Published in final edited form as:

Med Sci Sports Exerc. 2015 August ; 47(8): 1635–1642. doi:10.1249/MSS.0000000000000582.

Women Workers and Women at Home Are Equally Inactive: NHANES 2003–2006

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Abstract

Purpose—The prevalence of female homemakers (those who stay at home to care for the home or family) has increased to 29%. Homemakers may be more active than employed women (EW). Limited data are available for domestic-related activity, therefore, the assessment of the activity levels of homemakers has been sparse. This study compared objectively measured activity (total activity counts, counts/minute, and percent time in various activity intensity levels) of homemakers and EW

Methods—Women's (18–60 years) accelerometer data from the 2003–2006 National Health and Nutrition Examination Survey were analyzed in 2014 (n=1763). Daily (hour-by-hour) profiles of activity were compared between homemakers and EW.

Results—Women spent most of their day in sedentary (~55%) and light (~32%) activity, with limited lifestyle (~11%) and moderate vigorous physical activity (MVPA) (~2%), and there were no differences between the homemakers and EW. Hour-by-hour analysis showed that homemakers had more light and less sedentary activity than EW during the afternoon (p<0.002), while EW had more MVPA at times corresponding to commuting to and from work and mid-day (p<0.002). On weekdays EW initiated activity earlier than homemakers, but not on weekends. On weekends both groups had less MVPA than weekdays. EW with child(ren) <18 had greater counts/min and lifestyle activity and less sedentary activity than EW without child(ren)<18.

Conclusion—Our hourly analysis delineated important differences in activity between groups. Homemakers accumulate enough light activity throughout the day to be as active as EW who are highly sedentary during the workday, but appear to acquire activity through commuting.

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Conflict of Interest

All authors have no conflict of interests.

Interventions to reduce sedentary behavior and increase activity are highly desirable and should take into consideration the temporality of homemakers and EW activity patterns.

Keywords

female; homemaker; occupational activity; children; physical activity; employment

INTRODUCTION

The health benefits of all forms of physical activity are widely recognized (13). An individual can accumulate daily activity through engagement in leisure time, occupational, transportation, and household activities (22, 31). Whether paid or unpaid, most adults regularly engage in work related activities as part of daily life, such as yard work, household cleaning, or occupational activity (8). As such daily routine activity encompasses both work outside of the home and work inside the home.

Research showing that an individual's occupation can substantially influence their daily activity patterns (5) has led to a rise in interest in capturing and accounting for occupational activity when measuring physical activity (21, 27, 34). Traditionally the measurement of physical activity has relied on self-report instruments and methodologies, with most data available for leisure-time activity, some data on occupational activity, and little to no national data available for transport- and domestic-related activity (3). Therefore, little work has been carried out to assess the household activities of homemakers, those who stay at home to care for the home or family (25). Nor have there been many comparisons of the activity and inactivity levels of homemakers and employed women (EW).

Because homemaking is not considered an occupational category the assessment of a homemaker's work would not be captured on an occupational related survey. Similarly, most physical activity questionnaires do not accurately assess the various work related activities typically involved in homemaking or work outside the home (24). Based on self-report, previous studies suggest that homemakers obtain less total physical activity (24), have lower overall activity-related energy expenditure (7), and are less likely to participate in vigorous leisure-time physical activity (25), than EW. A recent study conducted by the PEW Research Center found that stay-at-home mothers reported spending more time on childcare, housework, leisure activities, and sleep more than working mothers (6). One study that used objective measures of activity showed that EW working in jobs considered to have low levels of activity were more sedentary and had less light intensity activity than non-EW on weekdays, but found no differences between these two groups of women on weekends (34).

After many years of decline, the percentage of mothers who did not work outside the home has risen to 29% in 2012 (6). While homemakers do not accrue occupational physical activity or work-related commuting activity, a homemaker does engage in domestic activities, and may have additional child care or home care activity compared to EW (7). It remains unclear whether homemakers are more or less active than EW, and whether the two groups of women have different activity patterns during the day and week.

Accelerometry provides an objective estimate of most ambulatory activity (19) and using cumulative activity count methodology allows researchers to characterize detailed activity patterns across the day (26). Knowledge of distinct activity patterns over the course of the day allows for the development of tailored interventions with a focus on increasing activity levels, enhancing health, and reducing the risk of inactivity-related chronic diseases (1, 26). However, to date, the vast majority of work advancing the field of measuring work related activity is isolated to individuals working for pay outside of the home. The primary goal of this study is to describe patterns and levels of objectively measured activity by time of day in a nationally representative sample of homemakers and EW.

METHODS

The National Health and Nutrition Examination Survey (NHANES), a continuous cross-sectional survey conducted by the National Center for Health Statistics (NCHS), assesses the health and nutritional status of adults and children in the U.S. (4). To obtain a nationally representative sample, NHANES uses a complex, multi-stage sampling design and obtains data from interview, examination, and laboratory components. The NCHS Research Ethics Review Board has approved all protocols and each participant gave informed consent (4). This analysis used data from NHANES 2003–2006 interview and examination components.

Study Population

From an initial sample of 20,470 participants who completed the 2003–2006 physical examination, this analysis focused on working aged (18–60) women (n=4,165), with data on all covariates (see below; n=3,317). Men were excluded due to the low prevalence of men who self-identified as homemakers (n=10). Women who reported working at a job or business but not currently working (n=115), going to school or retired (n=178), or who had limitations keeping them from working (n=275) were excluded because of the uncertainty in their employment, homemaker, or mobility status during the activity monitoring period. Keeping with previous analysis (34), participants with less than 4 valid days of accelerometer wear (< 10 hours per day) were excluded (n=986), leaving a sample of 1763 women.

Working Classifications

Information from the NHANES 2003–2006 occupational questionnaire was used to categorize women as homemakers or EW. Women who said the “main reason they did not work at a job or business” was that they were “taking care of house or family” were classified as homemakers (n=293). Women who reported “working at a job or business” were considered EW (n=1470; 75% worked full time [≥ 35 hours]).

Activity measured by accelerometry

The uniaxial ActiGraph AM-7164 accelerometer (ActiGraph, Fort Walton Beach, FL) measures acceleration in the vertical axis, and transforms it to “counts”, a proprietary measurement of movement intensity. Women wore the hip-worn monitor for seven days, and removed the monitor during sleeping, bathing, and other aquatic activities. In accordance with previous studies, the criteria of 60 consecutive minutes of 0 activity counts

with up to 2 minutes with 1–100 activity counts was used to determine non-wear time (29). Wear time mean activity counts per minute (total activity counts per minutes of wear) were calculated for each day. Counts per hour were generated for each hour of the day. Accelerometer wear time data was also classified into activity intensity levels using previously validated cut points (0–99 counts = sedentary; 100–759 counts=light; 760–2019 counts = lifestyle; 2020= moderate-to-vigorous physical activity [MVPA]) (12, 29). Proportion of wear time per day, and per hour in each activity level was determined by dividing minutes in each intensity level by minutes of wear time.

Covariates

Continuous covariates included age (years), BMI (kg/m²), household size, and accelerometer wear time. Race/ethnicity, education, marital status, household income, smoking status, and having child(ren) younger than 18 (yes; no, as determined by subtracting women's age at last live birth from their current age) were categorical covariate variables.

Statistical Analysis

Data analyses was conducted with SAS software (Research Triangle Park, NC). To account for the complex sampling design utilized by the NHANES, a 4-year sampling weight was used for analyses (32). Differences in the characteristics of homemakers and EW were analyzed by X² test (categorical variables), analysis of variance (ANOVA) (normally distributed continuous variables), and Wilcoxon-Mann-Whitney test (non-normally distributed continuous variables).

Adjusted means and standard error (SE) were calculated for accelerometer-derived physical activity variables, and ANOVA was used to compare physical activity variables between homemakers and EW. The effect of having child(ren) younger than 18 on activity, and weekday/weekend activity were compared within and between groups. Activity counts per hour and the proportion of time spent in activity intensity per hour comparing homemakers to EW were presented. Due to the high variability of the activity counts data, the median and interquartile range (25th%, 50th%, 75th%) of activity counts per hour were plotted. Wilcoxon-Mann-Whitney tests were used to examine the differences in median activity counts between homemakers and EW at every hour of the day with the Bonferroni adjusted p-value (0.05/24) = 0.0021. The hour-by-hour p-values plot provides a visual of the differences between the groups. Wilcoxon-Mann-Whitney tests were also used to compare the proportion of time spent in different activity intensities between homemakers and EW at every hour of the day. Proc surveyreg was used to compare daily activity variables between homemakers and EW, homemakers with and without child(ren) younger than 18, and EW with and without child(ren) younger than 18. Paired t-tests were used to compare weekday and weekend activity variables within both groups for participants with at least 1 valid week and weekend day. Significance was set at $p < 0.05$ for these analyses. Sensitivity analyses were conducted with the exclusion of part-time workers due to concerns that their activity levels might differ significantly.

RESULTS

A large number of women were excluded from the analytic sample because of missing covariates ($n=848$), the lack of four valid days of accelerometer wear ($n=986$), or due to limitations keeping them from working ($n=275$). Those included in the study were not significantly different from those excluded regarding height, weight, BMI, activity counts per minute, or percent time in MVPA. Those included were significantly older, had significantly more light and lifestyle activity, but less sedentary behavior than those excluded. Those excluded were also more likely to be single, non-Hispanic-black, have lower education, and lower household income (data not shown). Demographic characteristics are presented in Table 1. Out of the 1,763 women, 1,470 (83.4%) were EW (75% worked full time), and 293 (16.4%) were homemakers. EW were more likely to be single, non-Hispanic-white or -black, have higher education, higher household income, smaller household size, less likely to have child(ren) younger than 18, and wore the accelerometer longer than homemakers (Table 1).

There were no differences in average mean counts per minute, percent sedentary, light, lifestyle, or MVPA between homemakers and EW (Table 2). Both groups of women spent the majority of the day in sedentary (~55%) and light intensity activity (~32%), with little lifestyle (~11%) and almost no MVPA (~2%). Compared with EW without child(ren) younger than 18, EW with child(ren) younger than 18 were less sedentary, had more lifestyle activity and greater mean counts per minute. There were no differences between homemakers and EW in mean counts per minute or any activity intensity measures on weekdays or weekends, but there were within group differences between weekdays and weekends in several activity variables. On weekend days, homemakers engaged in less MVPA and had fewer mean counts per minute than on weekdays. EW had less MVPA and sedentary, but more light activity on weekend days than weekdays.

Activity patterns over 24-hour periods were evaluated by plotting activity counts per hour (Figure 1 A) and hourly activity levels (Figure 2) for each group. The hour-by-hour p-value curve provides a visual of the differences in activity counts per hour between the groups, and describes how groups diverge and converge over the day. Activity began between 6–7 am for EW and between 7–8 am for homemakers, and EW obtained significantly more counts per hour than homemakers from 6–10 am ($p < 0.002$) (Figure 1 A, B). EW engaged in significantly more sedentary (12–6 pm), lifestyle (6 am), and MVPA (6–8 am, 1–3 pm, and 6–10 pm) than homemakers ($p < 0.002$). Homemakers engaged in significantly more light (12–9 pm) and lifestyle activity (11 am–1 pm) than EW ($p < 0.002$) (Figure 2). EW with child(ren) obtained significantly more counts per hour from 7–10 am and from 8–9 pm ($p < 0.002$), and engaged in less sedentary, more light, and more lifestyle activity throughout the day than EW without child(ren) ($p < 0.002$). On weekend days, there were no differences in the initiation of activity, activity counts per hour, or activity intensity levels at any time point during the day between homemakers and EW. Both homemakers and EW began activity around 8 am on weekend days (Figure 3). Sensitivity analyses showed that results did not differ when part-time EW were included or excluded from analyses so they were retained in analyses.

DISCUSSION

This study expands our current knowledge regarding physical activity levels in women who are homemakers and EW and demonstrates that there were no overall differences between the physical demands of going to work or staying at home to care for the family. While homemakers and EW were similarly active, neither group is active enough for maintenance of good health (33). Our 24-hour time course analysis revealed specific times of the day where significant differences in activity counts (Figure 1AB) and activity intensity occurred between homemakers and EW (Figure 2), despite a lack of overall differences. These findings demonstrate how significant differences in physical activity across the day may disappear when presented as daily summaries of counts per minute or percent time in activity intensity.

In this study, we found distinct patterns in the activity of homemakers and EW when examining counts per hour and activity intensity levels hourly. The counts per hour plot with accompanying p-values curve indicates that EW begin accumulating activity earlier in the day compared with homemakers, suggesting they are getting up earlier to go to work, and supports homemakers' reports of spending more time sleeping (Figure 1AB)(6). The only differences in activity counts per hour occurred between the 6–10 am.

The hourly plot of activity intensity showed that EW were uniquely active, acquiring short bouts of MVPA at the beginning, middle and end of the day, suggesting that the daily routine of commuting to and from work and activity around mid-day plays an important role in the accumulation of physical activity (Figure 2). Previous research in office workers has shown that the majority of MVPA occurs in bouts of 10 minutes or less, and speculates that transportation related-activity to and from work likely increases MVPA in employed individuals (2, 23).

Despite their brief periods of greater MVPA, our results indicate that EW were more sedentary than homemakers during the whole afternoon. Considering that the majority of jobs require little physical activity, and high amounts of sedentary activity this finding is not surprising (15, 23, 34). However, these findings are particularly concerning given emerging evidence indicating the negative health consequences of prolonged sedentary behavior (10, 17). In efforts to reduce both work and domestic sedentary exposure and increase physical activity future research should consider intervening at different times of day when targeting homemakers and EW, such as targeting morning activity for homemakers, and encouraging afternoon activity and extending the length of MVPA bouts at the start, middle and end of the day in EW. While both EW and homemakers have specific periods of the day when they are more or less active, and interventions could be targeted to those times, it must be acknowledged that much of the physical behavior patterns of both groups may be largely determined by the respective responsibilities of work or homemaking. Therefore in an attempt to design effective interventions to increase physical activity and reduce sedentary behavior it is critical to consider the amount of autonomy women actually have over how they choose to spend their time.

Our results indicate that compared to EW, homemakers engaged in greater amounts of light intensity activity during the afternoon and evening. By engaging in light intensity for many hours of the day, homemakers may achieve the same volume of activity as their employed counterparts who engage in more short-term MVPA, but also spend more time sedentary. Evidence suggests that light intensity activities may be independently associated with health benefits (9, 14, 18, 35), therefore homemakers' sustained levels of light intensity activity may have important health implications. Future research is warranted to examine the potential health benefits of elevated levels of low intensity activity in homemakers, and to identify the minimal dosage of physical activity at which specific clinically meaningful health benefits are realized. Previous research suggests that domestic activities such as caring of the house or family play an important role in the accumulation of physical activity in homemakers (34), and homemakers have self-reported participating in more domestic activities than EW during the week (6). However, without accompanying contextual evidence, because accelerometry provides no information on activity type, we cannot determine whether any of the light activity of the homemakers was due to routine domestic activities such as cleaning the house, or caring and playing with children.

It is interesting that despite differences in activity intensity levels at multiple points of the day, the only differences in counts per hour occurred between 6–10am (Figure 1AB). It is plausible the differences in activity intensity levels were only large enough to reflect differences in counts per hour during this time. Compared to any other time of the day, EW had the largest advantage in lifestyle and MVPA (the activity levels associated with the greatest counts) over homemakers in the morning. Later in the day despite differences in hourly activity intensity levels, it appears that homemakers and EW generated equivalent activity counts per hour.

The double burden of working and caring for a child requires significant time investment (16, 20) and did appear to impact physical activity levels of EW. Within EW having child(ren) resulted in less sedentary time, and more activity during certain hours of the day compared to EW without child(ren). Due to time constraints EW with child(ren) may have to increase the intensity of some activities and may engage in a wider range of activities than EW without child(ren) in order to accomplish their many responsibilities (11).

We observed that on weekdays EW initiate activity earlier than homemakers, but on weekends both groups initiated activity at approximately the same time. Qualitative data support EW spending similar amounts of time engaged in domestic activities as homemakers on the weekend (6), and evidence suggests that a reduction in activity on the weekend is common (15, 34). Our findings suggest that interventions for homemakers and EW should target increasing MVPA on weekend days.

This report compares the objectively measured physical activity of homemakers and EW within a representative sample of American women that we could locate. Cumulative 24-hour activity data provides important information about the amount, and the timing of activity. This added detail allows for the exploration of activity patterns, which is not possible with most subjective methods. We identified temporal differences in activity, and highlight specific times of the day where the efficacy of public health interventions to

increase activity in homemakers and EW could be tested. For example, EW may be more likely to add additional activity to their short bouts of MVPA at the beginning, middle and end of the day. Considering many gym programs offer lunch time work-outs, and offices support of worksite wellness programs during lunch breaks, adding activity to the middle of the day may be highly feasible for EW. Conversely, worksite interventions encouraging short activity breaks throughout the day may be feasible and efficacious for some (28). However, the demands of work and homemaking may put constraints on how much an individual can manipulate or change their behaviors. For homemakers encouraging the engagement in more activity earlier in the day could be compared to increasing the intensity of their activity during the afternoon and evening as a strategy to increase total activity. Future work is needed to explore the effects of toggling the timing of behavior change interventions.

In an attempt to limit the impact of selection bias associated with activity monitoring compliance only those with at least four valid days of physical activity were included in this study. Those who wear the monitors for a longer time period may have fundamentally different activity patterns to those who are less compliant. A longer assessment period may also provide a more representative look at habitual activity (30). Because the analysis compared EW to homemakers, and was restricted to women without functional limitations there was the potential for the ‘healthy worker effect.’ This may have favored the activity levels and behaviors of both the EW and homemakers, but in different ways. It was assumed that while EW engaged in occupational activity and domestic activity, homemaker’s duties would require the engagement in greater amounts of domestic activity. Some limitations should be noted. Hip worn accelerometers do not accurately capture all activities (e.g. cycling, swimming, weight training, upper body activities such as folding clothes, washing dishes, carrying children), nor do they provide information about activity type. It may be that the activity of homemakers and certain EW is underestimated by a hip-worn accelerometer since much of their activities involve use of the hands or arms rather than the lower extremity or trunk. This analysis uses accelerometer data without actual knowledge of the types of activities done. For homemakers we cannot be certain that all of the movement on the accelerometers was domestic, nor can we assume all movement of EW was occupational related. Also there was no information about which days the EW worked and it is possible weekends captured some occupational activity. The classification of a homemaker was challenging within NHANES, as the questionnaire classified women as employed or homemakers with no option to report both. Women with the potential to have the double burden “employed homemakers” were inferred by combining information from their occupational response, and the age of their child(ren).

In conclusion, it appears that homemakers are participating in domestic activities that require light intensity physical activity, and are overall as active as EW who are participating in more MVPA during certain hours, but are also highly sedentary during the majority of the workday. It is critical to further understand the health implications of these differing activity patterns and better understand their determinants. Our time-specific observations draw attention to periods of the day when both groups of women are less active and could be targeted for intervention. For example, findings from this study suggest that homemakers could increase time spent in MVPA in the morning, noon, and early evening,

while EW could benefit from increasing activity throughout the afternoon and evening. These findings, in conjunction with the increasing prevalence of homemakers, and sedentary occupations highlight domestic and occupational physical activity as an important research target and support the need to develop effective interventions that reduce sedentary behaviors and increase activity in the daily lives of women.

Acknowledgments

This project was supported in part by the Intramural Research Program of the National Institute on Aging.

This work was supported by the Intramural Research Program of the National Institute on Aging, National Institutes of Health. The authors acknowledge the editorial assistance of the NIH Fellows Editorial Board, National Institutes of Health. The results of the present study do not constitute endorsement by ACSM.

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Figure 1.

(A) 24-hour activity counts per hour (mean, 25th%, 50th%, 75th%) in employed women and homemakers. Black bars = employed women, white bars = homemakers, white triangles = mean, white squares = median. (B) P-values plot of the difference (Wilcoxon Mann Whitney) between groups median activity counts per hour. For visual representation log_{10} was plotted for all p-values.

Figure 2.

24-hour average activity level patterns in employed women and homemakers. Black triangles = employed women sedentary, black squares = employed women light, black diamonds = employed women lifestyle, black circles=employed women MVPA, white triangles = homemaker sedentary, white squares = homemaker light, white diamonds = homemaker lifestyle, white circles=homemaker MVPA. Indicated differences are significant at * $p < 0.002$. EW= Employed women; sedentary = 0–99 counts; light=100–759 counts; lifestyle 760–2019 counts; MVPA= 2020.

Figure 3. 24-hour weekend activity counts per hour (median). Black squares = employed women, white circles = homemakers.

Table 1

Characteristics of the study population by occupational status for women (n=1763) in the National Health and Examination Survey

Characteristic	Working Status		p-value
	Employed women (N = 1470)	Homemaker (N =293)	
Age (years), M (SE)	38.7 (0.36)	38.4 (0.77)	0.69
Age Categories, %, no.			
18–24 years	14.5 (274)	10.0 (49)	0.028
25–34	24.7 (360)	26.1 (89)	-
25–44	24.5 (331)	35.6 (83)	-
45–54	27.0 (358)	18.6 (44)	-
55–60	9.3 (147)	9.6 (28)	-
Height (cm), M (SE)	163.2 (0.21)	162.4 (0.71)	0.25
Weight (kg), M (SE)	75.4 (0.77)	72.6 (1.06)	0.027
BMI, M (SE)	28.3 (0.29)	27.6 (0.42)	0.17
Race/ethnicity, %, no.			
Non-Hispanic white	70.2 (731)	60.3 (102)	<0.001
Non-Hispanic black	13.2 (342)	6.1 (24)	-
Hispanic	6.6 (342)	23.6 (148)	-
Other	10.0 (127)	10.0 (19)	-
Marital Status			
Married/living with partner	62.2 (867)	92.5 (263)	<0.001
Single/not living with partner	37.8 (603)	7.5 (30)	-
Household size (no.)	3.1 (0.05)	4.1 (0.13)	<0.001
Child Status, %, no.			
Child(ren) younger than 18	37.9 (567)	64.0 (190)	<0.001
Education, %, no.			
<High school	9.1 (222)	26.1 (124)	<0.001
High school	20.9 (311)	30.0 (76)	-
>High school	70.0 (937)	43.9 (93)	-
Household Income, %, no.			
<25K	13.6 (258)	25.7 (111)	0.003
25–<45K	20.9 (319)	22.3 (75)	-
45–<75K	27.4 (386)	24.4 (48)	-
75K+	34.7 (450)	24.7 (47)	-
Missing	3.4 (57)	2.9 (12)	-
Smoking, %, no.			
Never	31.6 (533)	37.2 (135)	0.23
Former	9.9 (148)	5.9 (15)	-
Current	19.1 (249)	21.0 (44)	-
Missing	39.5 (540)	35.8 (99)	-
Employed full-time, %, no.	75.7 (1077)	-	-

Characteristic	Working Status		p-value
	Employed women (N = 1470)	Homemaker (N =293)	
Wear time (minutes/day), M (SE)	872.2 (2.86)	836.4 (5.70)	<0.001

Note:

* p values for between group comparisons, analysis of variance for normally distributed continuous variables, Wilcoxon Mann Whitney test for non-normal continuous variables, and chi-square test for proportions. M = mean, SE = standard error, no. = number

Table 2

Accelerometer-derived physical activity variables^a comparison between homemakers and employed women, and within groups on weekdays and weekends, and with or without a child(ren) younger than 18^{a,b}

	Counts/minute (M [SE])	Sedentary percentage (M [SE])	Light percentage (M [SE])	Lifestyle percentage (M [SE])	MVPA percentage (M [SE])
Working status^b					
Employed (1470)	315.9 (3.94)	55.9 (0.38)	31.2 (0.25)	10.4 (0.19)	2.5 (0.08)
Homemakers (293)	313.0 (6.58)	53.4 (0.56)	33.7 (0.43)	10.9 (0.25)	2.1 (0.13)
p-value	0.15	0.68	0.5	0.36	0.08
With child vs without child^b					
Employed with child < 18 (567)	329.2 (6.14)	53.8 (0.54)	32.2 (0.33)	11.3 (0.25)	2.5 (0.11)
Employed without child < 18 (903)	307.7 (4.76)	57.2 (0.42)	30.5 (0.33)	9.8 (0.20)	2.5 (0.10)
p-value	0.04	0.01	0.18	0.001	0.6
Homemaker with child < 18 (190)	317.1 (6.17)	52.7 (0.41)	34.2 (0.41)	11.1 (0.29)	2.1 (0.15)
Homemaker without child < 18 (103)	305.7 (13.33)	54.6 (1.32)	32.8 (0.78)	10.5 (0.55)	2.1 (0.20)
p-value	0.33	0.21	0.23	0.76	0.8
Weekdays vs Weekend days^c					
Employed Weekdays (1315)	316.0 (3.97)	56.2 (0.39)	31.1 (0.26)	10.3 (0.26)	2.5 (0.08)
Employed Weekend days (1315)	316.2 (4.99)	55.1 (0.50)	31.8 (0.35)	10.7 (0.23)	2.3 (0.09)
p-value	0.15	0.02	0.001	0.06	<0.0001
Homemakers Weekdays (272)	316.5 (7.19)	53.3 (0.59)	33.7 (0.43)	10.9 (0.27)	3.4 (0.43)
Homemakers Weekend days (272)	296.6 (9.44)	54.4 (0.84)	33.3 (0.57)	10.5 (0.33)	1.8 (0.19)
p-value	0.003	0.14	0.14	0.09	0.006

^aIntensity levels are based on minute-to-minute accelerometer counts and are classified as follows: sedentary (0–99); light (100–759); lifestyle (760–2019); and MVPA (> 2020).

^bAdjusted for age, BMI, race/ethnicity, household income, education, marital status, smoking category, and household size.

^cN does not equal total N because mean differences were calculated within individuals with at least 1 valid week and weekend day and did not take into account covariates