

Multiple Role Occupancy in Midlife: Balancing Work and Family Life in Britain

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Purpose: This article investigates the extent of multiple-role occupancy among midlife individuals in Britain in cross-section and over the life course, focusing on work and family commitments. The association between demographic and social factors and multiple-role obligations is also investigated. **Design and Methods:** The research is based on secondary analysis of the British Family and Working Lives Survey, which contains retrospective paid work, caregiving, and child coresidence histories. **Results:** The proportion of individuals in midlife (women aged 45–59 and men aged 45–64) who have multiple roles, in terms of paid work and consistent family care, at any one point in time is low (2%). This is primarily due to the relatively small proportion (7%) of people in this age group who are caring for a dependent. Being older, unmarried, and in poor health significantly reduces the number of roles held among men and women. Although the frequency of multiple role occupancy, and intensive multiple role occupancy, is low on a cross-sectional basis, a much higher proportion of individuals have ever occupied multiple roles over their life course (14%). **Implications:** The findings will inform debate on how policy can best aid those endeavouring to balance paid work, family life, and caring responsibilities.

Key Words: *Caring, Working, Family responsibilities*

Individuals undertake a variety of roles within work and family life, including parent, spouse, carer, and paid worker. Given rises in female labor force participation and longevity, a major concern among gerontologists in the past few decades has been the

frequency with which midlife individuals (particularly women) are caught in the middle between competing work and family responsibilities (Brody, 1981; Kinsella & Velkoff, 2001). Much of the work on this issue is North American, in part reflecting the importance of generational issues in societies where there is a greater structural potential for multiple role configurations (i.e. where it is more common for midlife individuals to have both living parents and children; Farkas & Hogan, 1995). For example, a recent study showed that 35% of American women aged 55–63 had at least one child and at least one surviving parent compared with only 19% of their British counterparts (Grundy, 1999). This reflects both higher levels of life expectancy at older ages in the United States and higher fertility achieved during the baby boom in the late 1950s and early 1960s (Grundy, 1999). However, the extent of multiple role commitments in midlife continues to be a critical issue in Western Europe as countries experience demographic trends similar to those found in the United States, such as increases in the proportion of midlife individuals with living parents, reflecting rises in survival at older ages; increases in coresidence and dependency among young adults, reflecting rises in the age at which children leave and return home, as well as rising ages at motherhood; and continued rises in female labor force participation (Coleman, 1996; Vaupel, 1997; White, 1994).

We used the British Family and Working Lives Survey (FWLS) to investigate the extent of multiple roles among midlife individuals, focusing on work and family commitments. The research examined the prevalence of multiple work and family responsibilities among middle-aged individuals in cross-section and over the life course. We explored and mapped out these multiple role obligations using a series of typologies. The degree of variation in patterns of multiple role occupancy by age, marital status, occupational social class, education, health, and housing tenure was also analyzed. In particular, we addressed (a) the proportion of midlife men and women who undertake a multiplicity of roles within the work and family spheres at any one point in time, (b) variation in the patterns of multiple role occupancy, and (c) the experience of multiple role occupancy over the life course.

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Brody (1981, 1985) argued that multiple role commitments among women were becoming a normative experience. More recent research, however, has suggested that being caught in the middle, in terms of simultaneous caregiving responsibilities to dependent children and frail parents while in paid work, is an atypical experience (Dautzenberg, Diederiks, Philipsen, & Stevens, 1998; Himes, 1994; Rosenthal, Martin-Matthews, & Matthews, 1996; Rosenthal, Matthews, & Marshall, 1989; Soldo, 1996; Spitze & Logan, 1990). Although multiple role commitments in midlife appear to be uncommon, there is empirical evidence to show that the extent of multiple roles is increasing among younger generations (Moen, Robinson, & Fields, 1994; Robinson, Moen, & Dempster-McClain, 1995). It is expected that this will also be the case for Britain, given current trends in those demographic factors that are likely to influence work and caring responsibilities in later life (Evandrou, 1997; Falkingham, 1997).

Research on the extent of multiple role commitments has largely considered these obligations at only one point in time. A study that used life history data to examine various role commitments over the life course found that the frequency of certain roles (i.e., caregiving) was much higher than when considered at one point in time only (Moen et al., 1994). For example, 50% of women in the sample studied had been caregivers at some point between the ages of 18 and 55 (Moen et al., 1994).

There is also little research concerning socioeconomic and demographic variations in multiple role occupancy, although a substantial body of work has focused on the relationship between multiple role responsibilities in later life and various measures of physical and mental health. Research in this area reflects two opposing theoretical perspectives, the role strain hypothesis, which predicts a negative association between multiple role obligations and health (Goode, 1960), and the role enhancement hypothesis, which suggests that occupying multiple roles may have a positive effect on health (Marks, 1977; Sieber, 1974). In general, empirical evidence has suggested that those with multiple roles are more likely to be in better physical and mental health (Adelman, 1994a, 1994b; Nathanson, 1980; Voydanoff & Donnelly, 1999) and to engage in more social activities (Farkas & Himes, 1997). On the other hand, a few studies have demonstrated either higher levels of reported psychological stress among women with multiple roles (Beck, Dallinger, Naegele, & Reichert, 1997, as cited in Reichert & Naegele, 1999; Jenkins, 1997) or little or no effect of multiple role commitments on various measures of well-being (Penning, 1998; Reid & Hardy, 1999; Spitze, Logan, Joseph, & Lee, 1994; Verbrugge, 1983).

In addition, the majority of studies of multiple role occupancy have focused on women. In part, this reflects the fact that the preponderance of personal, or heavy-duty care, is provided by women. For example, a Canadian study found that men were only half as likely as women to be involved in the provision of

personal care (Martin-Matthews & Campbell, 1995). Rising female employment in the postwar period has also meant that more women are combining work and family roles (Armitage & Scott, 1998). In Britain, this has been exacerbated by a shift in the policy context. Changes in community care legislation, particularly over the 1980s, have shifted the emphasis of the responsibility of care toward the community, which in turn has intensified the demands placed on women (Dalley, 1988; Parker, 1990). It is also important to examine the assumption of multiple roles among men. Studies in North America that have investigated gender differences in work and family patterns have shown that men are equally (or more) likely than women to face multiple roles (Rosenthal et al., 1996; Spitze & Logan, 1990). This reflects their higher labor force participation in addition to family commitments, although the intensity, duration, and impact of combined work and family roles may actually be greater for women, given their more active involvement in family life.

There is also considerable variation in how roles are defined, and researchers have emphasized the importance of capturing both the intensity and the duration of specific roles (Bartley, Popay, & Plewis, 1992; Farkas & Himes, 1997; Moen et al., 1994; Pienta, Burr, & Mutchler, 1994). For example, research on the long-term effects of high levels of caring has shown a significant negative association with health, employment, and earnings (Evandrou, 1996; Evandrou & Winter, 1992).

Methods

Data

This article is based on secondary analysis of the FWLS. The FWLS comprises a nationally representative sample of 9,139 British individuals aged 16–69 years, interviewed in 1994–1995 (King & Murray, 1996). The one-off survey was carried out on behalf of a number of government departments, including Education and Employment, Social Security, the Environment, and the Home Office. The aim was to collect information about people's family circumstances, labor market participation, and pension status over their lifetimes in order to aid policy development. Face-to-face interviews were conducted in respondents' own homes, and information was collected using three separate survey instruments (Figure 1). First, the main questionnaire gathered data on housing, education, unemployment, pensions, benefits, family decisions, caring, and disability. Second, retrospective life history information was collected by means of an events matrix. The events matrix included partnership and birth history data, dates when children left or rejoined the household, and periods in training and education. Third, work history data were documented in a detailed jobs grid where respondents entered the start and end dates for each employment episode (including periods of unemployment and time out of the labor market due to family responsibilities or other reasons) since they first entered the

Nationally representative random sample
16 - 69 year olds, Great Britain

N = 9,139

Collected data by:

Main questionnaire
using CAPI

Housing, education, employment,
pensions & retirement, state benefits,
family formation, caring & disability

Events matrix

Retrospective life history data
(cohabitation, fertility, education,
dates children left & returned home)

Job grid

Work history data

Interview duration: average 1.5 hr

Response rate: 54% (main sample)

Figure 1. Family and Working Lives Survey (1994–1995).
CAPI = computer assisted personal interviewing.

labor market. The response rate obtained was relatively low (54%; see Appendix, Note 1) compared with other surveys, such as the earlier 1980 Women and Employment Survey (Martin & Roberts, 1984).

In this article, we defined midlife as the period before retirement. In Britain, statutory retirement age for women is 60 years; for men, 65 years. The analysis in this article was based on a subsample of women aged 45–59 and men aged 45–64 drawn from the FWLS sample. This provided a subsample of 1,201 women and 1,353 men. Table 1 summarizes the demographic characteristics of the study participants.

Operationalizing Multiple Roles in Midlife

We focused on the occupancy of three roles: carer, parent, and paid worker. Information from the FWLS was used to investigate (a) role occupancy and (b) the level of involvement in the role (i.e. role intensity), distinguishing individuals with low versus high role commitments. Table 2 summarizes how these roles were operationalized.

Carer.—The carer module in the main FWLS questionnaire asked about the provision of regular care, focusing on care that lasted at least 3 months (see Appendix, Note 2). Our analyses of carer status were based on two questions asked in the survey: “Do you currently or have you ever regularly looked after someone, for at least three months, who is sick, disabled, or elderly?” and “Do you still currently have these responsibilities for looking after someone?” The intensity of the caring role was captured by the question

How much time per week in total do you spend looking after or helping your dependents? That is including time when you need just to be there with that person (apart from when you are asleep and excluding time travelling to and from his/her home).

Thus, it was possible to distinguish individuals who provided care for 20 or more hr per week from those who provided care for fewer than 20 hr per week and

Table 1. Characteristics of the Study Participants, Men Aged 45–64 and Women Aged 45–59

Characteristic	%	<i>n</i>
Gender		
Men	54	1,353
Women	46	1,201
Age		
45–49	35	834
50–54	27	678
55–59	26	716
60–64	12	326
Marital Status		
Single	6	251
Married/cohabiting	83	1,832
Widowed	3	134
Divorced/separated	8	337
Education		
None	40	1,018
Some	60	1,497
Social Class		
Nonmanual	51	1,279
Manual	41	1,050
Other (inadequately described)	8	225
Housing Tenure		
Owner/occupier	80	194
Social sector housing	15	412
Privately rented or other	5	150
Health		
Long-standing illness	21	579
No long-standing illness	79	1,970

Notes: All sample numbers presented are unweighted, whereas percentages are weighted. Data are taken from the Family and Working Lives Survey, 1994–1995.

those who were not currently providing care. This measure was chosen as previous studies have found a significant association between hours of care, employment, and health status (Evandrou, 1996).

Parent.—Information from the household grid was used to define the parental role variable. In keeping with previous studies (Bartley et al., 1992; Farkas & Himes, 1997; Penning, 1998; Rosenthal

Table 2. Operationalizing Role Occupancy and Intensity in the Family and Working Lives Survey

Role Occupancy	Role Intensity
Carer: Providing care to someone who is sick, disabled or elderly	Providing care for 20 or more hr a week
Parent: Children of any age living at home	At least one dependent child or an adult child who is (a) permanently sick, disabled, or unable to work, (b) unemployed, (c) divorced/separated/widowed, or (d) at least one child aged 25 years and over living at home and no adult child contributing to household income
Paid worker: In any paid work	Working full-time (over 30 hr per week)

et al., 1996; Spitze & Logan, 1990), this distinguished individuals who had children of any age in the household (including step- and adopted children) versus those who did not. The intensity of the parental role can be distinguished in a number of ways. The literature indicates that the demands of dependent children are likely to be greater than those of adult children (Dautzenberg et al., 1998; Reid & Hardy, 1999; Spitze et al., 1994). Thus, those living with at least one dependent child (see Appendix, Note 3) were defined as having a more intensive parental role. It may also be postulated that coresident adult children with particular needs such as physical disability may require high levels of parental support. Furthermore, coresident adult children who have recently undergone a stressful event such as a divorce or job loss may also require heightened levels of parental support. To further specify the intensity of the parental role among those with only adult children in the household, those coresiding with a child with one or more of the following characteristics were identified as having a more intense or stressful role: (a) permanently sick, disabled, or unable to work; (b) unemployed; or (c) divorced, separated, or widowed. In addition, as the main questionnaire asked which household members contributed to household income, it was possible to identify households with at least one adult child over the age of 25 where no children were reported as contributors to household income.

Paid Worker.—Paid workers were defined as those individuals who at the time of the survey were either in full-time or part-time work, either as employees or as self-employed. Paid workers were further categorized into those working full time (over 30 hr per week, including persons on job training schemes funded by the government or on maternity/paternity leave), or part time (up to and including 30 hr/week).

Operationalizing Multiple Roles Over the Life Course

One of the key strengths of the FWLS is that it includes retrospective data on past episodes of caregiving, paid work, and family life. Variables were derived for each month of the respondent's life from the age of 16 up to their age at interview, indicating whether or not they had provided care, had children in the household, or were in paid work. From these variables, we determined whether individuals had ever occupied specific roles or combinations of roles in the past. The analysis of retrospective role occupation was based on a subsample of 1,027 men aged 45–64 and 947 women aged 45–59. These smaller sample sizes reflect missing or invalid dates in the histories and the exclusion of those cases where the dates children left or returned home in the events matrix did not match the information on coresident children collected in the household grid.

Analyzing Multiple Roles in Midlife

In the following section, we analyze patterns of multiple role occupancy, as defined in Table 2, using both bivariate and multivariate techniques (by means of SPSS, TDA, and STATA statistical packages). The extent of multiple role occupancy and the intensity of these roles was investigated at the time of the interview in 1994–1995 and also across the life course, using retrospective data from employment, caring, and child coresidence histories. The correlates of multiple role occupancy were explored using Poisson regression. The Poisson regression model has several advantages over ordinary least squares regression for this study: The Poisson distribution is used to describe discrete, limited dependent variables (as opposed to continuous variables); the distribution is skewed (as opposed to symmetrical) and nonnegative; and the variance of the distribution increases as the mean increases (as opposed to a constant variance; Long, 1997). The coefficients in the Poisson regression model can be interpreted as approximations of the percentage change in the number of multiple roles. The exact percentage difference is given by $100 * (e^B - 1)$ (Long, 1997).

Results

The Extent of Multiple Role Occupancy in Britain

Figure 2 shows single and multiple role occupancy within the spheres of caring, paid work, and parenting. Overall in midlife, 7% of people experienced caring for someone, 50% were parents and 66% were in some type of paid work. A considerable proportion occupied only one of these roles (42%), with the majority of these in the paid worker role. The proportion of midlifers with multiple roles was shown by the ellipses: For example, 2% experienced the most demanding role configuration, combining carer, parent,

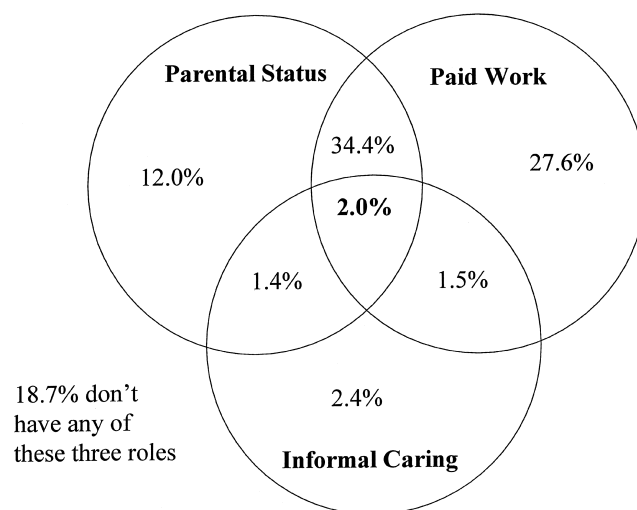


Figure 2. Multiple roles among 45–59-year-old women and 45–64-year-old men, Family and Working Lives Survey (1994–1995).

Table 3. Distribution of Individuals in Midlife (45–59/64 Years) by Gender and Various Role Combinations (in Percentages)

Current Role Occupancy	Men (45–64 years)	Women (45–59 years)
No Roles	22	15
One Role		
Carer	2	3
Parent	9	15
Paid worker	28	28
Two Roles		
Carer, parent	1	2
Carer, paid worker	1	2
Paid worker, parent	36	32
Three roles		
Carer, parent, paid worker	1	3
N	1,330	1,178

Notes: All sample numbers are unweighted, whereas percentages are weighted. $\chi^2(7) = 46.92, p = 0.000$. Data are taken from the Family and Working Lives Survey, 1994–1995.

and worker roles. Those with dual roles included 34% who were both parents and paid workers, 1% were parents and carers, and 2% were paid workers and carers. The results support earlier work indicating that when caregiving or the provision of help to parents is considered, only a small proportion of midlifers are in complex role configurations at a given point in time (Dautzenberg et al., 1998; Rosenthal et al., 1996; Spitze & Logan, 1990).

There is little difference in the extent of multiple role occupancy by gender. Table 3 shows that around 40% of men and women held two or more roles. This echoes previous research that has indicated that men were equally (or more likely) than women to face multiple roles (Rosenthal et al., 1996; Spitze & Logan, 1990). However, there are significant gender differences in the distribution of role combinations, with women more likely than men to occupy two or more roles when caregiving was one of the roles considered (8% of women vs 4% of men). Conversely, men were

more likely to hold role combinations involving paid work. Chi-square tests showed that these gender differences were statistically significant, $\chi^2(7, N = 2508) = 46.92, p = .000$.

Intensity of Role Occupancy

The analysis so far has examined the extent of role occupancy without distinguishing the intensity of the role. Table 4 presents the proportion of midlife men and women who held intensive roles at the time of the survey. Information is shown for each role separately. Chi-square tests showed significant differences by gender. Overall, 5% of women in midlife were providing care for 20 or more hr per week, compared with 3% of men, $\chi^2(1, N = 2503) = 9.41, p = .002$. Men were more likely to have at least one dependent child at home than were women (18% vs 14%, respectively), $\chi^2(1, N = 2508) = 6.88, p = .009$. The fact that men in midlife are more likely to have coresident children than are women has been confirmed by other studies (Spitze & Logan, 1990) and largely reflects gender differences in the timing of parenthood (men tend to marry and have children at older ages than women). The measure of coresidence with dependent children used here is, however, a fairly broad indicator of parental involvement and does not reflect the level of *active* participation in the role, which is likely to be higher for women given their greater involvement in family life.

Women were just as likely as men to have at least one coresident adult child with a stressor characteristic (i.e., 6% vs 7%, respectively). As expected, although similar percentages of men and women were in paid work, nearly twice as many men were in full-time work when compared with women (63% as compared with 35%), $\chi^2(1, N = 2521) = 191.84, p = .000$.

Table 5 illustrates the extent to which these intensive roles overlapped by presenting the proportion of midlife men and women who held *multiple* intensive roles. The table highlights the fact that the holding of

Table 4. Proportion of Midlife Individuals (45–59/64 Years) by Gender and Role Intensity (in Percentages)

Intensive Role Occupancy	Men	Women	Total	$\chi^2(1)$	<i>p</i>
Caring for someone for 20 or more hours per week				9.41	.002
%	3	5	4		
<i>n</i>	1,335	1,168	2,503		
Parent with at least one dependent child at home				6.88	.009
%	18	14	9		
<i>n</i>	1,330	1,178	2,508		
Parent with an adult child who is (a) permanently sick, disabled, or unable to work, (b) unemployed, (c) divorced/separated/widowed, or (d) aged 25 years and older and no adult child contributing to household income				0.35	.555
%	6	7	7		
<i>n</i>	1,332	1,178	2,510		
Paid worker, full-time				191.84	.000
%	63	35	50		
<i>n</i>	1,340	1,181	2,521		

Note: Data taken from the Family and Working Lives Survey, 1994–1995.

Table 5. Distribution of Midlife Individuals (45–59/64 Years) by Gender and Intensity of Multiple-Role Occupancy (in Percentages)

Multiple Intensive Role Occupancy	Men	Women	Total
No Roles	22	15	19
No Intense Roles	8	31	19
One Intense Role			
Carer (20 or more hours)	1	4	3
Parent (any dependent child at home)	4	10	6
Parent (only adult child at home and stressor)	2	5	3
Paid worker (full-time)	44	29	37
Two intense roles			
Carer (20+ hr) and one other intense role	1	1	1
Paid worker (fulltime) and parent (any dependent child at home or stressor)	18	6	12
Three Intense Roles			
Carer (20+ hr), parent (any dependent child at home or stressor) and paid worker (fulltime)	1	0	0
<i>n</i>	1,325	1,165	2,490

Notes: $\chi^2(8) = 323.78, p = .000$. Data are taken from the Family and Working Life Survey, 1994–1995.

multiple intense roles is a rare occurrence cross-sectionally, with only 19% of men and 7% of women occupying two or more intense roles. Chi-square tests demonstrated significant differences between men and women in the occupation of intensive multiple roles, $\chi^2(8, N = 2490) = 323.78, p = .000$. As expected, a greater proportion of men had combinations of roles that involved full-time paid work. Women in midlife were less likely to have intensive roles than men, which largely reflects gender differences in full-time paid work.

Correlates of Multiple Role Occupancy

The number of roles a person is engaged in is likely to be influenced by a range of demographic and socioeconomic characteristics. Table 6 presents the results of the Poisson regression model used to examine the correlates of multiple role occupancy. The dependent variable was defined as the number of roles (i.e., carer, parent, and/or paid worker) an individual held at the time of the interview, ranging from zero to three roles. The independent variables were age, education, social class, housing tenure, marital status, and health. Dummy variables for age were used in the model with the youngest age group as the reference category (i.e., 45–49). Those individuals with no educational qualifications were distinguished from those who had any (e.g., those with a university degree; with qualifications obtained from public examinations taken at secondary school; or with clerical, commercial, or trade qualifications). Social class reflects the Registrar General's classification of the respondent's current occupation or, for those who were not in paid work at the time of the interview, the last occupation held. Respondents were divided into (a) the nonmanual group (the reference group), (b) the manual group, and (c)

Table 6. Parameter Estimates for Poisson Regression Models for Multiple Roles

Independent Variables	Men		Women	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Intercept	.60**	.052	.52**	.050
Age				
50–54	–.21**	.072	–.27*	.068
55–59	–.47**	.077	–.52**	.073
60–64	–.96**	.091		
Education				
No educational qualifications	–.02	.074	–.10	.068
Social Class				
Manual group	.00	.067	.01	.070
Other (inadequately described)	–.14	.103	–.23*	.098
Housing Tenure				
Social sector housing	–.14	.100	–.07	.090
Privately rented or other	–.07	.129	–.07	.136
Marital Status				
Single	–.84**	.138	–.38*	.148
Divorced /separated/widowed	–.47**	.097	–.17*	.078
Health				
Long-standing illness	–.48**	.087	–.33**	.083
Pseudo <i>R</i> ²	.26		.13	
<i>n</i>	1,216		1,082	

Notes: Reference categories: Age (45–49); education (university degree; qualifications obtained from public examinations taken at secondary school; clerical, commercial or trade qualifications); social class (nonmanual group); housing tenure (owner-occupier); marital status (married/cohabiting); health (not having long-standing illness). Data are taken from the Family and Working Lives Survey.

* $p < .05$; ** $p < .01$.

other (e.g., respondents who never were in paid work, were in the armed forces, or were inadequately described). Housing tenure was defined by categorizing individuals into owner-occupiers (the reference group), social housing tenants (i.e., those living in local authority housing or homes owned by housing associations), and private tenants. Married individuals were distinguished from those never married and those who were divorced, separated, or widowed. Finally, respondents who stated that they currently had a long-standing illness, disability, or infirmity at the time of the survey were distinguished from those who did not.

The effects of the independent variables were found to be similar for both men and women. The number of roles significantly decreased with increasing age. For example, being aged 50–54 years, as compared with 45–49 years, decreased the number of roles held by men by 19%. This is in line with the conceptual discussion of role occupancy presented earlier. As people age, they are less likely to be parents with a child at home. Engagement in the labor market also decreases with age. Although the propensity to provide care rises with age, this is not sufficient to offset the falls in the parent and paid worker role. Not being married (or cohabiting) also significantly reduced the number of roles an individual held. For example, among men, being divorced, separated, or widowed decreased the number of roles held by 37% when compared with the married group. This is also in line with a priori expectations, as marital status is correlated

with the likelihood of living with a dependent child and hence occupying the parental role.

Education, social class, and housing tenure were found to have a significant relationship with role occupancy in bivariate analyses. However, only social class was significant in the multivariate analysis, with women whose socioeconomic group was inadequately described (i.e., women who were out of the labor market and whose occupation was not defined) being less likely to have additional roles. Being in poor health was also associated with fewer roles: Reporting long-standing illness reduced the number of roles occupied by men by 38%. It is likely that poor health may be a barrier to both engaging in paid work and caring. However, it could also be the result of role overload. Longitudinal data are therefore needed to unravel the causal relationship.

Role Occupancy Over the Life Course

Our analysis concentrated on *current* multiple role occupancy. When role occupancy was examined over the life course, a different picture emerged. Table 7 shows the proportion of midlife men and women in the various roles at the time of the survey and across the life course. The results indicate that the proportion of individuals who have ever occupied a role is much higher than current role occupancy. For example, among midlife women, although only 10% were providing care at the time of the interview, 28% had provided care at some point in their lives. Furthermore, the proportion of women who had ever provided care rose with age. Although 20% of 45–49-

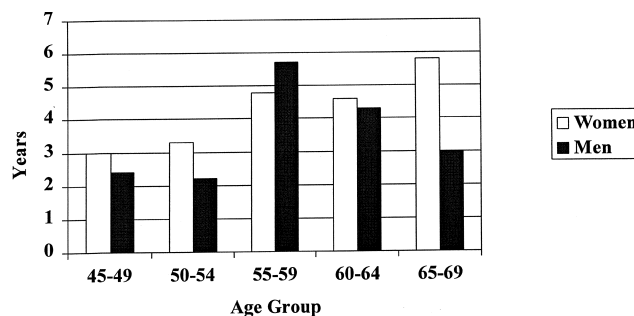


Figure 3. Median duration of caring (in years) among ever carers by age and gender, Family and Working Lives Survey (1994–1995).

year-old women had ever provided care, nearly 38% of 55–59-year-old women had ever cared. There are also important gender differences; whereas 28% of midlife women (aged 45–59) had ever provided care, only 15% of men (aged 45–64) had ever done so. The vast majority of both men and women had been parents and had children living at home at some point in their lives and had experienced paid work.

Among those who had ever provided care, the caring provided tended to be of relatively long duration. Figure 3 shows the median duration of caring among ever carers by age at interview and gender. The median duration of care among ever carers in midlife was around 4 years, with women, on average, having cared for a longer period than men (4.4 years vs 3.7 years, respectively). In addition, the median duration of care rose with age, and even at younger ages the median duration of caring was over 2 years. Of those providing care at the time of the interview, 75% had been caring for over 2 years, 50% for over 5 years, 25% for over 10 years, and 10% for over 18 years.

Table 8 presents the percentage of individuals who had experienced multiple role occupancy at some point over their life course (i.e., where roles had overlapped for at least 1 month). The majority of men and women had occupied the role of parent and paid

Table 7. Proportion of Midlife Individuals (45–59/64 Years) With Current Roles (Carer, Parent, Paid Worker) and Proportion Who Have Ever Held These Roles, by Gender and Age Group

	Age Group (%)				
Gender	45-49	50-54	55-59	60-64	Total
Male					
% currently (cross-sectional)					
Carer	4	6	5	6	6
Parent	72	53	37	21	48
Paid worker	85	76	60	36	66
% ever (retrospective)					
Carer	11	11	18	22	15
Parent	87	80	85	84	84
Paid worker	100	100	100	100	100
Female					
% currently (cross-sectional)					
Carer	7	10	12		10
Parent	70	48	31		52
Paid worker	78	64	46		65
% ever (retrospective)					
Carer	20	29	38		28
Parent	89	89	90		89
Paid worker	99	99	99		99

Note: Data are taken from the Family and Working Lives Survey, 1994–1995.

Table 8. Distribution of Midlife Individuals (45–59/64 Years) by Gender and Retrospective Multiple Role Occupancy (in Percentages)

Retrospective Multiple-Role Occupancy	Men	Women	Total
Never Had Two or More Roles			
Simultaneously	13	8	11
Ever Had Two Roles Simultaneously			
Ever carer and parent	—	0	0
Ever carer and paid worker	3	4	3
Ever paid worker and parent	73	66	70
Ever paid worker and parent and (at another time) carer and parent	1	5	3
Ever Had Three Roles Simultaneously			
Ever carer, parent, and paid worker	11	18	14
<i>n</i>	1,027	947	1,974

Notes: $\chi^2(5) = 63.92, p = .000$. Data are taken from the Family and Working Lives Survey, 1994–1995.

worker simultaneously at some stage in their life (73% of men and 66% of women). Five percent of women and 1% of men had been both a parent and a paid worker at some stage and a carer and parent at another stage. What is most striking, however, is that the proportion of midlifers who had ever held all three roles simultaneously at some stage in their life course was substantial, with 11% of men and 18% of women. This compares with just 1% of men and 3% of women who held all three roles at the time of the survey (i.e., cross-sectionally; see Table 3). Thus, although multiple occupancy at any one point in time is not common, over the life course a significant proportion of men and, especially, women do have to juggle the demands of being parent, carer, and worker.

Discussion

In common with the findings of other studies (Rosenthal et al., 1996; Soldo, 1996), the results presented here show that only a small proportion of individuals in midlife combined paid work with consistent caregiving or other multiple role configurations. There were distinct gender differences in multiple role occupancy, with men being equally or more likely than women to face multiple roles, reflecting their higher labor force participation and later timing of parenthood. Women were also less likely to hold some of the more intense roles than their male counterparts for the same reasons. Such gender differences have also been found to be the case in North America (Rosenthal et al., 1996; Spitze & Logan, 1990).

Few previous studies have looked at variations in multiple roles across different groups. The analysis here has shown that demographic and social characteristics affect the assumption of multiple roles, with age, being unmarried, and being in poor health significantly reducing the likelihood of holding multiple roles among men and women. In addition, marked differences were found between the cross-sectional picture and that over the lifetime, so although the proportion of individuals in midlife who had multiple roles was small cross-sectionally, the proportion of individuals who had ever cared increased significantly and differed across gender. Thus, multiple role occupancy is not an atypical experience when examined over the life course, a finding confirmed by previous studies (Moen et al., 1994).

We acknowledge that the data used in this study were collected in 1994–1995, and the cross-sectional picture may be somewhat different today. Given that labor force participation rates among women have continued to rise, it is likely that the experience of multiple roles in 2002 will be higher. Thus, the results here are likely to underestimate the experience of multiple roles. However, it is important to point out that there is no other source of nationally representative data in Britain that will allow the investigation of multiple roles over the life course.

Given that being caught in the middle is a much more common experience over the life course, it is important to examine how the assumption of multiple

social roles in midlife can affect quality of life in old age. For example, multiple role occupation may affect the accumulation of pension entitlements; fewer years in paid work can jeopardize the ability of individuals such as carers to meet eligibility requirements and may consequently lead to low income in retirement. The effect of multiple social roles on the physical health of individuals currently, and also in later life, has implications for long-term care, both in terms of family care and in the ability to purchase care, either through insurance or other payment mechanisms (e.g., charging).

There is a growing recognition by policymakers of the importance of supporting individuals in juggling work and family life, as reflected in the British government's launch in 2000 of the Work-Life Balance Campaign (Department for Education & Employment, 2000). This aims to encourage employers to introduce more flexible work practices in order to facilitate workers' reaching a better equilibrium between work and other spheres of their life (e.g., child or adult caring responsibilities, as well as other interests). Although the number of companies offering flexible working practices in Britain is growing, it is relatively small compared with Scandinavian countries (Andersson, 1999; Phillips, 1998), and the range is limited, primarily concentrating on those with child care responsibilities. Our future research will explore the impact of multiple role occupancy on health, resources, and pension income in later life.

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Appendix

Notes

1. Possible explanations include the lengthy interview, the complexity of the questionnaire, and the fact that the fieldwork was carried out by a private survey research company.
2. This may underestimate the total amount of care provided, as the question wording encouraged respondents to focus on the heavier end of caring.
3. Following established practice, dependent children were defined as those aged less than 16.