENTAL HEALTH

The communitarian approach of Putnam (2000) represents the dominant conceptualization of social capital used in health research (Moore, Shiell, Hawe, & Haines, 2005). Putnam has defined social capital as: 'connections among individuals—social networks and the norms of reciprocity and trust that arise from them' (2000, p. 19). This perspective emphasizes the importance of cohesive, trusting relationships between individuals that facilitate mutually beneficial reciprocal behaviour. On this account, 'civic engagement' in voluntary associations is viewed as an important way of generating positive social capital (Putnam, 1993, 2000). This includes participation in groups without an explicitly civic or political purpose; as social and recreational clubs, faith-based organizations, parenting-based groups and charitable associations are all viewed as important sources of social capital.

Encouraging participation is an important aspect of health promotion, as it is seen as a strategy to empower individuals and communities (Wakefield & Poland, 2005). Community participation is viewed as relevant for health promotion in three ways: firstly, to enable individuals to have input into the provision of specific health services and programmes; secondly, to involve community members in projects to promote healthy behaviours and thirdly, to develop participation within disadvantaged neighbourhoods as a way to address social and health inequalities (Campbell & McLean, 2002). This last approach in particular has drawn upon the notion of social capital, as it is often conceptualized as an 'asset' that is located with specific geographic places (Kawachi & Berkman, 2000). Government initiatives that view community participation as a tool to address place-based inequality have been developed in countries such as Australia (e.g. see Neighbourhood Renewal Branch, 2007) and the UK (e.g. see Neighbourhood Renewal Unit, 2005).

Social capital has also been used as an explanatory construct in public health research which has looked at participation in a range of social, recreational, civic and community activities, often within specific places and neighbourhoods (e.g. Baum et al., 2000; Ellaway & Macintyre, 2007; Hyyppa & Maki, 2003; Ziersch & Baum, 2004). We draw upon this broad understanding of 'community group' participation (encompassing social, recreation and interest groups in addition to civic and voluntary organizations) in order to undertake a critical assessment of the concept of social capital.

In relation to individual mental well-being, participation in community groups has been seen as beneficial: by providing meaningful social roles and a sense of purpose (Berkman, Glass, Brissette, & Seeman, 2000), as a source of supportive social relationships (Lin, Ye, & Ensel, 1999), and by promoting a sense of perceived control (Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman & Rappaport, 1988). However, there are questions about the notion that participation in community group activities has an inevitably positive impact on mental health. Much of the social capital literature relies upon the assumption that social capital arises from participation in a uniform fashion, and leads to beneficial outcomes for all involved (Wakefield & Poland, 2005), rather than considering how participation in some types of groups, in some situations, may be beneficial, whereas other types of participation in different contexts may undermine mental health, or lead to other negative outcomes.

There is evidence that participation can exacerbate mental health problems and psychological distress for some individuals (Ziersch & Baum, 2004); particularly in contexts of socioeconomic disadvantage (Mitchell & LaGory, 2002). Evidence that participation is linked with poorer mental health in disadvantaged contexts can be related to broader criticisms of social capital. These criticisms highlight the neglect of attention to power, and the ways in which social capital, and community participation, might reinforce inequality and have a negative effect on health (Muntaner & Lynch, 2002; Navarro, 2002; Wakefield & Poland, 2005).

An alternative, critical approach to social capital can help to analyse these issues. Bourdieu (1986, p. 249) defined social capital as: 'resources linked to the possession of durable networks of acquaintance and recognition'. Social capital is linked to other forms of capital, including economic (material wealth and resources), cultural (education, knowledge and skills) and symbolic (individual prestige). According to Bourdieu, all these forms of capital are inequitably distributed, and the possession of social capital is determined by the relative position of the individual in a social hierarchy (Foley & B. Edwards, 1999). Bourdieu's account concentrates upon how individuals use their social capital, such as their membership within particular groups, as a way to maintain their own levels of privilege, and as a way to exclude others (Arneil, 2006). Positions in a social hierarchy are reinforced by the behaviours, attitudes and norms of particular individuals and groups being labelled as 'natural' and inevitable, and through this process, the privileged status of the elite and the marginalization of disadvantaged groups is reproduced (Bourdieu, 1979; see also Wakefield & Poland, 2005). Individuals and groups can use their social capital in a way which produces positive or negative consequences for others, thus, in itself, social capital is not inherently positive.

Although Bourdieu did not focus specifically on gender, his conceptualization offers useful insights for a gendered analysis of social capital (Arneil, 2005; Gidengil & O'Neill, 2006). It suggests a focus on how the social processes that generate social capital may exclude women, and particular groups of women, from powerful networks, and how their involvement in social groups may reinforce inequality. This is relevant to the ways in which women's involvement in community activities may affect their mental health and well-being.

SOCIAL CAPITAL, GENDER INEQUALITY AND WOMEN'S MENTAL HEALTH

The ways in which women participate in group activities appear to be linked to gendered social identities which in turn are relevant for their mental health. Women's experiences of

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their mental well-being have been linked to gendered self-concepts which are characterized by high levels of emotional connectedness between the self and others (Rosenfield, Vertefuille, & McAlpine, 2000). These self-assessments are socially constructed and shaped by inequitable distribution of power, and gendered divisions of labour (Rosenfield et al., 2000). Women's community participation can reproduce these self-concepts, as it can be underpinned by an 'ethic of care' and obligation to help others in the community (Boneham & Sixsmith, 2006; Bruegel, 2005). Women are more likely to participate in health and community service-related organizations, and in informal social activities such as groups organized around childcare (Lowndes, 2000). These patterns are consistent with traditional gender roles, in which women are responsible for tasks within the 'private' domains of family life, and for the welfare of others (R. Edwards, 2004; Molyneux, 2002).

Women's participation in community activities orientated towards helping others may simply reinforce gender divisions of labour, thereby burdening individual women and negatively affecting their mental health (Molyneux, 2002). Furthermore, evidence suggests that women are more vulnerable to stress resulting from 'network' events: situations that occur important to others within their social network (Kessler & McLeod, 1984; Turner & Avison, 1989; Turner, Wheaton, & Lloyd, 1995), and it has been noted that in disadvantaged contexts, the obligation upon women to provide support to others can exacerbate mental health problems (Kawachi & Berkman, 2001). It has also been found that women are less able than men to use their social connections as a means to access powerful networks and gain useful resources (Lowndes, 2004). Taken together, these issues imply that active involvement in a community group may not always be beneficial for women's mental health: it may be difficult to gain beneficial resources from involvement, and the potential exposure to the problems of others within a group and obligation to provide help and support, may put pressure on women's mental well-being. In this paper, we consider three research questions:

- How is women's participation shaped by the context of their everyday lives?
- What are the reported negative consequences of community group participation?
- How are these negative consequences perceived to affect mental health and well-being?

We present qualitative findings that relate to women's negative experiences of participation and their perceptions of how these experiences affect their mental health. We consider these findings in the light of critical perspectives on social capital influenced by Bourdieu, which draw attention to the dynamics of power and inequality. The paper concludes with a consideration of the implications of this study for the role of community group participation and social capital in the promotion of women's mental health.

METHOD

This research was conducted as part of broader study of women's participation, which was nested within a larger project that investigated social capital and health across socioeconomically contrasting areas in Adelaide (see Baum et al., 2007, for details about the larger study). In-depth interviews were conducted with a total of 30 women in two suburban areas. One location, Burnside, is relatively wealthy, with high income and education levels, and an older age profile, and the other, Playford, is a relatively

low-income area. These location names are the names of the local councils within which the areas were located.

As part of the wider research project, a postal questionnaire was sent to 3384 residents of these two areas (Baum et al., 2007). Accompanying the questionnaire was a form which invited respondents to take part in further in-depth interviews if they wished. Respondents were instructed to return this form with their contact details if they were willing to participate in an interview, and 148 women from both areas returned this form: 81 from Burnside and 67 from Playford. From this sub-sample, a range of women was purposefully selected to obtain variation in income levels (AU\$0-\$299, \$300-\$999 and \$1000p equivalized per week) in each area, and a spread across age groups (18-39 years, 40-59 years, 60p years). Fifty-two women were sent a letter inviting them to participate in an interview, and these women were then contacted by telephone. Fifteen women were recruited in each area.

A larger proportion of Playford participants were on low incomes. The Australian Bureau of Statistics (2007, p. 2) states that the mean weekly equivalized income for low-income households is AU \$262. Whilst two of the participants from Burnside lived in households that received equivalized incomes of less than \$300 a week, nine of the participants from Playford were in this low-income category. In relation to age, a larger proportion of Burnside participants were in the over 60-age group. Table 1 displays the participants' demographic details.

Interview participants consisted of women who, according to the mailed survey responses, were regularly involved in group activities on a weekly or monthly basis (high participators), and women who were less frequently involved, or not involved at all, in any kind of group activity (low participators). Levels of participation are displayed in Table 1. For the purposes of this research, group participation was defined as voluntary activity (as opposed to paid employment) which involved regular social interaction with others for a shared purpose. The interview guide was designed to explore a number of issues relating to involvement in groups. The guide contained broad questions and detailed prompts relating to: the types of groups that the participants were involved in, their motivations for being involved, the broader purposes of the group/s they participated in, perceived barriers to being more involved, previous involvement in community groups and reasons for stopping involvement, perceived personal benefits and disadvantages of being involved, and the

Table 1. Participation level and demographic characteristics of interview participants

	Number of participants	
	Burnside	Playford
Participation level		
High participator (weekly/monthly participation)	10	7
Low participator (infrequent/non participation)	5	8
Age groups		
18-39	3	4
40-59	4	7
60p	8	4
Equivalized weekly household income		
\$0-\$299	2	9
\$300-\$999	8	5
\$1000p	5	1

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ways in which participation was perceived to impact upon health and mental well-being. Interviews lasted between 1 and 2 hours. Ethics approval was gained from Flinders University to conduct the research. Pseudonyms have been used to preserve the participants' anonymity.

Analysis of the interviews was conducted according to 'Framework Analysis' (Ritchie & Spencer, 1994). The analysis progressed through several stages, which involved reading the transcripts, 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. In the following sections, we will draw from this analysis to present some key insights relating to women's perceptions of negative experiences of participation in community groups, in order to consider the gendered nature of social capital and the implications of this for women's mental health and well-being.

FINDINGS

All the women interviewed discussed barriers and limitations they faced in undertaking participation. Fourteen of the 30 women interviewed reported negative experiences arising from their participation in community groups. The findings are discussed according to the following themes:

- Gender roles, 'mothering' identities and participation.
- The management of participation in the context of everyday lives.
- Negotiation of group dynamics.

The first theme reveals some of the ways in which traditional gender roles can shape participation. This provides an important 'gender lens' for considering the two subsequent themes, which examine difficulties women faced in managing their participation, and the navigation of relationships within groups, and how these issues are perceived to affect mental well-being.

GENDER ROLES, 'MOTHERING' IDENTITIES AND PARTICIPATION

For many of the women, their roles and responsibilities as mothers were central to determining the type and extent of their participation. Twenty-four of the interview participants were mothers. Most of the participants reported that their current or past involvement in group activities was supporting children's recreational or educational pursuits, and this was viewed as an extension of their parenting responsibilities. Leila, an older woman who lives with her husband and is regularly involved in voluntary work to assist others in the community, described her past involvement in her children's activities and in their school, and how she normalized the voluntary work she did as a natural part of her responsibilities as a mother:

The kids go to the primary school, you help out in the canteen. . . I didn't see it as volunteering really. It was just helping the kids and helping the school and then the kids grew up. . . they went through the cubs, the girl guides, and yeah, if they needed help I was always available, but again I didn't see that as volunteering (Leila, Playford, High Participant, 69 years).

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Leila's account represents the typical kinds of involvement of many of the participants: activities such as helping out in their children's school, or being involved regularly in their child's sporting or recreational clubs. For some women who were not mothers, participation in groups oriented towards children's activities was seen as an important and meaningful way to be connected to children. For Rhiannon, a woman who lives with her partner and worked full-time, this connection with children was an important part of why she chose to become a leader in a local guides group:

I've gone into that because I don't have children of my own and that was a conscious decision of my own, but I also still wanted to be in touch with that next generation and I wanted to make a difference, and I felt like I could do that, doing this sort of work with the kids directly (Rhiannon, Burnside, High Participator, 43 years).

Rhiannon's comments illustrate how some women who are not mothers identify the importance of being able to make a meaningful contribution to children's lives. Therefore, issues related to the well-being of children shaped the participation of both women who are mothers, and also some women who did not have parenting responsibilities. Women's roles as mothers were also identified by some participants as ensuring that community participation was a 'natural' activity for women to undertake, particularly in groups which were focused around helping and assisting others. Cathy expressed her view that men may be less likely to become involved in voluntary community activities. She thought that volunteering required nurturing, compassionate characteristics and linked these directly to a biological capacity to have children:

I believe women have a more nurturing side because we are the bodies that carry babies, it's nature. . . the biology of our bodies leads, would lead to that. I think as well, I mean it's hard because I'm not a guy, but other girls would be more likely to be impressed . . . whereas guys might get the piss taken out of them. It's not cool, is it, to be involved in voluntary work? (Cathy, Burnside, Low Participator, 36 years).

Thus, Cathy drew upon essentialist notions of biologically determined roles to link a capacity to have children with a wider demonstration of caring, compassionate values. This view, that women's participation in community groups was influenced by their roles as mothers, and the values traditionally associated with this, was echoed by other participants.

THE MANAGEMENT OF PARTICIPATION IN THE CONTEXT OF EVERYDAY LIVES

Barriers to participation that were commonly identified included the pressure of managing competing demands, including parenting responsibilities, paid work and study. Whilst women were often motivated to become involved because of their mothering roles and their desire to connect with children, many spoke of how their responsibilities as mothers either prevented them from being involved in certain types of groups, or limited what they were able to do. Henrietta, a mother of two children, who was involved regularly in a swimming group to maintain her own health and fitness, described how she would like to be able to swim more often, and be actively involved in a water polo team. However, her desire to be a good mother, coupled with the demands of combining part-time work and study, meant that

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she had conflicting demands on her time and ultimately, chose to spend her time with her young son:

If water polo training was at, you know, 10 on a Friday morning, and there was a creche, I'd be there. . . But at the same time, I feel like. . . cos I'm working and studying, I feel like I should probably spend the time with him instead of, you know, racing off to do more swimming. I could swim Tuesday mornings as well as Thursday mornings. The creche is there. But he doesn't need me in the pool. He needs me playing with him (Henrietta, Burnside, High Participant, 33 years).

There is an implied sense of guilt in Henrietta's account: that it would be wrong for her to spend more time engaging in an activity for her own benefit, when she could be spending this precious time with her son. This indicates that participating can create negative pressures which may have an impact on women's mental health, in that when they undertake regular activities for their own, rather than their children's benefit, a sense of guilt at not being a 'good enough' mother may be fostered.

Henrietta's comments also illustrate how, for women, being regularly involved in social and community activities can require a substantial amount of 'juggling' of other responsibilities such as work, study and childcare. The demands of family responsibilities were also highlighted by Leah, a mother of two teenage children who works full time. Leah's husband was often away from home working during the week, and she described how she has prioritized the needs of her children and chosen not to be involved in playing netball:

I'd like to do netball. . . just for fun, but I do feel. . . 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. . . and with [Daughter] as well when she was at school last year in Year 12, she needed a lot of help. . . 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 (Leah, Playford, Low Participant, 45 years).

Thus, some women reported participating in groups, but their other responsibilities, such as work, family and study, limited their commitment. For others, the busy nature of their everyday lives precluded involvement. The juggling involved in managing group participation in addition to other responsibilities can be a considerable source of stress. Furthermore, some women reported a sense of guilt if they were involved in a group rather than attending to the needs of their family.

NEGOTIATING GROUP DYNAMICS

A central theme that emerged from the women's accounts was that negotiating the social relationships within community groups could potentially lead to difficult and stressful experiences. Verity was regularly involved in an amateur theatre group, and was responsible for costumes. She described her experiences of conflict and tension within the group, and gave an account of a particular time when she felt devalued by other group members:

I'm not very good at confrontation. . . I can be very snappy. . . There were these two women. . . I always start off by saying I'm not a dressmaker. . . I just wasn't good enough to give them what they wanted and the good dressmaker was too busy. At one of the last group things that we had in the rehearsal, they said has anybody got anything to say, and these two, each in their own way said: 'I'm not happy with my costume, my mother could have made it', and I said 'well why didn't

she"? And then I'd probably go out and slam the door. You can have some very nasty conflicts. . . I suppose it's a lack of respect that I find annoying (Verity, Burnside, High Participator, 68 years).

Experiences of interpersonal conflict were commonly reported by participants, across a range of different types of groups. Some social relationships within groups were identified as having a severe negative impact on mental well-being, a point well illustrated by Ruth. She gave an account of her traumatic experience in a social club for sole parents (both women and men) and their children:

I had been involved with [organization]. . . but that folded when I could no longer be president, because I got sick with a nervous disorder. . . one of the guys that was involved with our branch ended up stalking me. That's when I had a breakdown. . . nine years later I'm still on medication . . . actually that's the last thing I've done, because I got sick and I wasted five years of my life trying to get over that . . . He's moved on, probably doing the same to somebody else and leaves his victims in distress for the rest of their lives (Ruth, Burnside, Low Participator, 61 years).

Ruth's experience demonstrates how group involvement can make women vulnerable to the effects of unequal power relations which, at an extreme, express themselves through gendered violence. Her account illustrates how social relationships, particularly between men and women within community organizations, can pose a direct risk to women's mental health. The experience of severe trauma resulting from community group participation was also reported by Nadia, who described her previous involvement in a male-dominated local community volunteer organization, and the sexual violence she experienced:

Interviewer: So what was the main reason why your involvement stopped?

Personal reasons, really nasty personal reasons. Sexual harassment was one. . . I was raped, I said no and he didn't take no for an answer, and that was the boss. . . That was one of the most traumatic times in my life. It was very hard, because the [organization] was very much a boys' club. . . So they all side up with the boss because it's a boys' club. . . There was not that many women in there when I was in, they sort of understood because he did the same to them, not to that extent, but he'd slap you on the bum when you went around, that sort of thing. . . so they understood but they backed off because they wanted to stay in. . . I just didn't take it any further because I knew what would happen, it was my word against his (Nadia, Playford, Low Participator, 47 years).

Nadia's account of the sexual assault she experienced within a community group that she described as a 'boys' club', again highlights how unequal gender power dynamics can underpin social relationships within community groups. While these two examples may be relatively extreme, they highlight the key point that community groups are not immune to oppressive gendered power relations, and can potentially perpetuate them.

DISCUSSION

This study indicates some of the ways in which participants' experiences of group involvement was perceived to have indirect or direct negative consequences for their mental well-being. It illustrates the value of Bourdieu's critical approach to understanding social capital: firstly, in terms of how an individual's position in the social structure determines access to social capital; secondly, that access to potentially health-promoting social capital is inequitably distributed and thirdly, how at a 'micro' level within groups, social dynamics can lead to conflict, violence and ultimately reproduce unequal power

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relations. This study demonstrates that gender is relevant to each of these issues, and can influence the mental health consequences of women's participation.

Many women in this study reported being involved in groups that were based on their roles and identities as mothers, and women's voluntary participation was understood by some to be an extension of their maternal 'nature'. This indicates the relevance of Bourdieu's perspective, which highlights how the positions of individuals and groups within a social hierarchy (as reinforced by identities and behaviours being viewed as 'natural') shapes the different (and inequitable) ways in which capital is accessed. In this study, women's social identities as mothers and the traditional gender roles associated with this influenced the types of community group activities they undertook. Our findings also support the argument that participation must be understood as being shaped by, and reproducing, social identities (Campbell & Jovchelovitch, 2000).

This study further supports Bourdieu's critical perspective, in that it indicates how access to potentially health-enhancing groups is inequitably distributed, and women's traditional gender roles play a part in reproducing this. Whilst women described their involvement in parenting-based groups and activities as normal and inevitable, some participants faced difficulties managing to be involved in other types of groups such as personal recreation or sporting groups. This type of participation, which promotes the pursuit of leisure and physical activity, is likely to have individual health benefits. The participants' difficulty in managing to find time for their own recreation is consistent with other research which has shown how women face difficulties combining their family roles with other competing responsibilities (Rosenfield, 1989; Simon, 1995; Walters, 1993). Furthermore, the findings illustrated how the choice between prioritizing personal interest or that of family was regulated by a sense of guilt. The prevalence of this feeling has also been noted in relation to women who combine parenting responsibilities and employment (Simon, 1995). Thus, the nature of women's family roles was a factor which, in some cases, led to their non-involvement in recreation groups.

Bourdieu viewed the process of acquiring capital as one of ongoing struggle, in contrast to uncritical notions of social capital which assume that participation largely leads to supportive, cohesive relationships. This study has illustrated the ways in which, at a 'micro' level, relationships within community groups can be characterized by conflict and negative social interaction. The impact of negative social interaction upon mental health has been examined in previous research (Pagel, Erdly, & Becker, 1987; Rook, 1984). Such negative interaction within groups is not necessarily a gendered phenomenon, but our findings illustrate how relations within community groups can give rise to gendered violence, and consequently, harm women's mental well-being. This is an important insight, particularly in light of feminist criticism that many of the mainstream community perspectives on social capital do not adequately address the potential for social cynicism within groups to reproduce unequal gendered power relations (Gidengil & O'Neill, 2006; Molyneux, 2002).

This study has a number of limitations. It was a small-scale qualitative study, and the findings offer detailed insights into women's experiences which can inform future research, rather than providing generalizability to the broader population. Only women were interviewed, and so no comparison can be made with men's experiences of participation. This study contributes to a body of research that illustrates the gendered context of women's community participation, and the findings are consistent with wider societal patterns that indicate gendered divisions of labour, such as women spending more time engaged in childcare activities (ABS, 1999). However, we cannot conclude that these particular findings provide insights into experiences which are unique to women,

and are not relevant to men. Further qualitative research to explore the gendered context in which men's participation takes place, and the ways in which it may impact on their mental health would be helpful.

Similarly, the sample of interview participants was limited to 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 mental well-being of diverse groups of women and men.

This study has implications for health promotion policies that seek to increase community participation as a way to develop social capital in disadvantaged communities and neighbourhoods. To the extent that such efforts adopt broad understandings of participation, as consisting of involvement in a diverse range of groups, and view the consequences of this participation arising in a uniform fashion, they risk ignoring the ways in which participation can potentially damage health. In relation to women's mental health, strategies that utilize voluntary participation to benefit local communities must recognize that women often invest time in participation to benefit others, particularly in children's locally based school and recreation activities. In this sense, health policies need to explicitly recognize the potential that efforts to increase participation in local communities may unduly rely upon the efforts of women, and consequently, impose stressful demands on individual women.

Furthermore, to encourage women to be involved in groups specifically to promote health-enhancing behaviours, such as recreation and physical activity groups, it is necessary to design such groups in ways that explicitly challenge traditional gender roles, and notions of guilt about not spending time looking after children. In addition, it is important to provide a safe social environment which minimizes negative interaction, is free from violence and offers resources such as childcare. These insights indicate that participation must be explicitly organized around feminist principles, which aim to promote gender equity. The understanding that efforts to encourage community participation must be underpinned by such principles is lacking from many accounts of social capital. Alternative critical approaches influenced by Bourdieu emphasize that social capital is neither inherently positive nor negative in itself, but is underpinned by power relations and dependent upon the context in which it operates. For those wishing to use participation as a strategy to 'build' social capital to promote health, particularly women's health, this approach offers important insights regarding the potential gender-related risks of such participation.

ACKNOWLEDGEMENTS

The authors wish to thank two anonymous reviewers and a journal editor for their helpful comments on earlier drafts of this paper.

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Appendix S. Descriptive statistics according to sociodemographic variables.

Questionnaire respondents participation in community groups in previous 12 months: according to sociodemographic variables

Sociodemographic variables	Participated in any group/s in last 12 months % (N)	Participated in personal interest / recreation group/s % (N)	Participated in civic/voluntary group/s % (N)	Participated in children/parenting based group/s % (N)	Participated in religious group/s % (N)
Income					
0-299	68 (208)	44 (135)	32 (99)	20 (61)	16 (48)
300-599	86 (165)	58 (112)	35 (67)	27 (51)	23 (45)
600-999	87 (131)	61 (92)	40 (61)	32 (48)	27 (40)
\$1000+	87 (149)	62 (106)	51 (87)	30 (52)	20 (34)
Missing	76 (112)	48 (70)	37 (55)	17 (25)	25 (37)
Employment					
Full-time	84 (151)	56 (101)	43 (77)	34 (61)	18 (33)
Part-time	85 (198)	59 (137)	42 (97)	28 (66)	23 (53)
Retired	77 (171)	51 (115)	41 (92)	14 (31)	28 (63)
Household duties	75 (121)	50 (80)	30 (48)	24 (38)	17 (27)
Other	73 (102)	49 (68)	33 (46)	27 (38)	16 (22)

Respondents' participation in community groups in previous 12 months: According to all sociodemographic variables continued

Sociodemographic variables	Participated in any group/s in last 12 months % (N)	Participated in personal interest / recreation group/s % (N)	Participated in civic/voluntary group/s % (N)	Participated in children/parenting based group/s % (N)	Participated in religious group/s % (N)
Housing tenure					
Owens outright	82 (320)	55 (214)	43 (169)	23 (89)	28 (110)
Paying mortgage	82 (214)	55 (158)	38 (108)	31 (87)	15 (43)
Renting / other	72 (199)	50 (137)	31 (87)	21 (58)	18 (49)
Managing financially					
Living comfortably	85 (411)	58 (280)	44 (212)	28 (137)	25 (121)
Getting by/ finding it difficult	74 (338)	50 (227)	33 (150)	21 (95)	18 (80)
Highest level of education					
Secondary or less	72 (378)	48 (252)	32 (168)	19 (100)	14 (73)
Vocational / trade	83 (141)	57 (96)	41 (70)	26 (44)	23 (39)
University / higher	92 (241)	63 (166)	49 (130)	34 (89)	35 (92)
Relationship status					
living in married relationship	85 (432)	56 (286)	40 (205)	27 (139)	26 (130)
Not living in married relationship	74 (324)	51 (204)	36 (160)	22 (96)	16 (71)

Respondents participation in community groups in previous 12 months: According to sociodemographic variables continued

Sociodemographic variables	Participated in any group/s in last 12 months	Participated in personal interest / recreation group/s	Participated in civic/voluntary group/s	Participated in children/parenting based group/s	Participated in religious group/s
	% (N)	% (N)	% (N)	% (N)	% (N)
Household structure					
Lives alone	75 (125)	51 (85)	40 (66)	18 (30)	23 (39)
Lives with partner	81 (232)	55 (155)	41 (117)	20 (56)	23 (66)
Lives with partner/children	85 (235)	57 (157)	38 (104)	37 (102)	22 (62)
Sole parent	64 (58)	34 (31)	31 (28)	28 (25)	9 (8)
Lives with parents/ related adults	82 (83)	65 (66)	36 (36)	18 (18)	18 (18)
Other	71 (17)	50 (12)	42 (10)	13 (3)	17 (4)
Presence of children under 15					
Children under 15 in household	78 (305)	52 (203)	35 (136)	30 (118)	19 (74)
No children under 15 in household	80 (460)	54 (312)	41 (233)	21 (119)	23 (130)
Face to Face contact with Friends					
Weekly contact	83 (282)	60 (201)	36 (123)	25 (86)	23 (78)
Very frequent contact	82 (209)	61 (155)	38 (97)	22 (56)	24 (60)
Monthly contact	77 (154)	45 (91)	42 (84)	28 (56)	21 (42)
Less often contact	70 (114)	39 (64)	39 (63)	23 (37)	14 (22)

Respondents participation in community groups in previous 12 months: According to sociodemographic variables continued

Sociodemographic variables	Participated in any group/s in last 12 months	Participated in personal interest / recreation group/s	Participated in civic/voluntary group/s	Participated in children/parenting based group/s	Participated in religious group/s
	% (N)	% (N)	% (N)	% (N)	% (N)
Face to Face contact relatives					
Weekly contact	80 (299)	55 (203)	37 (139)	22 (80)	22 (80)
Very frequent contact	77 (178)	55 (128)	35 (80)	25 (59)	18 (42)
Monthly contact	79 (136)	54 (94)	41 (71)	24 (41)	21 (37)
Less often contact	82 (134)	49 (81)	42 (68)	32 (53)	23 (37)
Age groups					
18-34	79 (135)	59 (101)	34 (59)	22 (38)	14 (24)
35-54	82 (304)	55 (201)	36 (133)	39 (142)	17 (63)
55+	76 (318)	50 (209)	41 (171)	13 (55)	27 (112)

Frequency of respondents' involvement in community groups: According to all sociodemographic variables

Sociodemographic Variables	Frequent (Weekly / monthly) participation % (N)	Infrequent (Occasionally / rarely) participation % (N)	Non-participation (Never) % (N)
Income			
0-299	50 (148)	16 (46)	34 (101)
300-599	64 (117)	15 (27)	21 (38)
600-999	61 (91)	22 (33)	17 (26)
\$1000+	71 (118)	15 (25)	14 (24)
Missing	55 (75)	13 (18)	32 (43)
Employment			
Full-time	52 (91)	22 (39)	26 (46)
Part-time	64 (145)	18 (40)	19 (42)
Retired	65 (136)	9 (18)	26 (55)
Household duties	55 (88)	16 (25)	29 (46)
Other	54 (71)	18 (24)	28 (36)
Housing tenure			
Owns outright	64 (237)	13 (47)	23 (84)
Paying mortgage	62 (173)	17 (49)	21 (59)
Renting / other	49 (130)	20 (53)	32 (84)

Frequency of respondents' involvement in community groups: According to all sociodemographic variables continued.

Sociodemographic Variables	Frequent (Weekly / monthly) participation % (N)	Infrequent (Occasionally / rarely) participation % (N)	Non-participation (Never) % (N)
Managing financially			
Living comfortably	64 (304)	15 (72)	21 (97)
Getting by/ finding it difficult	53 (231)	17 (74)	30 (130)
Highest level of education			
Secondary or less	53 (269)	14 (72)	33 (164)
Vocational / trade	61 (99)	17 (27)	22 (36)
University / higher	70 (180)	20 (50)	11 (27)
Relationship status			
living in married relationship	65 (322)	16 (78)	19 (93)
Not living in married relationship	52 (219)	16 (68)	32 (135)

Frequency of respondents' involvement in community groups: According to all sociodemographic variables continued.

Sociodemographic Variables	Frequent (Weekly / monthly) participation % (N)	Infrequent (Occasionally / rarely) participation % (N)	Non-participation (Never) % (N)
Household structure			
Lives alone	55 (86)	13 (20)	32 (50)
Lives with partner	65 (176)	13 (35)	22 (59)
Lives with partner/children	62 (169)	17 (47)	21 (56)
Sole parent	47 (42)	16 (14)	38 (34)
Lives with parents/ related adults	55 (55)	24 (24)	21 (21)
Other	41 (9)	27 (6)	32 (7)
Presence of children under 15			
Children under 15 in household	56 (216)	20 (76)	24 (92)
No children under 15 in household	61 (333)	13 (73)	26 (140)
Face to Face contact with Friends			
Weekly contact	64 (207)	14 (45)	22 (72)
Very frequent contact	65 (109)	16 (38)	20 (48)
Monthly contact	60 (114)	15 (29)	26 (50)
Less often contact	41 (65)	23 (37)	36 (57)

Frequency of respondents' involvement in community groups: According to all sociodemographic variables continued.

Sociodemographic Variables	Frequent (Weekly / monthly) participation % (N)	Infrequent (Occasionally / rarely) participation % (N)	Non-participation (Never) % (N)
Face to Face contact relatives			
Weekly contact	63 (226)	16 (56)	22 (79)
Very frequent contact	58 (128)	13 (29)	29 (64)
Monthly contact	59 (98)	17 (29)	24 (40)
Less often contact	55 (86)	21 (33)	24 (38)
Age groups			
18-34	54 (93)	23 (39)	23 (39)
35-54	59 (214)	16 (58)	24 (88)
55+	61 (239)	12 (48)	26 (103)

Appendix T. Results of univariate logistic regression analyses.

A). Significant univariate logistic regressions: participation in any community group in previous 12 months.

1) Independent variable: Equivalised weekly household income.

Model Details

Number of cases (% total sample)	Model Coefficient χ^2	Significance	Nagelkerke R ²	Cases correctly classified
968 (100)	42.41 (4)	P < .001	.07	79%

Details of variable coefficients, Odds Ratios and significance

Equivalised weekly household income	Coefficient	Odds Ratio (CI)	Significance
0 – 299 (reference)			
300 – 599	1.105	3.021 (1.873 – 4.871)	p < .001
600 – 999	1.137	3.118 (1.839 – 5.285)	p < .001
\$1000+	1.170	3.224 (1.940 – 5.355)	p < .001
Missing	.421	1.523 (.972 – 2.386)	p = .066 (ns)

2) Independent variable: Employment situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
968 (100)	13.35 (4)	p = .01	.02	76%

Details of variable coefficients, Odds Ratios and significance

Employment situation	Coefficient	Odds Ratio (CI)	Significance
Full-time (reference)			
Part-time	.112	1.118 (.653 – 1.917)	p=.68 (ns)
Retired	-.460	.632 (.381 – 1.046)	p = .07 (ns)
Other	-.636	.529 (.306 - .915)	p = .02
Household duties	-.543	.581 (.340 - .991)	p = .05

3) Independent variable: Housing tenure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
950 (98%)	11.66 (2)	p < .01	.02	79%

Details of variable coefficients, Odds Ratios and significance

Housing tenure	Coefficient	Odds Ratio (CI)	Significance
Owns outright (reference)			
Paying mortgage	-.011	.989 (.664 - 1.475)	p = .96 (ns)
Renting /other	-.585	.557 (.385 - .807)	p = .002

4) Independent variable: Perceived financial situation

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
941 (97%)	16.41 (1)	p < .001	.03	80%

Details of variable coefficients, Odds Ratios and significance

Perceived financial situation	Coefficient	Odds Ratio (CI)	Significance
Living comfortably (ref)			
Getting by / finding it difficult	-.662	.516 (.373 - .713)	p < .001

5) Independent variable: Level of education

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
960 (99%)	51.81 (2)	p < .001	.08	79%

Details of variable coefficients, Odds Ratios and significance

Level of Education	Coefficient	Odds Ratio (CI)	Significance
Secondary or less (ref)			
TAFE / vocational	.699	2.012 (1.286 – 3.146)	p = .002
University / higher	1.523	4.584 (2.825 – 7.440)	p < .001

6) Independent variable: Household structure

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
943 (97%)	19.3 (5)	p < .01	.03	80%

Details of variable coefficients, Odds Ratios and significance

Household structure	Coefficient	Odds Ratio (CI)	Significance
Lives with partner / spouse (ref)			
Lives alone	-.362	.696 (.439 – 1.106)	p = .13 (ns)
Lives with partner and children	.245	1.278 (.820 – 1.992)	p = .28 (ns)
Sole parent	-.882	.414 (.245 - .700)	p = .001
Lives with parents / related adults	.052	1.053 (.584 – 1.901)	p = .86 (ns)
Other	-.589	.555 (.219 – 1.405)	p = .21 (ns)

7) Independent variable: Relationship situation

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
950 (98%)	18.91 (1)	p < .001	.03	80%

Details of variable coefficients, Odds Ratios and significance

Relationship situation	Coefficient	Odds Ratio (CI)	Significance
Living in married relationship (ref)			
Not currently in married relationship	-.706	.494 (.358 - .681)	p < .001

8) Independent variable: Frequency of face to face contact with friends

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
956 (99%)	13.91 (3)	p < .01	.02	79%

Details of variable coefficients, Odds Ratios and significance

Face to face contact with friends	Coefficient	Odds Ratio (CI)	Significance
Weekly (reference)			
Very frequent	-.081	.922 (.599 – 1.420)	p = .07 (ns)
Monthly	-.430	.651 (.421 – 1.005)	p > .05 (ns)
Less often	-.772	.462 (.297 - .718)	p = .001

9) Independent variable: Age groups

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
959 (99%)	4.77 (2)	p = .09 (ns)	< .01	79%

Details of variable coefficients, Odds Ratios and significance

Age groups	Coefficient	Odds Ratio (CI)	Significance
35-54 (reference)			
18-34	-.248	.780 (.497 – 1.226)	p = .28 (ns)
55+	-.386	.680 (.479 - .965)	p = .03

B). Significant univariate logistic regressions: Participation in personal interest / recreation group in previous 12 months.

1) Independent variable: Equivalised weekly household income

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
968 (100)	23.39 (4)	p < .001	.03	58%

Details of variable coefficients, Odds Ratios and significance

Equivalised weekly income	Coefficient	Odds Ratio (CI)	Significance
\$0 - \$299 (reference)			
\$300 – 599	.579	1.784 (1.238-2.569)	p = .002
\$600 – 999	.686	1.987 (1.336-2.955)	p = .001
\$1000+	.731	2.078 (1.418-3.045)	p < .001
Missing	.147	1.158 (.781-1.718)	p = .47 (ns)

2) Independent variable: Perceived financial situation

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
942 (97.3)	5.81	p < .05	< .01	54%

Details of variable coefficients, Odds Ratios and significance

Perceived financial situation	Coefficient	Odds Ratio (CI)	Significance
Living comfortably (ref)			
Getting by / finding it difficult	-.316	.729 (.564-.943)	p = .016

3) Independent variable: Level of Education

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
961 (99.3)	5.81	p < .05	< .01	54%

Details of variable coefficients, Odds Ratios and significance

Level of Education	Coefficient	Odds Ratio (CI)	Significance
Secondary or less (reference)			
TAFE / vocational	.368	1.446 (1.020-2.049)	p = .04
University / higher	.632	1.881 (1.389-2.547)	p < .001

4) Independent variable: Household structure

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
944 (97.5)	20.83 (5)	p < .01	.03	57%

Details of variable coefficients, Odds Ratios and significance

Household structure	Coefficient	Odds Ratio (CI)	Significance
Lives with partner / spouse (ref)			
Lives alone	-.140	.869 (.593-1.275)	p = .47 (ns)
Lives with partner and children	.093	1.097 (.787-1.531)	p = .59 (ns)
Sole parent	-.819	.441 (.269 - .722)	p = .001
Lives with parents / related adults	.458	1.582 (.987-2.534)	p = .06 (ns)
Other	-.176	.839 (.364-1.930)	p = .68 (ns)

5) Independent variable: Frequency of face to face contact with friends

Model details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
957 (98.9)	20.83 (5)	p < .01	.03	57%

Details of variable coefficients, Odds Ratios and significance

Face to face contact with friends	Coefficient	Odds Ratio (CI)	Significance
Weekly (reference)			
Very frequent	.055	1.056 (.758-1.473)	p = .75 (ns)
Monthly	-.573	.564 (.396-.802)	p = .001
Less often	-.820	.441 (.301-.646)	p < .001

C). Significant univariate logistic regressions: Participation in ‘other’ civic / voluntary groups

1). Independent Variable: Equivalised Weekly Household income

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
968 (100)	17.25 (4)	p < .01	.02	62%

Details of variable coefficients, Odds Ratios and significance

Equivalised weekly income	Coefficient	Odds Ratio (CI)	Significance
\$0-299 (reference)			
\$300 – 599	.119	1.126 (.769-1.649)	p = .54 (ns)
\$600-999	.353	1.424 (.951-2.132)	p = .09 (ns)
\$1000+	.778	2.176 (1.483-3.194)	p < .001
Missing	.228	1.256 (.833-1.894)	p = 28 (ns)

2) Independent Variable: Employment Situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
936 (96.6)	10.12 (4)	p = .04	.01	62%

Details of variable coefficients, Odds Ratios and significance

Employment situation	Coefficient	Odds Ratio (CI)	Significance
Full-time (reference)			
Part-time	-.04	.961 (.648-1.425)	p = .84 (ns)
Retired	-.07	.932 (.626-1.387)	p = .73 (ns)
Other	-.41	.662 (.418-1.049)	p = .08 (ns)
Household duties	-.29.	.568 (.363-.890)	p = .014

3) Independent Variable: Housing tenure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
951 (98.2)	10.03 (2)	p < .01	.01	62%

Details of variable coefficients, Odds Ratios and significance

Housing tenure	Coefficient	Odds Ratio (CI)	Significance
Owns outright (reference)			
Paying mortgage	-.23	.794 (.581-1.085)	p = .15 (ns)
Renting / Other	-.52	.596 (.431-.824)	p = .002

4) Independent Variable: Perceived financial situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
942 (97.3)	11.48 (1)	p < .01	.01	62%

Details of variable coefficients, Odds Ratios and significance

Perceived financial situation	Coefficient	Odds Ratio (CI)	Significance
Living comfortably (reference)			
Getting by / Finding it difficult	-.456	.634 (.486-.826)	p = .001

5) Independent Variable: Level of Education

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
961 (99.3)	23.93	p < .001	.03	62%

Details of variable coefficients, Odds Ratios and significance

Level of Education	Coefficient	Odds Ratio (CI)	Significance
Secondary or less (reference)			
TAFE / Vocational qualifications	.418	1.519(1.064-2.170)	p = .02
University / Higher	.742	2.100 (1.551-2.844)	p < .001

D). Significant Univariate Regressions: Participation in a Children / Parenting based community group.

1) Independent variable: Equivalised weekly household income

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
967 (99.9)	16.22 (4)	P < .01	.03	76%

Details of variable coefficients, Odds Ratios and significance

Equivalised weekly income	Coefficient	Odds Ratio (CI)	Significance
\$0-\$299 (reference)			
\$300-599	.385	1.469 (960-2.249)	p = .08 (ns)
\$600- 999	.631	1.879 (1.207-2.926)	p = .005
\$1000+	.567	1.762 (1.147-2.709)	p = .01
Missing	-.191	.826 (.494-1.381)	p = .47 (ns)

2) Independent Variable: Employment situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
935 (96.6)	25.69 (3)	P < .01	.04	75%

Details of variable coefficients, Odds Ratios and significance

Employment situation	Coefficient	Odds Ratio (CI)	Significance
Full-time (reference)			
Part-time	-.254	.776 (.510-1.181)	p = .24 (ns)
Retired	-1.155	.315 (.193-.514)	p < .001
Other	-.309	.734 (.452-1.191)	p = .21 (ns)
Household Duties	-.506	.603 (.374-.971)	p = .04

3) Independent Variable: Level of Education

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
960 (99.2)	21.47 (2)	p < .001	.03	76%

Details of variable coefficients, Odds Ratios and significance

Level of Education	Coefficient	Odds Ratio (CI)	Significance
Secondary or less (reference)			
Vocational	.412	1.510 (1.005-2.268)	p = .047
University	.792	2.207 (1.578-3.088)	p < .001

4) Independent variable: Perceived financial situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
941 (97.2)	6.99 (1)	P < .01	.01	75%

Details of variable coefficients, Odds Ratios and significance

Perceived financial situation	Coefficient	Odds Ratio (CI)	Significance
Living comfortably			
Getting by / finding it difficult	-.403	.668 (.495-.903)	p = .009

5) Independent Variable: Relationship situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
950 (98.1)	3.915 (1)	p = .048	.006	75%

Details of variable coefficients, Odds Ratios and significance

Relationship situation	Coefficient	Odds Ratio (CI)	Significance
married relationship (ref)			
Not currently in married relationship	-.300	.741 (.549-.998)	p = .049

6) Independent variable: Frequency of face to face contact with relatives

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
940 (97.1)	7.053 (3)	P = .07	.01	75%

Details of variable coefficients, Odds Ratios and significance

Contact with relatives	Coefficient	Odds Ratio (CI)	Significance
Weekly (reference)			
Very frequent	.219	1.245 (.847-1.830)	p = .27
Monthly	.133	1.142 (.744-1.755)	p = .54
Every 2 months / Less often	.555	1.743 (1.156-2.627)	p = .008

7) Independent variable: Age group

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
959 (99.1)	69.03 (2)	P < .001	.10	76%

Details of variable coefficients, Odds Ratios and significance

Age group	Coefficient	Odds Ratio (CI)	Significance
35-54 (reference)			
18-34	-.791	.453 (.299-.688)	p < .001
55+	-1.418	.242 (.170- .345)	p < .001

8) Independent Variable: Household structure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
943 (97.4)	33.76 (5)	P < .001	.05	75%

Details of variable coefficients, Odds Ratios and significance

Household situation	Coefficient	Odds Ratio (CI)	Significance
Lives with partner/spouse (ref)			
Lives alone	-.103	.902 (.552-1.475)	p =.68 (ns)
Lives with partner and children	.869	2.383 (1.629-3.488)	p <.001
Sole parent	.453	1.573 (.911-2.715)	p= .10 (ns)
Lives with parents /related adults	-.120	.887 (.493-1.596)	p =.69 (ns)
Other	-.538	.584 (.168-2.028)	p = .40 (ns)

9) Independent Variable: Presence of children under 15 in the household

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
967 (99.9)	10.77 (1)	p < .01	.02	76%

Details of variable coefficients, Odds Ratios and significance

Presence of children under 15	Coefficient	Odds Ratio (CI)	Significance
Children under 15 present (ref)			
No children under 15	-.495	.610 (.454-.819)	p = .001

E). Significant univariate regressions: Participation in a religious / spiritual group

1) Independent Variable: Equivalised weekly household income

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
968 (100)	10.57 (4)	P = .03	.02	79%

Details of variable coefficients, Odds Ratios and significance

Equivalised weekly income	Coefficient	Odds Ratio (CI)	Significance
\$0-299 (ref)			
\$300-599	.502	1.652 (1.049-2.602)	p = .03
\$600-999	.665	1.944 (1.209-3.126)	p = .006
\$1000+	.292	1.339 (.824-2.176)	p = .24 (ns)
Missing	.596	1.815 (1.119-2.943)	p = .02

2) Independent variable: Level of Education

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
961 (99.3)	45.93 (2)	p < .001	.07	79%

Details of variable coefficients, Odds Ratios and significance

Level of Education	Coefficient	Odds Ratio (CI)	Significance
Secondary or less (ref)			
TAFE / Vocational	.628	1.874 (1.213-2.895)	p = .005
University	1.212	3.361 (2.359-4.788)	p < .001

3) Independent variable: Employment situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
936 (96.7)	11.86 (4)	.02	.02	79%

Details of variable coefficients, Odds Ratios and significance

Employment situation	Coefficient	Odds Ratio (CI)	Significance
Full-time (ref)			
Part-time	.277	1.319 (.811-2.145)	p = .27 (ns)
Retired	.556	1.743 (1.082-2.808)	p = .02
Other	-.177	.838 (.464-1.513)	p = .56 (ns)
Household Duties	-.108	.898 (.513-1.571)	p = .70 (ns)

4) Independent variable: Perceived financial situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
942 (97.3)	7.63 (1)	p < .01	.01	79%

Details of variable coefficients, Odds Ratios and significance

Perceived financial situation	Coefficient	Odds Ratio (CI)	Significance
Living comfortably (ref)			
Getting by / finding it difficult	-.443	.642 (.467-.881)	p = .006

5) Independent variable: Housing tenure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
951 (98.2)	19.90 (2)	p < .001	.03	79%

Details of variable coefficients, Odds Ratios and significance

Housing tenure	Coefficient	Odds Ratio (CI)	Significance
Owns outright (ref)			
Paying mortgage	-.797	.451 (.304-.667)	p < .001
Renting / other	-.607	.545 (.373-.797)	p = .002

6) Independent variable: Household structure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
944 (97.5)	12.19	.03	.02	79%

Details of variable coefficients, Odds Ratios and significance

Household situation	Coefficient	Odds Ratio (CI)	Significance
Lives with partner / spouse (ref)			
Lives alone	.011	1.011 (.643-1.589)	p = .96
Lives with partner and children	-.044	.957 (.645-1.420)	p = .82
Sole parent	-1.128	.324 (.149-.704)	p = .004
Lives with parents/ related adults	-.329	.720 (.403-1.284)	p = .27
Other	-.410	.664 (.219-2.010)	p = .47

7) Independent variable: relationship situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
951 (98.2)	12.94 (1)	p < .001	.02	79%

Details of variable coefficients, Odds Ratios and significance

Relationship situation	Coefficient	Odds Ratio (CI)	Significance
Living married relationship (ref)			
Not married	-.584	.558 (.404-.770)	p < .001

8) Independent variable: Frequency of face to face contact with friends

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
957 (98.9)	7.95 (3)	p < .05	.01	79%

Details of variable coefficients, Odds Ratios and significance

Contact with friends	Coefficient	Odds Ratio (CI)	Significance
Weekly (ref)			
Very frequent	.025	1.026 (.698-1.506)	p = .90 (ns)
Monthly	-.127	.881 (.576-1.345)	p = .56 (ns)
Less often	-.654	.520 (.311-.871)	p = .02

9) Independent variable: Age groups

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
959 (99.1)	17.20	p < .001	.03	79%

Details of variable coefficients, Odds Ratios and significance

Age group	Coefficient	Odds Ratio (CI)	Significance
35-45 (ref)			
18-34	-.239	.788 (.473-1.311)	p = .36 (ns)
55+	.575	1.778 (1.257-2.515)	p < .01

F).Significant Univariate Regressions: Barriers associated with non-regular participation (among respondents who wanted to be more involved).

1). Independent Variable: Cost, or 'Being able to afford it'

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
403 (98)	7.90 (1)	p < .01	.03	60%

Details of variable coefficients, Odds Ratios and significance

Cost	Coefficient	Odds Ratio (CI)	Significance
Cost is not a barrier (ref)			
Cost is a barrier	.622	1.863 (1.207-2.875)	p =.005

2) Independent variable: 'Nobody to go with'

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
403 (98)	8.67 (1)	p < .01	.03	61%

Details of variable coefficients, Odds Ratios and significance

Nobody to go with	Coefficient	Odds Ratio (CI)	Significance
Nobody: Not a barrier (ref)			
Nobody to go with: is a barrier	.707	2.029 (1.272-3.236)	p =.003

3) Independent variable: 'Feels unwelcome'

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
403 (98)	6.714 (1)	p = .01	.02	61%

Details of variable coefficients, Odds Ratios and significance

Feels unwelcome	Coefficient	Odds Ratio (CI)	Significance
Feels unwelcome not barrier (ref)			
Feels unwelcome is barrier	1.430	4.179 (1.307-13.360)	p = .02

4) Independent variable: Lack of confidence

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
403 (98)	15.09 (1)	p < .001	.05	63%

Details of variable coefficients, Odds Ratios and significance

Lack of confidence	Coefficient	Odds Ratio (CI)	Significance
Lack of confidence not barrier (ref)			
Lack of confidence is barrier	.898	2.454 (1.555-3.874)	p < .001

G). Significant Univariate regressions: Frequency of participation (weekly / monthly) in a community group (excluding 'never' responses)

1) Independent variable: Employment situation

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
677 (69)	16.01 (4)	p < .001	.04	78%

Details of variable coefficients, Odds Ratios and significance

Employment situation	Coefficient	Odds Ratio (CI)	Significance
Full-time (ref)			
Part-time	.441	1.554 (.930-2.595)	p = .09 (ns)
Retired	1.175	3.238 (1.745-6.010)	p < .001
'Other'	.237	1.268 (.699-2.300)	p = .44 (ns)
Household Duties	.411	1.509 (.843-2.698)	p = .17 (ns)

2) Independent Variable: Presence of children under 15 in household

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
698 (72)	6.485 (1)	p = .01	.01	79%

Details of variable coefficients, Odds Ratios and significance

Presence of children under 15	Coefficient	Odds Ratio (CI)	Significance
Children present in household (ref)			
No children in household	.473	1.605 (1.115-2.310)	p = .01

3) Independent variable: Household structure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
683 (70)	10.05 (5)	P = .07	.02	79%

Details of variable coefficients, Odds Ratios and significance

Household situation	Coefficient	Odds Ratio (CI)	Significance
Lives with partner/spouse (ref)			
Lives alone	-.157	.855 (.466-1.569)	p = .61 (ns)
Lives with partner+children	-.335	.715 (.440-1.162)	p = .18 (ns)
Sole parent	-.517	.597 (.295-1.208)	p = .15 (ns)
Lives with parents/related adults	-.786	.456 (.250-.831)	p = .01
Other	-1.210	.298 (.100-.892)	p = .03

4) Independent Variable: Housing tenure

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R ²	Cases correctly classified
689 (71)	10.03 (2)	P < .001	.02	78%

Details of variable coefficients, Odds Ratios and significance

Housing tenure	Coefficient	Odds Ratio (CI)	Significance
Owns outright (ref)			
Paying mortgage	-.356	.700 (.448-1.093)	p = .117 (ns)
Renting / other	-.721	.486 (.311-.761)	p = .002

5) Independent variable: face to face contact with friends

Model Details

Number of cases (% of total sample)	Model Coefficient χ^2 (df)	Significance	Nagelkerke R²	Cases correctly classified
694 (72)	14.38 (3)	P < .01	.03	79%

Details of variable coefficients, Odds Ratios and significance

Contact with friends	Coefficient	Odds Ratio (CI)	Significance
Weekly (ref)			
Very frequent	-.095	.910 (.564-1.468)	p = .70 (ns)
Monthly	-.157	.855 (.508-1.437)	p = .55 (ns)
Less often	-.963	.382 (.228-.640)	p < .001

Appendix U: ‘Other responses’: Barriers to participation.

Response	Frequency
Anxiety	1
Busy with other things	1
Caring for my mother	1
Clash of times	1
Concentrating my time on my children	1
Dependent mother	1
Fear of burglary, vandalism or personal attack	1
Full time work & parttime study	1
Had surgery ongoing probs	1
Have been overseas	1
Home is comfort zone	1
Home studies/tafe course	1
Husband has advanced cancer	1
I do a double engineering degree - i have 5 mins/week of spare time	1
Lack of spare time due to study	1
Lack of time - uni student	1
Lack of time	3
Lack of time but not because of paid work	1
Lack of time due to caring for elderly husband	1
Lack of time due to other children	1
Lack of time due to other committments	1

Response	Frequency
Lack of time due to studies	1
Lack of time due to study	5
Lack of time due to university	1
Lack of time due to unpaid work	1
Lack of time management	1
Lack of time. Family commitments	1
Limited driving	1
Limited opportunity available	1
Need to give up commitments now to give attention	1
No-one i already know once i arrive there	1
No time	1
Not enough time	2
On remote site – no access	1
Only occurs once a week	1
Op shop (kept me busy)	1
Organisers take advantage of your abilities-little recourse as voluntr	1
Panic & anxiety attacks	1
Pregnant with twins	1
Recently moved to different area & still settling in	1
Shift work	1
Spouse has dementia	1
Tafe work	1
Three young grandchildren to help rear & manic depressed husband	1
Time factor	1

Response	Frequency
Time in general	1
Time/other commitments	1
Too emotional at this time!	1
Too much study	1
Too tired	1
Want to join clubs but general life/work & friends get in way. Time	1
Work	1
Work between sydney & adel & difficult to connect & commit to groups	1
Workcover injuries: both hands & right shoulder	1
Total	62

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