

Women's Survival in Old Age:  
The Impact of Life Course Experience  
in the Development of Material and Non-Material Resources  
for Well-being in Old Age

by

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## ABSTRACT

This thesis is about women's acquisition and management of material and non-material resources for old age. It provides the historical context for a small group of women aged from seventy-two to ninety-two and examines the ways in which they acquired the resources enabling well-being in old age. The main resources explored are income and assets, housing, health, social connectivity and resilience. The data have been drawn from an oral history project which recorded the life histories of twenty-three community-dwelling New Zealand women of European ethnicity. The interviews were recorded between 2011 and 2013 and are archived at the Alexander Turnbull Library in Wellington.

Oral history provided in-depth interviews that produced rich data for analysis allowing the women's voices to be heard. A life-course approach highlighted the gender-based cultural expectations and social structures of that informed the women's life trajectories in a period of rapid social change covering the post-war economic expansion and the resurgence of the women's movement.

The study is interdisciplinary in nature; theories and concepts of ageing, including that of successful ageing, are reviewed from a critical gerontology perspective. It is constructed using a feminist lens and analysed according to grounded theory with flexible coding. The emergent themes relate to the importance of home ownership and the insecurity of renting, the desire to 'age in place', the belief in 'making do' and the need to have income in addition to New Zealand Superannuation, which covers only the basic needs for old women. The economic effects of divorce or separation which in some cases disadvantage women in old age are reviewed and the long-term values of education in obtaining a good income to facilitate home ownership and financial security. The role of resilience in the face of adversity is shown in the narrators' ability to employ their agency in the resolution of difficult situations and to initiate and accept social support.



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## **ABBREVIATIONS**

ACC	Accident Compensation Corporation
CAB	Citizens Advice Bureau
CFC	Commission for Financial Capability
CPI	Cost Price Index
DIY	Do it Yourself
GFC	Global Financial Crisis
GP	General practitioner
HLFS	Household Labour Force Survey
LCM	Little Company of Mary
MSD	Ministry of Social Development
MoH	Ministry of Health
NOHANZ	National Oral History Association of New Zealand
NZS	New Zealand Superannuation
SOC	Selective Optimisation with compensation
SROW	Society for Research on New Zealand Women
U3A	University of the Third Age
VUW	Victoria University of Wellington
WINZ	Work And Income New Zealand
WCC	Wellington City Council
WSA	Women's Studies Association
WTC	Wellington Teachers College
DPB	Domestic Purposes Benefit

## GLOSSARY

Gold Card	Identification for free public transport in off-peak hours and discounts for pensioners
Māori	Indigenous Polynesian settlers in New Zealand
Number Eight Wire	The distinctly New Zealand phrase ‘Number 8 wire’ refers to the ingenuity to make or fix something from a limited range of materials available
Pākehā	Non-Maori usually of British ethnic origin or background
Tāngata	Human being, a person
Whenua	The people of the land, hosts as opposed to visitors



# CHAPTER 1

## INTRODUCTION

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Ageing presents one of the greatest social challenges of our time. Indeed the predicted change in the world's population i.e. the proportion of young and old has been described as paralleling 'the magnitude of the industrial revolution'.

(Global action on ageing, 2011)

This magnitude challenges societies. It is predicted that future cohorts of adult and mid-life workers will be burdened unjustly with the support of both young and old. Technology may not solve problems requiring a redistribution of intergenerational ethical responsibilities. There will be a need to rethink the nature of paid work and care in terms of gender equality.

"Women face greater problems in old age than men...an ageing society is primarily a female society" (Hooyman, 1999, p. 117).

Because of their longevity women outnumber men in old age and their welfare is a further focus for this demographic challenge. Government policies do not recognise the specific disadvantages that women encounter in saving for old age and much of the research on ageing is on 'old people', both men and women as a single entity, ignoring the differences in gendered life trajectories. Baba Copper, herself an old woman, drew attention to the previous feminist neglect of women in old age (Copper, 1988). This oversight has since been addressed by feminist gerontologists. The framework for this thesis is one of critical gerontology using a feminist and life course approach:

A feminist framework is essential to understanding the interconnections between women's caregiving and employment experiences in youth and middle age and their lower socioeconomic status, higher incidence of chronic health conditions, and greater probability of living alone in old age. It is also crucial to address both structural and individual levels of theory and change in order to improve the lives of women as they age (Hooyman, 1999, p. 115).

Following on from Hooyman's position my study explores the lives of twenty-three community-dwelling New Zealand Pākehā old women aged from seventy-two to ninety-two who agreed to have their interviews archived for historical purposes and have allowed me to analyse them for this project. I have used a life-course approach setting these women's experiences in an historical context which reveals the influence of societal structures and culture on their well-being in old age. The aim of my research is to find out how this group of women have acquired, and now manage, the resources needed for survival in old age and to identify the supports and barriers which have, over time, contributed to this. These resources are interrelated and have been considered as income and assets, housing, health, social connectivity and resilience. This holistic approach led to more explicit queries detailed in section 3 of this chapter.

My decision to interview old women over seventy for this project, relates to the age of eligibility for New Zealand Superannuation, at present sixty-five. Some women will have continued in paid employment beyond this, but most of them, in my experience, will be 'retired' from paid employment by age seventy. Being old has both biological and social outcomes, but cannot be measured simply by chronicity. In my previous study (Munro, 2002) women interpreted the term 'older' as applying to themselves variously from fifty-six to ninety-four. The use of specific ages to define landmarks on a life-course is arbitrary and culturally dependent. It does not allow for the heterogeneity of an old population due to genetic and environmental factors. As longevity has increased the concept 'old' may require redefinition.

As earlier feminists have done, I wish to attach respect rather than opprobrium to age. I use 'old women' rather than older, elderly or senior citizens because these euphemistic terms, as Hazan (1994) claims, avoid some of the realities of ageing. Molly Andrews in her journal article *The Seduction of Agelessness* asserted "We must be able to call our old people old, acknowledge all the challenge and the possibility that their advanced years embody' (Andrews, 1999, p. 22). I acknowledge that older may be used to avoid the negative associations of 'old', but 'older' is relative implying older than what? While avoiding accusations of ageism, 'elderly and senior citizens' have connotations of patronage by the young which barely disguise notions of feebleness and lowered productivity.

## 1.1 Background

Although the phenomenon of ageing has been remarked upon from the earliest recordings of human history it is only since the early twentieth century that it has been formalised as the academic discipline of gerontology. The following definition establishes that its nature is essentially multidisciplinary:

Gerontology is the study of aging and older adults. The science of gerontology has evolved as longevity has improved. Researchers in this field are diverse and are trained in areas such as physiology, social science, psychology, public health, and policy. A more complete definition of gerontology includes all of the following: scientific studies of processes associated with the bodily changes from middle age through later life, multidisciplinary investigation of societal changes resulting from an ageing population and ranging from the humanities (e.g., history, philosophy, literature) to economics and applications of this knowledge to policies and programs (The Institute of Gerontology, 2015).

For the purpose of this study, the ‘societal changes’ mentioned above include the women’s movements and feminism. This thesis examines literature from many disciplinary sources. There are areas of overlap and increasingly fluid boundaries between disciplines as they research the meanings of human ageing. Much of the literature, both national and international, concerns itself with ‘old people’, but does not make distinctions for gender. For this distinction I am indebted to feminist and critical gerontologists. Ageing is a feminist issue because women make up the majority of older adults and are disproportionately affected by poverty and chronic illness. In a period of global ageing awareness and consideration of gender issues is important and should be incorporated in government policy.

Retirement is a contested concept that usually refers to life after paid employment, but for some women paid employment was confined to periods before and after marriage and child rearing, so what may retirement mean for them? Few women see it simply as the time for leisure and freedom from responsibilities, as promoted by the media and the ageing industry. Housework and caring for significant others: spouse, parents, friends or

siblings occupies their retirement along with a host of voluntary activities. This is frequently the case for those in the decade after age sixty-five. For grandmothers bringing up grandchildren unpaid work may continue even longer.

Longevity is increasing world-wide. Higher standards of living coupled with advances in medicine and technology has combined to reduce mortality and this, together with declining fertility, has engendered population ageing. Statistics produced by the United Nations Population Division give projections for the world's population, which suggest that between 1950 and 2050 it will increase 3.7 times, but that the proportion of those over 60 will increase 10 times and those over 80, 26 times. From 2010 to 2050 the world's population will increase by two billion of which the older population would be 1.3 billion. With the difference in longevity between men and women being approximately 4.5 years the proportion of women aged over sixty would rise to 55%, and over eighty to 64% (Lutz & Samir, 2010). According to Austad (2006) women live longer than men because they are more robust at every age, although they have higher overall rates of physical illness than do men. This 'greying' of the global population has been referred to as the 'Silver Tsunami' and the predominance in it of older women, the feminisation of ageing, may be viewed as problematic, perhaps due to the anticipated costs of health-care.

Tsunami as a metaphor establishes a sense of crisis by its connotation of the uncontrollable force associated with an earthquake initiated giant tidal wave, sweeping all before it in a maelstrom of destruction. Barusch (2013, p. 181) challenges this metaphor as it overplays the negative effects of an ageing population and ignores the benefits. She calls for a new metaphor. I agree that it takes no cognisance of the positive value of a longer life which, with good health can offer opportunities for both leisure and the continuance of a productive working life, paid or voluntary. In addition, there is more time for the old to pass on institutional and individual experience and knowledge so continuing to make contributions to society.

However, the changed demographic balance of age groups gives rise to economic and social concerns about intergenerational relationships. Social gerontologist, Alan Walker (1996) whose life course approach to ageing has been very influential in this thesis,



considers that the social intergenerational contract is changing and that there are indications of the restructuring of state welfare policies. In addition, the perception of a smaller group of productive younger workers supporting a much larger group of older and presumed less productive persons could bring into question the social contract of reciprocity between generations. In many jurisdictions including New Zealand the sustainability of current state pension systems is under review; the Ministries of Health, Housing and Welfare are concerned about the expected health-care costs of an older population and the provision of suitable housing and welfare for the aged. While it is acknowledged that women will constitute the majority of old people, no special provision is made for them and policies proceed as if one size fits all.

## **1.2 The New Zealand context**

New Zealand is well-advanced in the journey of global ageing. Statistics New Zealand (1998), *Demographic Trends 1997* showed that the proportion of the population aged over sixty-five was projected to rise from 12% in 1996 to 25% in 2051. The present expected age of retirement from the paid workforce is sixty-five and the continuing increase in longevity, attributed to healthier life-styles, a higher standard of living and the progress of medical technology leaves many more years than previously expected for older people to manage their resources, perhaps twenty years or longer. The most rapidly increasing group of the aged is those over the age of eighty-five (Davey & Gee, 2002) and this will pose a challenge for the nation's health and housing services both in medical costs and in the provision and training of carers. There is a supposition that old people over the age of eighty-five will be the group most in need of care, and that the majority of these will be frail older women, but because of the greater diversity in life courses, health and social connectedness of individuals chronological age may not be the sole arbiter of the need for care, particularly institutional, as many younger people, suffering from the long-term effects of car accidents or a range of disabling medical conditions, require twenty-four hour care.

According to the Ministry of Social Development (MSD) Social Report 2008, the present projected life span for a woman in New Zealand is 82.2 years, for a man 78.1 years. Men tend to marry women younger than themselves and die earlier thus frequently leaving

widows who live alone unless they remarry. The report identifies living alone as a factor in the reduction of social well-being. However, for some women, independence after a lifetime of caring for others by living alone may be viewed more positively, often increasing their well-being.

Residential full-time care addressing mobility and nursing needs is perceived as a possible burden on the health-based workforce and upon the tax-payer. This has led to the promotion of a government initiative to promote positive ageing, a facet of the 'Successful Ageing' paradigm, which has replaced the older theory of disengagement and decline (Cumming & Henry, 1961). The new approach implies that old age can or should be active, positive and productive and has been embraced by state and local bodies and endorsed by community agencies (Dalziel, 2001; Dwyer & Gray, 1999; Gee & Glasgow, 2000; McGregor & Gray, 2001; Ministry of Social Development, 2008; Office for Senior Citizens, 2004). 'Ageing in place' addresses the need of old people to remain in a familiar locality, close to friends or family. This can be achieved by downsizing a large family home to a smaller dwelling either owned or rented or by alterations to their existing home to allow for reduced mobility. This may present a problem where the valuation of an older family home is less than a newer, smaller unit. There is some evidence suggesting that 'ageing in place' is the situation preferred by many women (Hambleton, Keeling, & McKenzie, 2008; Keeling, 1999; Keeling & McKenzie, 2014; Munro, 2002), however it is questionable whether this is an option for all old women. My situation is a case in point. I would prefer to stay in the same suburb, but not on my steep hillside with a large garden and lots of steps, but a search for a smaller affordable house on the flat near public transport has been fruitless. The option of renting with the issue of high costs and insecurity is unappealing.

Residential care is resisted and viewed as a last resort in cases of serious disability (Munro, 2002). The growth of the retirement village industry provides alternatives for those who can afford to buy a licence to occupy a dwelling, but suitable rental accommodation is in short supply. It is important to establish how decisions are made and who makes them in relation to an individual's housing resource (Keeling, 2009). There is room for abuse when the older person has no agency in the matter as instanced in cases

where family members make decisions which an old woman is coerced, or may feel compelled into accepting.

If ageing in place is not possible or is undesirable, what alternative living arrangements (other than residential care which requires assessment) are available? In the past old people were likely to live with their families where the traditional carers were daughters, but this is changing. Families are smaller and more women are in paid employment, which leaves little time for care-giving. There are issues of independence and interdependence, and the often-repeated desire of an old person not to be a burden on the family. A unit or an apartment in a retirement village that offers social facilities and hospital care may be an attractive choice for those who can afford it.

For the New Zealand narrators in this study planning and provision for old age was established in an economic climate and a culture in many ways different to the present. A key element in their provision for the future was to own their home. This was facilitated by government policies allowing the capitalisation of the family benefit to provide a deposit and the provision of low interest mortgages. In many cases inheritance or assistance from parents or grandparents placed them on the first step of the property ladder and periods of steady employment ensured the repayment of a mortgage. Today home ownership is declining. Since the mid-nineties there has been a steady growth in the number of households dependent on the private sector rental market (Howden-Chapman, Bierre, & Cunningham, 2013).

The recent media presentation of New Zealand as a 'rock star economy' (Bloxham, 2015) at a time when recession is also predicted brings into focus the precarious situation for some women now retired and for many preparing for retirement. The projected length and depth of this recession is hotly debated, optimists positing two years and others, including the present Minister of Finance, suggesting as long as fifteen years. The spectre of inflation eating away retirement income may be fading, but low interest rates and the 2008 failure of many finance companies has impacted severely on those on fixed incomes. The advent of high unemployment may lower the capacity of families and community agencies to support elders in their community. A recent exploration of poverty during midlife (ages 40-64) using objective measures such as income, assets,

housing tenure and poverty thresholds, and through subjective measures of financial adequacy showed a negative association with wellbeing and there was a lower level of asset accumulation and home ownership, compared with older cohorts (Waldegrave & Cameron, 2010). This may presage a future cohort of retirees requiring high levels of financial and housing support that can only be supplied by a strong welfare system which at present New Zealand lacks (see Chapter 5, Section 7).

Once again the state provision of pensions is on the agenda; it has been suggested that the age of eligibility should be raised, that it should be income tested and set at a lower proportion of the average wage. These uncertainties compound the problems of planning for longevity. As an eighty-three year old, I wonder what kind of world my granddaughters will inhabit when they reach their eighties. Our economic environment has changed to one of greater inequality and women have not yet attained pay equity. Young people have been saddled with student loans delaying the possibility of home ownership and starting a family. Are there lessons we can learn from present old women that may sustain a good old age for future generations or will new strategies be required in a changed world?

Also of note is that there are differences in the experiences of young-old and older-old women. As stated above, statistics indicate that the fastest increasing group were those over eighty-five. This influenced my choice to research older women.

### **1.3 Research question**

The major focus of this thesis is ‘What in the life course of these old women has shaped their survival and well-being in old age? It involves an examination of the strategies they have employed over the years to acquire and manage the material and non-material resources which would ensure their survival in old age. It subsumes many other questions such as the following: Over their life course what has contributed or hindered their well-being in old age? Do old strategies still work in a new context? What is their involvement with family and community? What adjustments do they make in their physical environment, activities, family relationships and community involvement? To what extent are they aware of, or influenced by the new paradigms of successful, active, positive or

productive ageing as opposed to the previous paradigm of disengagement and a steady or rapid decline towards death? What does it mean for an old woman to age “successfully”? How do they presently access information and resources relevant to their well-being? What changes do they negotiate in order to maintain independence or accept inter-dependence? Are there changes in self-identity? What barriers do they encounter? What actions of themselves or others facilitate their survival and maintenance of a good quality of life? How may their choices of action have been influenced by previous life experiences and the rubric of western society for our cultural performance of the role ‘old woman’ and ‘wife’? These queries are essentially an exploration of the means and the meaning of women living to an advanced age.

Ruth Ray, in a review of narrative gerontology, cites gerontologists Cole and Sierpina (2007) who define humanistic gerontology as the search for meaning in old age and identify narrative studies and feminist perspectives as the leading edges of ageing studies. In the narration of life-histories old people may enable gerontologists to better understand the meaning of old age, and the informants may come to a richer understanding of themselves.

I have considered the historical context of the narrators’ lives and examined the relevance of government policies, which have helped or hindered the acquisition of resources and speculated about the effects of more recent policies that may support or create barriers for the coming older generation. For example, for much of their lives these women have benefited from periods of full employment and financial stability in the post-war 1945 expansion of the economy, conducive to establishing home ownership. The changes in house and land values of the mid-1970s and 1980s made housing less affordable contributing to a drop in home ownership (Thorns, 1993). In a housing conference report Thorn suggests that a factor influencing a further drop in home ownership may be the effect of student loan repayments (2008).

My argument is that the conditions that have worked favourably for the present cohort of old women may not be available for the next. New solutions must be found. New Zealand is currently experiencing a crisis in housing fuelled by Auckland’s shortage of housing and a high rate of immigration leading to exorbitant price rises which leave the first home

buyers unable to access the ladder of property ownership. According to QV's newsletter (05 July) rising prices have now spread nationally and 46% of the buyers are now investors rather than families (Quotable Value, 2016).

A recent report from Auckland University points out that historically New Zealand's housing policies have focused on home ownership, the dream of a family home, which is now out of reach for many (Mills et al., 2015). Little attention has been given to the rental sector that is frequently of poor quality. Housing has been viewed as a welfare rather than a human rights issue and this welfare perspective perpetuates the 'deserving and undeserving poor tradition of the 19<sup>th</sup> century' creating a 'blame the victim' attitude uncondusive to the provision of adequate social housing. There has been a steady decline in the proportion of state and council housing in New Zealand (Howden-Chapman, 2015). Many of the aged are among the vulnerable and low income people who will be disadvantaged by what the authors term an approach to housing that uses an economic perspective rather than a social perspective and the former will only perpetuate the current situation of over-crowded and sub-standard dwellings. The state has been divesting itself of much social housing, which forebodes badly for the future. Housing is one of the basic resources in old age necessary for shelter, security and the meaning of home. It is crucial to the well-being of old women and has been the mainstay for the narrators in this thesis.

#### **1.4 The structure of the thesis**

Chapter 2 critiques concepts and theoretical approaches to ageing highlighting critical gerontology which focusses on the political economy of ageing, diversity, social function and connectivity which provide meaning in old age. International and New Zealand research is cited. Demographic change and its predicted social, economic and financial effects are discussed. The imbalance between young and old will affect future cohorts of old people of whom a large proportion will be women. The prevalence of falls and chronic illnesses among older women is expected to add to the high cost of health provision by the state. Feminist concerns are addressed. Much of the literature on ageing makes no distinction for gender and its structural differences in society. Life-course research has a unique value in linking individual and group experiences in ageing to their

historical context of culture and state policies and their intersections. Ageism, adaptation and autonomy are discussed.

Chapter 3 interrogates the concept of 'successful ageing'. Literature on the resources is reviewed with particular attention to the concept of resilience and its role in coping with adverse circumstances over the life course. Consequences of the structural disadvantages women face in employment and income are explained. The need for suitably designed, adequately insulated and affordable housing essential to well-being for old women is emphasised. Health in old age is reviewed showing the effects of women's longevity and chronic illnesses that leaves them the predominant occupants of rest homes where depression is a common mental health condition. Musculo-skeletal strength is compromised, vertigo is common, and the lack of balance and co-ordination leads to falls on which there is extensive research. Population Ageing has spurred new research on dementias which create long periods of disability and morbidity before death, costly for state funded health systems or the individual. The literature reviewed confirmed the vital role of social connectivity in old age and this positive association between social support and well-being was confirmed in the lives of the narrators in this thesis.

Chapter 4 discusses how feminism, critical theory and pragmatism have informed my methodology and influenced my choice of oral history as a data source. The selection of participants, interview procedures are described. Ethical issues of confidentiality and power are discussed including the paradox of my position being both inside and outside this thesis due to my age and gender. I explain my use of grounded theory and subsequent development of common themes in the interview analyses.

Chapter 5 gives an overview of New Zealand history including World Wars 1 and 2 which left indelible memories on the participants through family experiences. The concepts of 'making do' and 'number 8 wire' are introduced and the enduring historical division between the deserving and undeserving poor. Despite the early enfranchisement of women, the essential nature of a patriarchal society continued; women were locked into a culture of domesticity, confined to traditionally low paid occupations, female work as determined by men. War-time work showed that women's skills were not limited to 'caring occupations'.

The early introduction of old age pensions for both men and women and the later reforms of health provision, housing and higher education afforded women the possibility of wellbeing in old age. Such advances were dependent on political will. The implementation of relevant government policies was governed by the cyclic nature of boom and recession and the then current belief about whether responsibility for wellbeing was the duty of state or individual. The great depression of the late 1920's and early 1930's affected the narrators in this study.

The women's movement of the seventies renewed energy for women to access rights in the division of marital property on divorce, to realise greater opportunities in the work force and with the advocacy of Women's Electoral lobby (WEL) to gain stronger representation and participation in public life. The lack of research on women was remedied by the voluntary work of the Society for Research on Women (SROW) from birth to retirement, but legislation for equal pay in 1970 did not produce pay equity. Abortion, pornography, rape and domestic violence were highlighted in the campaign for 'liberation'. In 1974 the domestic purposes benefit (DPB) became available.

Chapter 6 introduces the 23 Pākehā participants six of whom are migrants from Europe who have spent the greater part of their life in New Zealand. All the participants were employed primarily in traditional female occupations. More than half had the advantages of tertiary education or training. Most participants had children and almost three-quarters married between 17 and 28 unlike the present day when family formation is frequently delayed. The group was atypical of the New Zealand population in that the majority had tertiary education or training. Appendix E provides their basic data.

Chapter 7 uses the narrators' words to show the contribution that education and employment made to the acquisition and management of their resources. It follows the building of income, assets, and housing which contributed to the women's well-being in retirement. The extracts from the women's interviews reveal the importance of governmental policies and the influence of personal and environmental experiences originating in their family of origin.

Chapter 8 continues the women's stories. The narrators deal sequentially with the effects of war and depression, parental influences in childhood and later their experiences of



marriage, divorce, living alone and the importance of support networks. For the most part they accepted the domestic role culturally constructed in a patriarchal society, but some were open to the new ideas of the women's movement.

In health a distinction is made between chronic disease and a general condition of 'slowing down' in adaptation to old age. The costs of health-care are mentioned and the burden of caregiving. A bench mark for satisfaction is 'being able to do what I want to do', most of the women considered themselves as "good for my age" in relation to others. The chapter concludes with sections on the values of spirituality and resilience in their lives.

Chapter 9 discusses twelve findings in answer to the research question, affirms the significance of the thesis in New Zealand and gender contexts and acknowledges its limitations. It explores the implications of the findings for policy makers and future cohorts of women and suggests areas for future research.



## **CHAPTER 2**

### **APPROACHES TO AGEING AND ITS CONCEPTS**

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#### **Introduction**

This chapter and chapter three cover the main literature resources I have used to explicate aspects of ageing relevant to the experiences of the participants in this thesis. Section 2.1 engages primarily with the demographic projections of a change in balance between the proportions of young and old members of society. This may presage experiences for future cohorts of old women in New Zealand that differ from the narrators in this study. Section 2.2 describes the older theoretical approaches to ageing and section 2.3 discusses the social and economic concomitants of critical gerontology. Section 2.4 outlines the strong input of feminist gerontologists to this thesis, and section 2.5 explains the life course perspective that provides the context and framework of my work which I argue is feminist gerontology using a narrative approach. Sections 2.6 and 2.7 discuss ageism, adaptation and autonomy.

Biological Sciences have focused on the physiological changes of the human body in later life and the Psychology of Ageing has been a fruitful field of research for the behavioural, emotional and cognitive functions of the aged, and issues of identity, agency and subjectivity. There is a political economy of ageing and social sciences have investigated the implications of demographic change for public policy in relation to pensions, health and housing. In view of demographic change and the assumed social contract between generations, societal attitudes to the aged and intergenerational relationships present another field for research.

An impressive amount of European and North American research is available on the major issues in ageing, particularly in terms of demographics, economics, biological function and its assessment. Health, housing and the social needs of the aged and their carers have been explored, but until the nineties much of this research was not disaggregated by gender. Not only had male and female subjects been aggregated, but in

some studies from the seventies women had been completely excluded. Bell (1986) gives an example of this; after having examined only white males for over twenty years, the Baltimore Longitudinal Study of Aging finally included women in 1978. Commenting on the Baltimore Study of Ageing, Bould and Longino (1997) found this disturbing because of the greater longevity of women and their preponderance in the very oldest age groups. They also found that the Framingham Longitudinal Study had not included ethnic diversity. Another longitudinal study, the Harvard Alumni Study of Heart Disease (Paffenbarger, Wing, & Hyde, 1978) used only male graduates and The Harvard Physicians' Heart Study 1989, which examined the relationship of moderate aspirin use to heart disease, included 22,071 male physicians and no women despite the fact that heart disease is the most common cause of death in women. Today differences in gender, socio-economic class, race, ethnicity and cultural and environmental factors are recognised as relevant in research on ageing. All women or men cannot be treated the same and the intersection of these variables produces greater complexity.

An analysis of Britain's gender issues in later life came with the work of Arber & Ginn (1991, 1995). They explored older women's position in relation to health, illness, poverty and pensions (Arber & Ginn, 1998, 1999) and their changing roles and future choices (Arber, 2006; Arber, Davidson, & Ginn, 2003). In the United States the then current and proposed budget cuts of the Reagan administration were seen as further contributing to a 'greying' of the feminisation of poverty (Minkler & Stone, 1985).

In New Zealand the early work of social scientists Bonita (1993, 1996), Koopman-Boyden (1988, 1993) and Koopman-Boyden and Brown (1991) initiated awareness of the need for research on women and ageing. In relation to the greater longevity of women compared to men there is now research on older women's health and social issues, for instance, deficits in selenium and zinc (de Jong et al., 2001), significant risk of falls (Campbell, Spears, & Borrie, 1990) low bone density (Gunn, Weber, & Kruger, 2014), depressive symptoms (Laudisio et al., 2009), lower fertility (Statistics New Zealand, 2013) and problems in maintaining an adequate nursing work force for the future needs of an ageing population (Powell, 2010).

The international Year of Older Persons, 1999 resulted in a plethora of publications with a focus on the desirability of positive and active ageing, partly in response to publicity acknowledging the demographic change to an ageing population and the challenges this would bring, (see Davey & Cornwall, 2003; Dwyer & Gray, 1999; Gee & Baillie, 1999; Gee & Glasgow, 2000; McGregor & Gray, 2001; Ministry of Social Development, 2001; Senior Citizen's Unit, 2000). The concept of successful, productive or positive ageing has been embraced by central and local governments and in my view, is sometimes presented as a panacea to mitigate the degenerative aspects of old age (see Chapter 3, Section 2) and possible for all old people.

In the first decade of the 21<sup>st</sup> century significant long-term research projects in New Zealand include: 'Enhancing Wellbeing in an Ageing Society' undertaken by the Family Centre Social Policy Research Centre and the University of Waikato, 'Ageing in Place' by the Centre for Research and Social Assessment (CRESA), and a Longitudinal study of Ageing at Massey University also in association with the Family Centre. The results of the first phase of the 'Health, Work and Retirement Project' at Massey University are now available. These studies use research teams, concern both men and women and are based on large numbers of participants.

A similar study is one at Auckland University where Janine Wiles has led a team researching Resilient Ageing in two Communities, Glen Innes a suburb in Auckland and Tokoroa a small town in South Waikato. This study, *Resilient Ageing: Improving the Lives of Older People in New Zealand Communities* is multi-cultural in nature, explores the meaning of an 'ideal place to grow older and revisits the 'concept of ageing in place'. It is based on extensive interviews with ethnically-mixed focus groups and with separate Samoan, Māori Cook Island and Chinese focus groups. It has implications for all old people living in the community (Wiles, Wild, Kepa, & Peteru, 2011). None of these studies focuses specifically on old women and the relationships between life courses and their management of resources in later life, although all are related to aspects of 'successful Ageing', the promotion of positive affect, an active and productive engagement with life, a healthy lifestyle and generativity.

In the fields of medicine and nursing for the aged there has been a continuing focus for instance on conditions of chronic disease (Flett, Kazantzis, Long, Millar, & McDonald, 1999), prevention of falls (Kerse, Butler, Robinson, & Todd, 2004), assessments for the capacity to manage the acts of daily living (Byles, 2000), respiratory illness due to poor housing (Howden-Chapman, Signal, & Crane, 1999) stress on care-givers (Pinquart & Sörensen, 2003), Alzheimer's, and other co-morbidities of age (Kahle-Wroblewski, Fillit, Kurlander, Reed, & Belger, 2014). Health issues tend to dominate, perhaps because of the presumption of future fiscal outlay. It may be possible that as older people reach later life in good health, that health-care costs will decrease, but at present costs are very high.

The series *New Zealand Now* produced by Statistics New Zealand includes statistical reports on the lives of women as does Judith Davey's series *Tracking Social Change*. The Ministry of Social Development's annual Social Reports such as the *Living Standards of Older New Zealanders* provides statistics and some interpretation of ageing issues. The office of the Minister for Senior Citizens produces reports on the progress of *New Zealand's Positive Ageing Strategy* launched in 2001 (Ministry of Social Development, 2006). There are a large number of studies relating to persons in residential care, but few on old people living in the community other than a significant ethnographic study of ageing in a community (Keeling, 1999) an extension of the original Mosgiel *Longitudinal Study of Ageing* (Campbell, Borrie, & Spears, 1989).

Six New Zealand Master's theses completed since 1994 specifically relate to older women or ageing; Knaggs (1996) explored older women's fear of crime and Roorda (1998) looked at their use of computers and the internet. Cave (1998) interviewed eight women born between 1922 and 1940 about their perception of the value of their unpaid work; Milligan (2000) produced a feminist study of older women's health and health promotion; Munro (2002) analysed the quality of life of older women in New Zealand in 2001; and McLachlan (2005) interrogated the concept of positive ageing. This latter I found very germane as in part, it addresses the question of whether the options such as active and successful ageing are available to all.

As specific concerns became apparent, more recent New Zealand theses and working papers explored issues of ageing in New Zealand, for example, the dilemma of saving for

retirement when life expectancy was problematic (O'Connell, 2012), the problem of facing job loss when approaching retirement (Brown, 2002), the need for flexible work arrangements (Davey, 2015), the loss of knowledge as older workers retire (Joe, 2010), the many problems addressing suitable and accessible housing for old people and the need to avoid their segregation (Daubé, 2014). All of these issues are relevant to this thesis. The twenty-three participants or their partners had faced these issues.

The positive and negative aspects for population ageing in New Zealand have been comprehensively presented by a number of authors (see for example Boston & Davey, 2006). This sets out the opportunities and risks of an ageing society and indicates areas for policy research, such as immigration, keeping older workers in the labour force and promoting motherhood, which over time may change the age imbalances in society. Each strategy has its downside. Three perspectives for research on ageing are suggested, late-life issues, workforce and other transitions in mid-life, and intergenerational issues.

Relevant knowledge comes from many sources and while gerontology encompasses all aspects of human old age it is sometimes confused with geriatrics, the medical care of the aged. Medical concerns dominate the literature on ageing, old age was equated with an expectation of disease and disablement before death and research was directed towards the better understanding of the physiology and neurology of the human body. There were questions to be answered; was ageing a disease or the natural progression of wear and tear? How could this be ameliorated and what interventions were possible?

An early focus was on the prevention of falls that are costly to treat, disabling, reduce productivity and potentially contribute to earlier mortality. In New Zealand the Accident Compensation Corporation (ACC) has distributed posters and pamphlets on interventions and procedures to reduce falls. More recently the implications of the heavy costs of an ageing population have spurred investigation into the prevention of age-related dementia. At present there is no cure for all types of dementia and there is a heavy burden on care-givers whether home or hospital-based. Traditionally women, wives, daughters and sisters have accepted this role, but with the economic need to maintain paid employment, the later ages of family formation and fewer children, care-giving is increasingly institutionalised. The increase in longevity predicts a proportionately higher expenditure

on health-care for the aged. The current promotion of healthy lifestyles designed to reduce morbidity in the final stage of life may possibly contribute to a reduction in such expenditure. The outcome of this strategy may be revealed in the final analyses of the Dunedin Longitudinal Study of a birth cohort in New Zealand begun in 1972 at the University of Otago.

Secondary material is available on issues concerning the elderly and retired; the demographic changes are well known and there has been an increase in magazine and newspaper articles dealing with old people. Many reported studies and public interviews directly engage with old people, for example on National Radio *The mechanisms of ageing and why we are living longer* and *Loneliness and the effect of ageing* (Radio New Zealand, 2015a, 2015b) and in *The Listener*, *Ageing positively: Partners in change* and *Why Baby Boomers are being sold short* (du Fresne, 2013; Pellegrino, 2013). In view of recent court cases the national media has focussed on end of life scenarios involving assisted suicide for the old and the ethical issues of euthanasia.

The following sections in this chapter and chapter three cover the main literature resources I use to explicate those aspects of ageing relevant to this study. Much of the material is taken from European, North American and Australian studies, but this frequently concurs with similar findings in New Zealand and is common to ageing in the developed western world. Where possible, I have used relevant New Zealand research

## **2.1 Demographics**

Demographic projections indicate the changing structure and size of groupings within a population, based on various assumptions concerning ‘future fertility, mortality, migration inter-ethnic mobility, living arrangement type and labour force participation patterns’ (Dunstan & Thomson, 2006, p. 9). These assumptions with different weightings produce differing possibilities for the future. Lower fertility will reduce the number of younger workers and the number of elderly will increase with lower rates of mortality. In New Zealand at present it is the 85 + group within the older population which has the highest growth rate; in 1996 it constituted 9% of the older population and by 2051 it is



projected to rise to 25% of adults over 65 and this reflects a global trend (Davey & Gee, 2002).

In 2001 the European Economic Union recognised that the demographic transition to ageing populations created by increased longevity required a structure for co-operation in research and in 2003 set up the Forum, which recommended the need for interdisciplinary collaboration and funding for ageing research. This resulted in the formation of the European Research Area in Ageing Research (ERA-AGE). One of its objectives is to set up a ‘Comprehensive Web-based Database on European Research Programmes on Ageing.’

The same demographics of ageing are a matter of concern to all western nations, including New Zealand, as they wrestle with its social and economic implications. States may incur costly burdens if they are required to support large numbers of supposedly unproductive citizens with high levels of disability while having a smaller number of economically productive adult workers. This has prompted extensive research on the elderly in the Northern and Southern hemispheres. For example, in 1998 the New Zealand Royal Society prepared a report for the government entitled *The intergenerational impacts of ageing: A strategy prepared for the Ministry of Research, Science and Technology*, which stated:

Population Ageing is an identifiable and inexorable major international socio-demographic trend. Through its intergenerational impacts, it will have implications for every aspect of national life within the next few decades, and thus will strongly affect the sustainability of social and economic development (The Royal Society of New Zealand, 1998).

More recently the varied demographic projections developed by Statistics New Zealand that are based on high, low or medium assumptions of fertility, mortality and migration, have led to the same conclusion, that there is a growing population imbalance between the young and old which clearly entails serious implications for government policies concerned with the health needs and service provision for older people (Dunstan & Thomson, 2006). It also raises workforce issues for training and retention as shown below.

Demographic trends, (Statistics New Zealand, 2005) indicate that in 2021 the number of people aged sixty-five and over will have increased from 461,000 in 2001 to 792,000, an increase of 72% and the proportion of over sixty-fives will have grown from 12% to 18%. In 2006 Cox and Hope used material from a Ministry of Health project which had been based on a discussion document produced by NZIER (2004) to argue that this growth of an ageing population may give rise to problems related to the provision of adequate health and disability services, the demand for which would outstrip the growth of the population. Projected shortages in these services means that more attention must currently be given to the training, education and deployment of this specialised work force (Manty, Rantanen, Era, & Avlund, 2012). According to Bryant, Teasdale, Tobias, Cheung, and McHugh (2004) government health expenditure on people over 65 will increase from 29% in 1951 to 63% by 2051. The economic and workforce issues relating to the support of the old, by a much smaller proportion of younger people, present challenges to intergenerational relationships.

Future government policies may be designed to restore a more productive distribution of population by encouraging the immigration of a younger workforce, but this may not fit within a short time frame and may incur other costs relating to education, training, housing, health and cultural issues. I suspect that women may not be willing to increase the size of their families while the cost of raising children continues to increase. In a paper for the Inland Revenue Department presented at the Official Statistics Forum in March 2010 the estimated weekly costs for a six-year old girl and a fourteen-year old boy were given as \$187 and \$216 respectively (Claus, Kilford, Legget, & Wang, 2010). A newspaper article '*Can you afford to have kids?*' cites Rabo Bank research that shows parents spend \$13,644 for the first year of a baby's life and \$18,765 for a toddler including childcare (*Dominion Post*, 2015).

In 2004, The Family Commission received a briefing report from MSD about future concerns that highlighted family change: Four central features of recent family change are common in post-industrial societies, and New Zealand is no exception: an increase in the instability of partnerships, a decline in the rate of marriage, a weakening in the link between marriage and childbearing and a fundamental change in women's economic role in the family (Ministry of Social Development, 2004). The report also cites the increase

in domestic violence. All of these factors leave women and children at risk and affect women's ability to make adequate financial provision for retirement.

Policy changes will be needed to resolve possible problems in pension provision, to balance the ethical and fiscal responsibilities of the individual and the state some of which could include raising the age of eligibility for the pension, reducing its value, increasing taxation and introducing a means test in order to achieve a sustainable fiscal position. P. Wilson and Rodway (2006) envisage policies that boost labour participation and productivity as the key to the challenges of demographic change. They instance, in particular, reforms that improve the sustainability of public pension schemes and encourage labour force participation which will directly affect government expenditures and broaden the revenue base (Crimmins & Beltran-Sanchez, 2010).

A central question in determining future labour force participation rates is the extent to which the labour force participation of older New Zealanders is influenced by their health status (Gorman, Scobie, & Towers, 2012). Since 2001 the percentage of people aged 65 years and over who were employed full or part-time has almost doubled. In 2013, 22.1 percent of people aged 65 years and over were employed, compared with 11.4 percent in 2001 (Statistics New Zealand, 2013). In 2014 due to the increased workforce activity of older people two new age bands were introduced to the Household Labour Force Survey (HLFS), 65–69 years, and 70 years and over. It is possible that the increase in older workers is primarily among persons in occupations not requiring heavy manual labour. Maintaining hard physical work in old age is more difficult than continuing 'white collar' work. There are probably social class advantages and disadvantages in employees aspiring to work past the retirement age (Leinonen et al., 2011).

In 2007 the government introduced KiwiSaver in response to the projected problems of funding state superannuation in a rapidly ageing society. This voluntary work-based savings scheme for all employees includes contributions from both employer and government. Designed to complement New Zealand Superannuation by providing a better standard of living in retirement it replaces an earlier scheme for state sector employees, started in 1948 and closed to new members in 1992. KiwiSaver is discussed more fully in Chapter 5, Section 3 specifically in relation to women.

Demographic, economic and social aspects of ageing now feature in the popular press and national broadcasting. In 2002 the New Zealand Government introduced a campaign to assist citizens to plan their retirement savings. A website was set up, [www.sorted.org.nz](http://www.sorted.org.nz) which provided examples and calculators, pamphlets were letterboxed and extensive television coverage was given by TV channels one to four and on Prime and Sky. The Office of the Commissioner for Retirement is very active in updating material and exhorting New Zealanders to save. There is now an awareness of older people as a niche market which has produced advertisements for attractive retirement villages, leisure cruises, fashionable attire and cosmetic products for both men and women aimed to create the illusion of youth. Marketing to the aged has required a changed image of ageing and this has been discussed by Featherstone (1991), Featherstone and Wernick (1995), Hareven (1995), Sawchuk (1995) and Zingsheim (2010).

Public and private interests have been canvassed, particularly in respect of a possible legislative change to the age of eligibility for New Zealand superannuation, designed to ameliorate the effects of an expected 'Silver Tsunami' of unproductive aged. The old question of the varying responsibilities of the state and the individual for funding retirement is again on the agenda and has implications for the ways in which the old may manage resources in their everyday lives. This is of particular significance to women who tend to outlive men, have lower incomes and are more likely to live alone in their old age.

## **2.2 Theoretical perspectives on ageing**

Theories of ageing come from many disciplines with contested views as to their primacy based on the ontological beliefs and theories of knowledge held by their practitioners, i.e. their orientation on the positivist constructionist continuum. These theories seek to answer the basic meanings of the ageing process. Why do we age? How do we age? When are we labelled old? How do we adjust to our changed status? The first two questions have elicited many theoretical responses from the perspective of biological sciences and the second two questions have been the field of psychologists and sociologists. Other theories concern the age profile of a society and how this may relate to productivity and the future sustainability of state funded pensions. Demographic predictions have raised these issues for New Zealand economists, politicians and

academics which are interrogated robustly in *Implications of Population Ageing: Opportunities and risks* (Boston & Davey, 2006). While these theories come from disparate academic disciplines they influence each other as building blocks explaining and extending our knowledge of human ageing.

### **2.2.1 Typologies of ageing theory**

Two typologies of ageing theory indicate the range and complexity of research in the various disciplines required by the study of gerontology. New Zealander, Peggy Koopman-Boyden classified theories within the disciplines of biology, psychology, anthropology and sociology, by their general and specific theoretical approaches: cognitive, functionalist, interpretive or Marxist and by the questions that each attempts to answer. ‘Why do we age? Who adjusts best? What explains the status and adjustment of the elderly? (Koopman-Boyden, 1993). The concept of adjustment in the context of ageing may occupy a central role in the field of gerontology as it involves the physical, cognitive, emotional, social and economic resources of an old person. Adjustment is a normal process over the life course, but takes on significant differences in old age when physical capacities are restricted, income and assets reduced and there is possible impairment of mental functionality.

Victor Marshall classified social science theories of ageing in three categories, macro, micro and linking. Macro-theories are focussed on the societal structures surrounding the aged, micro-theories engaged with the individual, and linking theories constructed the relationship between the two. He further analysed them on normative and interpretive dimensions and the bridging category between the two, creating greater complexity and commented on the fact that main stream theorists had neglected the effects of the gendered nature of work and family life (Marshall, 1996). From a sociological perspective Lynott and Lynott Passuth (1996) traced the theoretical developments in gerontology and also noted the contributions made by feminist and critical theorists in their challenges to traditional interpretations of ageing.

Adaptation to old age is a focal point in social gerontology and builds on the early 1950’s work of developmental psychologist Erikson’s framework of eight life stages. The

successful transition between these developmental stages required the resolution of conflicting crises of choice such as that of the final two stages, generativity and care versus stagnation, and integrity versus despair. This typology uses an older binary construction at odds with modern concepts of the fluidity of identity construction. From Erikson's perspective, there does not seem to be a continuum between the two opposing variables or the possibility of transition.

### **2.2.2 Activity, disengagement, continuity and exchange**

In the early 1950's, gerontologists emphasized the importance of activity in the process of healthy adjustment to old age. Havighurst and Albrecht (1953) and Havighurst, Neugarten, and Tobin (1968) looking at positivity in ageing found that old age could be a satisfying and creative experience, and that idleness, not ageing, hastens illness and decline. This early focus was for a time eclipsed by a more negative view of ageing exemplified by disengagement theory (Cumming & Henry, 1961).

According to this theory people, as they age, recognise their diminishing capacities and voluntarily withdraw from society in order to cope with the expected biological decline of ageing and the imminence of death. Society also withdraws from them, thus raising issues for social structures, policy and cultural attitudes, not just the functioning of the individual. Developed in the early sixties, I would argue that this theory had a strong androcentric outlook based on work outside the home. It encouraged early retirement to promote the career prospects of young men and had social implications where public policy is required to cope with periods of unemployment by pensioning off the old to make way for the younger workers. It remains however that senescence has many health risks as bodies decline and that 'withdrawal' may still be the choice for some people who adjust to lowered energies by reducing social activities that demand too much of them.

There was a sense of blame that the old had lived too long and had not taken responsibility for the vicissitudes of old age. It has now been largely discredited as a universal explanation of adjustment, but has encouraged the development of two major psycho-social alternative theories such as activity which considers that people age better when physically and socially engaged (Havighurst et al., 1968) and continuity proposed by Atchley (1989). The concept of active ageing is expressed in Laslett's notion of a third

age when, freed from the burden of work, individuals would be enabled to engage in personal development (Laslett, 1989). An outcome has been the proliferation of U3A (University of the Third Age) groups in many communities, providing low cost opportunities for intellectual stimulation.

Continuity argues that in normal ageing, people maintain their personality and social activities despite the physical changes of ageing and that they retain beliefs and attitudes that contribute to a stable life-style. The concepts of disengagement and activity are too global in nature and Atchley relates satisfaction in old-age to a continuance of a previous life style presenting continuity as a grand adaptive strategy promoted by both individual preference and social approval. This too is a global approach and has difficulties. It does not distinguish the different life-courses of women or the effects of the social structures of class and race in which individuals are embedded, nor does it address the opportunity to take up new interests and acquire new skills, as many older people have done. Old routines and familiar practices are helpful in some circumstances, but age-related changes may require new approaches and a new lifestyle.

Challenged by disengagement theory and researching the continuity concept, developmental psychologists theorised that individuals could retain their personalities in old age and desire continued social involvement and only disengaged from society when society withdrew from them, thus shifting the onus of responsibility back to younger adults. In 1968, as cited in Nadien and Denmark (1999, p. 133), Havighurst, Neugarten and Tobin researched these opposing views and assessed the personal and social engagement of older individuals in terms of their daily activities and their roles as spouse, neighbour or parent. Two trends were identified, that adaptation to ageing in some men and women, was not related to either disengagement or activity, but to features of personality, and that the elderly retained the personality dispositions and activity levels of their earlier adult years, leading to the conclusion that a relevant theory of ageing is marked by personality continuity, not by personality change (Havighurst, Neugarten, & Tobin, 1968).

From a socio-psychological position, Dowd (1975) perceived satisfaction in old age as dependent upon the exchange of costs and benefits between the young and the old. Disengagement only occurred when this balance was upset by the inability of the old to

contribute productively to society, so becoming burdens on the young. Costs and benefits do indeed feature in the traditional generational contract which posits a general acceptance that the physical, financial and emotional expense of raising children will be repaid by reciprocal care-giving in old age. In my personal experience I have found that many old women are horrified at the thought of becoming a burden on their adult children, many of whom are still willing to accept this filial obligation regardless of the supposed inability of their parents to contribute productively to society.

Recent trends have been to emphasise the positive rather than negative aspects of ageing. Perhaps the more affluent life-style of Western developed nations has raised this possibility. The decline and deterioration models of ageing have been critiqued and the potential gains and losses of ageing are seen as part of old age and the analysis of their interaction is a challenge to future scholarship (Baltes & Graf, 1996). The introduction to the *Berlin Aging Study: From seventy to one hundred*, describes the four units which carried out the research: internal medicine/geriatrics, psychiatry, psychology and sociology/social policy and states that ‘good disciplinary-specific work is a prerequisite for fruitful interdisciplinarity’ (Baltes & Mayer, 1997, pp. 1-8). The Berlin study has been very fruitful and a major contribution to gerontology.

### **2.2.3 Critical theorising about ageing**

Postmodern and critical thinking have blurred boundaries and made possible more fluid and diverse concepts of ageing. Gubrium (1993), Gubrium and Holstein (2003) and Moody (1998, 2001) have introduced a humanistic approach to ageing which focusses on valuing older people. This answers some of the challenges of critical gerontology in its concern for opportunities for emancipatory change and proposes a positive course for the last stage of life while resisting a positivist empiricist approach focussed on production. The positive and productive model for ageing has gained support and is promoted in New Zealand’s positive ageing strategy. This encourages individuals to age healthily and be productive economically beyond the present age of eligibility for superannuation, whether in paid or voluntary work. Davey and Glasgow (2006) point out that this is not a realistic expectation for everyone.



While the activity perspective on ageing was popular, because of its promise that old age could be a positive experience, it also had its critics. In the 1980s from a political economy perspective Estes, Swan, and Gerard (1982), Estes et al. (1982), Phillipson (1998), Alan Walker (1981) and from a feminist viewpoint, Minkler and Estes (1991) and Minkler and Stone (1985) claimed that activity theorists had too narrow a focus on individual adaptation and satisfaction, but neglected structural issues relating to inequalities in status, rights and opportunities between groups in society and differences in old age based on class, race, and gender. These structural issues were apparent in my analysis of the women's narratives in this study, particularly those relating to gendered employment and remuneration and the lower status of caregiving. Individual adaptation takes place in a social context of gendered cultural expectations overlaid by the political economy of the day. For women in this cohort these traditional roles were, for all social classes, domesticity and care-giving, but access to higher education, that was then available, gave some of them other opportunities.

Critical gerontologists focused on the narrowness and lack of attention to the meanings that activity or withdrawal might have for people within specific environments and different value systems (Gubrium, 1993). Experiences over the life course influence attitudes in old age. People experience satisfaction and a sense of fulfilment in old age as a consequence of achieving greater wisdom over the life course and that wisdom, rather than objective life conditions, explains most of the variations in life satisfaction during old age (Ardelt, 1997). This attention to the humanistic dimensions of ageing was acknowledged by other critical gerontologists and is evidenced in the work of Moody (1988, 1998, 2001) and Hazan (1994) who explored both the subjective interpretive aspects of individual ageing and the wider structural components relating to the locus of power and its use of language as a means of control:

To ameliorate the separation of the old from the non-old, linguistic devices reconstruct those bearing the physical signifiers of age, as the more socially acceptable elders, elderly, senior citizens, old age pensioners or those over sixty. (Hazan, 1994, p. 14).

The attention to human relationships in the reality of old age stimulated a focus on praxis, and the production of 'emancipatory knowledge' designed to initiate social change and create positive models of ageing emphasizing strengths and diversity of age (Bengtson, Burgess, & Parrot, 1997). These have been variously characterised as productive, active, positive, successful and healthy ageing, in contrast to older models stressing frailty, illness, disability and loss of cognitive function.

While these new models suggest the possibility of a better quality of life in old age they do not align well with reality. They presuppose that the continuation of productive paid employment for longer, will contribute to the nation's tax base and reduce the assumed burden of an ageing population on a smaller young workforce. In my view positive ageing may affirm a better retirement for the middle classes, but does not pay attention to the disadvantages experienced by others earlier in their life course. Many women have fared badly in their capacity to save for retirement; lack of education, poor health, unemployment, casual labour, low paid employment, family responsibilities and dependence on state benefits have contributed to a poorly resourced old age.

The relative affluence of Western societies in the twenty-first century has made possible the development of a consumer culture making commercial profit from younger people's resistance to thoughts of bodily decline, old age and death. Featherstone has critiqued the reconstruction of the aged body in the post-modern world and its representation in advertisements designed to trigger the fear of age and, at the same time, to show that magic potions and cosmetic surgery will reconstruct the outward appearance of self, but not change the actual inner body (Featherstone, 1991, 2010; Featherstone & Hepworth, 1998; Featherstone & Wernick, 1995).

With the new emphasis on positive models of ageing came the acknowledgement of the greater heterogeneity of older age groups due to intersections such as race, gender and social class which characterised each individual. Difference was a feature of cohorts embedded in varying contexts provided by historical, environmental, cultural and social settings. The sheer accumulation of individual varied life experiences and practices ensured heterogeneity. Universalizing theories of ageing were and are clearly problematic. Fundamental research issues arose which questioned the assumed 'facts' of

ageing and the objectivity of researchers. While differing in their ontology and forms of analysis Marxists, feminists and phenomenologists came up with criticisms of existing theory and proposed a critical gerontology whose authors acknowledged their own subjective positions which had been missing in earlier formulations of ageing: ‘The approach, interest, orientation and other subjective features of the researcher and his or her world were significantly connected to the nature of the data’ (Lynott & Lynott Passuth, 1996, p. 753).

### **2.3 The social focus**

In 1999 the UK Economic and Social Research Council launched the ‘Growing Older’ programme directed by Professor Alan Walker of the Department of Sociological Studies at Sheffield University. It comprises twenty-four projects designed to focus on the following issues: defining and measuring quality of life, inequalities in the quality of life, technology and the built environment, healthy and productive ageing, family and support networks and participation and activity in later life. The findings from these studies were widely disseminated in 2004 and are readily available through the Department of Sociological Studies at Sheffield University. Walker focussed on the social, physical and intellectual aspects of ‘active ageing’, in relation to production which provided a positive, generative and pleasurable activity. Over time however, it is the productive aspect that has engaged economists and the state (Walker, 2005; Walker & Foster, 2006; Walker & Hennessy, 2004). This was taken up internationally in Europe and the United States as an element of social policy where the productivity element of ‘active ageing’ ultimately became dominant. The construct of active ageing has been influential in European social policy and across organisations such as the OECD, United Nations and the World Health Organisations. Using a Foucauldian approach Moulaert and Biggs (2012) traced its effect on the transition of public policy preferences from earlier to later retirement.

Early retirement was promoted when economic downturns resulted in increased levels of unemployment. Retirement at sixty rather than later left job opportunities for younger workers, but diminished historical knowledge within organisations. When the economy recovered there was concern at the rising cost of state-funded superannuation and the age of eligibility was raised to sixty-five (Preston, 1997).

A new picture of old people emerged. According to Moulaert and Biggs (2012) the concept of the compression of morbidity (Fries, 1980), which pushes physical decline to the final years of life, the biological successful aging (Rowe & Kahn, 1987) and the growth of occupational pensions (Phillipson, 1998) has produced a changed profile of old age. The current generation reaching retirement age have been characterised as ‘‘Older, Richer, Fitter’ (Callister, Newell, Perry, & Scott, 2006; Metz & Underwood, 2005). This supported earlier predictions of consumer-driven ageing life styles noted in the research of Gilleard and Higgs (2000). This new social identity required the restriction of the social contribution of old adults to work or work-like activities, but preferably paid employment. If active ageing were to be productive in the sense of paid employment, it would fulfil a moral obligation for individuals to take responsibility for funding their own retirement and expenditure. This emphasis on paid employment of the elderly would increase tax revenue and result in changes to the age of eligibility for the state pension.

It is noticeable that the ‘Growing Older’ research focuses mainly on the political economy and social aspects of ageing in contrast to the overwhelming literature in gerontology focused on the medical disablements of old age and the biological or physiological genesis of the ageing process. The social withdrawal posited by Cumming and Henry may indeed be a feature of the losses and reductions of physical and social activity in later life, but it also discounts the opportunities for engagement in new roles and leisure interests in the fifteen to twenty years after retirement. For women this may very well be that of a grandmother who plays an important part in family life (Armstrong, 1996). Where income allows it may be a time for travel or study not available during their working lives.

The ‘*Growing Older*’ studies used interactive interviewing within the community, prioritised old people’s own views and provided a solid background to my research, but of greater relevance to this thesis, a study of some old pakeha women, is the increasing availability of local academic and community studies of old people here in New Zealand (see for example, Allen, 2011; Hayman, 2011; Wiles et al., 2009; Wiles & Jayasinha, 2013; Wiles, Leibing, Guberman, Reeve, & Allen, 2012; Wiles et al., 2011; Wright-St Clair, 2008). This research although not always gender specific, focuses on people’s

everyday life experiences and addresses issues of social connectivity and the meaning that old age has for them.

## **2.4 Gender: Feminist input**

Feminism is about the social transformation of gender relations.... feminism has always, to some extent and in some way, been philosophical. That is it asks how we organize life, how we accord it value, how we safeguard it against violence, how we compel the world and its institutions, to inhabit new values means that its philosophical pursuits are in some sense at one with the aim of social transformation (Butler, 2004, pp. 204-205).

There is now a substantial body of international research on ageing, but it does not always make distinctions for gender. While this research is valuable, it is often centred on ‘old people’, but does little to clarify the disparities in gender outcomes. The life-courses of men and women are substantially different reflecting cultural and biological expectations such as that of women’s role as a caregiver, not only to children, but also to parents, siblings and spouses or partners in old age. Caregiving has economic consequences for women, not only when young, but in middle and older age. It reduces their opportunity for saving for retirement and often creates stress, exhaustion, debility and lost opportunities for personal space. According to Orel, Ford, and Brock (2004) providing care for an aged parent, is a disruptive life event that has immediate financial, emotional, psychological, and physical consequences for the primary caregiver. These are the experiences of some narrators in this study. These women are now on their own and in need of care themselves. What care is possible will be dependent on their income and assets or whatever their family, if any, can provide. The provisions for home care are meagre as some of the narrators found. Dependent on individual circumstances it may be supplied by Health Boards, ACC, MSD or private contractors after assessment in hospitals, by GP’s or appointed contractors. The pathways for care services are often confusing for the recipients. If institutional care is assessed as necessary this will be covered by their New Zealand superannuation leaving, in 2016, about \$43 personal weekly allowance and a \$271 annual clothing allowance.

Feminists influenced by postmodern philosophy and critical theory, have opposed global and universalising theories (Ray, 1996). The older age groups show increasing heterogeneity because of longer years of experience and the effects of the intersections of class, ethnicity and gender which cannot be addressed by such overreaching theories. The intersections of class, race, gender and age are crucial to understanding the welfare of old women.

In the previous section I referred to the seminal work in New Zealand of Ruth Bonita and Peggy Koopman-Boyden, but an earlier publication *The Smith Women* (Barrington & Gray, 1981) proved very interesting. Previously the place of women in NZ society had been written about, but no one had asked the women themselves what they felt about being women in their various roles. The authors interviewed 100 women aged 20 to 50 with the surname Smith, selected from 22 urban electoral rolls, exploring the social forces which influenced these women's lives, their roles in the various stages and transitions of their life cycle. They looked at generational change and the effects of social class and education on the choices and limitations these women experienced. The relevance to this study is that some of those women, then aged in their 40's and 50's, are now in the cohort of the older women I interviewed. Their experiences were similar to the participants in this study in the limitations imposed by social class and cultural expectations of domesticity and the opportunities offered by higher education.

From the 1970's onwards feminists have introduced a gender perspective into the study of ageing. Early contributions were in response to the underlying androcentrism of much gerontological work (Gibson, 1996). The legacy of a patriarchal society has been an ideology saturated with androcentric values whereby men are considered the 'standard' or 'norm' and women the 'other' (Gannon, 1999). Calasanti and Zajicek (1993) argue that, in the main, theories of gerontology are based on the perspectives of white middle class males whose concepts of ageing do not allow for the effects of social class, gender or race. Early theories of ageing are clearly related to the modern Western World's concept of the male working life outside the home and his retirement; however, the last decade of the twentieth century has produced feminist analyses of women and ageing, which have increasingly informed the work of gerontologists in both theory and practice.

For many years gerontologists, including feminists, ignored the intersections of women and age. Calasanti, Slevin, and King (2006) addressed this by insisting that women be moved from the periphery to the centre of age research. Fry (1995) traced the course of the theoretical development in the sociology of ageing and noted the contributions made by the feminist and critical perspectives of the late 1980's and early 1990's. Writing as an old woman with a life-times' experience Holstein (2015, p. 8) claims that 'Both feminism and critical gerontology take into account the importance of context across the lifespan and invite subjective experiences and narrative as sources of knowledge.' When Victor Marshall, classified social science theories of ageing, he perceived feminist theorists in gerontology as presenting 'a critique of mainstream theories for their neglect of the gendered nature of work life, family life and stratification' (Marshall, 1996, p. 23). This is remedied in *Women and Economics: A New Zealand Feminist Perspective* (Hyman, 1994) and in the UK in the previously cited works of Sara Arber and Jay Ginn (1991, 1998, 1999, 1995) who have focused extensively on the disadvantages created by women's segregation in poorly paid occupations and casual employment broken by the demands of family and care-giving.

The structural nature of women's second class status in a patriarchal society is entrenched by employment segregation and dominated by the concept of the male earner wage, considered adequate to support a family (Pedersen, 1993). Female occupations were predominantly related to domesticity and caring, often regarded as menial, therefore less important than those of men and consequently valued less in monetary terms (Else, 2011). Essentially women were the servants of others based on the belief that by nature they were constructed to care, nurture and provide comfort and sexual services (Burman, 2012). The reality was that their domestic labour was highly physical and demanding in the skills of cleaning, laundering, cooking, sewing, mending, gardening and of course rearing children and contributing to the overall economic welfare of the family. Many women employed these skills outside the family to earn a living or to increase the family income. Because of their domestic origin these skills were poorly paid.

During the last thirty years, the 'women's liberation' movement achieved profound social, political, and economic gains improving the situation of many women. At the same time, feminist movements have contributed strongly to contemporary cultural analyses and, in

universities all over the world, women's studies programmes have helped foster energetic, cross-disciplinary scholarship and a plurality of feminist 'theories' aimed at rethinking the grounds of knowledge. Despite these gains, however, the sex segregation of occupations persists worldwide, as does pay inequity between women and men (Calas & Smircich, 1996; Calasanti et al., 2006).

According to Hyman (1994) and Australian research by Cameron (2013) structural factors appear to play a stronger role in shaping the labour market experience of women than choice. It is not choice that determines the shape of women's experience of the labour market, but gender segregated occupations and the male/female pay gap which determines labour market outcomes for women resulting in lower life time earnings and superannuation balances. A significant proportion of women will have little or no superannuation. Occupational segregation in both its horizontal and vertical dimensions is estimated to account for around 30 percent of the gender pay gap because female-dominated occupations tend to be lower paid than those dominated by men and there is a higher proportion of men in senior positions (Ministry for Women, 2016). Other social/cultural structures, such as the caring role of women, disrupt their planning for retirement when they become the unpaid care-givers of parents, partners and relatives (Orel et al, 2004).

As described above much of feminist research on ageing has focused on the disadvantages of female gender, but Diane Gibson takes the focus off the disadvantages women face in old age without denying them. She stresses the positive features of longevity and women's greater life-long social connectivity which contributes to well-being: 'Characteristics such as readily providing and receiving social and emotional support and engaging in a more complex and often diffuse range of activities and responsibilities throughout their life-cycle' (Gibson, 1996, p. 27). These characteristics were a positive feature in the lives of the women narrators in this thesis.

## **2.5 The life course**

In the seventies age stratification was proposed as a further understanding of the ageing process (Riley, Johnson, & Foner, 1972). The individual's experiences could be best



understood in the context of their age group or cohort. As successive birth cohorts move through time, their life experiences may differ from those of previous and subsequent cohorts. Each age stratum is perceived to have specific characteristics having been influenced by events such as the depression of the 1930's. Their experiences may have long term influences in old age and the individual diversity in these effects include social class. The effects of war and deprivation left lasting attitudes of saving and 'making do'. For some in a lower social class, or as Fiona put it from 'the wrong side of the tracks', economic disadvantage was mediated by the opportunity of higher education. Elder (1975) noted the emergent image of a strong woman with coping skills based on experiences of deprivation.

In New Zealand, in his book, *The Selfish Generation* Thomson (1991) identified a 'welfare generation' born between 1920 and 1940 who as adults had benefited from the active welfare provisions of the state, he did not however take into account gender and ethnic differences and as Hyman (1992) pointed out many women then between the ages of 46 and 71 have experienced and will experience poverty. The cohort who suffered most from the benefit cuts and economic reforms since 1984 may well constitute another such identifiable age stratum as may be those who have been exposed to the outcomes of the global financial melt-down in the first decade of the 21<sup>st</sup> century. An age stratification approach which signifies a cohort by identifying a major historical phenomenon, such as war or economic recession, does not, however, distinguish the different experiences of individuals within that cohort. These must be informed by attending to the distinctions of social class, gender, education and ethnicity which result in the varied experiences of people living within the same historical era. This is more readily addressed by a life-span approach presented in the work of historians (Featherstone, 1991; Hareven, 1995) who consider the transitions within the life course. Lifespan or life course theorists, draw attention to the contextual frameworks of ageing in real life, which demonstrate the diversity in individual life courses.

The Life Course approach to ageing theorises individuals and cohorts as being at one stage of their entire lifetime, which is shaped by historical, social, economic and environmental circumstances that occur at an earlier age (Neugarten & Hagestad, 1976). It provides a theoretical framework, concepts, and analytical tools for examining how

lives unfold in historical contexts. I am using a life course approach in this thesis in order to draw attention to the structural and cultural factors in society which may have facilitated or inhibited the ultimate well-being of the narrators.

There is perhaps greater heterogeneity among the aged than in any other age group within a society because the passage of time allows for more experiences and the understanding provided by transitions within the life course. The women in this study told stories of these: early transitions such as education, training and employment were followed by narratives of marriage/partnering family formation and caregiving and in some cases of separation and divorce. There were further transitions from the domestic realm back to the workforce, full or part-time, and later into retirement with a continuation of domestic labour caregiving, and on the death of a partner to living alone. Transitions were not simply of an occupational nature but were concerned with personal identity, such as those when beliefs were challenged or new knowledge acquired which often led to changes in marital relationships and religious beliefs.

Life course, as an interdisciplinary field of research first evolved in the 1970's establishing itself by producing a successful book series which has now translated into a quarterly, scientific journal, *Advances in Life Course Research*. This has been supported by the large-scale development of longitudinal studies and international comparability. With increasing longevity and possible long periods of morbidity entailing greater state expenditure on health –care, such studies will enable better planning for an ageing society. According to Billari (2009, p. 84) 'While aging (sic) has always been at the heart of life course research the dynamic interrelationship between health and the life course has been a crucial emerging topic during the last two decades'. This is evidenced in the qualitative Timescapes 2007-2012 projects in the UK that provide an infrastructure for archiving and sharing qualitative data, facilitating reuse and secondary analysis (Neale & Bishop, 2012). They are designed to track events over shorter or longer periods 'to better understand the lived experience of change and continuity in the social world, the processes by which change occurs, and the agency of individuals in shaping or accommodating to these processes' (Neal, Wood, Wu, & Kurlander, 2011, p. 4). Tracking over the long term may discern change over the life course which possibly indicates macro-historical change. This may be particularly important in view of possible changes

in the social contract which presupposes that support of the young in childhood and adolescence will be reciprocated when adult parents enter old age.

In an exploration of gender ideology construction, Jonathan Vespa used life course and intersectional perspectives to analyse data from a longitudinal survey. His findings suggested that changes in life experiences such as marriage, parenthood and work, are in a dynamic relationship with an individual's gender ideology (Dannefer & Miklowski, 2006; Szydlic, 2012; Vespa, 2009). This thesis illustrates these dynamic relationships in women's life trajectories.

## **2.6 Modernisation and ageism**

The concept of modernisation is used to explain the lowered status of the elderly by proposing that their status is inversely proportional to the rate of social change as instanced by the preindustrial extended family of the past and the modern nuclear family (Cowgill, 1974). Twentieth century society is seen as less caring than the past, and this accounts for the perception of reduced power and respect for the aged. The higher levels of education and use of technology in a western developed society have raised the value of the young compared to the old, creating a generation gap. I find this theory somewhat tenuous for several reasons. Criticism and disrespect of the young by the old and vice versa is not a new phenomenon. In Kenneth Freeman's 1907 Cambridge dissertation he summarised complaints about the young in Ancient Greece, 'Children now love luxury. They have bad manners, contempt for authority and show disrespect for elders' (Arber & Ginn, 1995). This has been attributed to Socrates.

In 1969 Robert Butler coined the word 'ageism' to label this social prejudice disadvantaging the aged:

A system of systematic stereotyping of and discrimination against older people just because they are old, just as racism and sexism accomplish this with skin colour and gender. Old people are categorized as senile, rigid in thought and manner, old fashioned in morality and skills.....ageism allows the younger generation to see old people as different from themselves, thus they subtly cease to identify with their elders as human beings (Butler, 1975).

Because of Western society's focus on youth and feminine beauty older women frequently experience the double opprobrium of sexism and ageism (Palmore, 1997). The narrators and author in this thesis have experienced both over their life course.

The past was not a golden age for the elderly; it has been challenged by social historians in Britain and the United States (Elder, 1982; Fry, 1995). Romantic images of revered ageing in the past is not borne out by research, age was not always privileged. In societies where resources were short, gerontocide was practiced by withholding food from frail and decrepit individuals and by promoting self-destruction (Brogden, 2001). Survival in old age might have depended on either what an old person had to offer such as specialised skill or knowledge, or high social status. While gerontocide is rarely practiced today, neglect and abuse of old people in New Zealand does occur (Age Concern, 2007 and MSD (Fallon, 2006). Historically, those who experienced a favourable old age were those who could control their environment socially and materially, as is the present case for those with wealth and social status and/or truly supportive family or friends.

## **2.6 Autonomy and adaptation**

Autonomy is an important concept in the western world as it connotes personal control and self-direction, which give individuals the power to access their desired goals. This could be limited by government policies to reduce the high costs of pensions, health and social housing in an ageing population (Dwyer & Gray, 1999). Personal control is diminished when facing the undesirable results of ageing and this may require adaptation to a revised sense of self. In the present study, it was expressed by the women as no longer being able to carry out certain preferred activities, something had been taken away from them. Baltes and Baltes (1990) illustrate an adaptive process in their model of 'selective optimization with compensation' (SOC). When material and personal resources reduce with age, it is possible to conserve energy by prioritising those activities and interactions which give maximum satisfaction. This model has found wide applicability as shown by Kelly, Fausset, Rogers, and Fisk (2012) in relation to elders and home maintenance. Social exchange theorists suggest it also applies to the emotional interactions of old people when they choose to interact with some persons rather than others in the search for physical and emotional support (Carstensen, 1992).

The women in this study employed a variety of these adaptive behaviours to cope with age-related loss of energy or mobility. How they were implemented also relates to the capacity for resilience, discussed in Chapter 3 Section 3.2. Their desire for autonomy was paramount. While prepared to listen to suggestions from family or friends they were insistent in asserting agency in making decisions about any changes to their present life style. Behaviours such as these may be used to achieve 'successful ageing', a controversial concept discussed in section 1 of the following chapter, or as an expression of resilience in adversity, another much debated concept.

## **Conclusion**

Demographic change due to increased longevity has spurred on the study of ageing. There are social, economic and political concerns about the projected imbalance between young and old with implications for the work force due to the predicted increase in the higher proportion of dependants, particularly old people who may be perceived as an unproductive burden on the young. The cost of maintaining an ageing population, particularly in the field of health, could necessitate the restructuring of the state funded pension. It is uncertain that innovations in technology or progress in the biological sciences will provide solutions to the anticipated problems. There are ethical issues concerning the balance of responsibility between the state and the individual for the support and care of aged people the majority of whom may be women who tend to marry men older than themselves and to outlive them.

The framework for this thesis is one of critical gerontology using a feminist approach. It uses a framework of the life course experiences of twenty-three older women living in the community. Disaggregating the literature on ageing revealed the substantial differences in the life-courses of men and women which reflect the different cultural and biological expectations for gender embedded in social structures such as segregated employment.

Many aspects of ageing are common to both genders as people come to terms with the bodily changes which identify them as old and the cultural role expectations which define them as occupying a different social category from both the young and middle-aged adults. A primary expectation for women is that they shall be carers throughout their lifespan. The review of early concepts of ageing showed that gender differences were

rarely recognised. Disablement and dependency brought on by age was emphasised, rather than the wisdom distilled from accumulated life experiences, which could add positively to a nation's economy and culture. The problems that could be an outcome for ageing societies have been noted, particularly in the terms of lowered productivity, women's disadvantage in saving for retirement and the projected high expenditure on health as the population ages.

Psychological research on adaptation has focussed on positive and negative approaches to ageing and shown the importance of autonomy and a sense of agency for the aged. Biological and social theories of ageing have developed over time from the negative formulations of decline and disablement as the body experiences the effects of cellular dysfunction in senescence to a more positive outlook which configures the possibility of an active, productive and generative old age in a supportive environment. Medical technology and changes to a healthy lifestyle have played a part in the reduction of morbidity and the extension of longevity.

The recent attention given to the social structures and psychological aspects of ageing has developed a positive paradigm for ageing, variously referred to as generative, active, productive and successful. This has been supported to some extent by medical research, but there remain many barriers to be overcome such as the inequalities in socio-economic status brought about by class, gender and ethnicity. Poverty, poor education, health and housing over the life course do not make for well-being in old age. Ageing is a complex process requiring contributions from many disciplines, but without the voices of the aged themselves knowledge of old age is incomplete. These are the substance of Chapters seven and eight which will give answers to some of the questions raised in chapter one.

In the next chapter I will examine the concepts of 'successful ageing' and 'resilience' which have strong implications for how we regard old age. This is followed by a review of literature relevant to the resources of income, housing, health and social connectivity essential to well-being in old age. These also relate to the extended meanings of 'successful ageing' and its attainment.

# CHAPTER 3

## SUCCESSFUL AGEING AND RESOURCES

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### Introduction

The main focus of this chapter is on the resources considered necessary for well-being in old age, on how they are acquired and in what way women may have been disadvantaged or advantaged. Section 3.1, examines in depth the concept of ‘successful ageing’ which is dependent on the availability of these resources and raises some critical questions on how it may be applied in a context where these are missing. It tends to optimise the features of productive, active and positive ageing reviewed in the previous chapter and as they do, it implies the negatives of failure. This binary does not allow for the actuality of older lives with their great heterogeneity. From its provenance in the 1950’s, successful ageing signalled an individual’s general sense of satisfaction with their ageing and progressed through its biologically based presentations (Rowe & Kahn, 1987) to its present multifaceted usage. It has become so fluid with various interpretations that its use may be compromised unless its specificity to particular situations is clearly defined. ‘Successful ageing’ has been closely aligned with resilience considered as a personal quality that facilitates adaptation across the life course, particularly in the face of adversity.

In Section 3.2 resilience, which emerged from the life-course interviews as a resource, is treated as both an individual and a socially adaptive response that supports the management, acquisition and retention of other resources essential for survival in old age. Resilience overcomes barriers. It may develop in a family, workplace or communal situation where individuals are encouraged to exert agency and with mutual support, to overcome adversity. It may also be a completely individual response to a personal adverse situation.

Section 3.3 shows the importance of income which mediates access to the other resources for survival and well-being in old age. Section 3.4 discusses access to housing, its quality, availability, neighbourhood, ease of access to transport and relation to health. Section 3.5

is concerned with health provision and Section 3.6 reviews the role of social connectivity in old age.

### **3.1 The concept of successful ageing**

In the late 1980's the concept of successful ageing appeared in a biomedical context (Rowe & Kahn, 1987). Normal ageing for younger and older adults, where no pathological conditions were present, was a continuum from 'usual ageing' to 'successful ageing'. If physiological indicators such as carbohydrate metabolism, osteoporosis and cognitive function in the older group approximated the levels of performance of the younger group, an individual could be said to have aged successfully. In 1990 a wider definition of successful ageing was posited and linked to the adaptation model of selection, optimisation and compensation (SOC) theorized by the developmental psychologist Baltes who established that development continues throughout life including old age (Baltes & Baltes, 1990). Later this was applied to successful ageing showing how psychological and behavioural processes were used to maintain and reach new goals in late life (Baltes & Carstensen, 1996). Such adaption made possible the mastery of goals despite the losses due to advanced age. There was also a greater heterogeneity of the old compared to the young provided by the cumulative effect of longer years of life experiences (Baltes & Graf, 1996).

In 1997 Rowe and Khan revised their earlier work and extended it to social factors stating that many age-associated losses could be explained by circumstances outside senescence itself. Successful ageing was redefined as multidimensional not simply the avoidance of disease and disability, but requiring high cognitive and physical function, the maintenance of interpersonal relationships and sustained engagement in social and productive activities. These included lifestyle, habits, diet and psychosocial stresses. Education was closely linked with cognitive skills (Rowe & Kahn, 1997). Subsequent developments addressed the processes by which individuals adapted to the changed physical and social circumstances of age, linking the micro and macro aspects of ageing.



From its physiological beginnings and linguistic connotations of winning, the concept of successful ageing has been promoted and characterised as a desirable goal for ageing humans. There are many models most of which incorporate the following themes:

Successful ageing happens across the lifespan.

Successful ageing incorporates many domains, including, but not limited to health, social, biological, and psychological domains.

Successful ageing occurs in response to challenges.

Successful ageing is defined uniquely for each individual to the degree that individual goals and preferences differ.

Capacity for successful ageing is partially under one's control (e.g. through new learning) and partially predetermined (e.g. genetic predisposition) (Hochhalter, Smith, & Ory, 2011).

The use of themes suggests ways by which success may be achieved, but avoids defining it. Specifically lacking from these themes is the importance of financial security that underpins the individual's access to medical procedures, a healthy diet and social contacts.

In an early and mid-life risk exploration of factors for successful ageing, Britton, Shipley, and Singh-Manoux (2008) assessed 4,140 male and 1,823 female civil servants in the UK, of average age forty-four and free of major disease. At follow up seventeen years later 12.8% of the men and 14.6% of the women were considered to be ageing successfully. The criteria for were being free of major disease and in the top tertile of physical and cognitive functioning measured in 2002 to 2004. The study concluded that interventions to promote healthy adult behaviour may attenuate harmful effects of less-modifiable risk factors and reduce social inequalities. Height, education (in men), not smoking, diet, exercise, moderate alcohol (in women), and work support (in men) were related to a favourable older life after adjustment for age and socioeconomic position, which was strongly predicted by midlife socioeconomic position (Britton et al., 2008).

This exploration focused on health factors that could be modified by exercise and a healthy diet, by not smoking and moderate use of alcohol. The finding that education was favourable for men perhaps reflects their position in an hierarchical civil service and access to higher salaries compared to women. Work support for men seemed to be a social factor relative to their employment in the civil service. Perhaps this was not the case for women who had their own social support networks, or the structure of the civil service saw men as lacking or needing support for promotion. The relationship of social class to behaviours conducive to good health is clear and health behaviours contribute to inequalities in mortality (Stringhini et al., 2010). This strong focus on health and mortality does not explain how ‘unhealthy’ aged may still feel that they have successfully aged when they review their life story.

Critiques of successful ageing, (see for example Dillaway and Byrne, 2009 and Marshall, 1996), point to its somewhat liquid definition and its prominence in advertising devoted to expensive, leisure-filled lifestyles, often in retirement villages constructed for the elderly who can afford the occupancy costs; here elders are represented as the new ‘young’. These new images of ageing have been delineated and critiqued extensively (Featherstone, 2010; Featherstone & Hepworth, 1998; Featherstone & Wernick, 1995). Biggs (2004) describes the masquerades and narratives associated with age and gender, which are strategies for resisting age and gender stereotyping as ultimately endangering an old person’s inner sense of self identity.

Successful ageing is often referred to as positive ageing and a University of Waikato Master’s thesis McLachlan (2005) unsettles the discourse of positive ageing showing that while desirable it is not possible for everyone. Clearly the original description of Rowe and Khan, as described above, related to a specific physiological status usually associated with the young, which was beyond the average normal expectation for the aged and this is not the experience of most elderly. It is possible that old people with disabling conditions which are well-managed, and not detracting from their satisfaction with life, could also claim to be ageing successfully as delineated in Janssen, Abma, & Van Regenmortel (2012). In their call for the need to reconsider successful ageing Dillaway and Byrne (2009) suggested that there is an incomplete analysis of the political motivations behind the development and/or effects of widespread use of these terms: ‘New, expanded

conceptualizations of successful aging are needed so that socially minded researchers and practitioners of gerontology do not contribute to ageism and discrimination against older adults' (ibid, p. 702).

I would argue that 'expanded' conceptualisations of 'successful ageing' would not prevent ageism and its discrimination against older people, particularly women. The term 'successful' invites invidious comparison; it portends the inevitability of failure. Those who do not meet its bench marks may be seen as a burden on the state in terms of health, housing and welfare, draining resources that could be better spent on the young, thus fuelling inter-generational dissent. This thesis is a feminist contribution to changing such a view of ageing.

From a critical gerontology perspective Rosanova offered observations. Thirty articles from *Globe and Age* in 2004 were analysed and yielded three themes: diversity, successful ageing and an apocalyptic/demography of intergenerational conflict. The newspaper's representation of successful ageing marginalised those who did not meet these expectations, thus fostering intergenerational ageism. The third theme emphasised the need for society's support system for the elderly, but raised the issue of intergenerational inequality by presenting the old as burdens on younger persons and families and on society at large. I assert that such an approach creates a culture of victim blaming making the aged responsible for their own misfortune. Critical analyses suggested that both positive and negative newspaper portrayals might be fostering intergenerational ageism (Rosanova, 2010).

A comprehensive review of the definitions and predictors of successful ageing using twenty-eight larger English language, peer-reviewed and quantitative data-based studies of adults over sixty, concluded that an operationalised definition of successful ageing identified twenty-nine different definitions. The mean reported proportion of successful agers was 35.8%. These definitions had multiple components and twenty-six out of twenty-nine included the absence of disability and good physical functioning. The most frequent significant correlates of the various definitions of successful ageing were the younger old, non-smoking, and the absence of disability, arthritis and diabetes. Moderate support was found for greater physical activity, more social contacts, better self-rated

health, absence of depression and cognitive impairment, and fewer medical conditions. Gender, income, education and marital status generally did not relate to successful ageing. While the predictors of successful ageing varied, they still pointed to several potentially modifiable targets for increasing successful ageing (Depp & Jeste, 2006).

I found the relatively small contribution, suggested here, for gender, income, marital status and education surprising, compared to what I have found in my analysis of the narrators' stories. Perhaps this may be linked to the predominance of the presence or absence of disability and physical functionality or disease in the assessment of successful ageing and the quantitative focus of the data reviewed.

In their critique of positive, active and successful ageing Estes, Biggs, and Phillipson (2003) question the biomedicalization of age and the commodification of bodies which is closely allied to corporate interests in a globalized market responding to the advent of the elderly targeted as consumers of products promising the elixir or masquerade of youth. The authors raise ethical issues in the provisioning of resources for retirement. The women interviewed for this thesis were critical of this market response to ageing as denying the reality of old age, catering to fears of mortality and waste of good resources.

There seems no end to the variables associated with successful ageing from the academic point of view; such a profusion of factors combined in a global definition is not useful. There is no simple answer to what constitutes 'successful' ageing or even agreement on its varying aspects and their bench-marks (except for the biomedical). It is not a term I find used by women in the community. 'I'm not too bad for my age' and 'I get along ok' or 'we have a good life' are more usually heard. Perhaps as an antidote to the resurgence of an emphasis on the debilitating physical concomitants of ageing, Liang and Luo (2012) have discussed a possible shift in the discourse of social gerontology, which suggests a change from successful ageing to harmonious ageing. However whatever descriptors are conjured up to put a positive spin on the vicissitudes of ageing, they do not obviate the fact that the inevitability of ageing is problematic for many people.

## 3.2 Resilience

Successful ageing has also been associated with the concepts of resilience and resiliency which have been variously defined as a dynamic process or a character trait used in adapting to adversity, which may be a major life crisis or a way of coping with disruption in everyday life (Allen, Haley, Harris, Fowler, & Roopwinder, 2011). The ambiguity of the concept's definition and its usefulness as a theoretical construct have been critiqued by Luthar, Cicchetti, and Becker (2000). Variations in its use make it difficult to pinpoint. They refer to its nature as a dynamic response in adapting to adversity and to 'ostensibly resilient' children and to themes that recur across studies including the importance of close relations with supportive adults in the wider community. In chapter 8 section 9 there are examples of these aspects of resilience. The narrators Jennifer, Greta and Susan were in fact resilient children, not simply ostensibly so, and as adults, like most of the narrators, accessed social support in episodes of adversity. Individual risk factors may be balanced by factors such as a good family, school environment and a positive social climate (McCubbin, 2001).

That resilience is an important aspect of everyone's response to unexpected or adverse change is not disputed; it is supported by the extensive research reported in the edited volume *Resilience in aging: Concepts, research and outcomes* (Resnick, Gwyther, & Roberto, 2011). Resilience in physical, psychological, or emotional health and in social relationships reflect an individual's capacity to maintain a positive attitude, to endure or overcome adverse conditions that may also include economic, political or environmental challenges. In their concluding chapter the authors categorise resilience as an effective coping strategy 'central to ageing because adversity is inevitable at points throughout the lifespan and certainly as we age' (Resnick et al., 2011, p. 351).

For her doctoral thesis Kinsel (2004) interviewed seventeen women born between the years of 1929 and 1930. She explored the socio-structural influences on them and explicated from their responses to adverse situations seven core categories related to resilience, which included social connectedness, spiritual grounding and a desire to move forward with life. Aleman (2014) claims that 'Spirituality, religion and mindfulness have a proven positive influence on mental health' .

Interviews with my informants also gave these factors positive support in the face of adverse events. They strengthened resilience. It is clear that resilience is not simply innate to any individual, but has a community based factor that supports the individual within the group.

### **3.3 Housing, neighbourhood and transport**

Living arrangements are an important issue in preparing for retirement. The Society for Research on Women in New Zealand (SROW) a voluntary organisation, made a study of forty-two women considering retirement, and found women's preference was for smaller, low maintenance houses with no stairs, space for visitors, drive-on or flat access and proximity to health and public transport services. The tasks of maintenance were not confined to the house itself, but also to the grounds, a large garden and hedges were labour intensive and expensive in upkeep. Downsizing the large family home was also problematic for some, as the prices for more modern, maintenance free houses on smaller sections were higher than what could be realised on the older family home (SROW, 1999).

New Zealand has been noted for its high levels of home ownership and until recently this has been possible for a large proportion of the population. The 2006 census reported that 93% of people over sixty-five lived in private dwellings and that 76% of them owned their own home. Most young couples have prioritised home ownership and anticipated the security it will give them while raising a family and in old age. The alternative of rental property has seemed fraught with uncertainty; rental increases, limits to tenancy, poor maintenance or the cessation of leases whether from private landlords or from local body and government social housing were unwanted possibilities.

There has been a steady growth of retirement villages where people buy, not ownership, but the right to occupancy (Saville-Smith & Fraser, 2014). In some cases, unit titles are available which provide individual ownership or freehold title within the village; these however usually have encumbrances over them that restrict to whom they may be sold. There are serviced apartments, studios and individual free standing houses with communal facilities for dining and recreation and in some cases a hospital unit. These are

not affordable for those with low incomes or assets. In New Zealand, there is a lack of sheltered accommodation such as Abbeyfield Houses (see Chapter 7.4) more readily available in the United Kingdom.

The Centre for Housing Research Aotearoa New Zealand (CHRANZ) report (Davey, deJoux, Nana, and Arcus, 2004) noted the preponderance of women in the older population and the special needs they may have for housing, especially when living alone or disabled. According to health-related research, an ongoing problem is the inadequacy of much of New Zealand's housing stock which is poorly insulated producing condensation and dampness that contributes to high levels of respiratory disease in the community (Howden-Chapman et al., 1999). A government response has been to subsidise some insulation schemes for home-owners and landlords.

The lower incomes of many elderly may create problems for those who own their own homes in respect of both maintenance and the rapid increases in local body rates and insurance linked with the 2011 and 2012 Christchurch earthquakes. Most local bodies have income adjusted rates rebates for those on low incomes, but this is dependent on the state of the local body finance. Changes have been made to the basis on which house insurance premiums are determined. These will increase premiums throughout the country and devolve to owners the responsibility of calculating the replacement costs for their property by using online calculators such as <[needto2know.org.nz](http://needto2know.org.nz)> or paying for the services of property surveyors.

The immediate problem for housing in New Zealand is the continuing shortage of good quality rental accommodation and the unprecedented rising price of housing making home ownership unaffordable for many of the younger generation. This, according to Eaquib and Eaquib (2015), sows the seeds of wealth inequality between generations and within future generations. For the majority of women interviewed for this thesis home ownership has been an anchor of security in old age and the present situation bodes ill for future cohorts.

### 3.4 Income and assets

Income and assets are the prime resources for people in retirement. Their provenance is of importance to the individual and to the state. There is concern for the effects that the assumed dependency of the elderly may have on the nation's economy in an ageing society. Living in retirement presumes a fixed income for most people, mainly the state funded pension. Savings and investments may produce an additional stream of income, but retirement is usually a period of dissaving rather than saving. Many parents wish to leave an inheritance for the next generation. This is often the realisation of their main asset, the family home, since New Zealanders have had a strong culture of home ownership. According to a *Los Angeles Times* article this may be changing for 'baby boomers' now aged 49 to 65 (Hamilton, 2011). Unlike previous generations, some baby boomers believe they've 'already given their children enough, and they plan to spend the money they've saved on themselves'. A colloquialism used here in New Zealand has been 'skiing', popularly known as 'spending the kids' inheritance' which presumes that parents, may in fact, have had an inheritance to leave, but chose to spend it pursuing pleasure as portrayed by the increased advertising on leisure activities for the retired. This departure from traditional practice did not appear in the stories of the interviewees for this thesis.

Women in the main have had lower income streams and less ability to save for retirement although this may have been obviated by inheritance or dual incomes in marriage. Almost half the participants in this present study had educational qualifications or training which allowed them to take up skilled occupations with good remuneration and they also benefitted by marrying men with similar qualifications and employment opportunities which led to higher incomes and the accumulation of assets such as a mortgage-free home.

In New Zealand Hyman (1992, 1994), Else and St John (1998), Marsault (1999) and St John (1996) have contributed valuable research on the disadvantage women face in saving for retirement, particularly in relation to their work history, family commitments and salary inequities in the work place, despite equal pay legislation from 1972. The preceding chapter has outlined the history of the old age pension in New Zealand.



Currently it is available to all citizens at age sixty-five who have qualified on years of residency and provides for basic living. It is not means tested. Additional resources include private pension schemes, annuities, rents, interest on savings and investments, and the realisation of assets, all of which are influenced by age, gender, ethnicity, education and previous workforce participation. There has been a heavy reliance on government-funded superannuation which provides a level of subsistence which is less than the amount required to provide for healthy living as indicated in current research on a minimum income for healthy living (O'Sullivan, 2011). In some situations, extra benefits are available to those on low incomes, in the form of accommodation supplements or disability allowances from the Department for Work and Income (WINZ). The disability allowance may cover some of the costs for household and garden assistance, medical and pharmaceutical expenses. The introduction of the Gold Card for people over sixty-five has made possible free transport within set hours on some services and small discounts at some retail outlets and theatres. A medical certificate of disability enables access to taxi vouchers at a lower cost.

KiwiSaver (see Chapter 2, Section 1 and Chapter 5, Section 3) is a scheme designed to provide retirement income, but there are gender differences in income over the life course; women are still disadvantaged by lack of pay equity. They will have less disposable income and their contributions to KiwiSaver will accrue much more slowly than those of men. Their lifespan is predictably longer than men and their earning capacity is frequently reduced by periods of caring for dependants and casual or part-time employment. They need to have saved more than men to avoid poverty in old age.

The increase in divorce and solo parenting over the last three decades is another risk factor for women. Men are more likely to have had a less interrupted work history and higher rates of pay and may continue at this level. A woman with lack of continuity in the workforce and segregated in a female designated occupation may find it difficult to accumulate enough assets for a good retirement. Where this has not been the case the variables most concerned have been the effects of tertiary education leading to higher earnings on the part of the woman or her partner and the advantage of continuous steady employment.

Pay inequity is well established and has yielded very little improvement; an entrenched attitude of government and employers has calculated that the cost to the economy would be too high and have no compensatory effect on increasing productivity. In New Zealand although there has been legislation for equal pay since 1972 there are issues of equity and women still tend to be segregated in poorly paid occupations. In a study of life after 40 Gee et al. (2002) found that women were less likely than men to have saved for retirement and were more likely to be solely dependent on state provided superannuation. Those most vulnerable were those who were divorced or who had taken on care-giving responsibilities (Orel et al., 2004) or experienced poor health that led to reduced work opportunities and disrupted work histories.

Despite the increasing independence achieved by women, Marsault (1999) concluded that their position in terms of wealth accumulation was still vulnerable and that their capacity to accumulate savings would depend to a large degree on their spouses' behaviours in relation to money management. This has been the situation of most of the married women interviewed for this study.

In Britain the following authors have written extensively on the relatively disadvantaged position of women in finance, health and employment: Arber & Ginn (1991, 1999, 1995), Arber et al. (2003), Ginn, Daly, and Street (2001), Featherstone & Hepworth (1998) and Featherstone & Wernick (1995). While the layered state pensions in the United Kingdom are more complex than the simple structure in New Zealand, the same disparities and disadvantages as outlined above apply to women's capacity for saving for retirement in this country.

In Canada, Denton and Boos (2007) analysed data from the 1999 Canadian Survey of Financial Security which covered men and women forty-five years and over. Wealth was defined as total net worth measured by total assets minus debt and two hypotheses were explored to account for differences in wealth: first, the differential exposure hypothesis which suggests that women report less wealth accumulation because of their reduced access to the material and social conditions of life that foster economic security, and second, the differential vulnerability hypothesis which suggests that women report lower levels of wealth because they receive different returns to material and social conditions of

their lives. Their findings supported the differential hypothesis and showed clearly that women, compared to men, 'face a reduced ability to build up and secure a safety net of savings' (p.116). Demographics show that although women tend to live five years longer than men, they have accumulated about two thirds of the wealth accumulated by men and separated or divorced women have even less. Except for Grace who had government superannuation and continued her professional employment, this was the situation for divorced or separated women interviewed in this thesis.

In North America, McNamara (2007) argued that while there was an emphasis in the USA social policy on the role of paid work in addressing poverty and disadvantage for young women, little research focused on the long-term benefits of paid work to women. This study focuses on the effects of work history and other factors on the economic well-being of elderly women who had low income in mid-life. It uses data from the National Longitudinal Survey of Mature Women, which spans the years from 1967-1999. Results suggest that if other factors are controlled, the amount of paid work low-income women do in mid-life has little effect on their economic well-being in old age. Job characteristics, such as whether one is employed in a unionized setting and the availability of a pension plan, do have a positive effect on economic well-being in old age as was the case for women teachers interviewed in this thesis.

In the USA, Gillen and Kim (2009) used data from the 2002 and 2004 waves of the Health and Retirement Study of 5,799 women aged sixty-five and older to investigate the effect of change in income resources due to recent spousal loss on the transition to poverty. Their findings indicate that widowhood greatly decreased income from all sources, pensions, social security benefits, earnings and assets. A \$10 increase in social security benefits was calculated to decrease the probability of transition into poverty for recently widowed women by 67%. They suggest that the rules for social security survivor benefits should receive reconsideration and that women's education regarding financial security in retirement needs attention.

Hungerford (2007) examined status maintenance models which had been proposed to suggest stratification of economic status over the life-course (e.g., little mobility within the income distribution) and several studies have found evidence to support this, but none

had looked at broader measures of well-being. Using twenty-nine years (1968-1996) of the Panel Study of Income dynamics, hypothesis tests and logistic regression techniques he tested the relations between middle-age chronic hardship and adverse old-age outcomes. He found that in many cases, individuals who experience middle-age chronic hardships were significantly (statistically) more likely to experience adverse old-age outcomes thus stressing the persistence of hardship over the life course.

This is further instanced in evidence for grandmother-headed families (Prokos & Keene, 2011). There has been an increase in the proportion of grandparent-headed families since the 1970's; in 1970, 3.2% of children lived in a grandparent's home compared with 5.5% in 1997. More recent data from the American Community Survey showed that in 2008, 6.5 million grandparents lived with grandchildren who were under eighteen and of these 40% had primary responsibility for their grandchildren. The gendered nature of caregiving has economic consequences for women who perform most of the care. Not all grandmothers are old, for those active in the labour market their employment history is disrupted as it may have already been in caring for their own children all of which reduces their capacity to save for retirement. For those who are already retired from paid employment this further financial burden may create hardship and generational poverty. Racial and ethnic variations are addressed suggesting that this study may have relevance for New Zealand's multicultural society.

### **3.5 Health**

Medical science focusses on the progressive bodily changes in human physiology as the capacity for cell renewal declines over time. We are subject to the effects of wear and tear causing impaired functionality in body organs, musculoskeletal and neural systems. As our understanding of the genetic and environmental influences on the ageing process increases and technology advances, it has become possible to ameliorate many of the disabilities commonly associated with old age. There are solutions to the problems of failing eyesight, hearing, mobility and dental care, but they are very expensive, and when hospital services are required there are long waiting lists for those without medical insurance (Kirk, 2015a). Drugs can control blood pressure, arthritis, osteoporosis, pain

and insomnia; some of the common accompaniments of old age, but they are not free (Else & St John, 1998).

Maintaining good health can be expensive and is more accessible to those with higher education and socioeconomic status. The costs of a healthy lifestyle are more readily borne by those with a healthy income, living in well-designed and insulated houses such as those provided by many of the newer retirement villages. With a low wage economy and lack of pay equity, it is not a simple matter for many New Zealand women to save for retirement. Even when a family has two incomes it is difficult to access good quality accommodation, rented or owned as discussed above in Section 3.4.

Old people with multiple deficits paradoxically rated themselves as having good health, often qualified in terms of their age and in comparison with others (Henchoz, Cavalli, & Girardin, 2008). There are clearly links between the concepts of health, well-being, life satisfaction and quality of life. The results of a study exploring vital satisfaction as a health-indicator in elderly women showed that vital satisfaction correlated significantly with the three dimensions of health: physical, social and mental, particularly so with the latter (Requena, Martinez, & Ortiz, 2010). This, the authors point out, accords well with socio-emotional selective theory (Carstensen, 1992) and confirms the finding of Carstensen and Mikels (2005) that life satisfaction depends on social and emotional aspects.

There is an extensive nursing-based literature concerned primarily with elder-care and fall prevention. This is important for women who are prone to musculo-skeletal deficits such as arthritis and osteoporosis who make up the majority of elderly in residential care. The field of nursing in particular has produced research materials on health care for the elderly (Flett et al., 1999) assessment for care and the prevention of falls in the elderly (Butler, Kerse, & Todd, 2004; Robertson, Gardner, Devlin, & McGee, 2001) and the special needs for care of women in old age (McCandless & Conner, 1999). Women are the predominant occupants of rest homes, and suffer more chronic illnesses than their male counterparts (Flett et al., 1999; Verbrugger, 1989). Later research confirms this (see Butler, 2004; Robertson, 2001). Interventions earlier in life created by specific policies that reduce gender inequalities, for instance parental leave, improve women's health

(Borrell et al., 2014). Women tend to outlive men and are heavy users of medical services (Thomas, 2006). This may be costly for government-funded services and for women accessing the private health sector.

Medical intervention requires expensive health care that may delay and compress the period of morbidity before death, but as Verbrugger (1989) argued, focussing solely on this overlooks the possibility that recovery from illness and disability, will extend the active years of life. He drew attention to the gender differences in men's and women's survival rates suggesting that mixtures of social and biological factors are responsible. The stereotypical male smokes (this may be changing in the twenty-first century as the dangers of nicotine addiction are well-established) and leads a more dangerous lifestyle than women, so dies earlier, but biological factors maintain a mortality advantage for women in later life (Verbrugger, 1989). This advantage is shown by mortality rates in Britain (Victor, 1995) where early in the 20<sup>th</sup> century there was little difference between them, but later, at all ages female death rates are substantially lower than those for males. In the period 1981-85 men between the ages of sixty-five and seventy-four had mortality rates eighty-seven percent above females in the same age group, and in the over eighty-five age group the male rates were still twenty-five percent above those for women in the same group.

The value of 'healthy living' styles promoted in the media and by health professionals is not only to improve quality of life for the aged, but to ensure that the period of morbidity (chronic pathological conditions) is shortened before death, thus obviating some of the expenses of later life care. In consequence much ageing research has focussed on the care giving necessitated by the vicissitudes of old age and more recently on the management of Alzheimer's disease and other forms of dementia. One of the women I interviewed was currently caring for a husband with Alzheimer's and two others, widows, had had the same experience until the men required institutional care.

Neurobiologists Rubia (2009) as well as psychiatrists Isengard and Szdlík (2012) and psychologists Cordell et al. (2013) examined aspects of cognitive functioning in the old: assessment, relationship to activities of daily living and interventions such as intellectual, physical or social activities which may preserve or enhance the functional capacity of

older adults. Hertzog, Kramer, Wilson, and Lindengerger (2009) indicated that there is greater neural plasticity in the central nervous system of older adults than previously thought. In a brief overview of cognitive ageing Drag and Bieliauskas (2010) conclude that while the ageing brain is characterised by both structural and functional changes that may reflect effects to compensate for age-related inefficiencies, normal ageing is not associated with global cognitive decline and that certain variables such as education, mental engagement and physical activity can have positive effects on cognitive performance in later life as was the case for most of my interviewees.

One hypothesis is that aerobic fitness training could enhance the cognitive vitality of healthy, but sedentary older adults. A meta-analysis of 18 studies published between 1966 and 2001 concluded that fitness training had robust, but selective benefits for cognition, the largest of which occurred for executive-control processes. These benefits were moderated by factors such as gender and the duration and type of intervention programmes (Colcombe & Kramer, 2003). All but two of the narrators for this thesis carried out some sort of physical exercise related to fitness and mobility.

A study of visual function and the role of cognitive speed of processing in mediating age-related decline in memory span and fluid intelligence confirmed that older age was associated with visual decline which was associated with slower speed of processing. This in turn was associated with greater cognitive deficits, but the results also highlighted positive aspects of normal cognitive ageing in that older age may not be associated with loss of fluid intelligence if visual sensory functioning and processing speed can be maintained (Olivio et al., 2009).

Visual sensory function can be improved in some cases as in the removal of cataracts, tests for glaucoma, prescription spectacles to enhance eyesight and by new procedures for the alleviation of macular degeneration. These are all expensive, few old women have medical insurance and state assistance is dependent on hospital waiting lists in New Zealand.

Another well-researched domain is that of depression, a risk factor in old age. In a systematic review and meta-analysis of psychosocial interventions to prevent depression in older adults it was found that psychosocial interventions had a small but statistically

significant effect on depressive symptoms, but no similar effect was found for physical exercise, skill training, reminiscence or for multi-component interventions (Forsman, Schierenbeck, & Wahlbeck, 2010). The well-known association of fatigue and depression was explored in research with 561 community dwelling 75 year olds in a descriptive cross-sectional study based on the *Nordic Research on Aging study* (2002). While the relationship between the two variables may be seen as reciprocal, fatigue is known to be a symptom of depression, on the other hand chronic fatigue has been shown to cause depression and both may be a consequence of an underlying pathological condition. In this research a substantial proportion of the participants reporting fatigue did not report depressive symptoms suggesting that although they are strongly related, fatigue and depression are separate entities. Women reported more fatigue and depressive symptoms than men, Mobility-related and general fatigue were both associated with depressive symptoms, a higher level of fatigue appeared to be related to a higher level of depressive symptoms. Results gave some support to the observation that general or mental fatigue was more strongly associated with depressive symptoms than fatigue related to physical functioning (Manty et al., 2012).

Late life depression is the principal source of emotional distress among the elderly and it contributes to declines in their physical health and well-being (Cuijpers & Smit, 2002). In a meta-analysis of twenty-five studies of depression they found that it increased the risk of mortality in both major depression and in subclinical forms of depression. In many cases, depression should be considered as a life-threatening disorder.

It is clear however that this is a complex causal relationship. Another study demonstrated the importance of medical co-morbidity for the well-being of older people. The age-related increase of depressive symptoms occurs entirely through medical illness, such as dementia, chronic conditions, and functional limitations as these conditions increase with age (Wu, Schimmele, & Chappell, 2011). Once these risk factors are controlled the relationship between age and depressive symptoms attenuates to non-significance. Age itself does not directly cause depression, but health problems mediate the relationship between age and depression. Contrary to some other studies their findings suggest that major depression decreases between the ages of sixty-five seventy-nine, but rises thereafter. The authors note that conventional measures of depression could be insensitive



to how seniors' experience and report distress and that there were limitations due to their data source, the Canadian Study of Health and Aging. This covered only 60% of the population and not all base-line data such as marital status and chronic conditions had been collected in successive waves.

Their observation about 'conventional measures of depression' is significant as assessment scales already in use in New Zealand, for decisions about rest home care may not be appropriate for all older populations and not allow for different understandings based on multi-culture and gender.

Information processing and psychomotor efficiency utilised in the performance of most life skills are among the most researched constructs in the psychology of ageing (DeLuca & Kalmar, 2013, pp. 32-34; Richards & Deary, 2013). Contrary to the commonly held stereotypes of old age as a period of inevitable decline in cognitive and motor skills, there is evidence from both laboratory experiments and neuroimaging, that there is a considerable capacity to learn in later life. Recent studies have provided an understanding of how individuals can develop and preserve such skills in old age. Intellectual stimulation in early life and cognitive training in later life have both been shown to enhance the cognitive performance of older people, delaying or even reversing age-related decline. Psychological ageing is characterised by adaptation, compensation and increasingly by neural plasticity (Morgan, 2007).

In this thesis the participants showed a continuation of early skills and the capacity to learn new skills and found ways of adapting to the physical changes of ageing.

### **3.6 Social connectedness**

Social connectedness has many connotations; it refers to the relationships people have with one another and their community, to the benefits these relationships can bring to the individual as well as to society and the capacity of family, friends, neighbours, work colleagues, acquaintances and community to provide actual and or perceived support to one another. As shown in the previous section it has strong links with good health. It can be measured by how people come together and interact, as well as the frequency, duration and quality of these interactions. A new means of social networking has been provided by

the Internet in social media sites, such as Facebook, Twitter, LinkedIn and Google. They may not however have the more intimate connectivity of face-to-face contact and some are also sources of negative connectivity.

Social connectedness is perceived as building social capital and cohesion, but what sort of capital or cohesion is being built? Not all social relationships are beneficial either to the individual or society as instanced in the activities of inner city gangs (Mitchell & La Glory, 2002) or bullying in schools (Espelage & Swearer, 2003) and work places (Northcott, 2011). These examples demonstrate power hierarchies in which some individuals are victimized while others hold sway. It is possible that such social relationships may also obtain in rest homes, retirement villages or gated communities where a high social profile is often a function of social status. Certainly this happens in prisons South and Wood (2006) and hospitals (Kivimäki, Elovainio, & Vahtera, 2000). Social networks are complex creations where there is mutual adaptation between individuals to promote the status of the group both negatively and positively (Christakis & Fowler, 2011).

In this thesis the positive effects of social connectedness on the well-being of the narrators was evident, but they had sometimes been affected by expressions of ageism in the relationship between the old and the young, such as being treated patronisingly or addressed as 'dear' in inappropriate situations and discounted as a child or incompetent. Both the invisibility of old women, ageist and patronising behaviour was shown to exist between young and old feminists (Macdonald & Rich, 1983). A factor that may support ageism is the segregation of the aged within the community (Hagestad & Uhlenberg, 2005). That exclusion on the basis of social status was present in a retirement village was commented on by one of my informants.

In New Zealand social-connectedness is regularly measured by the MSD. Six indicators are used to measure social connectedness: telephone and internet access in the home, contact with family and friends, contact between young people and their parents, trust in others, loneliness, and voluntary work as well as connections people make through paid work, sport and other leisure activities, or through voluntary work or community service (Miniistry of Social Development, 2010). Social connectedness is related to the

production of social capital which increases social cohesion and is generally viewed positively particularly in relation to an improved economy and social support as seen in the stressful circumstances of the devastating Christchurch earthquakes in 2011 and 2012. The positive experiences of individuals participating in groups whether with family, friends or acquaintances enhances health, happiness and well-being. Living alone without a social network can induce feelings of isolation and loneliness that may undermine overall wellbeing and be detrimental to people's physical and emotional health, resulting in stress, anxiety or on the other hand it may create an opportunity to have uninterrupted personal space which is often difficult to achieve.

In a review of studies that reported a positive association between social support and well-being, two models were explored (Cohen & Wills, 1985). Both the buffering model, a process of support protecting persons from potentially adverse effects of stressful events and a main effect model when the support measure assesses a person's degree of integration in a large social network were found to apply. The review concluded that there is evidence consistent with both models. This was attributable to both the structure (the existence of relationships) and the function (the extent to which one's interpersonal relationships provide particular resources) of social support. Both conceptualizations of social support were correct in some respects, but each represents a different process through which social support may affect well-being. Both models contribute to understanding the relation between social support and health (Cohen & Wills, 1985). There were examples of both modes of support in the narrated lives of the participants in this thesis when protection was supplied by workmates and church congregations as well as support from family members and friends.

Distinctions can be made in the relationship of the constructs of social support and social connectedness to the health and well-being of older adults. Mauss et al. (2011) found that having frequent contact with network members was positively associated with social support whereas network density and having network members living in close proximity was positively associated with perceived social connectedness. The researchers concluded that perceived social connectedness may be relatively more important to the health and well-being of older adults than the perceived availability of social support. Efforts to

enhance older adults' social relationships could be focused on developing friends and companions, allowing them to feel socially engaged in society (Mauss et al., 2011).

Volunteering is common among old women and is a source of social networks, of trust and mutual support that may sustain them through difficult times and reinforce social cohesion. Research suggests that older adults who volunteer and who engage in more hours of volunteering report higher levels of well-being (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). This is consistent with the stories the narrators in this thesis told of their involvement in voluntary activities, usually started during their years of childcare, but continuing in other spheres when their children had left home. The social networks they had built continued when some of the actual activities had ceased.

## **Conclusion**

In this chapter the concept of successful ageing has been interrogated; defined in biological, functional, social and psychological terms with myriad descriptors, it fails as a global descriptor and may only be relevant in specifically defined situations. People vary in their access to resources such as education, income and social-status, which are closely related to healthy living. The word successful has connotations of winning and losing. Over a life course there are many possible physical, social and emotional experiences, which may be categorised from different points of view as successful or unsuccessful as perceived by the individual herself or by others.

Resilience has been discussed as an essential resource for survival, particularly in major adverse life course events such as the death of family members or close friends, financial disaster, loss of home or divorce. It is also needed to cope with the smaller upsets of everyday life. While, like successful ageing, resilience has accrued many properties and has been used in individual, social and environmental contexts it has a clear relationship to adversity. There is evidence that resilience is related to spiritual grounding and social connectivity (Kashdan & Neslek, 2012) and well-being (Allen et al., 2011). This identification with the social context makes it clear that resilience is not simply an individual characteristic, but is also a function of social groups. This is demonstrated in

the group resilience evidenced in Christchurch after the devastating earthquakes of 2011 and 2012.

There is clear evidence of financial disadvantage experienced by women. There is still a gap between male and female remuneration even within the same occupation, in spite of equal pay legislation. Women are overly represented in low paid, part-time or casual employment and have broken work histories due to their unpaid occupations as caregivers, nurturers and volunteers. Consequently, they are disadvantaged in saving for retirement which is likely to be longer than that of men. Such disadvantage is sometimes compensated by marital status where the woman has married a man with high income and has stayed married. On the other hand, divorce divides the marital assets and the woman is left with little opportunity to save on her lower income.

Housing in old age can be problematic particularly for women who live longer than men. The most common experience is continuing to live in the family home where it is appropriate for living in a suitable locality close to medical, shopping and public transport facilities. Sometimes adaptations are made to compensate for disability, or it has been possible to downsize to a more suitable dwelling. Rental accommodation is expensive, can lack security and is frequently of a poor quality lacking insulation. Retirement Villages which have proliferated in recent years are expensive and beyond the means of retirees with low fixed incomes and few assets. In New Zealand, there is a lack of sheltered accommodation other than a few Abbeyfield houses (see Chapter 7.4) for the elderly who are not disabled.

Women's greater longevity and tendency to chronic musculo-skeletal diseases such as arthritis and osteoporosis adds to medical expenses both privately and state funded. Research is now challenging stereotypes of old age as a period of inevitable decline in cognitive and motor skills. Advances in medical technology and pharmacology and an increased knowledge of the genetic and environmental influences on the ageing process, have made possible the amelioration of many disabilities commonly associated with old age. There is a growing awareness of the need for exercise, a healthy diet and social engagement as people age. Many conditions of morbidity, previously considered inevitably normal in old age, are now addressed as diseases and treated. Campaigns to

avoid obesity and smoking are designed to produce changes in social behaviours that increase good health.

The contemporary adherence to the positive paradigm of active, productive and successful ageing is dependent upon the belief that many of the age-related deficits can be ameliorated by interventions that encourage healthy living styles, and by the provision of sensory enhancers, mobility supports, dental care and positive social environments. Less attention is paid to the cost of these interventions. In many cases access to these is limited only to those who can afford them. New Zealand superannuation covers basic living costs and many old people have medical needs beyond this. Where some costs, such as spectacles and dentures may be covered by WINZ, it is usually by a loan which must be repaid and medical practices within Public Health Organisations retain the right to set their own fees, which vary between areas.

Social connectedness underpins well-being and has been linked to specific positive health outcomes. Close family ties, large networks of friends and acquaintances and volunteering in the community are among the positive assets for women in ageing and this is demonstrated in the life trajectories of the women who were interviewed.

While many aspects of ageing are common to all genders as people come to terms with the bodily changes which identify them as old and the cultural role expectations which identify them as occupying a different social category from those younger, there are gender specific roles and expectations for women for women such as ‘caring’ which persist across the life course well into old age.

This chapter has interrogated ‘successful ageing’, considered the role of resilience and has reviewed the resources necessary for surviving well in old age. It has not addressed the practice of Oral History, a resource and process, which has been used in this thesis as a method to obtain data on how some old women have acquired and managed their resources for old age. The following chapter gives the reasoning behind this choice and the influence of feminism, pragmatism and critical gerontology on my methodology.

# CHAPTER 4

## METHODOLOGY AND RESEARCH PROCESS

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### **Introduction**

In this chapter I discuss my methodology and method and their outcomes in practice. My feminist stance required an ethical, non-hierarchical approach to the narrators and careful negotiation of my position as both insider and outsider in the co-production of the narratives.

Harding (1986, p. 1) distinguishes method, methodology and epistemology and shows how methodology informs method. My methodology which uses qualitative analysis as a method has been influenced by my belief that knowledge is socially constructed and that objectivity in research is a chimera. My epistemological position rejects positivist objectivity. In feminist research there is much debate about whether objectivity is either possible or even desirable and, as Ramazanoglu and Holland (2002) argue, in resisting positivist claims, there is more than one way of making and justifying knowledge. I believe that human beings interpret the world from within their own experience, and that because of our diverse biological, cultural, racial, class, gender and social identities many realities are created. I argue that this does not mean that there can be no commonality in interpretations, but there are many subjective filters. I accept a diversity of perceived realities, but I reject the possibility that there can be no mutually understood and shared knowledge.

This thesis uses a feminist approach. In both practice and outcome, feminist research aims to promote the well-being of women and my research shows what has been helpful to the participants in this project in the building of assets for retirement and what has created barriers for them. Future cohorts may find this useful.

In Section 4.1 of this chapter I discuss theoretical influences which have contributed to my methodology. In Section 4.2 I explain my choice of oral history using life-course

interviews and discuss the ethical issue of confidentiality and my position as both insider and outsider in the production of knowledge. In Section 4.3 I describe the selection of participants, the interview procedures, the collection and processing of the data obtained and its thematic outcomes.

## **4.1 Influences**

I have been influenced by my chronological position as an old woman in the same cohort and New Zealand location as the participants in this study. My feminist approach is discussed in Section 4.1.1. My thinking has been informed by critical theory described in Section 4.1.2 and by pragmatism outlined in Section 4.1.3. Feminist gerontology and critical theory approaches have also been addressed in Chapter 2, sections 2.2.3 and 2.4.

### **4.1.1 Feminism**

Feminist research requires a critical and activist agenda, is not static, transcends disciplinary boundaries, and uses a wide range of research techniques (Reinharz, 1992). Reinharz identifies ten intrinsic themes. In this thesis I subscribe to six of these: Feminism is a perspective not a method; it uses a multiplicity of research methods; is guided by feminist theory; may be transdisciplinary; strives to represent human diversity; and frequently includes the researcher as a person. This last theme i.e., the subjectivity of the researcher is particularly important in relation to this thesis which uses oral history as a method. This is discussed in Section 4.2.1.

Qualitative methods are often perceived as typical of feminist research, but quantitative methods also have powerful effects when looking at the bigger picture. Relevant statistics can empower reforms in social policy which support the well-being of women, for example, in the campaign for pay equity. My previous experiences of surveys made me aware of the different ways questions could be interpreted which might differ from the meaning intended by the researcher and I did not consider this method suited my purpose in this research. Letherby (2003) considers that what matters in a method is how it is used, whether or not it is appropriate for the topic and scale of the project and is ethically based. The ethical base relates in part to the acknowledgement of the power relationships between the researcher and the researched in a specific situational context. Although



feminists are opposed to hierarchical relationships, in the long run, it is the researcher who is responsible for the final interpretation of data. This outcome may be mediated by co-authorship with participants as Alison Laurie comments: 'The narrators and I created meaning together' (Laurie, 2004, p. 62).

The challenge to a universal concept 'women' came first from Afro-American women on the basis of being 'other' in ethnicity. For example, in the nineteenth century anti-slavery debates in the USA Sojourner Truth, a black woman powerfully challenged essentialist thinking that a particular category of woman is essentially this or that, for example that women are necessarily weaker than men or that enslaved black women were not real women (Brah & Phoenix, 2015). The experience of being 'other' is explored in the works of (Hooks, 1982; Lorde, 2007; Walker, 2004). It has been claimed that second wave feminists, white middle-class women, used a universal concept of women which excluded the experiences of women other than themselves (Zack, 2007). Here in New Zealand second wave feminists claim to have generally been inclusive of racial, social class, disability and sexual orientation issues. The Ministry of Women's Affairs established in 1984 included a Māori division dedicated to the analysis of policy as it affected Māori women. In the seventies feminists included disabled women, Māori activists, lesbians, women's groups within the trade unions, and other occupational groups long before academics used the term 'intersectionality' that was coined by a legal scholar (Crenshaw, 1989).

Intersectionality adds constructs other than ethnicity to the variables or properties of human life and recognises the diversity of women, for instance in the differences of culture, race, social class, gender, health and age. Davis (2008) finds that the concept lacks precision, but has contributed to critical feminist theory and has interdisciplinary applications. I have found intersectionality useful in interpreting the lives of the participants in this study who were all old, white women of European descent living in the greater Wellington area, but were individuals with disparate backgrounds in country of origin, family of origin, education, marital and financial status, religious beliefs and health. While I am situated in the group 'old women' I cannot presume that my concept of reality parallels or matches that of women from other diverse backgrounds. Stanley and Wise (1990, p. 22) claim that 'the experience of 'women' is ontologically fractured and

complex because we do not all share one single and unseamed material reality' The post-modern perspective demands attention to many disparate realities, but I argue that some commonality can be found in the diverse experiences of the social group old women.

The women interviewed for this thesis shared a common ethnicity and belonged to the age group 72-92. They live in or near Wellington city, but not all were born in New Zealand. They differ in marital status, health income, education, employment, accommodation and personality. Their common experience was spending most of their adult lives in New Zealand's cultural, political and economic environment.

The recognition of intersectionality does not obviate the use of the category women. It is a signifier for a real group with some gender characteristics which provides a basis for some experiences. From the perspective of critical realism, Gunnarsson conceptualises women as occupying a position within a social structure: 'the position as woman will make its occupant apt to act in ways commonly understood as feminine and experience things that males do not tend to experience.' She concludes that 'It is possible to think of women as a group on a global level, because although the gender structure looks different in different locations, it possesses so much internal coherence so as to be thought of as one differentiated whole' (Gunnarsson, 2011). I approached this study from a situated standpoint (Harding, 1986) which some feminists see as privileged. I do not claim privilege, but while my standpoint as an old woman may be an advantage in interviewing other old women, it may also predispose me to note some features of their experiences rather than others. My location as a white middle class woman with a tertiary education may colour my interpretation of what is said in the interviews. My analysis is not impartial; it is situated in the context of my life experiences and beliefs. While I am situated in the larger group 'old women' I cannot presume that my concept of reality always parallels or matches that of women from other diverse backgrounds, but I argue that the narrators and I share much in common. This was apparent in the course of the interviews when we mutually acknowledged specific experiences in housing, domesticity and child rearing.

Feminist research aims to avoid hierarchical relationships and to empower women. These aims according to Millen (1997) may inhibit rather than facilitate research with women

such as those who are unsympathetic to feminism. She argued that not all women are oppressed and need empowerment, nor do all women necessarily subscribe to the feminist researcher's notion of power. The contested nature of empowerment raises many issues such as: what does it actually mean and how can it be guaranteed? Who is emancipating whom, from what and what are the outcomes (Grbich, 2007)? This raised issues for me in considering the interviews with old women. Did they perceive a need for empowerment, did I presume this and in what areas of their lives could this be achieved? Because participation in the project was by personal choice and the narrators chose to have their stories recorded and archived, I felt that they had been agents in their own empowerment; however, as the researcher I still had the power to interpret their stories. This required reflexivity and constant clarification with the narrators, usually at a subsequent interview. Any misinterpretations are mine.

#### **4.1.2 Critical theorising in ageing and the life-course approach**

The roots of critical theory are in Marxism which categorises society as having a base and superstructure which interact. The base constitutes the forces and relations of production, the social relationships that people must enter into in order to survive, to produce and reproduce their means of life. It includes employer/employee relationships, the technical division of labour, and property relations. For Marx (1859) this is the foundation of the economic structure of society 'on which arises a legal and political superstructure and to which correspond definite forms of social consciousness. Marx and Engels (1845) stated that philosophers have only *interpreted* the world in different ways; the point is to *change* it. This is echoed by Stanley (1990, p. 15) 'the point is to change the world, not just to study it'. Feminism with its strong focus on emancipation is also closely aligned to seeking social change and shares this aim with critical theory. The features of the critical analysis of existing social structures are shared with feminism, literature, arts, economics, sociology and gerontology, as noted in Chapter 2, Section 2

Critical Gerontology as described in Chapter 2.2.3 rose as a challenge to older dominant concepts of old age where the focus had been on the individual and their problems in coping with the ageing experience. Ageing had been seen as a process whereby individuals, not social systems, structures of domination or ideologies, hope to alter

themselves in some way to deal satisfactorily with their experiences (Lynott & Lynott Passuth, 1996). This change of focus from individual experience to considering the social construction of ageing was instrumental in my decision to place the participants in an historical, political and cultural context. Critical Gerontology encompasses a broad spectrum of theoretical interests from the constructions and deconstructions of ageing (Hazan, 1994; Katz & Calasanti, 2014; Nicholson, 1999) to the issue of power and control in contemporary society (Minkler & Estes, 1991; Moody, 2001; Phillipson, 2013). According to Lynott and Lynott (2002, p. 1) academics in the humanities raised concern over the absence of meaning in the lives of the old people. Moody (1988) considered that as consumers they were being increasingly dominated, manipulated and colonised in situations of 'care' where they may have little opportunity to make decisions about their own lives. Resistance to residential care was strong in the women I interviewed.

The core belief in critical gerontology, from a political economy approach, is that ageing and dependency in ageing is socially constructed, reflecting the role of politics, the state and the economy. The landmark work by Townsend (1979) positively influenced the research of Phillipson (1998) and Walker (1990). They use critical approaches to the political economy of ageing. I found their work and that of Carroll Estes in the United States helpful. Her analysis of 'the ageing enterprise' claims that public policy has created an ageing enterprise that ensures the needs of the aged will be processed and treated as a commodity (Estes, 1986).

Not only have these authors drawn attention to the poverty, poor health, exploitation and inadequate housing associated with ageing, but they have insisted that the aged speak for themselves, that their voices may be heard. In the Growing Older Programme at the University of Sheffield based on the concept of 'active ageing' older people have themselves been active researchers. Foster and Walker (2015) show that 'active ageing' differs from 'successful ageing', but acknowledge that 'it has been dominated by a narrow economic or productivist perspective that prioritizes the extension of working life and has been gender blind.' They argue however, 'that an active ageing approach has the potential to enable countries to respond successfully to the challenges of population ageing because of its comprehensive focus and emphasis on societal as well as individual responsibility' (Foster & Walker, 2015, p. 83).

Much of the research on the aged has not necessarily been for them. They have frequently been categorised by pessimistic policy makers as a burden, seen as economically unproductive and liable to consume expensive resources of health-care (Walker, 1990). The current focus on ‘successful, active, productive, positive and healthy ageing’ could be seen as emancipating old age, but these concepts are also directed at requiring more individual responsibility by the aged and less by the state.

I argue that it is possible that these new cultural representations of ageing, far from ‘emancipating’ old women, may in fact bind them into desiring positions that few can achieve and so reinvent the old opprobrium of ageing and contribute to intergenerational discord when the resources used by ‘successful’ agers outstrip those available for the younger group. The pursuit of ‘successful’ ageing suggests a race with winners and losers with concomitant ethical issues of advantage and disadvantage. There is individual approbation for winners and blame for losers without consideration of the social class and gender contexts from which each may come.

#### **4.1.3 Pragmatism**

The pragmatist school of philosophy stresses the dynamic relationship between theory and practice and posits that all experience is shaped by selective interest, which leads us to attend to some events and to ignore others. It highlights the study of everyday lived experiences and recognises the need for practical remedies for social ills. It recognises the importance of historical context; the social, cultural, economic and environmental spaces in which people are embedded over the life course and is open to social change. This is evidenced in the early work of Addams (1930) at Hull House who recognised the interdependence of class and race and the necessity of practical remedies for social ills, and Gilman (1966) who argued that women need productive and meaningful lives outside their own homes. To facilitate this she argued that homes should be reorganised to exclude individual kitchens, which would be replaced by communal facilities, an idea perhaps based on Frederick Engel’s study of the origin of families and put into practise on Kibbutz and other alternative group living arrangements (Brown, O’Laughlin, Remy, Williams, & Young, 1974). Pragmatism has many aspects, such as symbolic interaction which prioritises agency in social interaction which is essential to well-being. According

to Charmaz (2006, p. 3) pragmatism informs symbolic interaction a perspective which assumes that society, reality and self are constructed through interaction which rely upon language and communication.

A basic tenet of both pragmatism and feminism is a repudiation of the neutrality of the observer. Humans actively interpret what they see, hear or feel according to their personal and cultural beliefs. Theories are not derived from independently discovered facts. As an old woman I am interested in the process of ageing, the social status of old women and the provenance of the resources at their disposal. My interpretation of the participants' stories will be influenced by my own knowledge base. Where I find discrepancy is an opportunity to challenge my own beliefs and pursue alternative explanations of specific experiences.

According to Sullivan (2007) feminist pragmatism based on experience, has an appreciation of context and environment, pursues plurality and community and their connections with theory and practice; it rejects a neutral 'god's eye' point of view. Following Sullivan (2007), I consider that both gender and knowledge are socially constructed. The fabric of women's lives is formed by their historical context, the social, economic, cultural and environmental structures of the society, which they inhabit. This relationship is revealed by the experiences related in the participants' stories.

## **4.2 Method**

My study is a qualitative analysis of oral life-history interviews through a feminist lens. I used in depth interviewing as a method to collect data because I have found that it produces a richer level of response than written surveys. Reissman's (2008) overview of qualitative research based on interpreting stories (cited by Barusch (2012) discusses narrative methods for the human sciences; the integration of images found in the research and those found in archives. She also considers validation and credibility in narrative studies, contextualizing validity in relation to the epistemology and theoretical orientation of a study. That narrative gerontology has come of age is the theme for Barusch's 2012 editorial in the *Journal of Gerontological Social Work* acknowledging that peoples' stories are a legitimate lens for research. 'Narrative is both subject and method of

enquiry... More recently peoples' stories have emerged as a basis for burgeoning research and practice in gerontological social work' (pp.2-3). With this I agree, but on reflection I consider that this study does not fit easily with narrative gerontology which is perceived as having therapeutic value for older people when they tell their stories and find meaning and confirmation of self-hood in their life. My participants and I did not start out with this in mind. The narrators themselves were not the subject of enquiry or therapy, but the source of empirical data about their life course acquisition and management of resources, for well-being in old age.

The interviews have been supplemented by statistics, reviews of the interdisciplinary research on ageing and a study of relevant New Zealand history. I chose a life-history approach because previous experiences interviewing women for the Society for Research on Women project, '*Towards Retirement: Women's Views*', my Master's thesis and a pilot oral history of the New Horizons' for Women Trust had shown me the importance for women of early-life experiences in the development of later attitudes and activities. Women were very proud of the resilient ways in which they had overcome problems and they frequently related this to traits established earlier in their lives; strategies for managing life's changes have deep roots that are not always recognised.

#### **4.2.1 Oral history**

Oral history has been embraced by feminists as a means of integrating women into historical scholarship and highlighting gender as a category of analysis (Sangster, 1994). It has been used to document and understand women's culture and history particularly in relation to continuity and change and I expected to hear stories of both in my research. As Passerini (1979, p. 84) claims, oral history is more than just memories; it is more than factual statements. 'Pre-eminently it expresses and represents culture, and therefore includes 'dimensions of memory, ideology and subconscious desires'.

This cultural representation presents difficulties with reinterpretation. The lens used by an interpreter in a future time may miss the meaning of an oral story from the past. In this case Bornat (2008) questions the effect of time passing and the subsequently changed contexts for analysis. The narrators and I live in the same historical and physical

environment and although we may relate to it differently as individuals. I am confident that by reflecting and asking for clarification I have avoided misinterpretation. Reinharz (1992) considers that when feminist insider researchers are themselves an active part of the research that problems of ‘self-disclosure’ and ‘generalising exclusively from her own experience’ researcher are modified by hearing alternative stories from other people. In my interaction with the narrators I was constantly aware that, ‘...Listening may require that we acknowledge the ignorance our own privileges may have produced before we can hear what others wish to tell us’ (DeVault & Gross, 2007, p. 217).

Because research with oral history often produces a text, although now many oral historians no longer transcribe, it is easy to forget the spoken word of its origin. The written word cannot fully represent the nuances of the spoken word, the hesitations, silences, laughter, and expressions of sadness, anger and pride. In an oral recording an interviewer still has the advantage of noting the visual cues, the facial expressions and body language that enhance the meaning of what is being said (McWhinnie, 1997). Early oral historians responded to the criticisms of unreliability from traditional documentary historians by developing criteria to assess the reliability of oral memory and account for bias. In doing so they may have sometimes overlooked the intrinsic value of the process of remembering as a key for exploring the subjective meanings of lived experience and the nature of individual and collective memory (Thomson, Frisch, & Hamilton, 1994).

Life stories are reconstructed accounts based on memories of the past told to a particular interviewer in current time; the life is still in progress and events may take on a different significance with the benefit of hindsight. This may cause conscious and unconscious editing to present a tale suitable for the interviewer or a future audience and to avoid sensitive issues (Allmark et al., 2009). This may very well have operated in my interviews. Some of the women, having told of harrowing experiences, especially in childhood, were anxious in a subsequent interview to record other happy memories. On other occasions narrators mentioned an event and then said that they had not intended to put that on record, but given the opportunity for it to be deleted, decided to go ahead as ‘this is really *my* story, isn’t it?’ In another instance a narrator declined to clarify a situation as she consciously edited it out. To avoid embarrassment, I did not press the matter. Memory is notoriously fallible and may be selective or distorted over time.



Portelli (1991) describes the most widespread error as shifting the date and context of an event and the very different versions recollected by participants and bystanders interpreted from their subjective understandings of the situation. One of the women I interviewed, in a subsequent interview, reported that on checking her diary later, found that it wasn't as she had remembered it the previous week. The event was real, but in a different place and day with different friends. The subjective meaning and importance of the event was clear to my narrator and valid in her life story, so it was not discounted. Her feelings about the encounter were more important than the chronology. Portelli (2016, p. 36) explains that oral history reveals 'less about *events* than about their *meaning* ... Oral sources tell us not just what people did, but what they wanted to do, what they believed they were doing, and what they now think they did' (original emphasis). As McWhinnie (1997, p. 8) avers, 'what people believe happened is often as important as what actually happened, for people think, and react in accordance with what they believe to be true.' Writing of truth, falsehood and forgetfulness, Tonkin (1992) claims that an oral story is intrinsically, no more or less likely to be accurate than is a written document. Transcription, for instance, can leave room for misinterpretation when there is no indication of tone of voice, hesitation, silence or emphasis.

The interactive nature of oral research has many pitfalls such as the disjuncture between the aims of the interviewee and the interviewer who has the primary responsibility for establishing both rapport and a clear understanding of the co-produced project. In this thesis I had two agendas, first to create an opportunity for the participants to record their story for themselves and family and, if they wished, to have it archived for genealogists and social historians; secondly to use the data provided for research on the acquisition and management of women's resources for survival. I listened to the stories with 'three ears', monitoring the technical quality of the recording, following the story and what the narrator appeared to be feeling about the content and deciding whether or not to ask for clarification about a particular incident or to follow up references to resources in case it disrupted the flow of the narrative.

The life stories of my interviewees are autobiographical and Stanley suggests that the researcher and her subject 'are not separate but co-presences' in biography and that 'their relations are interactive' (Stanley, 2000, p. 15). My purpose was not to interrogate the

narrator, but to respond to her story. This carried the interview forward and frequently introduced new directions in the narrative.

#### **4.2.2 Ethics**

On the acceptance of my full proposal I obtained ethics permission from the Victoria University of Wellington Ethics Committee to proceed with the collection of interview data for this thesis. This was in December 2010 a time unsuitable for interviewing women, so this did not begin until the end of January 2011. As a member of the National Oral History Association of New Zealand I followed their code of ethics. See Appendix A. With the permission of the participants the original tapes and abstracts were lodged with the Oral History Archive at the Alexander Turnbull Library in Wellington. Here they can be a valuable resource for researchers in social history, genealogy or women's experiences.

My work is informed by the concerns and provisos expressed by other feminist oral historians such as Gluck and Patai (1991), Hall (2007; 2005), Laurie (2004), (Oakley, 2000) and Sprague (2008) concerning particularly the ethical issues around confidentiality, the emotional risks to both researcher and researched and the possibility of exploiting participants by not acknowledging the intellectual and emotional work which they have done. I accepted the ethical obligations that required me to respect the participants and to avoid misrepresentation. Some reciprocity was achieved by making possible the recording of a personal history for the participants and their families.

In this thesis I restricted my participants to New Zealand Pakeha women of European ancestry. My reasons are both ethical and practical. I have only a superficial knowledge of other cultures, despite intermarriage in my own family with other ethnicities. Our national history is one of immigration from early Polynesians, nineteenth century European settlers and in the last two centuries economic migrants and refugees from many parts of the world. In particular I am aware that many Maori women, the Tāngata Whenua, the indigenous people of our country, have already told and recorded their own stories; they do not need my outsider lack of expertise. Including other ethnicities would require a wider search for participants and possible language problems. Another factor is

that statistics show how different the experiences of many Maori have been from those of Pakeha, for instance in longevity. Although both become eligible for New Zealand superannuation at sixty-five Maori mortality tends to occur at an earlier age than for European New Zealanders (A. Smith & Pearce, 1984). People belonging to lower socio-economic groups generally have a shorter life expectancy (Toynbee, 1995). Many Maori are in that situation. It may therefore have been difficult to find local Maori women participants in their late seventies, eighties or nineties. I also felt that my own ethnicity may have been a barrier in the interview situation. This contributed to the limitations of the thesis with its focus on a group of Pakeha women who were more likely to have accessed higher education and less likely to be in a lower socio-economic class than Māori and Pasifika women.

The narrators are personally identified in the Alexander Turnbull Oral Archive and I asked them if I should use pseudonyms in this thesis because it has a different purpose from the archived records of their interviews. It engages a different audience and as a PhD will now be available electronically worldwide. They said that it was my thesis and I should do what I wished. I chose to use pseudonyms. In some cases the narrators suggested a name to use.

#### **4.2.3 Insider/ Outsider status**

In this study my status is an insider being an old woman myself, and an outsider as researcher. A Pākehā insider, I listened to the stories of other old Pākehā women, recognising and acknowledging those parts that resonate with my own experience. My insider position facilitated engaging with the participants and allowed me to establish rapport and trust, but ‘no interviewer is fully an ‘insider’ for any oral history, as we always stand outside other people’s lives, even though we may share similar experiences’ (Laurie, 2004, p. 62).

Although we have lived through similar stages of the life cycle there are many differences in place of birth, family background, marital status, education and employment and physical health. I am nine years older than the youngest interviewee and fifteen years younger than the oldest. We have, in common, spent the greater part of our lives in New Zealand and live independently in the community. In this sense, as Trinh Minh-ha asserts,

the researcher ‘looks in from the outside, while also looking out from the inside (Minh-ha, 1991, pp. 74-75).

According to Patai (1991, p. 2), oral history involves at least two subjectivities that of the narrator and that of the interviewer. This adds a new dimension to the concept of work done by women. In its oral form it is the work is produced by the narrator and interviewer, in its written form it is the work of the interviewer and /or transcriber. I have used this distinction in writing this thesis. The archived interviews are identified by the narrator’s name, whereas the thesis uses a pseudonym.

Two of the women knew me well, a cousin and a personal friend, but our life experience differed in many ways, in birthplace, religion, employment and experience of war. Seventeen participants came from the context of shared interests. They were acquaintances and I was not a stranger; the remaining four women were referrals, unknown to me. I am an insider only in age, ethnicity and some shared experiences and an outsider in other respects.

## **4.3 Data collection and processing**

### **4.3.1 Selection of participants**

The criteria for selection of the twenty-three Pākeha interviewees were; aged over seventy, living in the community, willing to provide their life story for archiving and or to provide data for this thesis. In order to reduce the time and cost of travel they needed to be accessible in the greater Wellington area. I do not live near public transport and used my car. The women were recruited over a period of two years by face-to-face contact or by telephone.

I recruited the narrators from my social networks. Advertising in local newspapers or on community noticeboards would have been difficult to manage, and the response rate unpredictable. I contacted four women who had contributed to my previous research: Amy, a music teacher, May a librarian, Colleen a receptionist and Ruth, a clerical administrator. In two cases I was referred to women, unknown to me, who were interested in the project, Greta, a research lawyer and Merrilyn, a writer. Jennifer, a potter and

weaver, and Megan, a clerk were located through an outside agency as described below. Only two of the participants had a close relationship with me, a cousin, Elizabeth, an accounts clerk and Judith, a statistician, who was a friend from my early days at university. Three women were recruited from a hydrotherapy class which I attend weekly; this is a very social group from diverse backgrounds with a common need for gentle exercise due to our various forms of arthritis. We share a lot of laughter and information. Helen, at one time a shorthand typist, has severe rheumatoid arthritis diagnosed in her twenties and Joy, a librarian has had several falls and surgery for joint replacements. Susan, a nurse, whom I knew from my years in a garden club, also joined the hydrotherapy group while waiting for a hip replacement and volunteered her story. Another gardening club acquaintance, Diana, had responded to the survey section of my previous research was happy to take part in the current study. Fiona, a teacher, Shirley a librarian and Sheila booking agent were members of choirs to which I belonged and Penny, a teacher, was a colleague at the local Citizen's Advice Bureau (CAB). The occupations mentioned were the employment positions they held immediately before retirement.

From another social link with a group of old trampers and educators, graduates from Victoria University who meet annually, I recruited Grace, Beryl and Alice. Anne, a member of New Zealand Association of Gerontology who worked co-ordinating social support for the elderly was also an acquaintance. A sister in the Little Company of Mary she was the first never- married woman recruited. By chance, when choral singing for a church function, I met Joan whom I had not seen since our third form days; she too had never married. My first recruits had mostly been widowed or currently married.

I had only one participant, Sheila, who rented a flat because separation late in life had deprived her of the opportunity to buy a suitable home. Finding old women who lived in rental properties was difficult. In New Zealand home ownership for old people is very high (Ferguson, Hong, Horwood, Jensen, & Travers, 2001). Considerable time was spent locating interviewees to fill these gaps. One possible narrator who was renting suddenly became the care-giver of a daughter with terminal cancer and we agreed that the scheduling of interviews would be burdensome and discontinued the project. Another

narrator decided after discussion that her accented voice was not suitable and that while she was happy to tell me her story, which she did, that it was not important enough to be recorded. I was disappointed, but did not want to pressure her. A third was unavailable due to an unexpected overseas trip.

I wondered how I could find some older women renting and considered approaching the Wellington City Council's social housing section, but felt there would be ethical constraints or bureaucratic sanctions. I approached a counselling service for elders. My contact with the organisation was through my background as a counsellor.

A board member put my proposal before the board. This was accepted. When the organisation's clients registered they had indicated whether or not they would consent to be involved in any research project. I signed an undertaking of confidentiality and accessed their client base to find women over seventy who were renting. I selected women over seventy who were renting in Wellington and gave these to the counselling service manager. Their senior counsellor studied the list and suggested that together we put aside those who were in ill health, had language difficulties or lived with family where interviews would not be appropriate. A letter from the service (see Appendix C) was sent to the remaining group with information on the project and my phone contact. From this initiative I received phone calls from Jennifer and Megan who were willing to participate in the project and to have their interviews archived.

Eventually I obtained a diverse range of participants in respect of marital status, income, family proximity and support, but they cannot be generalized as representative of New Zealand women in their age group. These women were selected mainly because they belonged to or were linked to my personal social network; they were not a random sample. There was much individual diversity, but the group over-represented those with higher education or tertiary training who had obtained relatively well-paid employment. However, seven of the participants were not in this category and had not benefitted from the benefits of higher education and had had limited incomes.

### **4.3.2 Interview procedures**

A preliminary interview was arranged either at their home or mine. I brought archiving consent and information forms for the Alexander Turnbull Library, an interview guide (Appendix D) for discussion, the NOHANZ Code of Ethics (Appendix B) and a small gift such as flowers, chocolates or home baking to acknowledge their contribution to my thesis. I also demonstrated my recording equipment. This initial meeting was mainly for discussion, to allow the participants to read the material, ask questions and decide where the interviews would take place, my home or theirs, the probable length of an interview, about 40 minutes, and a possible schedule for subsequent interviews. I suggested leaving a week before the next interview so that they had an opportunity to reread the guide, consider what they wished to record, the purpose of the project and ask for further information. I offered to provide a taped or digital copy of the completed interviews and followed this with a formal letter (see Appendix C) and subsequent meetings were arranged.

Initially I used a professional Sony WM-D6C analogue recorder with high quality lapel microphones and good quality audio tapes. When this was damaged I continued the interviews with a digital Fostex FRLE recorder with AKG417 clip-on microphones. This enabled me to enter the recording directly into my computer. I converted the original taped recordings to a digital format.

My first interview was to test out the technique. Elizabeth offered to be the guinea pig, delighted to avoid writing the history her family wanted. This went well, maybe because we knew each other, although we differed in religion, country of birth and marital status.

During a life-history interview it is not the intention to interrogate a narrator but to use prompts such as 'and then..., tell me more about' to clarify and expand areas of specific interest to the project. I did not use a list of questions in the recorded interviews, but encouraged the narrator to tell their story with as little interruption from me as possible other than clarification of some points and spelling of unfamiliar place names. This of course did not preclude adjusting microphones, the interruptions from telephones, family, visitors or the occasional bird, dog or cat! Interviews generally followed a chronological

course, but there were many diversions, side-tracks and back-tracks. These were the women's stories; I was the facilitator.

During the interviews I had a triple focus: on the technical aspects of the recording such as voice levels, my own and the narrator's energy levels, and the delivery of her story. As both the interviewee and I were elderly and could tire easily, I sometimes suggested a break. I paid attention to silences, hesitations, animation and on occasion stoical restraint of emotion all of which added meaning to the story. There was laughter as we shared mutual experiences.

At each interview the women had an opportunity to review our recorded co-production from the previous week before proceeding with a new interview. This gave them an opportunity to add new material, correct a memory or pick up the thread of their story. Occasionally they wanted to hear the whole interview or only part. At other times they checked an abstract or asked me to remind them about what they had said last time or reminded me to ask them a specific question in the current or next interview. This allowed for any clarifications, amendments, deletions or additions that may be necessary to ensure that our joint product was a more complete representation of their stories.

I thanked the participants when I delivered their CD copies of their interviews and promised to let them know of the outcome of the thesis.

#### **4.4 Thematic analysis using grounded theory**

There are many ways of analysing qualitative data derived from interviews. I use a grounded theory framework for analysis although not in its original form. Grounded research rests on the analysis of actual experience rather than solely on theory and abstraction although theory may inform the methods used. The grounded theory method of research used in qualitative analysis was pioneered by Glaser and Strauss (1967). Glaser focussed on its emergent factor, its capacity to produce theory. Grounded theory has been critiqued by Dey (1999) who, despite reservations about its positivist underpinnings, recognised its value as a tool for analysis in qualitative research. It was further extended by Strauss and Corbin (1998) who developed a more prescriptive procedure for coding and still later by Charmaz (2000, 2006) who applied a more flexible



constructivist approach which I found simpler to manage. The confusion that exists around the various versions of grounded theory is acknowledged and has been attributed to a mixing of both positivist and phenomenological epistemologies which shows the tension between trying to be both subjectivist and scientific at the same time by Charmaz (2000, 2006) and Dey (1999). This was my personal experience as my earliest tertiary study was in the sciences; the use of qualitative analysis came later.

Grounded theory and feminist theory are both designed to allow new theory or propositions to emerge from the data rather than be imposed upon it. Some of the confusion arising from Glaser's original formulation of grounded theory seems to me, to derive from a positivist position, in which data collection is linked to analysis by a systematically applied set of methods to inductively generate theory in a substantive area. The researcher must set aside theoretical ideas to allow the theory or narrative to emerge.

I found this unrealistic in practice as my knowledge of the field of ageing, aspects of feminist theory and historical context informed the process of coding and categorisation. I could not set this aside and found that the categories generated from the original coding did, in fact, support some existing theories, particularly those relating to the importance of housing, ageing in place, social connectivity and education and the segregation of women in less well paid occupations compared to men. In a review of grounded theory, Holton (2009) suggests that, rather than being free of any theoretical lens it should not be confined to any one lens; that as a general methodology it can adopt any epistemological perspective appropriate to the data and the ontological stance of the researcher. This is consonant with the feminist position of Stanley and Wise (1990).

Developments in grounded theory method allow for memo writing and self-reflection as does feminist practice. This alerted me to the danger of imposing previous hypotheses upon the data, and to examine it more carefully, particularly noting contradictions in the emerging categories that ultimately provided themes.

Analysis was ongoing from the first completed interview and was compared with the next. Each analysis led to further questions to be explored in the subsequent data collection. From the information sheets that the narrators had completed for the Turnbull

Library before the interviews took place I gradually built up tables of demographic features that identified country of origin, age, marital status, education main employment, current housing, age at marriage and number of children (see Appendix E). This gave an overview of the participants which showed that the group, although small, was consistent with the national age distribution for marital status and home ownership and previous occupations for this age group, but it over-represented educational attainment as a consequence of using mainly my own personal network.

While waiting for my ethics approval I experimented with the Nvivo programme for analysing data, using a small sample of survey material from a previous project which worked reasonably well. However, when I attempted this later with the first interview, I found that it did not, as I had hoped, make the process of analysis any swifter. I realised that the coding procedure would be exacting and time-consuming if I attempted content analysis of entire interviews, but by focussing first on sections concerned with the resources, the process would be simpler. I started with housing.

Housing, health, income and social connectivity acted as the first open codes. I asked the basic questions of how, why, when and where which built up properties for each code. As the interviews tended to follow the life course chronologically it was easy to find the sections relating to childhood and successive life stages which elicited comparative properties for the codes. For example housing was initially associated with poor quality renting, with insecure tenancy or living with parents. This was followed by home ownership with information on how this was achieved, family loans or gifts, savings and mortgages. Further stages in the life course were accompanied by housing which changed due to an increase in family size and shifts required by employment. Finally, there were plans for ageing in place, downsizing or entering a retirement village.

In coding I used key points based on the properties of the resources rather than individual words. These were quickly found in the abstracts as most of an interview had followed chronological order. For example in analysing housing, information appeared first when the narrator was a young adult training or in first employment. The time coding allowed me to return to the transcriptions or to the audios and find the relevant sections to transcribe. Here I found key descriptor phrases which resolved into three categories;

barriers, facilitators and motivation for change. I also checked full transcriptions against the original audios and made corrections where necessary as I was more familiar with the interviewees' voices than the transcribers.

Codes and concepts were developed by a systematic inspection of the data by finding keywords and phrases, and by constantly comparing these with new data. Data collection appeared complete when no new conceptualisations emerged; this is known as theoretical saturation. According to Charmaz (2006) and Hesse-Biber and Leavy (2006) the resulting concept or theme may be reported in a narrative framework, or as a set of propositions with or without diagrams. I developed themes from the women's stories in Chapters 7 and 8 which led to my findings presented in Chapter 9.

I analysed all the interviews and reached saturation point, but surmised that had I had a sample less weighted to women with higher education who were home owners, I may have obtained stronger evidence of the problems arising for older women trying to find suitable rental accommodation. I eventually located participants (as described above) who rented and gave consistent reasons for renting and its difficulties.

As the analysis proceeded I needed to code separately for education, employment and another feature which related to the selfhood and agency of the women. I found stories of determination, persistence, accepting challenges, seeking help, having a big capacity for living life. I checked their responses to adversity and found, phrases such as 'getting on with it', 'I was not deterred' and 'bouncing back', sometimes coupled with comments that church, family, neighbour or workmates 'saw me through'. It became clear that agency was strengthened by social support. This became the category 'resilience,' which I conceptualised as a strategic resource in old age. On reviewing the literature on resilience I found that recent research (see Chapter 3, Section 2) confirmed that it was indeed, a resource important in ageing.

As the analysis progressed I needed to extend my literature review, to changes in government policies and the growth of the women's movement in the seventies. On the right hand margin of the time-coded abstracts I noted where these had affected the women, for instance in the measures introduced to facilitate first home ownership, the Dependent Persons Benefit (DPB) for solo parents, the changes made to the age of

eligibility for superannuation from 60 to 65 and the introduction of equal pay, first in the government sector and later in the public sector.

Eventually the codes and categories produced themes. Homeownership and 'making do' were generated mainly from three stages in life stories, childhood, marriage and raising a family, and finding a house. Childhood gave phrases linked to thrift, 'waste not, want not', 'never get into debt', 'take care of the pennies, the pounds will take care of themselves'. Housing produced stories of DIY activities, plastering, painting and paperhanging and reusing materials. From marriage and children came vegetable gardens and hens, home dressmaking and knitting: sewing machines were in greater evidence than refrigerators. These were a consistent feature of all the New Zealand-born women's stories regardless of social class or education. The European-born participants engaged in fewer of these activities.

Despite the devastation of war the women born in Europe had no difficulty finding rental accommodation until they came to New Zealand. Overseas renting was more common than home ownership, but in New Zealand home ownership was a cultural expectation. Unlike the New Zealand-born women, they had no DIY experiences. They were knitters and embroiderers rather than home dressmakers. They came from large cities where clothing of good quality was easily purchased. In the UK there was a war-time culture of 'make do and mend', but three of the six described how they learned to sew in New Zealand.

## **4.5 Validity**

In quantitative analysis, researchers use validity as a technical concept to measure the reliability and appropriateness of a method in relation to its subject. It is expressed in mathematical terms of probability and reliability co-efficients that come from positivist science. Such an approach fits ill with qualitative analysis where these forms of validity may be discounted as inappropriate or impossible to realise. To overcome this difficulty efforts have been made to find alternatives by using other psychometric concepts such as prescriptive validity. It has been suggested that it too be abandoned. Kvale (1995, 2002) suggests three alternative approaches: validity must be treated as an expression of

craftsmanship entailing assessing the quality of the research by checking, questioning and theorizing on the nature of phenomena investigated:

It requires us to go beyond the criteria of simple correspondence of observations to 'conversation' about them in order to provide 'communicative validity'. Finally we should discard the 'modern legitimation mania'; justification for knowledge can be replaced by application of a pragmatic concept of validity' (Kvale, 2002, p. 19).

He suggests that the notion of 'trustworthiness', based on the way in which research is designed, structured and carried out with due regard to ethical issues is an alternative approach, which I find acceptable, a far cry from my early positivist thinking.

## **Conclusion**

This chapter has noted the theoretical influences that have informed my practice. I have drawn particularly on the work of feminist theorists Reinharz, Harding, Stanley and Letherby. The works of oral historians, Portelli, and Thomson have contributed to my understanding of theoretical constructs in oral history. Gluck and Patai, Hall, Laurie, Oakley and Sangster have modelled best feminist practice as oral historians and I have benefitted from their examples. Feminist gerontologists, Arber, Hooyman, Ray, Estes and Calasanti provided a guide for the analysis of women's situation in old age. Critical gerontology links closely with pragmatism and feminist gerontology. This was a strong influence in my analysis of the women's stories. The focus on the social construction of knowledge and ageing in the works of Walker, Phillipson and Biggs prompted me to note the structural effects that dominated the context of the women's lives.

The interviews covered the life course of the women and showed in what ways they had acquired the material assets or management skills that now facilitate their adaptation to the exigencies of daily life in an ageing body in the context of a changing society. This answered my original questions about the resources of housing, income, health and social connectivity and a further resource, resilience, was revealed.

I realise that I was too optimistic about my personal capacity to undertake this study. I had not factored in unknown health issues which disrupted the flow of my research. Much time was lost during which the threads of argument were lost and more up to date

references had to be found. However the use of oral history had a positive outcome in the richness of the data obtained. A disadvantage was the quantity of material to be analysed and the inordinate use of time required for grounded theory coding and analysis.

However, without this detailed scrutiny, I would have failed to note the importance of education and the emergence of resilience as a resource. Many themes presented, but I have used only those related to the women's resources.

## **CHAPTER 5**

### **THE NEW ZEALAND CONTEXT**

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#### **Introduction**

The purpose of this chapter is to provide an historical background for the lives of the participants in this project. The contemporary context of older women cannot be seen in perspective without reference to the past and to women's traditional roles. The oldest interviewee was born in 1918 at the end of World War 1 and the youngest in 1940, one year into World War 2. The influence on these women's lives includes not only the social context of the day, but also the earlier experiences of their parents in war and the recurrent cycles of economic boom and recession which have been intensified by New Zealand's dependence on the export of agricultural produce in an uncertain world market. The Great Depression of the 1930's left an indelible mark on the childhood of many women in this study. There was a culture of 'making do' and a 'waste not, want not' attitude in domestic life, a legacy of early colonial hardship, invaluable during the periods of war-time shortages. For some, this became a life-time practice which informed their management of resources in later life despite periods of stable employment, greater prosperity and the development of a consumer culture.

The women in this project were not all born in New Zealand, those born in Europe had an immediate exposure to war and their experiences differed from those born here in a relatively isolated geographic location. Rationing and shortages were common experiences, but less severe in New Zealand. There was a heavy load of anxiety in families whose relatives remained in the UK and Europe and for those who had members serving overseas in the armed services. Both wars, however, brought women the opportunity to extend their work skills beyond the traditional fields of domesticity to what were considered men's jobs such as driving and heavy farm work, but when peace came they were expected to return to the nursery and kitchen. The expectation that married women did not work outside the home held sway; the male was perceived as the

breadwinner, actual or potential for the family and therefore earned at higher rates than did working women.

This expectation was a product of the upward social mobility of the middle classes in industrialised Britain where wealth raised the status of a man who could support a family without the paid employment of its female members. In the lower classes married women did indeed work to supplement the family income, usually at low-paid and menial jobs outside the home, in factories and shops or within the home taking in washing, mending and dressmaking or in the homes of the wealthy fulfilling the roles of domestic servitude. Those who were wealthier may have sold the products of their craft, painting or writing skills, but this was considered mere 'pin' money to be used for the purchase of 'knickknacks' or items to enhance their appearance. Well-educated women, often widows or spinsters without other family financial provision, made a living as governesses, music teachers, librarians or clerks. Others found occupations such as cooks, waitresses, shopkeepers and their assistants. With the establishment of a trained nursing service and with advances in technology such as the invention of the typewriter and the telephone, women were enabled to escape the more usual domestic occupations, at least before marriage. In larger urban centres, woollen mills and clothing factories provided employment and in the rural settlements a farmer's wife was engaged not only in housework and childcare, but in unpaid labour on the farm. The professions were slow to open their doors to women and the armed services even more so.

In this study education is a significant factor in life trajectories. The opportunity for higher education generally afforded these women a better standard of living than would otherwise have been the case. It influenced their access to home ownership, to employment and to health resources. Social and technological change has been a constant feature in their lives, whether the advent of improved household appliances or legislation for equal pay. The second wave of the women's movement extended their horizons in many directions, moving beyond the confines of a patriarchal society where heterosexual domestic bliss was perceived as the most socially desirable goal for women. During their lives the women in this study have benefitted from changes in welfare provisions, employment opportunities and improvements in healthcare, education and housing although the latter still has many problems. The women's movements of the seventies



contributed substantially to their status and well-being, and to the opportunity to engage fully in society as equal citizens rather than being recognized only in their roles as wives and mothers.

This chapter will focus on those matters which have strongly influenced the lives of women in New Zealand; the effects of war and economic recession, the provision for the elderly, access to education, employment and health care, welfare and housing, and the outcomes of the women's movement. These form the background to a national culture that has informed the lives and expectations of the women in this study.

In this Chapter Section 1 notes New Zealand's involvement in wars and Section 2 highlights a settler society. Section 3 describes the campaign for an old age pension and Section 4 looks at employment. Section 5 reviews health and Section 6 education. Section 7 shows the development of the welfare state, Section 8 New Zealand's preoccupation with housing and Section 9 addresses the women's movement.

## **5.1 Wars**

Captain James Cook discovered New Zealand in 1769 and claimed it for Britain. In 1840 the Treaty of Waitangi was signed between the indigenous Māori and the British Crown. The colony was no stranger to war. Early tribal conflicts escalated with the European introduction of muskets. The Anglo- Māori Wars 1845-1872, which started with skirmishes between the colonial settlers and local Māori land owners, escalated during the early years of European settlement in the North Island, and ended in 1870 when the last of the Imperial British troops left the country leaving Māori undefeated, but bereft of land. Māori had fought both with and against the British, those opposed to the crown had their lands confiscated and sold to the new settlers (Belich, 2015; King, 2003). The alienation of Māori land left the European settlers in control of the country. In the South Island, by 1865 the Crown and Wakefield's New Zealand Company had bought up nearly 99% of Māori land, and by 1900 this was a settler society with Māori pushed to the fringes. The 'land wars' were now Pākehā wars, between the large run holders and small farmers, political in nature and not with muskets.

Over the next 145 years New Zealanders took part in many wars. They joined Britain in the war against the Boers in South Africa from 1899-1902 which set a precedent for the country to uphold British imperial power in other parts of the world rather than protect immediate national interests (King, 2003). Compulsory military training was introduced in 1909 for males between the ages of seventeen and twenty-one and by 1911 all males between the ages of fourteen and twenty were required to register for military training. This unpopular measure resulted in 10,245 prosecutions for non-registration in the following two and a half years (Sutch, 1969, p. 182). When the First World War erupted hundreds of conscientious objectors were imprisoned and subjected to ill-treatment or in six cases shipped to the Western Front and exposed to fire and barbaric field punishments (King, 2003).

The first World War 1914-1918 has been characterized as the 'Great Wrong War' (Eldred-Gegg, 2010). The author describes New Zealand society on the eve of war, during the war and its aftermath; he makes a compelling case for New Zealand to have resisted involving itself in a war in Europe and so avoid the carnage, waste of life and economic potential of the workforce. New Zealand had not been attacked and the enormous cost of the war that ensued created the necessity of war loans. War bonds bought mainly by the wealthy had interest repaid which was tax-free (Eldred-Gegg, 2010).

The farms which produced most of New Zealand's wealth from the export of wool, meat, tallow and leather became idle or barely maintained by those left behind, men unfit for armed service and women with family responsibilities. Men who returned often found their pastures invaded by weeds and fern, fences in poor repair, stock reduced and mortgages unpaid. Many were forced to walk off the land (Eldred-Gegg, 2010). This was the bitter experience of two of the interviewees' fathers. There was no government assistance for them unlike Second World War veterans.

It took many years to return the land to full productivity and many of the men returning were no longer able to sustain heavy labour. The toll of frozen and missing limbs, the lasting effects of gassing and gangrene in the trenches and the devastation of 'shell shock' was a heavy burden on wives and mothers. Little understood in World War 1 it is now

recognised medically as a manifestation of post-traumatic stress common in veterans of the Vietnam War, but also an essentially timeless manifestation of trauma (Loughran, 2012). It incapacitated its victims both physically and mentally leaving them unable to work and socially ostracized. War correspondent Peter Gibbs wrote:

They put on civilian clothes again and looked to their mothers and wives very much like the young men who had gone to business in the peaceful days before August 1914. But they had not come back the same men. Something had altered in them. They were subject to sudden moods, and queer tempers, fits of profound depression alternating with a restless desire for pleasure. Many were easily moved to passion where they lost control of themselves, many were bitter in speech, violent in opinion, frightening (Shephard, 2000, as cited in Wikipedia).

For the oldest participant in this study her husband's mental health was destroyed and it ended their marriage and three other interviewees witnessed the depressing effect on their fathers.

In loyalty to Britain, New Zealand with a population of just over 1 million had sent 100,000 men and women to serve overseas, 1,600 of these were killed and another 41,000 wounded This was the highest death rate of all the other Commonwealth countries involved (Cameron, 1965). The troops sent abroad represented more than 40% of all New Zealand men aged between twenty and forty-five years of age (Sutch, 1969, p. 250).

New Zealand is a land of war memorials occupying a commanding site in every small town, rural settlement or city as described by Cameron, an early New Zealand historian:

...sometimes a stern monolith, sometimes a plaque set into the wall of a community hall or into a gateway leading to a memorial park, recreation field or garden of remembrance.....In more populous towns the monument is frequently a warlike, pensive or courageous figure in the uniform of the World War of 1914-1918.... Whatever form it takes, on it will be inscribed the names of those who died in Gallipoli, Flanders, Syria, Egypt, and diverse places on the far side of the world (Cameron, 1965).

It is beyond the limits of this thesis to describe in detail the endless suffering and slaughter of New Zealanders during this conflict, but the effect on the country's economy for both men and women added even more misery to the toll of death, injury, family disruption and disease occasioned by the war itself and the 1918 flu epidemic which followed it. The effects of the war, both social and economic were to extend beyond the lives of the combatants into the lives of later generations and is relevant to the women in this project, whose lives were touched through the experience of their parents and grandparents, aunts, uncles, siblings, cousins and friends.

When war ended, women who had experienced greater freedom in their occupational choices were dropped from the workforce in great numbers and expected to return to more gender appropriate employment. If their job in the Public Service was not required by a returning war veteran they were sometimes retained, but put down to a lower grade and hence salary. In spite of this attempt to turn back the clock, women now had a proven record of succeeding in traditional male occupations.

The Second World War could have been anticipated as the draconian reparations of World War One had almost stripped the Central Powers of their economic assets. Two decades later we were at war again with a vastly stronger Germany allied with Japan and Italy, but this time New Zealand had cause to join the conflict and from 1939-1945 we were at war, not simply from loyalty to the British Empire, but because the threat of the fascist states had entered the Pacific.

As in the earlier war able-bodied men between the ages of eighteen and forty-five were conscripted and a few women joined up. Single women and married women without children were 'man-powered' into essential work for the war effort (Montgomerie, 2001). Land girls replaced male labour on farms and in urban factories women mass-produced munitions. Heavy vehicles, loaders and cranes were 'manned' by women. Soldiers' uniforms were both factory made and sent out as piece-work to women at home. Many women drove buses and taxis wearing trousers rather than skirts. My own 1940's recollection of Wellington's trams is of older male drivers seated at the wheel while the conductress wrestled the heavy overhead cables when the tram was to be turned around.

There was strong resistance to employing women as drivers because this was promotion for men and carried an increased salary.

Not everyone supported the war. Pacifists in both wars were badly treated, even though many volunteered for the medical corps. Pejorative distinctions were made between those men who fought overseas and those who remained behind whether for poor health or because they held positions vital to the country's internal welfare. This was the experience in my own family and that of a narrator. There was a great deal of pressure to enrol voluntarily and not to wait until conscripted.

In 1945 New Zealand was in a better economic situation than at the close of the First World War. Profits had been made in the manufacture of munitions and uniforms. Agricultural production had continued throughout the war though at a slower rate. Europe was short of food and New Zealand produced it. Despite continuing rationing and shortage of raw materials the economy was tightly regulated, full employment maintained and inflation kept at bay by a system of fiscal stabilisation which controlled prices and wages (Wright, 2009). Returned servicemen were found employment and an extensive rehabilitation programme, set up during the war, ensured that their peace time job and expected promotion were protected (Sutch, 1969). One of the women interviewed lost her teaching placement when the previous incumbent returned from war service.

A vocational guidance service, trade training centres and apprenticeships were established. Bursaries and scholarships provided for tertiary study and grants were made for books and materials; two of the participants in this study noted the numbers of returned servicemen at Victoria University of Wellington in the late 1940's. Half of the state houses being built were reserved for ex-servicemen; special loans were available for houses, businesses or farms, a provision that assisted another participant in this study. The price of land bought by the government had been controlled and kept at the December 1942 level so that both taxpayer and returning soldiers were protected from the land speculators. According to Sutch (1969) the New Zealand rehabilitation scheme was the best of any in the world.

New Zealand, although never having been invaded, continued supporting its allies and participated in wars beyond its boundaries, in Malaya, Korea and Vietnam. More recently

it has engaged in peace-keeping activities in Afghanistan and training soldiers in Iraq. Women have now been employed in all the defence services, not only in clerical and nursing positions, but also in frontline combat.

## **5.2 A settler society**

Colonial New Zealand was not a land of milk and honey, but one of hard work and opportunity for new settlers. For early European settlers, it was a man's world, primarily the domain of the young and fit male, a pioneer and adventurer breaking in a new land, a stereotype described by Phillips (1996). The men succeeded helped by the work of women who also led lives of great fortitude (Dalziel, 1986; Harper, 1980). It was necessary to 'make do', to go without, and/or be ingenious in creating or fixing things, otherwise known as a 'number eight wire' approach. These economies were lifelines to immigrants in a new land with few tradespersons. Being able to fix things themselves also saved money and seemed ingrained, at least until recently, in the New Zealand psyche and was apparent in interviewing women for this thesis.

There was little in the way of welfare other than charity for the old and a clear demarcation between the deserving and undeserving poor, an attitude still prevalent today; the individual was seen as responsible for supplying their own needs and those of their family. The image of the family with father at the head, working outside in the community, and with mother, the heart inside the home, remained the social norm for the middle classes in the nineteenth and twentieth centuries, regardless of the actuality. Mothers were the moral arbiters of society, a stable hub around which the family revolved (Dalziel, 1986). Women were expected to be the care-givers not only of their husbands and children, but also of their parents in old age and any indigent or disabled siblings or cousins.

It was not until 1884 that married women in New Zealand had the right to own their own property. This contrasted with the earlier position of Maori women who had owned their own property, kept it on divorce, and retained their own name on marriage (Papakura, 1986, pp. 78-80). European women settlers were particularly vulnerable due to their economic dependence on men (Tennant, 1989). Whether it was the loss of work,

desertion, illness or old age that had caused poverty or destitution, women were expected to appeal first to any relative for support and secondly to the church or other charitable aid (Sutch, 1966, 1969). Deserted wives and unmarried mothers were viewed askance; the prejudiced eye viewed them as the authors of their own misfortune due to immorality or failure as wives (Tennant, 1986). Blame was also attached to the aged who should have saved for the time when they could no longer work. In 1846, the early provincial governments that lasted from 1846-1876 made near relatives responsible for the sick and the old. In 1877 the new state government, in a period of economic recession, passed the Destitute Person's Act extending 'near relatives' to stepmother or stepfather and brother. The liability for any costs incurred by the state or local body for the support and maintenance of the indigent rested with the family and this could be recovered in court, any debt bore interest of 8% (Sutch, 1966, 1969). Poverty became almost a punitive offence. This pattern of restricting welfare is recurrent and was a feature of the Great Depression years, of benefit cuts in the 1990's and more recently of benefit restructuring in 2014.

Not all the early settler men married as there was an initial shortage of women. This need was alleviated by the assisted immigration of 12,000 young single women from the mid-1850's to 1871 destined to become domestic servants (Macdonald, 1986). The unmarried men, when old, did not have 'near relatives' to call upon in times of need. The long depression of 1865-1895 was briefly broken by a boom in the seventies, but by the eighties the ranks of the destitute were swelled not only by the old and infirm, widows and deserted wives, but by unemployed farm workers and tradesmen. Many men sought employment in Australia or chanced their luck on the Klondike goldfields; there was an exodus of 75,000 disenchanted settlers leaving the country, between 1862-70 and a further 125,000 between 1885 and 1892 (Sutch, 1969). The plight of deserted women and children and old people without support became a national disgrace.

What welfare that did exist was still the preserve of private charity, public subscription or local authorities dominated by property owners who were reluctant to pay higher rates for assistance to the poor even though a government subsidy was available. In 1882 Harold Atkinson, a conservative member of parliament, proposed a plan for compulsory, national mutual insurance against sickness, accident, old age, widowhood and orphanhood which

gave universal payments for these hazards. According to Sutch (1966, p. 87) the Liberal opposition said that 'It would sap the self-reliance of the people, break up the family, and was a blow at Christianity, in fact it was Communism'. Atkinson continued his campaign speaking on pauperism, its causes and remedies, showing that as wealth grew, so did poverty, that wife-desertion and drunkenness were characteristics of New Zealand.

Few men could afford to belong to friendly societies and the state was paying out large sums annually for hospitals and charitable aid (Sutch, 1966). Trade Union workers and members of the Knights of Labour (a workers' organisation started in the United States) advocated a scheme that paid old age pensions from a progressive income tax rather than from personal contributions; regular contributions may not be sustainable because labour was seasonal, uncertain, casual, and subject to periods of unemployment due to the state of the economy linked to fluctuations in the export market. They argued that as Denmark and Germany had pensions for the elderly, New Zealand should establish a more sympathetic treatment of the aged poor. In 1894 a parliamentary committee, aware of the serious situation, studied the provisions made in Germany, Denmark and Austria. Sutch cites the chairman's comment, 'Looking at the precarious nature of the employment of workingmen in the colony, one week on and one week out of it, only the smallest number of this class could contribute regularly to the establishment of any pension fund' (Sutch, 1966, p. 89).

### **5.3 The old age pension**

The history of support for the aged has been framed by ethics and politics; concerns for an individual's responsibility to prepare for old age and the social contract of the state to support its citizens have been constant themes. There has been a long and tortuous journey from support for the 'deserving poor' in old age to the present universal eligibility for New Zealand superannuation at age 65 for those who qualify by citizenship and years of residence. Like other reforms in social welfare, progress or regression has been linked to the state of the national economy and to a culture stressing individual responsibility tempered by an awareness of social obligation to those less fortunate.



An Old Age Pension Bill was introduced in 1896, but was withdrawn because the Prime Minister Richard Seddon opposed its universal scope. In 1897 it was introduced again with remuneration reduced and paid from general revenue, rather than from special taxes to which land owners had objected. Labour supporters claimed that wage earners paid most of the tax therefore the old age pension should be the right of all, not a dole to the poor. Again the bill was dropped: conservatives wanted a contributory scheme for the 'deserving poor', others a universal entitlement. Eventually it was passed in 1898 when the economy prospered from the sale of frozen meat and dairy products as well as wool. The government could no longer claim that a pension was unaffordable and the granting of women's suffrage in 1893 had produced a pool of voters who, strongly influenced by the Women's Christian Temperance Union (WCTU), supported the pension. Seddon couldn't afford to ignore them as many of his male voters during the previous recession had emigrated in search of work in Australia and the Klondike.

The pension, while not generous, was non-contributory and available to both men and women at age sixty-five. The provisions required that the recipient was of good moral character, had lived in New Zealand for twenty-five years and had led a sober and reputable life for the preceding five years, not deserted their spouse or children at any time and had annual income less than thirty-four pounds. There were even more crippling conditions regarding past imprisonment which discriminated against the poor. A convicted wealthy person who had served his gaol sentence received the pension, but the needy person did not (Sutch, 1966, p. 93). It was not available to 'Asiatics', naturalized or not, nor to any alien. Although Maori were entitled to the pension the need to provide evidence of their age and the difficulty of assessing their income from or the value of land held under customary title left many dependent on the discretionary judgement of a magistrate. A public register for all pension claimants was open for inspection; any claim was investigated in open court before a magistrate. A pensioner imprisoned for twelve months or with a conviction for drunkenness lost their pension and the liability for loss of pension was at the discretion of the court. This open inspection provision remained until 1912. The distinction between the deserving and undeserving poor continued and is still a feature of our welfare today.

In the twentieth century the 1972 Royal Commission on Social Security recommended an increase in benefits for the elderly and referred to an applicant for the 1898 pension as having had 'to be a saint to qualify for the pension'. Over time the old age pension changed in value and eligibility to suit the governments of the day; it remains an issue of political will and the state of the economy. In 1932 in the depths of the great depression the old age pension was reduced along with other draconian measures affecting the unemployed, reductions in widows' and veterans' pensions and wage cuts for those still employed. Such measures allowed the government to limit expenditure and to avoid raising taxes.

The struggle to balance ethical considerations with affordability continued, In 1938 the Labour Government addressed pension inequities by instituting a two tier system, an income tested benefit at age sixty and a smaller universal benefit for those who had previously been excluded by the means test. There was overlap and discrimination between these two and the income test was considered demeaning, but for the first time deserted wives became eligible for the pension although it was not easy to access. In 1955 unmarried women who could not find employment were considered eligible for the old age pension at sixty. Perhaps this was a reflection of an erroneous belief in the frailty of women post-menopausal age. This provision was withdrawn in 1976.

The sustainability and provenance of a state superannuation scheme continued to be problematic particularly in periods of economic recession. In 1974 the Labour Government introduced a compulsory contributory scheme to address its rising costs. This was highly unpopular. It was particularly disadvantageous for women whose low earnings made such deductions a problem (St John, 1999). An incoming change of government repealed the legislation.

The 1975-1984 National Government won votes by lowering the age of entitlement of the Old Age Pension from sixty-five to sixty and increasing its value to 80% of the weekly average wage for a married couple. This was designated National Superannuation subject to taxation, but not means tested and women received it in their own right regardless of marital status. For many women it was their first independent income since marriage. This generous provision proved economically unsustainable (St John, 1999).

In 1985 the succeeding Labour Government introduced a claw-back provision of 12.5 % surtax on superannuation for those on high incomes (Ferguson et al., 2001). The surcharge however, was ameliorated by a reduction of the top marginal rate of income tax from 66% to 33%. Despite their election promise, the following National Government did not remove it because of a poorly performing economy. It was finally abolished in 1997 when the value of pension payments fell to lower than that of the nineteen seventies.

In 1991 a taskforce, reporting six-yearly, was set up to investigate the private provision for retirement and how this might interface with the public provision. Subsequently a time-line schedule was devised to raise the age of entitlement to National Superannuation from sixty to sixty-five by 2001 and the current rates of payment were frozen. From 1993 to 1996 the main political parties signed an accord to remove the superannuation issues from the political agenda and agreed on indexation, the removal of the surcharge, which taxed affluence and renamed the pension New Zealand Superannuation (NZS). In 1997 there was a referendum on a compulsory retirement savings scheme, which was rejected by 92% of the voters. 'Irrespective of their merits, any compulsory scheme proposals would seem to have an uphill battle against the century-old New Zealand tradition of taxpayer-funded 'pay as you go' public pensions' (Preston, 1997, p. 1).

Most countries in the developed world recognise the need for the state to subsidise income in old age; it is the extent of such subsidy and the age of eligibility that concern governments. The gap between personal savings and what is required in old age when health and care needs are high is difficult to bridge when wages are low:

Most New Zealanders, at least 85% of women and 40% of men, do not earn enough in total to save what they need to provide an income in old age, even at the most basic level. No amount of exhortation is going to change this, (Else & St John, 1998).

In 2001 the Labour Government set up a dedicated New Zealand Superannuation Fund to help pre-fund the future cost of universal superannuation. This would reduce fiscal pressure due to an increased proportion of pensioners to the smaller workforce predicted by demographic change. At present the government has suspended its contribution to this fund until the country's economic position improves.

In 2007 a separate KiwiSaver scheme was established creating a voluntary means of saving for retirement by deductions from wages at source which are subsidised by the employer and the state. Its value has subsequently been eroded by the withdrawal of half the government's tax credit provision in 2011, and by the removal in the 2015 budget of the governments' \$1000 kick start contribution for each new investor which may discourage enrolment (St John, 2015b). Conflicting figures on the reduction of enrolments have already appeared in the media. Commenting on the 2015 budget, St John stated that it did nothing to alleviate child poverty or the plight of beneficiaries, and that the abolition of the KiwiSaver kickstart subsidy, which is of most assistance in relative terms to the lowest paid, would largely affect younger people who had not yet joined KiwiSaver. Since it can be utilised to assist home ownership this reduction of government contribution is a barrier, like student loans, to delay the acquisition of a non-rental property (St John, 2015). The participants in this thesis, demonstrated that home ownership is a prime asset in old age.

The contributions required by worker and employer have been raised. Private sector companies manage the investments and there is no government guarantee of the fund's sustainability. With the current low rates of interest the members' investments will grow slowly. It retains the possibility of providing assistance with a deposit on a first home, but the government may yet remove the rest of the tax credit, further reducing its value.

For women, the absence of pay equity and their relative segregation in poorly paid gendered employment the growth will be even slower. While it still retains the possibility of providing help with a deposit on a first home, the government may yet remove the rest of the tax credit, further reducing its value. The astronomical rise in Auckland house prices from 2015 has now spread to other centres and need for a 20% deposit may now place traditional home ownership beyond the reach of many New Zealanders. This will create the need for an increase and improvement in affordable rental accommodation.

The Office of the Retirement Commissioner is now renamed 'Commission for Financial Capability', and uses all available media to alert the population to the need to save and provides on-line resources to calculate savings plans (Commission for Financial Capability, 2015a).

The National Government is opposed to raising the age of eligibility to sixty-seven which is favoured by the Opposition. The options for changing indexation to the average weekly wage, or to inflation measured by the CPI, or reinstating a means test are unresolved. The present rate for NZS is in a range of 65-72% (currently 66%) of the average weekly wage, annually adjusted. Most superannuitants find that it will support a minimum standard of living, but other savings are required as the costs of health care, home maintenance, heating and transport continue to rise (Commission for Financial Capability, 2015b). Women are greatly disadvantaged in saving for retirement and this is highlighted in the next section.

### **5.4 Employment paid and unpaid**

Women's employment has been historically locked into the culture of domesticity (Dalziel, 1986; James & Saville-Smith, 1989; McDonald, 1994). Managing a household, whether in rural communities, the backblocks or the growing townships, was a daunting undertaking. Few people could afford or find domestic servants and the household appliances we now take for granted, did not exist. Well into the twentieth century coal or wood-fired ranges were more common than gas or electricity for cooking. The drudgery of house-work was a prominent feature in the recollections of older women interviewed by SROW for *In Those Days* (1982) who commented on their life after marriage and the expectation that paid work outside the home should cease. Money and independence were recurring themes as this quotation from Pearl aged 70 shows:

The biggest impact of getting married was the loss of independence and realizing that no money was mine, that I couldn't decide what to spend the money on. He would hand me out ten shillings at a time. If he handed me a pound I had to account for it. Whereas [when] I had been independent I had kept myself and saved money and on those low wages I'd managed to keep myself well-dressed, everything paid for and I'd saved money and I bought my own trousseau. Enough linen and everything to last me ten years or more, (SROW, 1982, p. 43).

Similar controls on house-keeping and personal funds, low wages, and the preparation and provisioning of the 'trousseau, hope chest or glory box' featured in the women's interviews for this thesis.

Many women who were widowed or deserted; whether by death, the call of the goldfields or the effects of alcohol and unemployment were left without a male provider for their usually large families with the only assistance available, an uncertain local charity. According to James and Saville-Smith (1989) the destitution of women, children and the elderly reflected the collapse of the early colonial household and imposed a fiscal burden on the colonial state between the 1860's and the 1890's. It was simpler for men seeking paid employment to find work in the goldfields, sheep stations and public work-scheme camps than to accept responsibility for family maintenance (James & Saville-Smith, 1989). Women's solution was to take in boarders, or wash, cook, clean or mend for the wealthy. The drudgery of house work, sewing and childcare took up most of her waking hours. When children were old enough to work or to look after the younger children the mother could take up paid employment outside the house, but in every occupation women earned less than men. An indication of the lower monetary value of women's work was the gender disparity in wages; for example, a skilled woman tailor earned half the wage of a male tailor (Coney, 1986, p. 20) .

For wealthy women their social status fell should they work for money so the only escape from a parasitic existence was to engage in charitable pursuits. Wives and daughters of the middle and lower classes contributed unpaid assistance to family farms, shops and businesses; few women were paid workers. Only 24% of women worked outside the home in 1891; the range of occupations available to them was limited, mostly domestic (Dalziel, 1986). Census figures for female employment in 1891 showed 19,000 in domestic work, including providing board and lodging, 10,900 in clothing textiles and food production, under 6,000 teaching and nursing and less than 3,000 in shops and offices (Graham, 1981).

The occupation anticipated for a woman was marriage, she would become a nurturer and care-giver 'as nature intended'. Before marriage she may pursue an apprenticeship in a useful trade such as dressmaking or millinery, which could be carried on if necessary

from her home, but teachers or nurses were not expected to work for payment after marriage. Her clerical skills were valued as a postmistress in an isolated rural community, usually working from the home farm, as had my grandmother. With new technology in the twentieth century local telephone exchanges became another occupational outlet for young women. Hairdressing like dressmaking or millinery was something you could do from home after marriage (Sayers & Monin, 2005).

As the colony grew factories became new sites of employment processing the country's agricultural produce: freezing works, cheese, jam, biscuit factories and breweries proliferated. The hospitality trade began to employ waitresses as well as waiters and cooks who were employed not by gender, but by expertise. Manufacturing expanded particularly the woollen mills and clothing factories in Otago. There was a problem with factories. By 1880 it was clear that working conditions in the colony were a disgrace (Sutch, 1969). Although New Zealand's first factory act had been passed in 1873 specifically for the welfare of women and children, its provisions had been disregarded. The Act permitted the employment of women from eight am to six pm with a half holiday on Saturdays after two pm. In 1875 an amendment to the act provided that children under nine should not be employed in factories and those aged ten to fourteen should not be employed on successive days unless it were for half days. An 1881 amendment required that children be twelve before factory employment although there was still a clause in the act that permitted this for ten year olds (Sutch, 1969).

The advent of industrial unions in the 1860's and 70's, made changes in working conditions possible. Among the worst exploitation of factory workers was that of women in the clothing industry where their low wages and long hours were not only deleterious to their health and family life, but also could be perceived by men as a threat to wages and work standards in other industries (King, 2003). Contractors supplying soft goods to wholesalers would subcontract out orders to women and girls working at home to supply the commodity more cheaply. This practice competed with factories which then contracted with their women workers to take work home after a day's work in the factory and carry on working through the evening; this was known as 'sweating'.

Female apprentices in dressmaking and millinery were frequently expected to work for the first year for nothing and experienced workers who asked for wage increases could be replaced by younger workers (James & Saville-Smith, 1989). Because of extensive unemployment, absence of strong trade unions and no social security benefits, women were easily exploited. In 1885 trade unionists in Dunedin denounced 'sweating', but were opposed by employers and the evil continued. In 1888 Dunedin Presbyterian minister, Rutherford Waddell, preached a sermon 'On the Sin of Cheapness,' which stirred up public opinion and in 1890 the government set up the Sweating Commission resulting in the 1894 Factories Act and other legislation aimed to protect women and children by closely regulating their employment (Sutch, 1969). Unions were legalised by the 1894 Industrial Conciliation and Arbitration Act that was set up to determine minimum wage rates and handle industrial disputes. It initially supported workers whose position was weakened in 1991 when the Employment Contracts Act was passed and compulsory union membership was abolished.

The rate of employment for young women aged 15 to 24 rose steadily. In 1921 it was 50% in 1945 it had risen to 60% (Nolan, 2002). Many young women no longer stayed at home to help with housework or to care for large families, along with older women, regardless of marital status, they went out to work. The war provided work for girls on farms and in munitions and clothing factories. By the end of the war paid employment had been 'the majority experience' for young women (Montgomerie, 1992).

The war ended, men returned and many women lost their jobs. For a short time women returned to the nursery and kitchen, but by the fifties large numbers of women were working including married women. McDonald (1994, p. 36) considers that it was not that women were dissatisfied with domesticity, but that many were 'cajoled into employment by anxious employers and that once they had moved in large numbers, from the private to the public sphere, they were equipped to fight inequality on a broad front. They accounted for 23% of the full-time labour force which increased to 34 % in 1981. This was only part of women's participation in the workforce. The labour shortages of the fifties and sixties offered opportunities for part-time work for women with children, particularly in the service industries. The 1986 Census of Population and Dwellings showed that as many as 53% of women were members of the paid workforce (Horsfield, 1988).



A factor that may have contributed substantially to the rise in women's paid employment was the general acceptance and availability of reliable contraception, which allowed them to limit pregnancy. In 1935 Freda Cook and Elsie Freeman (later Locke) convened a birth control group the precursor of the 1936 Sex Hygiene and Birth Regulation Society. It aimed to educate New Zealanders on the need for birth control and sex education. A major aim was to reduce family size and in 1939 it became the Family Planning Association (Tolerton, 2012). This was important in the lives of some women in this study who were able to plan their number of children.

The rapid increase in married women's participation in the work force from 17.2% in 1945 to almost 50% in 1971 did not alter the expectation that women were dependent on their husbands. For example, the 1971 response to efforts of the Post Primary Teachers' Association to obtain removal expenses for married women from the Department of Education was: 'In our society the husband is regarded as fulfilling the role of breadwinner of the household and married women themselves, as a group, regard their husband's positions as being more dominant than their own'. Grant (2003, pp. 93-99), points out that although the removal expenses were granted in 1972, the Department reneged and withdrew the provision in 1976.

Women's rate of participation in the paid work force increased, but wage rates remained unequal; men married or unmarried were still regarded as family breadwinners and so were paid more than women.

In 1960 the Government Services Equal Pay Act eliminated separate male and female pay scales in the Public Service, but it was not until the Equal Pay Act 1972 that this was extended to the private sector and implemented over ensuing years. A gender pay gap remained due partly to the poorly paid, segregated and part-time nature of 'women's work'. In fact women's work was cheap labour for an employer. The 1972 Equal Pay Act was challenged on the grounds of not covering issues of pay equity.

The 1990 Employment Equity Act was devised to produce equity not just equality in employment. It set up the Employment Equity office to establish, promote and enforce the principle and practice of pay equity and equal employment opportunities in both the public and private sectors. Pay equity covers not only pay for work of equal value, but

also how that value is established when comparing different types of work, eliminating gender discrimination and ensuring fairness in the labour market. During successive Labour Governments 1999-2008 women were encouraged to join the workforce to boost the country's productivity as well as enhancing their own status and well-being.

Between 2005 and 2009 the Pay and Employment Equity Unit was established to support the implementation of the Government's Plan of Action on Pay and Employment Equity. It analysed job descriptions in the Public Service and Local Bodies, producing evidence supporting women's claims of unfair discrimination. It was disestablished by the incoming National Government, which considered the cost of remediation of unfair practice too expensive. The battle for equal pay for work of equal value is an ongoing issue for women (Briar & Cheyne, 1998; Orr, 2003).

Women's access to credit was limited and little research was available on New Zealand women until 1966 when a voluntary group of researchers started to remedy this gap (SROW, 1981b). In this study of women's access to credit cites (p.16) the outdated financial practices identified in the Human Rights Commission Annual Report 1981:

In the area of goods facilities and services, the Commission continues to receive a regular flow of complaints concerning women and credit. It is clear that suppliers of credit do not yet appreciate either the provisions of section 24 of the Human Rights Commission Act or of section 49 of the Matrimonial Property Act of 1976. Women continue to be required to provide male guarantors, or give their husband's name and financial circumstances regardless of their own personal situation ....Sometimes creditors set higher income requirements for loans to women than men.

The report went on to observe that;

Frequently the notion that married women lack the capacity to contract on their own behalf is used as a reason for discriminatory credit policies. It should be noted that since 1976 with the passing of the Matrimonial Property Act, a married woman has the same legal capacities and duties as her husband. She can contract on her own account and be held responsible for her own debts (Human Rights and Equal Opportunity Commission, 1981).

Women's role as care-givers results in broken work histories and fewer opportunities for advancement in jobs, paid work, careers and saving, compared to the opportunities available to men. Over the second half of the twentieth century the average income for all women as a percentage of men's increased from about twenty percent in 1951 to around sixty percent in 1991 'but has stalled ever since' (Rashbrooke, 2013). Relative periods of economic stability in the 1960's produced low levels of unemployment, but women's earnings were still low. This continued through successive periods of boom and recession.

Women's lesser opportunity to save based on inequities in income has still to be addressed. There is evidence on graduates, payment and promotion showing that women are still disadvantaged in relation to men. The New Zealand Council of Trade Unions commented that the information released by the Ministry of Education to inform students about future potential earnings failed to highlight the significant gender pay gap (Mahoney, Park, & Smyth, 2013). Despite more women than ever getting university qualifications, the report shows that at all levels after four years, women are earning less than male graduates. This confirms research undertaken by the Ministry of Women's Affairs in 2007 which showed a six percent gender pay gap for graduate starting salaries, which increased to an astonishing seventeen percent gap after five years.

The gender pay gap is still unjust and problematic. The reasons are complex requiring analysis of equity as well as equality in the workplace and are linked to the different trajectories of men and women's lives and old gender roles, which may no longer fit modern life.

## **5.5 Health provision**

A present concern is the provision of health resources in New Zealand related to the predicted increase in costs incurred by an ageing population (Dunstan & Thomson, 2006). Public Health was an early issue for the state in New Zealand; it has gone through many permutations and reconstructions over the ensuing years.

The colony had not inherited the 1832 Poor Laws that had established workhouses and infirmaries for the indigent in Britain. Health was perceived in terms of illness, disease

and epidemics. Governor Grey recommended that four state hospitals be established to treat both natives and immigrants. In 1852 they were handed over to the Provincial governments until 1876 when hospitals were returned to the central government (Sutch, 1969).

In 1929 there were forty-six hospital districts controlled by elected boards that administered hospital and outpatient medical and nursing services as well as charitable aid. According to Sutch (1969) a quarter of their revenues came from patient payments and voluntary subscriptions. The deficit was financed equally by a levy on contributory local bodies and by government subsidy. Accident or illness brought heavy burdens to families as described by one of the participants in this study. This remained the case until 1941 when the provisions of the Labour Government's 1938 Social Security Act were implemented. Medical and pharmaceutical benefits became available paid for by a social security tax on wages.

In 1901 the Minister of Health ordered the medical inspection of schoolchildren. This may have been the first measure to promote good health rather than focus on disease, but was not enforced until 1912 because of cost. The reports of medical inspectors showed that a majority of children had poor health. There was evidence of overworking children after school hours, irregular meals, shortage of sleep, impaired nutrition, a high degree of physical defects including poor posture and eye-strain due to bad lighting. These deficiencies were attributed to damp and dirty school buildings and homes where ten percent of the children lived in tents, garages, or shacks (Sutch, 1969).

Concern for child health has been a theme in the development of health resources. In 1907 the Royal New Zealand Society for the Health of Women and Children (Plunket) was established. This organisation is supported by voluntary contributions and government subsidies. Most small towns in New Zealand have a local Plunket committee responsible for fund-raising and the upkeep of the local Plunket Family Centre where nurses hold regular clinics for babies, toddlers and pre-school children. A Plunket nurse may visit homes for the first six weeks after birth to check on the mother's health and the baby's development and nutrition. Plunket now offers free telephone advice and a baby and child car-seat rental service (Plunket, 2015).

A School Dental Service was set up in 1919 with six dental surgeons. At this time the ranks of doctors and dentists had been depleted by the predations of World War 1 and the 1918 flu epidemic. The Chief Dental Officer proposed that his staff could be suitably trained young women. This caused controversy within the dental establishment and community, but eventually the first group of young women trained as dental nurses in 1921 and in 1947 free dental treatment was extended to children aged sixteen. Adults must fund their own dental care and pensioners have found this very expensive. There is a strong relationship between socio-economic status and poor dental health in the older population (Carter et al., 2004). In 1938 the Social Security Act was passed creating an almost free health system covering doctors' visits, and hospitalization. In recent years this has been compromised with reduced access to services Pearce and Dorling (2006) and with higher charges for doctors' services.

From 1937 to 1967 milk was provided in primary schools and during the war years 1939-1945 apples, which otherwise would have been exported, were provided. This benefited the New Zealand-born narrators in this study. Recently there has been a call for the reinstatement of milk in schools in response to a decline in children's health due to the resurgence of the diseases of poverty such as rheumatic fever. In 2008 the Ministry of Health (MoH) established the 'B4 School Check' designed to assess the health and development of four year olds, to promote their health and wellbeing and to identify any health, developmental or behavioural problems (MoH, 2015).

From the 1960's the availability of the contraceptive pill simplified family planning and reduced the incidence of unwanted pregnancies. In 1977 abortion was legalised if two certifying consultants agreed that pregnancy would seriously harm a woman's physical or mental health. Publicly funded maternity services and screening tests for breast and cervical cancer were provided. Some medications are subsidised. State hospitals operate under the authority of District Health Boards (DHBs). Since 1993 there has been a separation between the funder and provider in health care; funding is from the public purse, but providers may be public or private. Privately sourced health insurance is available, but premiums are prohibitively high for the old. This means that the majority of older pensioners are dependent on state funded services, which are frequently overloaded and waiting lists are kept low, by referring patients back to their GP (Kirk, 2015a).

Support services for older people are funded by DHBs to enable older people to stay longer in their own homes (ageing in place) rather than enter institutional care. They may include assistance with household, meal preparation and personal care for the disabled and the provision of equipment to ensure safety in the home (MoH, 2014). Information about these services does not always get to women who need them. There is confusion about providers, private firms or DHB's and GP's do not always make a referral.

The provision of healthcare in New Zealand is dependent on budget constraints due to economic circumstances and on the philosophy of the government in power concerning individual or social responsibility. The economist Brian Easton contrasts the positive measures introduced by the 1938 Labour Government and following ministries with the effects of the neo-liberal reforms health reforms of the nineties. He argues that the policy of commercialisation from 1991-1993 has proved unsatisfactory as the promised benefits of significant productivity did not occur, funding cut-backs worsened the situation and tensions between managers and health professionals were not resolved (Easton, 2001).

## **5.6 Education**

In colonial days general education was provided by the churches, charities, and private schools. Wealthy settlers could afford to import a governess for their children (Brookes, Macdonald, & Tenant, 1986), but for workers' children resources were limited. The provincial governments displayed erratic and inefficient approaches to education, some subsidised churches to provide it, but taxpayers objected and there were divisions of opinion on religious grounds. In 1869 according to a member's speech in the House of Representatives, in at least one case the system had completely broken down: 'In the province of Auckland...the organisations and entire machinery were destroyed; there was neither a Board of Education nor an Inspector of Schools' (Sutch, 1969, p. 72).

On the abolition of the provinces education became a state responsibility and in 1877 free, compulsory, secular primary education was established for European children, both boys and girls, aged from seven to thirteen, but there was no free secondary education in the colony. Belich suggests this early provision for girls' education was partly due to the strong Scottish influence in New Zealand society, as the Scots regarded education as 'suitable even for girls' (Belich, 2007, p. 167). My own access to education was set by

the examples of my Scots great grandfather and great uncle who were among the founders of a secondary boarding school for girls in a rural area.

The compulsory provision of the 1877 act was poorly enforced; many children especially in rural areas did not attend school regularly. Education board inspectors held annual examinations and children who passed them were allowed to progress, but those who failed repeated the year experiencing public humiliation. From 1899 the inspectors made Competency and Proficiency awards, to children who passed Standard Five and Standard Six respectively. From 1903 Competency was the standard for getting into high school, however, Proficiency became the preferred qualification, as it gave the holder two free years of secondary schooling, which benefitted my oldest narrator (Swarbrick, 2012).

The advances in primary and secondary education were slow, hampered by economic recession in the 1880's and 1930's. Teachers' salaries were cut, training colleges closed and the school entry age increased. Technical training facilities were lacking and attempts to introduce them in the academically oriented secondary schools failed. New Zealand relied on skilled new immigrants to the colony, but this was no longer sufficient for a growing economy. The 1889 Technical Instruction Act empowered local authorities to raise a rate for the purpose of technical training and in 1890 Government funds were made available (Abbott & Doucouliagos, 2000). Technical Colleges at the secondary level enabled the working class to train in the trades and were contrasted with other Colleges and High Schools which provided courses suitable for the middle and upper classes likely to enter the professions. Technical High Schools satisfied the needs of the economy for a practical curriculum unlike that of the traditional grammar schools. The government recognised that the economics of the market place required a more highly skilled population and in 1914 passed an education act requiring all secondary schools to offer free education for those who passed the General Certificate of Education (GCE). The leaving age was raised to fourteen although those who had qualified for the GCE could still leave at thirteen. The Correspondence school was introduced in 1922 to extend primary education to remote rural areas and in 1929 became available to secondary schools (Sutch, 1966). A Technical Correspondence School was set up in 1946. This enabled all apprentices regardless of their locations to complete technical courses and sit examinations.

Technical education grew as New Zealand's industrial base expanded and diversification in the economy required more professional and clerical workers, which increased the need for formal education and training. The Currie Commission 1960-62 recognised that the basic problem was one of alleviating a skill shortage and recommended the setting up of separate tertiary technical institutions and the first was established in 1964.

In 1936 the Proficiency requirement was removed making schooling free from five to nineteen without compulsory examinations. Girls stayed longer in secondary schools. Education flourished: free textbooks for primary schools, resource materials more suitable for New Zealand children, and a Country Library Service. The Council for Adult Education was established and the National Library Service opened a training school for librarians. Teacher trainees' allowances increased and became available for married students, the restriction on employing married women teachers was removed, grants were made for adult education, and boarding bursaries for university and secondary schools (Sutch, 1966). Training allowances for teachers remained minimal, women's less than men's as evidenced by women teachers interviewed in 1982 (SROW, 1982). These measures facilitated the tertiary education of some of the narrators in this thesis.

The Thomas report in 1944 resulted in further reforms; the school leaving age was raised to fifteen and School Certificate exams were held in the third year of secondary education. The old Matriculation exam was replaced by University Entrance (UE) sat by examination or accredited on the basis of a student's academic performance. Sixth Form Certificate was awarded according to internal assessment and in 1985 UE was abolished. Scholarships and bursaries were attained by examination in the seventh form and this was the preferred entry to university although provision was made for provisional or discretionary entry on the basis of sixth form results (Openshaw & Walshaw, 2010).

During the post-war period of relative prosperity, women stayed at school longer. Although the leaving age had been raised to fifteen in 1944, and girls increasingly accessed higher education, their range of employment was still primarily in a narrow band of 'female' occupations: clerical, retail, teaching, nursing, library work, dressmaking and cleaning. Schools were encouraged to pursue a practical and academic curriculum for all students although the social distinction remained between those who went to Technical



Colleges designed for commerce and trade and those who went to more academically oriented High Schools. Despite newer theories of learning the old discrimination surfaced, for less able students only core mathematics was advised and domestic science and nutrition rather than chemistry and physics for girls (Else, 2012).

The Second World War accelerated the need for child-care facilities as many women were working while the men were overseas. During this period there was an increase in commercial day care centres and in Kindergartens and Play Centres which have an educational component as well as care. The latter eventually obtained some government funding and assistance with training facilities (New Zealand Ministry for Culture and Heritage, 2012). Until the 1970's New Zealand was still very much a man's world. A few women with the advantages of a tertiary education had joined the legal and medical professions, but most of them experienced a glass ceiling when it came to promotion, partnerships and boardrooms. As the demand for greater national productivity grew so did the need for longer education. The school leaving age was raised to sixteen (SROW, 1981a). Between 2002 and 2004 the National Certificate of Educational Achievement (NCEA) became the main secondary-school qualification. It was the culmination of educationalists' desire to introduce more internal assessment, and to measure skills not taken into account in the old system of examinations. The social change of the seventies introduced counsellors, social workers and nurses in secondary schools and there was a renewed emphasis on early childhood education (Buckley et al., 2009).

Tertiary education has gone through many changes since 1869 when the University of Otago was established with the power to grant degrees. Although women were admitted to university in the 1890's discrimination against women academics, doctors and lawyers was common. 'They had to endure endless jokes about the roles they had chosen and constant suggestions, if not downright accusations that their competence was in doubt because of their sex' (King, 2003, p. 266). This prejudice persisted into the early twentieth century when university education was still the prerogative of the wealthy. Since the 1990's a gender transition has occurred in tertiary enrolment and attainment with women participating and succeeding at a significantly higher rate than men (Callister & Newell, 2008). The increasing completion of tertiary education by women reverses the persistent pattern of educational stratification which has advantaged men and when broad

measures of material well-being are taken into account, women's return to higher education appears to have risen faster than those of men (Di Prete & Buchmann, 2006).

Funding for tertiary education was initially from student fees and later subsidised by government to institutions, or to students by bursaries, scholarships and secondary teaching studentships. Student loans were initiated in 1992. From 1998 living allowances for students under twenty-five are paid according to parental incomes and loans for fees are repayable with interest. Interest penalties are charged on overdue loans. There is a significant overall student debt for fees and living costs (Iverson, 1994). An update of this report shows that calculated repayment time has changed from thirty-eight to twenty-seven years for women and from fifteen to fourteen years for men (Berghan, 2001). Over the years these figures vary depending on course enrolments, debt uptake and government policy. A 2015 update on the extent of student debt showed it as over 11 billion (Gaffaney, 2015). This is considered to have serious social and financial effects on home ownership and family formation. Women are considerably disadvantaged by the continuing disparity in their earning capacity. According to Gordon and Morton (2001) this is clearly so in the public service which employs many women graduates.

## **5.7 Welfare provision**

In 1911 the special needs of families with children was acknowledged. Legislation established a five shilling allowance for a man aged sixty or a woman aged fifty-five if they had two or more children under the age of fourteen, and a widow's pension for those with children as previously they were dependent on charity. The requirement to be of good character applied and house ownership was penalised as it could yield income.

Between 1916 and 1926 further efforts were made to improve the situation of families. The politicians in power resisted. When the Family Allowances Act was passed in 1926 it provided a miserly two shillings weekly for the third and every subsequent child under fifteen, when the family income was no more than four pounds weekly. This was a continuing acknowledgement of the obligation of the state to assist the poor, but it excluded the children of unmarried mothers, mothers of bad reputation and aliens (Sutch, 1966).

The fall of export prices in 1928-31 heralded the great depression, government revenue fell and all budgets were cut. Public works expenditure was slashed, staff laid-off and reemployed at relief rates. Public service wages were cut twice. Old age and war pensions were cut and family allowances abolished. When the unemployment register for men's relief work opened in 1931 it stood at twenty-three thousand, by 1933 it had escalated to eighty thousand. This depression featured in the life stories of the narrators in this study.

In 1935 export prices recovered and the surplus allowed the incoming government to implement many social reforms. A state housing scheme was established and a minimum wage set capable of sustaining a married man and three children. Deserted wives received a pension and the whipping of children in court was abolished (Sutch, 1969). In 1938 the Social Security Act provided a means-tested old age pension at sixty and universal superannuation at sixty-five. For the first time women became eligible for unemployment benefits and childless widows could access a widow's benefit. The Act made possible sickness, orphans and emergency benefits (Sutch, 1969). Medical, hospital and maternity benefits were no longer means tested. Family benefits at this stage remained subject to means test, but in 1940 were extended to an extra child so as to be payable for each child after the first, where the income was under £5 a week.

Established in 1974, the Accident Compensation Corporation (ACC) is a 'no fault' workers' compensation system providing injured workers with weekly benefits and, in case of death, compensation for dependants (Abbott & Doucouliagos, 2014). It is based on five principles: community responsibility, comprehensive entitlement, complete rehabilitation, real compensation and administrative efficiency. In 2010 procedures were amended to improve flexibility, to contain rising costs and encourage closer working relationships with government agencies. In 2003-14, ACC was criticised for its draconian treatment of beneficiaries, for unsafe assessment procedures and pressure on staff to reduce the number of clients receiving compensation.

Before 1960 benefits were subject to means-testing of income and wealth; now except for superannuation, family and miners' benefits, all are subject to tests of income only. In 1973 Government introduced an income-tested Domestic Purposes Benefit to help women or men with dependent children living apart from their spouse or partner or for

unmarried mothers with one or more dependent children. Over time this has been criticised for encouraging immorality and lack of personal responsibility and therefore 'undeserved', but has been of great assistance to women. For a time it was linked to a training allowance, now removed, which enabled women to find new avenues of employment and come off the benefit (New Zealand Press Association, 2009). There were constant attempts to reduce the cost of welfare. The 1991 budget cuts resulted in high unemployment, lower benefits and worsening problems in housing (Else & St John, 1998). When the economy improved a decade later, attempts were made to raise the value of benefits, but they never returned to pre-1991 levels. From 2005-2007 the Working for Families package was introduced to replace the old Family Benefit paid to the mother. This complex system of tax credits and child-care was increased in 2006 by the addition of the In Work Tax Credit (IWTC) perceived as an incentive to reduce dependence on benefits and to increase the work force. Beneficiaries are ineligible for this tax credit thus perpetuating the early distinction between the deserving and the undeserving poor (St John & Dale, 2009).

The Child Poverty Action Group (CPAG) argues that there has been negligible political progress on reducing child poverty since the introduction of Working for Families and that its design has contributed to continuing child poverty. No account was taken of 230,000 children who would miss out, despite New Zealand's human rights commitments to protect all children. During the most recent recession the standard unemployment benefit was below the minimum wage for a forty hour week. Changes in 2013 have further restricted access to benefits and placed more work obligations on sole parents (CPAG, 2014).

There is still a demarcation zone between the 'haves and have-nots', between the 'deserving and the undeserving poor'. This constitutes the gap between the rich and the poor, between those who can afford to take responsibility for their own welfare and those who cannot do so. The current distinction is governed by policy decisions of the Ministry of Social Development (MSD) and their implementation by Work and Income New Zealand. Since the 1990 budget there has been a steady progression to dismantle the Welfare State which may relate to the World Bank's agenda (Harrison, 1983).

## 5.8 Housing

The inadequacy of housing in New Zealand has been longstanding. ‘As early as 1863, observers were claiming about slum landlordism in New Zealand and the inability and unwillingness of governments to intervene to improve housing conditions’ (Howden-Chapman et al., 2013, p. 105). In 1905 Prime Minister Richard Seddon passed the Workers’ Dwellings Act and the first state houses were built for inner-city workers to rent. Growing demand for housing after World War One led the Railways Department to set up a factory building pre-cut houses from local timber for the use of their workers in many locations. The scheme stopped when the government decided private companies could build the houses at less expense (Housing New Zealand, 2013).

In the 1920’s state lending was lenient and workers could borrow ninety percent of the cost of a house, which caused a suburban building boom that receded with the Great Depression of the 1930s. The 1935 Housing Survey Act aimed to assess the extent and location of the country’s housing needs. It found over fifteen percent of the houses surveyed were considered unsatisfactory and eighteen percent were deemed inadequately equipped. There was evidence of overcrowding and adult children remaining in the family home as they were unable to afford other accommodation (Sutch, 1966). This situation is still prevalent (Public Health Service, 2013). In 1936 the Reserve Bank was empowered to provide credit at a low rate of interest (Sutch, 1966), and the newly elected Labour Government built low rental, high quality, state-owned houses. Housing was perceived as a public utility along with water supplies, sanitation and education. After World War II, ten thousand state houses a year were built, whole suburbs laid out, shops and amenities erected and open spaces landscaped. Material shortages led the government to import five hundred pre-cut houses from Austria. They also launched a 'group building' scheme, underwriting new houses built to government designs. The result was multi-units made of cheaper materials like fibrolite (asbestos) which proved to be carcinogenic (Housing New Zealand, 2013).

The provision of social housing was a continuing problem for a growing population. Subsequent governments have sporadically addressed the housing problem according to their political ideology, extending or reducing this national asset. The 1950 National

Government sanctioned the purchase of state houses by their occupants and in 1953 new houses for private buyers could be built by the state, which subsidised the building industry to bring costs down. In 1958 the Labour Government introduced two schemes to facilitate the purchase of a first family home, the capitalisation of the Family Benefit as a deposit and for low income families a three percent interest housing loan (Sutch, 1966). These provisions were of great assistance to many of the women in this study.

The National Government sold state houses in the 1990's but kept a reduced state house building programme. People on welfare could rent a state home at full market rent, with accommodation subsidies through the welfare system. Labour reinstated income-related rents in 1999, whereby eligible tenants paid no more than twenty-five percent of their income in rent. Recent changes from April 2014 concern the reallocation of state houses for present tenants based on needs assessment according to income. This is carried out by telephone from MSD. Charitable bodies are invited to partner with the government in the provision of social housing (O'Brien, Sanders, & Tennant, 2009).

Many houses in New Zealand lack insulation and are vulnerable to earthquakes. Cold, damp, mouldy dwellings contribute to poor health especially in children and the elderly (Howden-Chapman et al., 2013; Howden-Chapman et al., 1999). There are government subsidies for low-income families and landlords to install insulation in homes. Earthquake reinforcement is an ongoing activity since the devastating Christchurch Earthquakes in 2011 and 2012. Building Regulations now require higher quality construction than previously (Ministry of Business Innovation and Employment, 2015).

Research shows the preferred option for many elderly is to 'age in place', to remain in their own homes (Keeling, 2009). This option is often dependent on assistance with home maintenance, gardening and housework to maintain their independence (Davey, 2006a). Today the traditional carers of the elderly, women in a family, are more likely to be working and frequently older spouses are struggling as carers (Straand & Rokstad, 1999). Private Retirement Villages, some with hospital facilities attached, are good alternatives for middle and high-income earners, who are mostly home owners and can afford the transition. These businesses are highly profitable, and in New Zealand have been provided by overseas companies, such as Ryman, Metro and Summerset. For those on

low incomes renting accommodation from private landlords, Housing New Zealand or territorial local authorities, such options are unaffordable (Johnson, 2013).

The 2004 report for the Centre for Housing Research Aotearoa New Zealand showed that public sector housing, mainly built several decades ago, needed upgrading (Davey et al., 2004). The majority of local body stock consists of bedsitters and small one- bedroom units (Davey, 2006). Housing New Zealand is presently moving older tenants out of houses to provide for larger families, but there is no indication that more pensioner units are to be built. A concern for the future is the steep decline in home ownership since the nineties and the steady increase in the number of households dependent on the private rental market (Howden-Chapman et al., 2013).

New Zealand is presently in another housing crisis. Homelessness is increasing with families living in cars and garages. Hager (2007) identifies both older women and youth as among the 'invisible homeless' in New Zealand. In our capital city, Auckland, the inadequate supply of houses for an increasing population fuelled by immigration, has caused house prices to rise at an unprecedented rate. These inflated prices have now spread to other centres and home ownership is out of reach for the majority of young adults. House ownership has underpinned the welfare of the majority of the old women interviewed for this thesis.

## **5.9 The women's movement**

New Zealand women won the right to vote in 1893 after a long campaign against male power and prejudice. The work of Kate Sheppard, the suffragists, and the Women's Christian Temperance Union (WCTU) is well known in the struggle for women's right to vote, but according to Grimshaw (1987) working women from the Tailoresses and Presser's Unions in Christchurch, Auckland and Dunedin were also important activists in the campaign which in 1893 achieved votes for women.

In 1896 the National Council of Women (NCW) was founded and Kate Shepherd was elected as its first President. It aimed to 'unite organised societies of women for mutual counsel and co-operation, and all that makes for the good of humanity' (Nicholls, 1996, p. 17). It was regularly consulted by political parties looking for women's votes because

of its affiliated organisations. In the 1920's these included the WCTU, the Young Women's Christian Association, Women Teachers' Association, Housewives Union, Salvation Army, Trained Nurses Association, and Victoria University College Women's Club (Robertson, 2006). In its early days NCW was concerned with issues such as the introduction of old age pensions, the regulation of hours and conditions of work, the extension of technical education both in primary and secondary schools, penal reforms, and the abolition of capital punishment. The active campaigning of militant, organised women influenced legislation for women's rights; the Married Women's Property Act 1894 giving them control over their own property, the raising of consent for sexual intercourse from fourteen to sixteen, the prevention of baby farming, maintenance on separation and equal rights in divorce (Nicholls, 1996).

In some respects the NCW reflected the conservative attitudes of the time in their opposition to Ettie Rout's call for prophylactic kits for soldiers in World War I; they thought that this would encourage young men to indulge in 'immoral activity'. They were also concerned with equal pay, and with compulsory jury service for women. They endeavoured to encourage women to serve on local bodies. Later, they turned their attention to advocating the appointment of women as Justices of the Peace and as members of the Police (Robertson, 2006). Currently the NCW are active in issues involving women such as: gender equality, domestic violence, sexual abuse, pay equity and the protection of vulnerable children. The Christchurch Branch has recorded the experiences of women in the 2010 and 2011 earthquakes revealing both their vulnerability and resilience in recovery from disaster (McManus, 2015).

From the mid-nineteen sixties the resurgence of the Women's Movement left an indelible mark on the life trajectories of many women. In the seventies it entered a new phase 'Liberation', which was not universally welcomed. According to Baars (1991) it represented an upsurge in militant and radical forms of feminism and provided a stimulus for conventional and liberal women to seek social reform. Small groups formed in the main cities and in provincial centres. Networks were established and consciousness-raising groups discussed women's roles and sought radical change to remove women's



oppression (Coney, 1993). In Invercargill I joined a women's collective which later formed a branch of the NZ Women's Electoral lobby with the aim of getting women elected to local councils, health and harbour boards, and to parliament.

These groups preferred a non-hierarchical informal structure as it encouraged consensus, and they often worked without a leader as did the one to which I belonged. They argued that 'the personal is political' and questioned the traditional division of labour in the home; they discussed health and sexual behaviour and the structural restrictions that held back the freedom of women in the work-place. In 1972, Sandra Coney, editor of the women's liberation magazine *Broadsheet* argued that: 'Our concerns and actions, and the movement itself, were consistently ignored, trivialised and distorted' (Coney, 1990). Political action was advocated.

The energy generated by the women's movement contributed significantly to 1986 homosexual law reforms and the 1993 amendments to the Human Rights Act making illegal discrimination on the grounds of gender, ethnicity, religious or political opinion, marital or employment status, disability and age. The Civil Union Act 2004 creates legal partnerships for different and same sex couples, with many of the provisions of marriage. The Relationships (Statutory References) Act 2005 provides consistency for same-sex and de facto couples across a large number of existing laws affecting married couples, including superannuation, benefits and inheritance. Since 2008 registration for births, takes account of technological and social developments and allows lesbian mothers and partners to both be reflected on birth certificates and the Government is no longer exempt from fully complying with the Human Rights Legislation.

Throughout the 1970's the movement flourished with well-attended national conventions in 1973, 1975, 1977, and in 2005 the Janus Convention, Looking Back – Moving Forward summed up what women had gained, and what was yet to be won. Controversial issues such as abortion were openly discussed with polarised views (Brookes, 1988), but in 1977 the Contraception, Sterilisation and Abortion Act was passed improving access to contraception and legalising abortion in certain circumstances. Domestic violence was condemned and Rape Crisis Centres and Women's Refuges were set up to house women and children escaping from violent relationships with partners or other family. In 1983

Women against Pornography (WAP) was set up on the premise that pornography legitimated acts of violence against women (Macdonald, 1993).

Some Marxist-feminist groups such as the Working Women's Alliance 1975, concerned that working women were being ignored, publicised their situation and worked with them to improve it (Hill, 1994). Other existing women's rights groups such as the National Council of Women and the Business and Professional Women's Clubs differed in their core beliefs. Rather than fundamentally changing society, these groups wanted women to have a fuller place within it. The women's liberation groups that wanted more direct action, held street protests, lobbied Members of Parliament, held public meetings and issued press releases (Coney, 1993).

The Women's Electoral Lobby (WEL) was formed in 1975 to encourage women's participation in public life and to help elect to public office people who would work for women's equality. WEL included women from all political parties. It publicised issues through the media, letter-boxed fliers locally, lobbied politicians, and made submissions to select committees. In election years WEL rated candidates on their attitudes to women's issues, held cottage meetings for candidates to express their views on women's issues and reported on party policies (Preddey, 2003).

SROW a voluntary organisation, established in 1966 provided local and national studies of women's issues from birth to retirement for over thirty years (SROW, 1993). In the 1970's and 1980's feminist teachers' groups were set up and the Women's Studies Association (WSA) formed in 1976 included both academics and community activists. It produced an academic journal and a newsletter for members focused on making visible women's history and achievements, their current needs for pay equity and the need to eliminate violence against women (WSA, 2015). These organisations brought like-minded women together encouraging change and development.

In the 2000's some university programmes in Women and Gender studies, which had always been small were seen as uneconomic. It was claimed that their content was or could be covered other courses in other disciplines. By this time according to DiPrete and Buchmann (2006) feminist scholarship had been incorporated into many academic disciplines. To my personal knowledge such incorporations were papers offered because

of a particular lecturer's availability, often ephemeral in nature and not, from a feminist point of view, at the core of scholastic endeavour.

In secondary schools during the eighties 'Girls Can Do Anything' was a slogan promoting the exploration of non-traditional occupations and a year ten social studies unit was introduced on the changing role of women. Women's liberation groups focused on employment equity, financial independence for married women and support for single mothers, and equal division of matrimonial property on divorce. The Coalition for Equal Value Equal Pay was set up in 1986 to campaign for pay equity (Hill, 1994; Orr, 2003).

The Ministry of Women's Affairs established in 1984 (now the Ministry for Women) is the Government's source of advice on issues relevant to women's well-being (Ministry for Women: Minitatanga Mo Ma Wahine, 2015). A recent focus is on three priority areas: increasing the economic independence of women by supporting pay equity, increasing the number of women in leadership and the increased the safety of women from violence. It has a small budget so is limited in what it can offer and has a low profile in government policies.

Feminists in the women's movement influenced theatre and art groups, writers, film and documentary makers, and television directors. In 1979 the National Art Gallery set up a Women's Art Archive to record existing, neglected work by women and kept track of new work (Coney, 1993). The women's spirituality movement was strong in New Zealand, and included both Christian and pagan groups. Influenced by feminism, women were concerned with the male-centred nature of scripture and theology and of church life generally (Nash & Stewart, 2005). They examined their faith and worked towards the ordination of women ministers.

Women's liberation groups called for economic equality focussing on employment equity, financial independence for married women, equal division of matrimonial property on divorce, and support for single mothers. Women's health centres were set up, conferences held and a national network established. Issues included the quality of medical care received from their general practitioners, contraception methods and their

safety, and the treatment of cervical cancer. A strong focus is now on the elimination of domestic violence.

From its start, the women's liberation movement's influence spread beyond those actively involved. By the 1980's women's issues were being addressed in homes, the workplace, businesses and government (Dann, 1985). While the hard work of making changes continued, many of the groups began to wind down. King (2003) considers the main achievement of the women's movement was in changing the attitudes of mainstream New Zealand society to sex roles, the equality of opportunity and equal pay. In the second decade of this century as child poverty rises, violence against women and children persists, women's refuges are still needed, and pay equity has not been achieved, feminists still have much to fight for.

## **Conclusion**

This chapter introduced New Zealand's colonial history and the genesis of the 'make do' and 'number 8 wire' attitudes and a persistent feature of the provision of welfare judged on the basis of who is 'deserving' and who is not. The main social changes that influenced the women in this study have been outlined. The rights of women to vote, for married women to hold property and earnings in their own right and for the old age pension were fundamental. Free secondary education and the raising of the school leaving age led to higher technical and academic qualifications. Post-war periods of economic expansion and full employment facilitated savings and women entered non-traditional jobs. The Women's Movement accelerated social change by raising women's consciousness of their subjected position and the options for change. Reliable contraception allowed for family planning.

Home ownership was facilitated by government policies, which encouraged young families to purchase homes. Wage equality if not equity became available for a large part of the narrators period of employment. Welfare provisions assisted solo parents with training allowances and accommodation allowances. The Family Benefit paid to women was an essential for most families. Health benefits were universal although limited and part-funded.

The women in this study did not start out their employment with heavy student loans with low prospects of home ownership nor delay their family formation. The old age pension is the mainstay of their superannuation.

The following chapter describes the women who were interviewed and shows how their lives have been moulded by tradition and by the opportunities that social change afforded them compared with previous generations.



## CHAPTER 6

### INTRODUCING THE NARRATORS

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This chapter draws on the early analysis described in Chapter 4 to introduce the narrators. Section 6.1 begins with brief snapshots of the lives of the six who were born in Europe and subsequently immigrated to New Zealand. Section 6.2 follows with snapshots of the lives of the seventeen who were New Zealand born. The following sections comment in more depth about aspects of their lives, Marital Status in 6.3, Children in 6.4, Education and Employment 6.5.

#### 6.1 Group A: Narrators born in Europe

These narrators experienced war in Europe at first hand and some of their experiences are narrated in Chapter 8 Section 8.2.

**Greta aged 84**, was born in Germany and came to New Zealand aged twenty-three. Her mother was a housewife, her father a railway official. They saw no value in advanced education for a girl destined to a life of domesticity and it was only on the intervention of a teacher that she was able to attend high school. In the closing months of the war, senior school students were sent to the battle front and lost certification for tertiary study. During the years of military occupation Greta used her language ability as a court interpreter where she gained a working knowledge of the legal system and asked her parents to support her study towards a law degree. Her father made it clear that finance was only available for her brother who would become ‘the breadwinner’. In 1950 she was invited to come to New Zealand by a middle-aged couple, whom she had assisted as an interpreter. She agreed because she could see that the court work was coming to an end. In New Zealand she married a Dutch immigrant studying economics part-time and she completed a law degree also part-time.

**Judith aged 76**, came to New Zealand as an eleven year old orphan, a refugee from Hungary at the end of the war. She and a younger brother joined grandparents and uncles already in New Zealand. Her mother, a violinist had perished in a concentration camp, her

father, a lawyer, died in a military hospital. Her education became spasmodic as she and her brother were in hiding, sometimes in the country and sometimes in Budapest. Once safe in New Zealand with family she was encouraged to follow an academic course and successfully completed a university degree in Latin, briefly taught secondary school with her husband who later trained as a librarian. When her children grew older she gained further qualifications in Social Science and worked in government departments part-time as a statistician and researcher, staying on after sixty-five to complete a current income monitoring report.

**Elizabeth aged 80**, was born in England and came to New Zealand in her mid-twenties to holiday and meet relatives, but stayed and married a master mariner. Her mother, aged thirteen, started work as a pupil teacher in her own school. Her father left school at thirteen to become a boy sailor in the Royal Navy in World War I, and attended night classes to rise through the ranks. Elizabeth and her brother excelled both academically and in sport. They were expected to continue with tertiary education as this would ‘widen their interests, lead to a better standard of living and a more varied occupational choice’. Her father insisted that she could not leave school without a qualification but allowed her to make her own choices, to have goals and not be limited by her female gender. Bored with school, she sat the entry examination for the UK civil service and worked in the Tax Department and later gained a university qualification in social work. In New Zealand she was employed in accounting and administration, owned a retail business and fitted clerical and reception work for Catholic Social Services around the needs of her family and the care of foster children.

**Penny aged 79**, born in England, the child of older parents; her father was a World War I veteran, her mother a housewife. They both felt that she and her sister should follow their particular interests in further education. Primary schooling was shared with refugees from cities, which experienced heavy bombing and the school worked shifts to accommodate more children. Gas masks and air raid precautions were daily experiences, but unlike Elizabeth, Judith, Colleen and Greta she did not experience bombing and machine-gun fire. After the war she completed teacher training and worked with difficult children at primary school in a low socio-economic area in London before coming to New Zealand with her husband and children. Here she retrained with a special emphasis on teaching



Maori pupils in primary school. Penny's teaching qualification enabled her to supplement the family income through her husband's redundancies and illness.

**Colleen aged 80**, born in Ireland, was one of eight children. Her father, a badly wounded World War 1 veteran, could no longer do heavy work. Her mother was a housewife. She attended a Catholic school in Dublin where boys and girls were strictly segregated, instilled with fear of 'hell and damnation' for any misdemeanour and indoctrinated with hatred for the English, but she happily married 'one of these enemies'. Colleen left school at fourteen to contribute to the family budget starting as a seamstress in a Dublin underwear factory and described her progress in commercial sewing skills, the system of piece work in the clothing industry, the uncertainty of work with low wages and the difficulties of being put off or reengaged according to the economic climate. In New Zealand she worked as a tram conductress, a clerk and when her children were older a clerk-receptionist at a swimming pool.

**Megan aged 78**, was born in Scotland, the oldest daughter of a solo father. To avoid air raids she was sent to relatives in the Hebrides for her primary schooling, but returned to Glasgow for secondary education. She was encouraged to study, but influenced by a school mate, she left school early and obtained a factory job in Glasgow partly to avoid becoming the family housekeeper. Her father an ex-merchant seaman came ashore when his wife left and took a job driving buses to be there for his children. He was unhappy when Megan left school, as she was an able student. She worked in an engineering firm as a messenger for the mechanics ordering tools and materials from the equipment stores as required. However, her quick wit and clerical skills soon gained her a job in the factory office and later in the records department of a large hospital. She continued this work when she immigrated to New Zealand joining her apprentice son on the breakdown of her marriage.

## **6.2 Group B: New Zealand born narrators**

**Alice aged 78** was born in Napier; her mother a nurse, her father from a farming background. He returned from World War I with shrapnel wounds and worked as a clerk

and wool classer. He died when she was at secondary school and she left school with only the three-year school certificate qualification. This enabled her to take up school dental nurse training, which suited her subject interests and manual dexterity. She married a teacher and had three sons. Returning to work when her children were older she was unable to find a dental clinic in her area and having obtained provisional entry to university studied first year English and Psychology and was accepted for teacher training. She then found a teaching position relatively close to home.

**Amy aged 79** was born in Wellington; her mother a housewife and her father a World War I veteran and self-employed builder. She had an older half-sister who left school early because of the financial pressures of the great Depression. Amy was more fortunate, the economic climate improved and she completed secondary school. After teacher training she taught in primary schools and completed her country service at a girls' boarding school in Fiji. Studying part-time she completed a double degree in language and music and taught in secondary schools. While in France she studied in Bordeaux for a diploma as an Assistante Etrangere. Her years as senior mistress with responsibility for girls left her reluctant to move to a principal's position, which entailed even more administrative duties. Amy won a New Zealand scholarship in drama production at the Old Vic in London and worked for Unity Theatre in Wellington. Part-time teaching at a Polytechnic gave her time to extend her musical abilities studying singing and choral conducting. She became the musical director of the Northern Chorale, a community choir, for fifteen years and in retirement continued teaching singing and piano. She married an artist late in life and has no children.

**Beryl aged 88** was born in Wellington; her mother a housewife, her father, a World War I veteran, Head of Languages at a secondary school and a positive force behind his daughter's career aspirations. She undertook teacher training and part-time university study, married a fellow student planning to do country service<sup>1</sup> together, but her husband was killed on military service. She relieved in a sole-charge country school until the previous incumbent returned from war service. In 1948, as a war widow she accessed a

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<sup>1</sup> Country service was a requirement that teachers must complete service in a country area before progressing up the salary scale. This ensured that isolated rural schools and townships could staff their schools.

government grant of sixty five pounds (half the value of men's study grants) and with her widowed mother and four year old son travelled to London for post-graduate study. In New Zealand she became a Kindergarten Director, later returned to primary teaching, tutored in the Play Centre Movement, lectured at Wellington Teachers' College, and took up an Education Department position. She reached the then compulsory retirement age of sixty. 'On Friday afternoon [I] had a Departmental Farewell, but on Monday I was a relieving teacher for a school in the Wairarapa.' Beryl continued to work in her seventies and represented early Childhood Education on the Curriculum Committee and became a member of the VUW Council promoting Women's Studies and Early Childhood education as academic courses. Beryl completed a PhD aged eighty.

**Grace aged 85**, was born in Wellington; her mother a clerical worker and singer who after her marriage became an exemplary housewife and seamstress making all her daughters' clothes. Her father made his way from a fourteen-year old telegraph boy to a senior government post and encouraged Grace in her academic career. She was an outstanding student, changing schools as her father moved around the country on promotion. She was awarded a junior university scholarship and studied English, French, History and Political Science. She married a law student at nineteen, worked for the French Embassy and travelled to Europe with her husband. Grace had four children and worked when pregnant. She became a university lecturer at VUW in French, and Women's studies.

**Fiona aged 81**, was born in Dunedin; her father a labourer and her mother a dressmaker. The family had a strong Scots background, which promoted tertiary education. Fiona studied English, History and Political Science at Otago University part-time while at Dunedin Teachers, Training College. It was important that as a teacher trainee her university fees were paid as her family had limited finance. Her husband followed the same path before becoming an economist. She completed a BA in 1953. In 1977 when her children were older she obtained a Postgraduate Diploma in Education Studies from VUW and worked as a school counsellor.

**Susan aged 80** was born in the South Island; her parents were back-country farmers. Her primary education was interrupted by poor eyesight, family illness, her father's death and

the sale of the farm after her mother's diagnosis of cancer. Her widowed mother had wanted Susan to enter domestic service or horticulture and forbade the nursing career her daughter longed for, and Susan knew that without a good secondary education nursing was not possible. Her uncle intervened and she was able to attend boarding school for two years. After her mother's death she was given permission to train as a nurse. She filled in the extra time by training as a junior school matron at her boarding school and took home nursing and first aid classes at night. After marriage to a World War two veteran and moving to Wellington Susan found shift work inimical to the needs of her family so took a position in charge of the laundry at a private secondary school. A careful co-ordination of train and bus timetables enabled her to be home when the children returned from school. She did this for eleven years. Later she was able to reregister as a nurse and worked in rest home care.

**Anne aged 74** was born to parents on a high-country sheep farm in the North Island too far for daily travel to a secondary school so she became a boarder at a District High School. She trained first as a Karitane nurse specialising in the care of babies and pre-schoolers and later as a registered nurse where, at Calvary Hospital, greatly impressed by the dedicated work of the sisters of The Little Company of Mary (LCM), she made a commitment to the religious life and joined the order, qualified in midwifery, but became a theatre nurse supervisor. When Calvary closed she took sabbatical leave overseas and worked as an administrator for LCM and moved to community work. Her employment as a rent collector alerted her to the problems of the elderly and isolated. She made a commitment to work with old people which fits the social justice aims of LCM to provide spiritual support and care for the marginalised. Here she 'learned more than I gave.' For fourteen years she was an organiser for Wesley Care a community-based service for the elderly and an administrator of social work for the Catholic Church in New Zealand. She is responsible for a church school in Tonga, and in retirement is an active social worker in Christchurch after the 2010 and 2011 earthquakes.

**Joan aged 78** was born and educated in Wellington; her mother a clerk and her father a policeman. For many years she was an only child. She attended a single sex girls' college taking a professional course. Being only sixteen on leaving school she was too young for the hospital-based nursing course so worked as a clerk until at eighteen she started her

three-year's training as a general nurse and completed obstetrics the following year. In 1961 she travelled overseas for eight and a half years working as a nurse and as a clerk when nursing positions were unavailable. In London she gained further specialised skills as a theatre nurse. This extensive experience was valuable when she returned to New Zealand where she completed a degree by extra-mural study. Her last appointment was as Nurse Advisor to the Health Department. In retirement her clerical and organising abilities were used editing her Presbyterian Church newsletters and a journal for theatre nurses. She works as a volunteer clerk and receptionist at the local Police Station.

**Shirley aged 80** was born in Nelson her mother a housewife, her father a World War 1 veteran. Her father returned from Europe badly shell-shocked and farmed until his health declined. Shirley was the youngest of four girls in a close-knit family with outdoor interests. She learned to swim, took lessons in life saving, and singing, graduated with a degree in Geography and attended the Library School in Wellington. This supplied her with a small living allowance. Shirley's career as a librarian with a degree ensured her an interesting range of work places before the birth of her children and when they were older there were many opportunities for part-time employment. She worked for the Geological Survey, the Justice Department, General Assembly Library, the Department of Agriculture, the NZ Copyright Office and finally twelve years as assistant librarian in her local suburban library. Shirley reluctantly left library work. 'I had to retire at sixty-two and a half due to changes to the age of retirement before anti-ageist legislation had been passed [Human Rights Act 1993].' She became a volunteer for Riding with the Disabled. Currently she is caring for her husband in the early stages of dementia.

**Joy aged 76** was born in Hamilton; her mother a housewife, her father a Presbyterian minister which saw the family make many shifts to parishes in both the North and South Islands until her father's failing eyesight led to his retirement and the family settled in Dunedin where Joy attended High School. She enjoyed all classes in a general course and sat School Certificate in her fourth year. This was not considered appropriate for teacher training so she started work in a children's library where she was rostered through all library duties and was encouraged to become a librarian and obtained a New Zealand Library Association Certificate. Joy found part-time work in the National Library that fitted in with school hours and later after her divorce when her daughters had reached

secondary school, she used her cataloguing skills, along with cleaning jobs to supplement her Domestic Purposes Benefit from WINZ.

**May aged 80**, was born in Wellington; her father a World War 1 veteran, her mother a dressmaker. When his wife became permanently hospitalised, her father took up clerical work and with his two daughters moved to live with his widowed mother. May started University studies, but found the financial pressures too much and enrolled in Library School, which paid her a small salary while she completed a degree working in the university library. Later when her children were older she became librarian for her local secondary school.

**Diana aged 77** was born in Wellington. Her parents left school early and operated a small dairy farm, which supplied milk to the City Council. She was a shy only child who was academically able and her parents supported her desire to train as a physiotherapist. She worked in hospitals and private practices gaining experience overseas. She met her husband in London, returned to New Zealand where they built a home on the farm and worked locally part-time when her boys were older and opened a private practice when her husband was unable to work. She lives in a rural setting on the small farm, which no longer supplies milk.

**Ruth aged 92** was brought up in a Scottish family in Otago, one of six children, her mother was a tailor. Her father started work on a farm threshing floor, became variously a house builder, a clerk of works, and an architect and travelled widely as a pipe band Major. When he 'traded his wife for a younger model' the family was left in very straitened circumstances. There was no pension for a deserted wife. Ruth and her sisters left school early. Her first job was a domestic in a prosperous household where she was exploited and sexually harassed. Her deaf mother sewed in exchange for private lessons for her daughters, who learned pattern making, Pitman's shorthand and accounting at night classes. Ruth became a shorthand typist, During the Great Depression employment was difficult and although working women paid social security taxes they were not entitled to the unemployment benefit. Her mother had taught her to be assertive and to never tolerate injustice. This early experience influenced her support for women during thirty years of clerical and administrative work for trade unions, the Federation of Labour

and the Council of Trade Unions. During her marriage she worked during the day, but packed eggs at night while managing the poultry farm for her husband, who was seriously mentally incapacitated through his war service. As with many of the narrators Ruth continued paid employment past the age of retirement. She worked until sixty-eight in order to pay off her mortgage.

**Sheila aged 80** came from Australia to New Zealand as an infant. Her mother was a teacher, her father a door-to-door salesman of religious books. Her childhood was marked by erratic moves and warring parents who eventually separated. As a twelve-year old she suffered a head injury in a car accident, which left her with speech and memory deficits and difficulties in physical co-ordination. Previously an academically bright student with talent in sport and music she became the class clown. Her parents were Seventh Day Adventists and she persuaded her mother, a school teacher to allow her to board at Longburn College, where she continued a religious education and became a proficient pianist and singer. Her first employment replicated her father's work. Before her children were born she worked as a cleaner and later a photographer's booking agent, a housekeeper and in a garden centre.

**Helen aged 72** was born in Hamilton. Her mother was a dressmaker and meticulous housekeeper despite poor health. Her father, the eleventh child of sixteen, worked variously as a railway shunter, taxi driver and refrigerated small goods truck operator. She had a happy childhood and took a commercial course at secondary school for two years, but left because money was short in the family and easily found work as a shorthand typist. This was a period of post-war prosperity with low unemployment and rising wages. Helen worked as a shorthand typist for two large firms until she married. Her husband opposed married women working, but when finances were strained, along with a group of women from her church, was employed by meat inspectors to taste and smell lamb that had been exposed to fire damage.

**Jennifer aged 73** was born in Wellington; her father a medical orderly in the army and her mother a milliner. They had four children. Her family life was unhappy and violent. Although she was academically and artistically gifted her mother made her leave secondary school in her third year to contribute to family finances and arranged a job as a

supermarket ticket writer and window dresser. Her subsequent learning was community based with courses in pottery, screen-printing and batik, weaving, and through employment experience she became competent in photography and print-making. To escape home she became pregnant and married at seventeen. During marriage, when her two boys were older she supplemented the family income taking in sewing and working at her old job part-time. Moving to Australia did not improve her abusive marriage. There she was a voluntary visitor for house-bound people, worked in a plant nursery and as a paper hanger. On divorce she returned to her art work for a large retail chain, followed by employment in New Zealand as a paper and metal printing plate maker. Here she discovered the different pay rates for men and women doing the same job and negotiated a wage rise. When she complained to the union about harassment from the male staff she was advised to 'stick it out and keep looking for another job'. Widowed after a second marriage she supplemented the widow's benefit by selling her pottery and teaching pottery-making. Jennifer maintained a small rural property and later cooked on a sheep farm.

**Merrilyn aged 76** was born in Wellington; her mother a housewife worked in the Lancashire woollen mills from age 13, continued her education in night classes and migrated to New Zealand for a better life. Her father, a World War II veteran was a tram driver and both parents were communists, which Merrilyn felt had strongly influenced her beliefs and outlook on life. Bored with a dull curriculum she left school early and worked in a factory making small refrigerators, a stationery firm making cardboard boxes, and in retail and reception. She learned layout procedures and wrote columns for *Stitch Magazine*. She married at twenty-one, had five children and a difficult marriage. After her divorce she accessed the Domestic Purposes Benefit while her children were at school and later supplemented her writing by casual work in bars and restaurants. When unemployment was high she worked on a Department of Work and Income (WINZ) scheme designed to provide short periods of work for the unemployed where her writing skills were used editing firearm guideline booklets for the police. Well into her seventies she is self-employed as a mentor for writers, contributes to writing courses at Whitireia Polytechnic and runs writing workshops.



### 6.3 Marital Status

Twenty-one of participants had married, and at the time of interview eight were widowed, one was separated and six were divorced. Of these one had made a second marriage and another had re-partnered with her former husband; six were in their original marriage. Nine of the women had married between the ages of seventeen and twenty-one, eight in their mid to late twenties, three in their thirties and one at forty-eight. The earlier ages of marriage were common for this cohort of women. Note however, that the present age of partnering is now closer to the thirty and childbirth is commonly delayed until finances are more secure.

Positing a new stage of protracted adolescence before adulthood Arnett (2014) cites the changing patterns of marriage in the USA. In 1960 the average age for women marrying was 20.3 years and this rose quickly between 1970 and 2010 to over 26. This is an international trend and marks a change from the experience of the women in this study who settled down to the adult responsibilities of raising a family early in their life's trajectory. In New Zealand the median age for women marrying for the first time in 1971 was 20.8 and by 2011 it had risen to 28.3 (Statistics New Zealand, 2013b).

Historical research suggests that veterans returning from World War Two wanted to 'settle down in comfortable domestic life' Phillips (1996, p. 265) and for women there was an expectation of matrimony. 'I got married not so much because I wanted to, but because it was the thing to do...I wanted to do all the things that were right and acceptable to create my own family' (Smith, 1991, p. 92). Post war in New Zealand there was a baby boom. All the married or previously married women in this study had children.

As the age range for the women in the project was from seventy-two to ninety-two with a median age of seventy-nine it is not surprising that the larger group consisted of nine widows. The traditional pattern for marriage has been for men to marry women younger than themselves; women have a longer life expectancy than men and may experience long periods of widowhood. In 2005 the life expectancy for a non-Maori male aged sixty-five was a further seventeen years and for a non-Maori female aged sixty-five, a further

twenty years (Statistics New Zealand, 2012). The nine widows were Diana aged seventy-seven, Alice aged seventy-eight, Elizabeth and Colleen aged eighty, Penny and Susan aged eighty-one, Greta aged eighty-four, Beryl aged eighty-eight and Ruth aged ninety-two; at the time of the interviews the women had experienced between four and fifteen years of widowhood.

Over their lifetime these women had experienced considerable change in their marital status. At the time of the participants' interviews two were single, Joan had never married and Anne was a member of a celibate religious order. Judith, Amy, May, Helen and Shirley were with their original spouse and Joy had remarried after divorce. Beryl, a war widow remarried, but was later widowed again while Jennifer had married three times, experienced two divorces and widowhood. Merrilyn had divorced, partnered with a same sex partner for five years and currently lives on her own. Grace had divorced, lived on her own and later re-partnered with her former husband. Ruth and Megan had married ex-servicemen and felt that their marriage breakdown had been influenced by their husband's war experiences. Divorcees, Megan, Sheila, Merrilyn and Jennifer who was separated had experienced infidelity and abuse and now live alone separated. One consequence of divorce when remarriage or partnering did not occur was often the inability to regain home ownership (Dewilde & Stier, 2014).

## **6.4 Children**

All but two of the women had children; Judith six, Susan, Helen and Merrilyn five, Grace, May and Shirley four, Penny, Beryl, Fiona, Alice, Colleen, Diana and Sheila three, Elizabeth, Jennifer, Greta, Joy, Jennifer and Megan two and Ruth one.

Work for women with children was difficult since there were few facilities available for childcare. The hours for day-care centres were limited and kindergartens with trained pre-school teachers were few, both were expensive. One of the early areas for research by the Society for Research on Women in New Zealand was on childcare for working women (SROW, 1984b). When working part-time, friends would sometimes arrange to mind each other's children or if childcare was available to share the transport to or from the facility. Mothers, mothers-in-law, and neighbours were frequently child minders. Few

women could afford a nanny or Karitane nurse in their own home and none of the participants in this study had this help.

Part-time work was not easy to find and keep. A 1984 SROW survey of 246 Christchurch women, with children under fourteen, employed in low-paid factory and service work, found that employers determined whether or not women with children got jobs. Aside from childcare issues the survey found that the attitude of some employers to women with children showed up the lack of real equality of opportunity for many women in the workplace. Interviews with employers indicated the extent to which women are used as expendable parts of the workforce. They considered that the Human Rights Act which does not include women with children in its anti-discrimination legislation is inadequate and suggested that discrimination on the grounds of parenthood should be made illegal (SROW, 1984a).

## **6.5 Education and employment**

Family values played an important part in accessing the educational opportunities that were available. Greta's family and Susan's mother saw no value in advanced education for a girl. In large families with low income, education beyond the school leaving age was unaffordable as in Jennifer's case. For Elizabeth, Fiona, Diana, Beryl and Grace their parents saw education as a way to a better life and encouraged their children's aspirations. Ruth's solo mother made sure her daughters had the qualifications for a good job. Judith and Shirley's families had the income and knowledge to promote tertiary education for their children. Amy benefited from the economic upturn after the depression and gained the tertiary training her older sister missed by having to leave school early to help with family finances. The post-war economy needed more workers so jobs were readily available for those with only two years of secondary schooling, for example Megan who wanted to avoid becoming the family housekeeper, Merrilyn who was bored with school and Helen who left because money was short in the family.

The main professions for women were teaching and nursing. Together teachers and nurses made up just under a fifth of all women counted as being in the paid work force as shown in the 1921 and 1936 national censuses (SROW, 1986, p. ix). Most of these

women came from middleclass backgrounds, but some from working class backgrounds worked their way up from pupil teachers before going to Teachers' College or by obtaining certification from classroom teaching. Of the narrators in this study five were teachers, three nurses, three librarians, a dental nurse who retrained as a teacher, a physiotherapist, a statistician, a social worker and a lawyer. Twelve of these women accessed full or part-time university study. Teachers, nurses and librarians received allowances during their training. The others worked mainly in clerical situations, retail, light industry, hospitality and reception, employment seen as 'women's work'. Greta, the lawyer, found life difficult in what was then a man's world, and Jennifer and Marilyn found their *métier* in the arts.

## **6.6 Conclusion**

The life trajectories of the participants have followed different courses, but most have followed the expected roles for women, that of marriage and rearing children. Education has played a crucial part in the employment opportunities open to them and has underpinned their access to wealth. Although only two of the participants came from families where a parent had been a university graduate, fifteen of these twenty-three women (65%) entered tertiary education or training. This proportion is not typical of their national cohort and reflects the selection of participants from my own social network who had benefitted from the educational opportunities offered in the post-war expanding economy.

Paid employment was focused on the traditional sectors of women's employment: nursing, teaching, library work, clerical for those with higher levels of education and retail dressmaking, cooking and cleaning for those with less.

In the mid twentieth century when most of the women were bringing up families there was still the expectation that married women did not undertake paid employment consequently child-care was hard to find. It was not until their families were teenagers or adults that most of the women had the opportunity to return to the paid work force or to retrain in another field. Some first obtained part-time and casual work to fit in with school hours and family needs, but moved on to full-time employment later.

Chapters seven and eight will expand on their life histories showing in their own words how they acquired and managed their resources for survival in old age and the influences of social culture and government policies on their lives.



# CHAPTER 7

## WOMEN'S ACCESS TO RESOURCES

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### Introduction

'How has their life course prepared these women for life in old age?' This was the central focus for this study. Looking back over the material supplied by the interviews it was clear that some specific resources or lack of them had contributed to the women's situation in old age. Where does old age begin? The interviewees aged in their seventies, eighties and nineties agreed that they were old chronologically, but not that they necessarily felt 'old' although they may look old to observers. At the time of the interviews they were living independently in the community, some with a little household help. There was a consensus about the things that had been helpful during their life-time which had prepared them for their later life. These were: a good education, steady employment, owning their own house, government superannuation, New Zealand Superannuation, good health, a good partner, family support and good friends. Access to government superannuation in saving for retirement featured strongly because a significant number of the participants were government employees, teachers, nurses and librarians. Underlying these resources were the values that had come from their parents, spiritual support, resilience to overcome adversity and the ability to save and economise, to 'make do.'

While the purpose of analysis is related to the current situation of the women in old age, it is clear that this could be more productively understood by reference to their earlier activities and experiences underpinned by the historical developments outlined in chapter 5. The accessibility of resources was to some extent dependent upon government policies in place in New Zealand at the time, particularly post World War Two; the individual experiences of the women were structured within a social context of cultural expectations and the political economy current at the time.

The resources available to women in old age are interrelated, for example higher academic qualifications may lead to better incomes and the opportunity to save, which may facilitate home ownership and better access to health services. In this chapter, which includes key statements from the women's interviews, for the purposes of analysis, they are treated separately. Chapter 6 gave an overview of the personal biographies of the twenty-three women and the present chapter shows how they accessed their resources. Section 7.1 concerns Education and Employment, Section 7.2 Income and Assets and Section 7.3 Housing. Chapter 8 will explore in more depth the inter-related nature of the women's resources, including the influence of health, support networks, spiritual matters, social connectivity and resilience.

## **7.1 Background**

Pākehā New Zealanders (European settlers and their descendants), have had a long-standing individual pre-occupation with land and home ownership. In the 19<sup>th</sup> and 20<sup>th</sup> centuries many settlers were manual workers with little experience of home ownership. Migration offered an escape from the poverty and overcrowding of their homeland; New Zealand land was readily available and relatively inexpensive. With accommodation in short supply, they built or assisted in the building of shelters that became 'home' thus creating a 'deeply rooted tradition of ownership and a commitment to a 'do it yourself' attitude in house design, building and maintenance' (Perkins & Thorns, 2003, p. 121). This is sometimes referred to as 'the number eight wire approach'. These settlers had strong convictions about the necessity of owning their own home, which was reflected in the activities of future generations. Home can provide a locale in which people can work at attaining a sense of ontological security in a world that at times is experienced as threatening and uncontrollable; it provides a secure base around which identities are constructed (Dupuis & Thorns, 1996, 1998). Home means more than a shelter over your head.

A home of their own became a priority for the women in this study all of whom, at some time in their lives, owned or shared the ownership of a house. Their memories of their first and subsequent homes are recorded in their life stories. The poverty of the depression years, the immediate restrictions of war time rationing and the shortage of many



commodities called upon the skills of ‘making do’ evident in their stories, particularly in the setting up of their first home. This early experience of economising and substituting, was found to be valuable in managing their resources in old age.

Access to a good education was essential in obtaining relatively well-paid employment, but this did not always come easily, especially for women. Chapter 5, section 5 has detailed the uneven road to pay equity. Many of the interviewees in this study benefited from the opportunity to gain post-secondary education and training, but well-paid employment for most of them occurred when their children were older. Historians have claimed that the notion that women should only engage in paid labour until marriage and the setting up of their own households persisted well into the twentieth century (Carlyon & Morrow, 2013; Nolan, 2000, 2002). Women’s future unpaid labour was the care of husband, children and the household, sometimes of elderly parents or disabled siblings. Even after war-time experiences, when women had effectively filled the vacancies left by men overseas in the armed services, among some sections of society, the belief that respectable married women, whether or not they had children, did not work for money was still alive; paid work was still deemed the role of the ‘bread-winner’, the husband. In 1945 according to Carlyon and Morrow (2013) there was an emphasis on domesticity to assist the rehabilitation of soldiers to return to ‘normal life’ reinforced by government policy. Married women were encouraged to return to the home, be model wives, leave their jobs and reproduce. Women were a relief workforce available when required by war or the economy. The genesis and persistence of such beliefs is well explained by Burman in *Fit Work for Women* (2012) when teenagers were still holding similar implicitly stereotyped gender role based beliefs in the 21<sup>st</sup> century (Patterson & Forbes, 2012).

The reality was that some married working class women with and without children had always worked for payment outside the home. In some cases the women were the breadwinners, solo parents or widows. The 18<sup>th</sup> century industrial revolution in Britain, with the consequent urbanisation of the population and the rise of middle classes allowed further stratifications of social class so that men earning higher incomes could afford to have a non-working wife which granted him relative superiority to a man whose wife needed to work to supplement the family income. This cultural distinction arrived in New

Zealand with the early settlers despite the agricultural focus of the new colony where women worked unpaid in family businesses and on farms (Nolan, 2000).

Education was also a factor in relationship to health, well-being and social connectivity. Adequate healthy housing was dependent on wealth and closely allied to the proximity of transport, medical and shopping facilities. Personal mobility facilitated social connectivity. The use of Skype, email and the telephone encouraged communication with family and friends, but did not replace the need for face-to-face encounters with people; this requires facilities for affordable and accessible transport. Some of the women curtailed activities outside the home because they did not wish to drive at night or for lack of proximity to public transport and difficult time-tabling. On the other hand, use of the Gold Card for pensioners, giving free travel on public transport, facilitated travel during non-peak hours and mobility vouchers assisted the disabled as described in Chapter 5, Section 4.

Income was the key factor in providing for suitable housing, the material needs required for day to day living and devices supporting good health such as hearing aids, mobility aids and spectacles. It also supported access to medical insurance, which avoided the long waits for treatment in the public hospital system. In the 2007-8 Global Financial Crisis some of the women who had lost savings conserved their resources, replanned their retirement and reprioritised their expenditure. A significant observation from the interviews and discussion was that many of the women were unaware of or had only discovered by serendipity the benefits to which they were entitled, such as mobility vouchers or the local council's rebate on rates. Unless informed by friends and relatives, medical centres, the Citizens' Advice Bureau (CAB), the Internet or the daily press, they would be unlikely to know about other information services for the elderly. For instance, the visiting service offered by Age Concern, Helen MacDiarmid's excellent email newsletter service *50s Forward News and Views*, the New Zealand Aged Care Association's *Find a rest home* website launched in 2014 to provide answers to common questions about rest home, hospital and dementia care, or Age Concern's 'on research' online and email service hosted by Dr Judith Davey; none of the women interviewed, had accessed these. It appears from this that the provision of information for older people needs to be more readily accessible and more widely disseminated. Not all old people

own computers and increasingly Government departments have replaced brochures with the Internet. Voluntary organisations such as Age Concern and the CAB have not got national coverage.

The participants with higher levels of education had married men with similar educational backgrounds who had entered relatively highly paid employment. Most of these women experienced a comfortable financial situation in retirement, which allowed for overseas travel. Many of the women retrained or re-joined the workforce when their children were older. This augmented the family income, allowing for earlier repayments of mortgages and savings for retirement. The women who left school early had less opportunity to earn high wages, tended to marry earlier than those who entered tertiary education and found partners with limited assets and income.

The present New Zealand Superannuation provides a basic income, but without home ownership, substantial savings, part-time work, support from family or allowances from the Department of Work and Income New Zealand (WINZ), retirement can bring problems. House maintenance and car ownership are costly and holidays, unless free accommodation is available from family or friends, can be an unaffordable luxury. In 1988, 3% of people over sixty-five had high housing costs relative to their household incomes. Over the next two decades it rose to 8% per cent (Statistics New Zealand, 2010). The relatively low proportion of older people in households spending more than 30 per cent of their disposable income on housing (a measure of poverty) probably reflects the high levels of home ownership in New Zealand, but it is important to note that home ownership has declined steeply from a peak of about 75% in the late 1980's to around 65% in 2006 (Rashbrooke, 2013). Many more old-age pensioners are now dependent on private or social rental accommodation. New Zealand Superannuation is currently (2016) indexed to 66% of the net after tax average weekly wage supplemented by a cost of living adjustment CPI (cost price index) calculated each April, which advantages those over sixty-five compared to other state beneficiaries whose entitlement is linked only to the CPI and not to wages. This has serious implications for child poverty and increased inequality between generations.

## 7.2 Education and employment

A good education was the primary factor determining access to well-paid employment, a life-time resource for the narrators. In 1936 the abolition of the proficiency certificate opened the door to free secondary education for all children up to the age of 19 (Sutch, 1969). For many families a girl's education was perceived as less important than a boy's because the expectation was that she would marry and bring up a family supported by her husband, the bread-winner. In 1944 the school leaving age was raised to fifteen and girls benefited from this change.

The vocational focus in the school curricula reflected a clear gender role expectation. Courses such as woodwork and metalwork were almost solely for boys expected to enter the building and engineering trades, while clothing and home economics or domestic science were suitable for girls. In her 1985 study of girls' education in New Zealand from 1900 to 1975, Ruth Fry cites a government report that concluded that many parents felt girls needed little more than half the education of boys and literature for girls was chosen for its moral content. Because girls were given little instruction in mathematics and science, there were few women available to teach the subjects. While boys learned about agriculture, girls learned domestic skills. Physical training was viewed as unladylike, but the arts, particularly singing, were encouraged. Popular attitudes encouraged women to stay at home, to rear children and practise housewifely arts (Fry, 1985). The view of unladylike sport was constantly contested, but in the seventies contributors to *Standing in the Sunshine* (Coney, 1993) give numerous examples of individual and groups of women engaged in most sports.

Much has changed in the 21<sup>st</sup> century, but this was the culture experienced by the women in this study. McKergow (2000, pp. 163-187) states that in 1989 the writer Janet Frame observed that her childhood was 'a life where people had few clothes.' Most New Zealand women of the time could sew, and make their own and the family's clothing for every day wear (Brody, 2006). Outfits for special occasions were sometimes purchased or made by a dressmaker. This was described in many of the women's interviews, including those who had studied at university. They too made their own and children's clothes.

Girls were taught to sew at home and at primary school. During the depression and the wartime restriction on the import of clothing, this was a useful skill.

Typing and shorthand raised the opportunity for better-paid employment than retail and hairdressing. For girls able to stay at secondary school for three years, nursing, library work and teaching were possibilities. In the sciences girls were more likely to be taught core maths, nutrition and biology while boys took full maths, chemistry and physics. This was my personal experience in the nineteen-forties as a student and later as a teacher.

The participants in this study with tertiary degrees mostly studied languages, literature, history, geography, music and education. Only one woman took the sciences necessary for physiotherapy. Formal education in institutions however was not the only environment in which learning occurred; on-the-job training and life experiences were important. The three nurses trained in hospitals where they studied the relevant sciences and learned the practical skills of nursing.

In the post-war years the economies in Britain and New Zealand entered a period of expansion making it easy for a school leaver to get a job. Six of the women interviewed left school after about two years of secondary education, particularly if they came from a large family. In Dublin, Ireland, Colleen, one of eight siblings, left school at fourteen to work in an underwear factory, but it was not steady employment. 'I earned thirteen shillings and four pence a week, but I was put off in a slump and re-engaged when things were better.' This was a common experience for young inexperienced workers, especially women in an economic recession. Men were retained if possible as breadwinners for a family and in large families there was pressure to leave school as soon as possible to supplement the family income. In my mother's family in England, and later in New Zealand, many girls were sent into domestic service while the boys received trade training.

Colleen's early experience contrasts with that of Megan aged fifteen in Glasgow where the post-war reconstruction created plenty of work. She resisted the role of housekeeper, followed her friend's example and readily found work in the post-war boom, which encouraged women to take up paid employment outside the home:

My father [a solo parent] wanted me to stay home and keep the house, which I was doing anyway. My girlfriend Kathy had got a job so I wanted one too...After the war the women started working... before they had been housewives... On the Clyde work was going mad and the men were on bonus, so to save time and speed up production they didn't want to stop the heavy machinery while they went to the store rooms or office to pick up tools or drawings. They employed messengers to get them. That's what I did: (Megan)

She was soon noticed for her quick thinking and promoted to better paid clerical work:

One day I was called in to the office when someone was sick and the boss asked me if I would like a permanent job there, so that's how I became a clerk and I stayed there until I married at 18. (Megan)

According to the cultural convention of the time, paid employment ceased with marriage and pregnancy. She married early, leaving her clerical work when expecting her first child. This work experience was important later when her marriage ended and she was able to obtain clerical work in a prestigious hospital, which led to similar work when she migrated to New Zealand. While her salary did not provide enough to buy a house, she was able to accumulate savings that supplement her New Zealand Superannuation.

Helen attended an intermediate school with a secondary department. This meant that her mother was saved the expense of a new school uniform which they could ill afford:

I was in school with children that had been in lower classes than me, so I didn't have to try very hard... we did have a good commercial teacher, so at the end of two years I was a shorthand typist, went to work and thought nothing about education. With hindsight I wouldn't advise my kids to do it. It was enough to hold a job down, and jobs were plentiful, money was short. (Helen)

Helen's income was needed at home. At the time her choice seemed a good one because jobs for early school leavers were plentiful in the post-war years, but long term, because of rheumatoid arthritis, Grave's disease and the needs of five children, she was unable to contribute financially to the family income, which ultimately affected her security in

retirement. She foresaw that her children would need higher levels of education to obtain well-paid jobs. When her children were in their teens, Helen was concerned at her own inability to work as more married women were working and the costs of raising a family seemed to be forever increasing.

As shown by the SROW study *Urban Women*, married women's employment has risen steadily since the 1930s; in 1966 only 20% of married women were in paid employment, but by 1976 this increased to 33% (SROW, 1981a). Some of this increase was due to women choosing to work for interest, particularly when their children were all at school, but much was driven by financial need due to the low wages and increased unemployment seen in periods of economic recession which occurred in the late 1970's and in the economic reforms of the 1980's and 1990's. In their longitudinal study of New Zealand children, Gibb, Fergusson, and Horwood (2012) showed that low family income during childhood is associated with a range of educational and economic disadvantages. Women with young children have increasingly taken up paid employment. In the decade 1986-96 the participation rate for women with a child under one year old rose 7.9%, and with children 1-4 years old the increase was 10.6% (Davey, 1998).

Sheila's education was interrupted by her parents' separation, which resulted in over two years of moving around the countryside to different schools. A car accident at twelve left her with head injuries:

I was a mess; I used to call a dog a wog. I hated going to a shop and asking for something because I didn't know whether I was going to say the wrong thing....I skipped standard six which was absolutely stupid. I went straight to St Cuthbert's in form three.... That was a terrible mistake because I was not remembering anything; I was absolutely hopeless... so I haven't had secondary school training, although I claim to. (Sheila)

Sheila's emphatic comment on her lack of completed secondary education indicates not only regret, but also anger at her school teacher mother's decision to send her to secondary school before she could cope. In later life she realised its importance and falsely claimed it. At fifteen she persuaded her mother to let her attend the Seventh Day Adventist College:

I was the youngest and smallest... I picked up piano lessons again and ended up as the main pianist. I only ever wanted to do something musical, especially singing, but I was taught you'll never make a living or earn money singing. Keep your music in the church. (Sheila)

She graduated at eighteen, moved to Christchurch and, like her father, sold religious publications door to door. She hoped to get a scholarship to continue her studies in music and religious faith. Once again her lack of formal educational qualifications hampered her ambitions and limited her to low paid employment. An early, unhappy marriage that ended in a late life separation left her inadequately provided for in retirement.

Merrilyn found homecraft and clothing classes uninteresting and left school to work as a filing clerk, which she found very boring and so returned to school. She became active in drama and art, but still found school unsatisfying and experienced difficulties in concentrating so left to work at a local factory. She took speech production lessons and found employment more suited to her skills. 'When I joined Unity Theatre I found I could concentrate and learn roles.' Working for *Stitch Magazine*, doing layout, she learned on the job, expanding her writing skills, previously limited to her diary. 'I did a column for people who had skin problems.'

An early marriage and motherhood ended her experience of the paid workforce. Later she attended writing workshops and had her first short stories published. On divorce she retained a house, as she still had children at home and existed on the domestic purposes benefit supplemented by income from writing, organising writing workshops occasional editing and reviewing and part-time work on PEP (Project Employment programme) schemes which had been set up by the government in the 1980's to absorb the unemployed during an economic downturn.

Jennifer, an able and creative woman also left school early, but unwillingly:

I did quite well at high school, I won a couple of prizes, but my mother made me leave school when I was fifteen because she needed my board, she said she couldn't afford to keep me at high school. In reality she only wanted my board



money but the boys were allowed to finish high school, all three of them, I wasn't so I was put out to work. (Jennifer)

Her mother worked part-time with a large retail chain. In 1954 she arranged a position for Jennifer as a trainee ticket writer and window dresser. In the post-war period of economic expansion, as detailed in Chapter 5, jobs were easily found and it was typical for school leavers to find employment through family contacts and for girls to leave school at fifteen having reached the legal leaving age. Jennifer's mother's attitude exemplified the previously noted common belief that males were the future breadwinners for a family and needed further education or trade training whereas girls were still perceived as wives who would be dependent on their husbands for financial security and had no need for higher education.

Through 1967-68, SROW undertook a survey of 5,400 women in New Zealand's four main urban areas. It covered education, employment and retraining, child-care problems, finance and income, household and leisure activities. This established a baseline for comparison with future changes. While acknowledging the increased educational opportunities for young women it also noted 'that there still remains a clear opinion that girls should have less schooling than boys and that young women more especially think this' (SROW, 1981a). This has changed as girls are now outstripping boys in much of academic study, and comprise over half the enrolments for law and medicine. Similar gender shifts have occurred across most disciplines (Callister & Newell, 2008; Callister, Newell, Perry, & Scott, 2006). It will be interesting to see whether this change, particularly in medicine (which is associated with nursing a 'female' occupation) has the effect of lowering status and remuneration as it did in the Soviet Union.

There may have been reasons other than financial for academically able Jennifer leaving school at fifteen; her family life was underpinned by violence and parental disharmony as (see Chapter 8). Jennifer felt discounted and resentful that her brothers received higher education just because they were males and that her opportunities were limited to poorly paid retail work because she was female. If a girl did continue with tertiary education she would have been expected to meet 'Mr Right' who would support her on the higher income of a professional career. Few parents expected their daughters to have a career of

their own, but some middle class parents sent their daughters to university precisely to find a husband who would access a high income (Glenn & Marquardt, 2001).

Jennifer's dysfunctional family relationships contributed to her early marriage and pregnancy. When her marriage floundered overseas she found employment based on her graphic art skills and later returned to New Zealand finding work in printing and photography and as a potter. An itinerant lifestyle, downsizing property, poor health and divorce depleted her resources and in old age she found herself dependent on NZ Superannuation supplemented by the living alone and disability allowances, but with insecure and poor quality rental accommodation (see below).

Three other interviewees experienced difficulty in furthering their education due to cultural expectations for women. In Germany, Greta's parents opposed her secondary education on the grounds that 'girls did not need higher education' and because her work would be domestic as a wife and mother. Fortunately her teacher intervened:

She called on my father. She reminded him of the story of the talents in the Bible and my father was sufficiently impressed to agree that I should go to secondary school...I wanted to become an interpreter and travel the world because I was good at English and French too, and Latin less so because most of the Latin classes were spent in an air raid shelter. (Greta)

Greta's education was disrupted at the senior level, by a requirement for German sixteen-year olds to contribute war service and her father's refusal to support her tertiary education. She obtained work in the court translating for the Occupation Forces:

When I worked in the court I watched the lawyers in action and thought I could do this. I very much wanted to study law but to do so I would have had to go back to secondary school for one year. For the first and last time in my life I asked my father for some advice and for some assistance, because I could not have gone back to school and kept myself, part-time work was not available. (Greta)

Like Jennifer her ambitions were thwarted because of gender expectations.

He told me that his resources were limited and that what he had must be devoted to my younger brother's education because my brother would, in due course, have to support a wife and family and that was that and it was not explained what I was supposed to be doing. (Greta)

Susan's mother was determined that her daughter should not become a nurse, perhaps because of her experience of nursing her husband and stepson and the stress involved, but also because of Susan's poor eyesight. When terminally ill she instructed her brother, Susan's guardian, a back-country farmer accordingly. 'She decided I was going to be an apprentice in the Botanical gardens in Dunedin and she arranged it all.' Her mother may have been influenced by her own exhausting nursing care of her husband and stepson and the fact that nurses frequently died of infectious diseases like tuberculosis before the availability of antibiotics. The control of tuberculosis among nurses was a recognised problem (Myers, 1930). Her awareness of Susan's preference for outdoor work may have prompted the horticultural apprenticeship. After her mother's death Susan pleaded with her uncle to continue her secondary education:

I don't want to be an apprentice at the gardens; I want to go to high school so I can become a nurse... My uncle decided there was enough money left for me to have two years at Columba College [as a boarder] and that's what I did and loved it. (Susan)

She was offered a position as trainee matron at the school hostel and attended home nursing night classes. Susan's persistence and determination won her uncle over. She trained as a nurse. This employment before marriage gave Susan time to save. Her earlier experience as a junior matron at the boarding school gave her a background to find work, which later supplemented the family income when her husband was ill. She later worked in rest home care. As a registered nurse Susan was paid a higher rate than other rest home carers. This contributed to her financial security in retirement.

Ruth, born in 1918, one of six children, left school at twelve and worked for two years as a domestic servant where she experienced exploitation and sexual harassment. Her mother had been deserted. 'Father traded my mother in for a younger model... I learned to be assertive from my mother who changed from being a gentle softie to a harsh vixen

fighting for her cubs.’ At that time there was no entitlement for a pension for a deserted wife, so her mother, a tailor, sewed for her employer in exchange for private lessons for her daughters. It was not until 1938 that the equivalent of a widow’s benefit was granted to deserted wives.

Having passed the proficiency exam, Ruth was entitled to two years further education. She attended night school, passed Pitman’s typing and shorthand examinations and one year of accountancy. Her mother’s recognition of a girl’s need for education ultimately provided Ruth with the means to support her son through university. In her eighties she was finally persuaded to allow her son, a successful lawyer overseas, to contribute to her comfort as a pensioner. He replaces her car when required, pays for petrol, rates and insurance ensuring that she has no financial problems. This indicates the importance of family support in old age.

Other women received support from families in which education was highly valued with no gender discrimination. These tended to be families where the parents had achieved higher levels of education by their own initiative (Elizabeth, Grace and Beryl) or had a background of professional employment (Judith) and a reasonable income.

Grace attended university at sixteen where her scholastic abilities won her scholarships. These were supplemented by working in the university cafeteria, which provided her with meals, and holiday work delivering mail. This produced an independent income while living at home before an early marriage:

I studied English, History, French and Political Science which interested me a lot and this meshed in with my social justice and egalitarian ideas, philosophy, and ethics which came from Methodism and its opposition to the established church and authority. I was thinking about women’s employment, one of many political and other issues I was aware of in those days. (Grace)

Grace put into practice her conviction that women’s employment was a source of income independent of a male provider so worked throughout her marriage. This increased their savings for home ownership and security in retirement. She worked in the French Embassy Information Service as a bilingual secretary where she challenged the mantra

that married women should not be in paid employment. 'When I married I had no expectation of being kept by my husband. This job was worth eight to ten pounds a week, and my husband, a law clerk was only getting two pounds.' Her personal motivation was to save money for them to travel to France, but this challenged the societal expectations that men should be the breadwinners.

The higher salary she earned was clearly an incentive to continue working, but more importantly she valued being financially independent. Her husband agreed. She continued working for the greater part of her pregnancies and with difficulty arranged childcare for her young children despite the criticism which, at that time, attended married women with pre-school children who chose to do paid work outside the family. 'I experienced opprobrium for working a full-time job while I had two children under two'. This too challenged the social expectations for married women.

Beryl's father was a soldier and interpreter in the First World War. On his return he took a teaching position and completed his Master's degree, with a rehabilitation grant. Beryl remembers being taken to the university library at an early age. Education was a high priority for their family and she qualified as a primary teacher. After the death of her husband in World War Two, she travelled to Britain to gain further specialisation in early childhood education. She commented on her increased profile in the education sector over the years. 'I came from being a humble seventeen-year old student to be a member of the University Council, like, from log cabin to White House.' Her early family experiences of education were positive leading to a life-long interest in the educative process. Beryl completed a PhD aged eighty and continued to contribute to the field of early childhood education. She died recently and this research recording of her experiences is important.

Most of the women with tertiary education married men who had professional or advanced trade qualifications. Higher academic or trade qualifications were expected to result in higher incomes and greater expectations of promotion. International research suggests that gaining higher levels of education and the increased earning potential associated with better education allows women to search longer for a suitable partner (Callister, 2006). Fiona, a secondary teacher married an economist, Grace, an academic, married a lawyer. Judith and her husband were teachers who later retrained in Sociology

and as a librarian. Greta, a lawyer married a marketing manager with a degree in Political Science. Elizabeth married a Master Mariner, Shirley, a geography graduate and librarian, married a civil engineer. May, a librarian, married an electrical engineer and Alice, a dental nurse married a teacher. A common feature was that their combined incomes, when the women worked full or part-time, had contributed to their early acquisition of a mortgage-free home and retirement savings which promised a secure and comfortable retirement as discussed below.

### **7.3 Income and assets**

The major factor in acquiring wealth came from high earning. This allowed the family or a single woman to service a home mortgage, and to accrue savings for retirement. Much of the gender differences in wealth accumulation can be explained by the gendering of work and family roles that restrict a woman's ability to build up assets over her life course (Brody, 2006; McNamara, 2004). Women are frequently segregated in low-paid and part-time employment with time out to raise families (Hyman, 1994). Few of the participants inherited wealth, although some received assistance from parents in the purchase of a home.

Most of the women married in the nineteen-fifties in a country recovering from war. The economy was tightly controlled, unemployment was low, jobs and apprenticeships were plentiful and the stronger unions had negotiated good wages and conditions for their workers. The interviewees Colleen, Megan, Helen, Sheila, Jennifer and Marilyn, early school leavers who married early, had worked in the poorly paid employment sector perceived as 'women's work'. Legislation for equal pay for men and women doing work of equal value was many years ahead. Those who had married later, or who had gained higher educational qualifications tended to be better off and had been able to save. For all of them thrift was a way of life; they had learned to 'make do'.

#### **7.3.1 Early Economising**

The experience of privation in economic recession and war has a long history; the women repeated their parents' practice of making do and saving where possible. For example, Alice's husband, a teacher, found a substitute for a refrigerator. 'We were very poor and

did not have a refrigerator so a large drainpipe sunk in the ground was perfect for baby's milk'. Jennifer summed up her approach to money 'I hate having debt; I was brought up, if you haven't got money for something then you don't have it, and I have lived like that all my life.' Susan was very clear about what was important:

We've never, ever bought anything unless the money's in the bank to pay for it. Certainly we have had them on hire purchase, or paid them off in three months at the cash price but we've never, ever liked debts hanging over our heads. (Susan)

Susan cooked and baked as economically as possible and described how she had learnt to sew, making her own and the children's clothes most of the time:

I couldn't afford to buy them except for dresses for formal things for the firm... My husband told me to go and find a nice dress to wear... When I lived with my mum in Dunedin, I was about twelve or thirteen, because we had very little money, my aunts would give me cast-off dresses, being a kid I didn't like their shape or the size, so I used to undo them and that's how I learnt to sew, by undoing, finding out how it was put together and remaking them. (Susan)

Although Susan's husband had steady employment with five children it was hard to manage on one income:

Finance was a real nightmare trying to make things stretch.... I'd think, what am I going to give them for lunch? So quite often they had spaghetti and I used to make tomato puree and put it away very quietly in bottles and cook up spaghetti and give them spaghetti. They didn't like homemade stuff so I had a large spaghetti tin that I used to slosh around with my tomato sauce, so they'd think they were having tinned spaghetti and they ate it up quite happily. I couldn't afford to feed that lot on tinned spaghetti it was just a bit expensive. (Susan)

Susan found the least expensive alternative and challenged the local grocer when he had not applied government gazetted price reductions on basics like milk and flour. Her careful management of household expenditure avoided debt and contributed to the family's ability to service the mortgage.

Grace followed her father's dictum 'Look after the pennies and the pounds will take care of themselves.' She sewed and knitted for the children and made as many household economies as possible.

Knitting, sewing, preserving, gardening, papering, painting and 'making do' were the order of the day, to be fitted around childcare, cooking, washing and cleaning. These home-making skills and the ability of the women to make the best of limited resources contributed significantly to the ability of the young families to save for a deposit on a house of their own. In addition a few women found some seasonal or part-time work while the children were at school. Jennifer sewed children's clothes, before returning to ticket writing. Joy supplemented the Domestic Purposes benefit by house cleaning and Sheila did commercial cleaning taking the baby with her.

### **7.3.2 Finance in mid-life**

Grace discovered that the state government superannuation scheme was available to teachers and that she could use her years as a full-time student, her work in the Education Department, some jobs in journalism, secretarial work for foreign legations, secondary school teaching and university lectureship to accrue eligibility for Government Superannuation. Her husband was then in an established legal practice:

I was able to claim 6 months for every part-time year. ...1975-1978. With Colin's [husband] help I was able to buy back 12 years of service and ended up with 29 years' service. This has enabled me to have a more comfortable retirement than I could have managed otherwise. Our home is mortgage free. (Grace)

Judith returned to part-time work in the nineteen-seventies and was urged to join the Government Superannuation. She too found the advantage of joining 'Government Super':

Elizabeth Orr [National Council for the Employment of Women] advised me on the importance of joining the Government Superannuation scheme; I could buy back service time. There was another saving scheme by Tower Insurance... I joined both. I started other investments in 1981. (Judith)



Merrilyn divorced when she was forty and received a good settlement, which allowed her to purchase a home for herself and the children. Her income was primarily from the Domestic Purposes Allowance supplemented by part-time work. For five years she was in a tempestuous relationship with Harriet, a professional woman with a good income who continually put her under pressure to put her name on the title deeds of the property, which she did. 'I can't believe I was so stupid. There were times in the relationship that I felt suicidal.' Merrilyn found herself embroiled in a legal dispute. House values were rising rapidly and after two years she found herself having to pay her ex-partner the extra value that had accrued during their period together. This reduced her capital. She downsized her home several times to buy cheaper property, releasing money for travel, but ultimately leaving her with a mortgage. Merrilyn now manages finances on her limited writer's income. 'I pay bills first and live on what's left like my mother. I buy vegetables at the weekend market and supermarket specials.' She practises the 'making do' of her childhood.

### **7.3.3 Finance in retirement**

Judith and her husband have a large family, but were very careful savers. Judith received compensation from Germany for the loss of her parents in the Holocaust. This they saved and supplemented by an inheritance it enabled them to help their children and a grandchild into home ownership. She felt that they are comfortably off in retirement. With only one loss their judicious spread of investments and equity in property survived the GFC:

[We] still have some plans for travel to the Pacific Islands when we are old, really old. It's really nice to get away in the winter. Our Government Superannuation is enough for us to save up for trips like that. (Judith)

Judith's financial position is better than many women in this study. Her upgrading of tertiary qualifications and return to the workforce as her children grew older was important as it also compensated for her husband's early retirement when his government department was restructured. They were enabled to save for longer which improved their retirement finances.

However carefully plans are made for retirement, there are always unexpected pitfalls such as illness, redundancy or failed investments. Susan, Elizabeth, Diana and Penny because of their professional qualifications and work experience, were able to work when their husbands experienced illness, loss of income and investments or redundancy, thus maintaining the capacity to save for retirement.

Fiona was worried that she had very little disposable income left due to the fees paid for her husband's medical care and this did not resolve until after his death. 'I am using my last \$10,000.' Access to economic resources influences the material conditions of life for older people, as well as the freedoms and capacities of older people to achieve the kind of lives they value (Mansvelt, Breheny, & Stephens, 2014).

Elizabeth found the shift from Dunedin to Wellington very expensive as the difference in house prices reduced her capital. Her late husband's retirement investment in deer farms lost value when the export market for venison failed. She put her remaining savings into bonus bonds. 'Alan didn't like it, but I did the calculations and showed him that I would be better off than the bank or finance company. Although the returns are uncertain it is still tax free.' She convinced her family that it was enough to supplement her New Zealand Super as long as she economises.

Diana when widowed found that the market for chestnuts, planted by her husband for retirement income failed and another investment collapsed:

I'm beginning to think that the days of big trips are over, not just because of age, but for finances. Ten years ago I didn't have any financial worries, but unfortunately I got involved in this Hanover debacle [failure of a finance company]. Suddenly you have to prioritise. The car is still fine; my son up the road is a good mechanic and keeps things running. (Diana)

Despite this loss of income Diana is able to live in her rural property fairly comfortably, grazing a few sheep and keeping up a productive garden. Public transport is not available so her car is very important. Susan alerted by a poor investment of her husband's, took some advice and withdrew from Hanover before it crashed. Jennifer's situation is very different:

Now finances, I am living on National Superannuation right now with a disability allowance. I have very little money in the bank because moving house so often has depleted my money and now and again if I want a big item like new spectacles I need to go to WINZ and say please will you give me enough money for my new spectacles and I pay it back in the minimum amount, you can pay back like \$5 a pay. I am not that mean and I get mine paid back about \$50 a pay until it is paid off, I get it paid off really quickly so they never mind lending me money. (Jennifer)

Jennifer has terminal cancer, but is still determined to manage her finances well. Rather than her multiple house shifts, it has been the division of property on divorce that has deprived her of the opportunity to purchase another home leaving her with no realisable assets to draw on in retirement.

#### **7.4 Housing and transport**

Adequate housing is essential to human well-being. New Zealand has been noted for its high levels of home ownership; Chapter Three, section eight cited the 2006 census which reported that 93% of people over sixty-five lived in private dwellings and that 76% of them owned their own home. Australian home ownership is considered the fourth pillar of their complex retirement provision; it is part of an asset-based welfare system, which reduces the requirement for state provision of social housing. In 2009 Yates and Bradbury examined the potential that an asset-based welfare has to protect households after retirement. They focused specifically on the role of home ownership in maintaining average living standards and preventing poverty (Yates & Bradbury, 2009). In New Zealand home ownership fulfils this function. Most New Zealanders regard the owning of a home as providing security against the uncertainties and unavailability of suitable rental accommodation, especially in old age. We have warrants of fitness for motor vehicles and boats, but not yet for rental accommodation and much of our housing is of poor quality, uninsulated (Macfie, 2015) and does not address the special needs of older women living alone or disabled (Howden-Chapman et al., 1999). A recent study from the University of Auckland (Mills et al., 2015) is supported by research from the Salvation Army on the growth of the homeless and confirms the ongoing need for rental housing. The housing

situation in old age cannot be seen in isolation from their life-time experiences (Davey, 2006b; Davey et al., 2004).

The requirements for housing change as families grow and more space is needed for children. The proximity of a school or kindergarten becomes desirable. Change of employment may necessitate shifting or a change of income may facilitate an upgrade of the home. Sometimes room must be made for elderly parents and changes made to reduce the possibility of falls or accommodate the needs of disability. Retirement often requires owners to downsize to a smaller house with less maintenance, no stairs, flat access, reduced garden space and better access to public transport, a medical centre and shopping facilities. By downsizing it is also possible to release capital, which can be used to improve the quality of life in retirement. Australian research Dolan, McLean, and Roland (2005) found downsizing by renting or purchasing a less expensive home could release capital. An alternative option, a home conversion loan was not popular with current retirees, but a younger age group was interested. There were also indications that this may have inheritance issues for families and Davey (2007) found similar results in New Zealand.

All but one of the participants in this study had owned a home at some time in their life; the exception was Anne who joined a religious order, which provided accommodation; she felt that her old age would be secure. Through marital breakdown three of the women Jennifer, Sheila and Megan, had lost their homes and were dependent on social housing. The division of marital property on divorce is difficult for women who have often spent many years out of the paid workforce as care-givers and home-makers. Their ability to earn money is severely compromised and they are unlikely to have the financial capacity to service a mortgage. There is little New Zealand research on the financial effects of divorce in later life but an Australian study found that hardship was experienced for both men and women who did not remarry (De Vaus & De Vaus, 2007). An analysis of the 1999 Canadian Survey of financial security showed the gender inequalities in the accumulation of wealth by older women due to their reduced access to and differential return from the material and social conditions of life that foster economic security. 'Much of the gender differences in wealth can be explained by the gendering of work and family

roles that restricts women's ability to build up assets over the life course' (Denton & Boos, 2007).

#### **7.4.1 First accommodation**

The women mostly boarded or lived at home until marriage when they tried to find a flat, boarding house, bed-sit or lived with parents until they could afford to buy or build a home of their own. This would give security for a family, an asset for future retirement to avoid the insecurity and poor quality of much rental housing. New Zealand today still has a problem with rental housing (Macfie, 2015). The participants' interview excerpts below support the view that this situation has a history as shown in 5.8 above. According to Jennifer:

In the 1950's it was terribly hard to find somewhere to live and if you found a flat you had to pay key money, \$100 or \$200, you just couldn't find somewhere to live. In the end we took a flat and shared it with a single chap ...but he was an alcoholic and we had to move to my mother-in-law's boarding house. (Jennifer)

We had some top rooms in a two-storey house... I lost a baby that year and we shifted to a nasty little condemned house which we were trying to do up.... I was overtired and suicidal, it was so bad... we got a state house, because that house was condemned and we had nowhere to go. (Sheila)

Sheila and Jennifer's experience of the difficulties in finding suitable rental accommodation were not unusual. Sheila and her husband eventually accessed Government rental housing only because of low income and having a child. Grace and Greta were more fortunate:

We found a downstairs flat...rented from either the Public Trust or State Advances for a reasonable rental, two pounds five shillings [weekly] where we were able to avoid 'key money' by passing it from one lessee to the other among friends. (Grace)

We found a rental flat in Napier in a very old, large house without any wash-house or washing machine so you had to wash your clothes in the copper ....We

bought the minimum [furniture], we didn't have a fridge or a washing machine, and it took quite a while before we saved enough money to buy them, ... at that time you put your food into a safe which stuck out of the wall.... there were armies of ants and the little beasties would come in and run all over your food.

(Greta)

Greta's emphasis on having the minimum furniture and no washing machine was typical of the 'making do' at the time unlike some young couples today. Credit cards were not in use and memories of war and depression did not allow for extravagance. Whiteware was still a luxury and like cars, subject to import restrictions.

These women experienced the problem of finding accommodation in the nineteen-fifties. New building and maintenance on older housing slipped during the war and although the economy was expanding post-war there were import controls, and a shortage of builders and materials (Sutch, 1969). Increased numbers of immigrants and the post-war baby boom put pressure on housing. The movement of young people from rural areas to towns hoping to find jobs added to the competition for accommodation. Not many young couples had enough savings for a deposit on a house, but rental accommodation was also in short supply and expensive.

Sometimes Government Departments supplied housing for workers. Newly married, Judith and Alice stayed for some time with family, but when their husbands moved to rural areas to complete their country service teaching, Education Department housing was supplied. For Alice it was disaster:

Dreadful, dilapidated, no real upkeep! It had had a dog living there...it was broken down and we had to wait a year for anything to be done. We had our first baby in that house and Bill said 'I could see that if I didn't shift, I would not have a wife or a baby.' (Alice)

Helen's and May's husbands accessed pool housing through the Ministry of Works. This was available to government workers on transfer in both rural and urban areas where accommodation was difficult to obtain. Beryl, a war widow took up a sole charge

teaching position in the country, which provided a school house. She took her widowed mother and baby with her.

Helen described her first homes, 'We got married in 1962. Dave was already working on a power project ... He had access to a house, the rent was only ten shillings a week which was cheap then.' A transfer in the winter provided them with another Ministry of Works house dearer at 30 shillings a week, but in poorer condition:

There were no curtains, there was no floor covering, there was a piece of lino in the kitchen and it was freezing. In the morning the top of our blankets were wet because it was so cold. My husband used to go to bed with his army gloves on.  
(Helen)

The combination of cheap rental and 'making do' allowed them to start saving and the poor conditions in the rental house motivated them to find a place of their own when they shifted to a city. Dave's promotion to supervisor increased his salary, but he lost the overtime available on his previous jobs, which made servicing a mortgage difficult.

#### **7.4.2 First Home ownership**

Greta and her husband shifted to Wellington for better employment while still pursuing university study. They found a central city boarding house then rented a suburban flat within walking distance to the university. With increased incomes, lower transport costs and no children they were able to save for their first home, which they later upgraded.

May and her husband were more fortunate than Helen and Dave with their low rental pool house, and after two years had saved enough to buy a small house of their own. The lower rentals of housing provided by the Housing Corporation and other Ministries facilitated saving a deposit on a house. For Alice the inadequate housing prompted a shift to Auckland where they built a house in a newly developed area among other young couples; a new government policy had provided a financial incentive 'Nash's Labour government brought in 3% loans for family homes and it was possible to capitalise the Family Benefit for a deposit. We also used our savings and had some help from family.'

These government policies with the provision of low interest loans from State Advances for the purchase of a first home also helped Colleen, Sheila and Jennifer into their first homes. Help was sometimes available from parents as loans or gifts. Susan's husband, a war veteran, was entitled to a housing loan. This enabled them to build their first home which she described:

We spent the rest of our honeymoon painting, sandpapering. A chap came out to wallpaper the ceilings, I had to help him, hold the broom, hold the paper in place as he stuck it on. All the walls had to be lined ... it was my job to paint the inside, undercoat it all and enamel it because I don't think we had flat paints in those days...

No furniture. There was a mattress my uncle sent up and there was an old dressing table of nana's there. We used to put the mattress against the dressing table and sit in front of the fire and scoff crumpets. Well we did have a fridge and a washing machine, but that was it. We didn't need a vacuum cleaner because we varnished all the floors because of the sand which would get into carpets. (Susan)

Susan and her husband, cheerfully made do with used furniture and like many New Zealanders were 'do it yourself' experts because tradesmen were in short supply immediately post-war. Helen and Dave found a home in the city and managed to raise a mortgage with the help of a family loan:

My husband was a [state servant] on transfer. We got the maximum state advances loan at 5%, then went to the Public Service Investment Society for 9%. We also had a private loan of a thousand dollars through my mother-in-law... Dave paid tax as a single man and at the end of the year he claimed a rebate, that's how he paid her and to finish that loan after he'd paid the second mortgage off, he took another second mortgage and paid her the balance, then we struggled on for another 5 years on this second mortgage. Money was tight. (Helen)

Like many young couples with children they had struggled to find the money to buy a house. More than one mortgage and borrowing from family were not unusual.



Judith and Colin returned from country teaching to Wellington where Colin attended Library School and Judith prepared for the birth of their first child. In the mid-fifties the economy was expanding and many new suburbs in Wellington were opened up on the outskirts of the city. These were favoured by young couples with families. The immediate restrictions of wartime rationing and the shortage of many commodities called upon the skills of ‘making do’ and these were evident in the women’s life stories particularly in the setting up of their first home. Judith was not the only one with apple box and packing case furniture:

Buying a section and building was much easier at that time than buying a house and doing it up. We managed to buy a section in Newlands for 330 pounds and had a pre-cut house built. We were living with Colin’s parents at time. Not ideal. Instead of eight weeks, it took eight months to finish. Our baby was born and we were still with his parents. We moved in when Steven was six months old. Conditions in the house were very primitive and furnishings limited.... We gradually collected kit-set furniture, which replaced the apple boxes. There were no floor coverings and huge windows; we were open to the elements... I bought a job lot of grey shirting material to make curtains, which became, years later, lining for the next lot. (Judith)

Judith’s description of the new house is another example of ‘making do’. Most young couples set up house in this way, they had been brought up with the rubrics of ‘waste not, want not’, ‘save the pennies, the pounds will take care of themselves’ and ‘cut your coat according to your cloth’. These sentiments were a legacy of pioneering, war and depression, a recipe to avoid poverty. They are also apparent in chapter eight’s section on childhood. Proverbs and adages such as the above persist within cultures, express deep values and have a teaching function for the young. ‘Social proverbs contain life philosophies and experience as well as moral standards; aspects of social life are reflected in the mirror of social proverbs’ (Zhao, 2012). This has been the case for the women in this study.

In New Zealand all boys and girls attended manual training classes in the last two years of primary school; girls took cooking and sewing, boys woodwork and metal work.

Parents frequently reinforced these skills at home where most children also learned to keep a garden. Most of the women sewed and one of their first purchases or presents was a sewing machine. These skills contributed to 'making do' which meant recycling wherever possible, making things rather than buying ready-mades, substituting cheap or second-hand items for more expensive or unobtainable ones and doing without all but the most basic needs.

The ten participants married between seventeen and twenty-one tended to experience more difficulty in gaining home ownership than the women who married later; the latter group and their spouses had had more time to accumulate savings and establish careers with a steady income favoured by mortgagors. An exception was Grace who married at nineteen and continued working and saved enough for overseas travel for herself and husband and continued work during pregnancies while her husband established a law practice. Even so, by the time they had two children buying a house was still a financial hurdle:

We found a five-bedroomed house at a moderate price, 3,600 pounds. Got together a bit of cash by reimbursement from the owners for improvements we'd made to the flat and selling a few things like furniture...a first mortgage from a friend's mother who wanted to invest, a second mortgage from my father.... and the elderly vendors left some money in. Over the next four years we made alterations ourselves. I remember finding second hand doors, windows and buying off-cuts of gib board and learning to plaster..... if you examine the sitting room ceiling you'll see it's slightly uneven, but it hasn't cracked. [laughter] We didn't get any professional help until the late sixties. (Grace)

Like Judith and her husband they were 'make do' and do it yourself (DIY) practitioners, intent on saving money. Susan, Judith and Grace described these early do it yourself activities with both pride and amusement. Grace emphasised the principles with which she had been brought up:

The old principles from my father in the depression, the frugal habits of a Methodist upbringing..... with a mortgage you were in debt and mortgage and

bill payments took priority before any spending on frivolous purchases or new clothes. (Grace)

Such practices appeared in nearly all the women's life stories, often accompanied by concerns that a future generation with easy access to credit cards and considerable debt from student loans would not be able to save for home ownership. They expressed concern that the skills of 'making do' had been lost to their grandchildren's generation.

Women were disadvantaged in obtaining a mortgage without a male guarantor. Ruth, separated from her husband because of his mental illness, had great difficulty in buying a house for herself. Her twenty-year old son was required to be guarantor for the mortgage despite being a student with no income. Ruth's experience was used by the National Council of Women when making submissions for the Matrimonial Properties Act 1976 on the inequities of women's lack of access to credit in their own name. This reflects my own experience in 1976 when the bank required male guarantors, my father or brother. This I declined and finally raised a mortgage with a Building Society. The issue of women's uncertain access to credit facilities is cogently addressed in chapter two of *Women and Money* (SROW, 1981b) which cites the *Human Rights Commission's Annual Report, 1981* affirmation of women's legal rights to credit.

Sheila's husband, after a series of poorly paid jobs, trained as a nurse in a psychiatric hospital where with a great deal of overtime they were able to save for a home of their own in an inexpensive outer suburb close to work. With adult children, Sheila took up full-time employment as a booking agent in a photographic studio; two incomes facilitated an early mortgage repayment.

Joan never married and had lived in the hospital nurses' home or flatted nearby. Near the end of her career she was appointed to a Government Department; her increased salary allowed her to purchase a home of her own. In the nineteen-eighties, earning a regular professional income, Joan had no problems accessing a mortgage unlike Ruth in the fifties. Joan found a property, which fulfilled her needs at the time, particularly as she did not drive:

When I was working in the hospital, it would never have occurred to me that I could have a place of my own, nurses weren't very well paid, but when I took the position in the Department of Health, suddenly I was richer by 40% and it wasn't just a possibility... I was able to buy my apartment...I could walk downhill from my place in Broadmeadows to Khandallah which has both bus and train services in no longer than twenty minutes... there I found a nice Presbyterian church, nice shops, a library and medical centre, all the things you really need in a community area, and a supermarket. I quickly found myself to be at home there. (Joan)

Her description fulfils all the requirements usually sought by a woman living on her own who does not drive. The flat is within her budget and the shopping facilities, medical services and social venues are within walking distance as are transport by train and bus. Later when Joan was less able to walk she was able to obtain discounted taxi services or rides from friends and neighbours.

Greta and her husband shifted to Wellington for better employment while pursuing university study. They found a central city boarding house and then rented a suburban flat within walking distance to the University. With increased income, reduced transport costs and no children they were better able to save for their first modest home, which they later upgraded to a better house.

### **7.4.3 Later homes**

Over the years most of the participants had relocated their homes. Sometimes this was for their husband's employment transfers, sometimes to make more space for a growing family, to find a better location or a better-quality house, or to downsize when children left home. Susan moved to a larger house as her children grew, downsized when they left home and shifted closer to her husband's work. This saved on transport costs and realised some capital for retirement. Usually this move was advantageous, but in cases of the division of property on separation or divorce, the woman was often left, like Jennifer, Marilyn and Sheila, with inadequate capital to purchase a house. While both men and women may lose wealth on divorce this can sometimes be repaired by remarriage as in Joy's case. A woman whose earning capacity is usually less than a man's, because she

has lost seniority while out of the workforce caring for children, is often in the more lowly paid female work sector, or has no pay equity, is at a financial disadvantage (Feijten, 2005). When a change in marital status occurs later in life there will be implications for pension entitlements which, with an increase in divorces, will become more costly for the state (de Vaus, Gray, Qu, & Stanton, 2000).

Where moves from higher to lower priced areas had released capital for travel or other ventures, it was very difficult to re-enter the property market in the larger cities as Marilyn and Jennifer found out. Marilyn now has a mortgage and Jennifer, Megan and Sheila are living in social accommodation.

Megan found that the money from her small flat in Glasgow, after paying for coming to New Zealand to join her son, did not stretch to buying a home here. She rented a flat from the City Council on the tenth floor of the Newtown Park Complex. This was close to her clerical work at the hospital, but a fire set by unruly youths was frightening. She applied to the Housing Corporation for another apartment. This also became untenable because of bad behaviour by other tenants. With her excellent house-keeping record she had no trouble in being transferred to a newly built smaller complex close to a bus stop. This was important as she made regular hospital trips for her pernicious anaemia. The small enclave was quiet and well-fenced, it gave her a feeling of security and enhanced her well-being after her previous experiences.

For twenty-six years she has lived in this flat and has made many friends. Megan feels confident that she can still manage the stairs. She intends to 'age in place. 'I do not want to go into a rest home.' and feels secure because 'I have a medical alarm linked to the ambulance, my neighbour has a key to my flat and there is a box outside with a coded lock which holds my spare key.' She has a sense of belonging in this social space which accords with New Zealand research suggesting that, 'a sense of belonging or attachment to place is believed to help maintain a sense of identity and well-being, and to facilitate successful adjustments in old age. Older people in particular have been shown to draw meaning and security from the places in which they live' (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). The issue of security is very important especially for women

living on their own, not only physical security, but also economic security (Mansvelt et al., 2014).

Merrilyn obtained a good settlement on her divorce and was able to buy a property freehold. Later she bought and sold properties as values rose to release capital to travel overseas. On her return she moved out of the city to areas with less expensive homes. When she wished to return to the city she needed a small mortgage and with family help purchased a small suburban apartment, sunny, but cramped. Downsizing does not always release capital when the move is to a more expensive area. She finds it difficult to service the mortgage with only New Zealand Superannuation supplemented by her writing. She has not enough equity to risk taking a reverse mortgage with its high rate of interest to release capital to supplement her income (Davey et al., 2004).

Sheila and Jennifer both had unhappy marriages. Sheila's separation came late in life and she found that the division of property left her, even with a legacy from her mother, unable to purchase a property. Her rental accommodation within a social housing complex has been unsatisfactory and insecure. Like Jennifer and Megan she has been plagued by the physically threatening and disruptive activities of some tenants with alcohol and mental health problems and her worries have been increased as the small complex may now pass into private ownership threatening her security of tenure. Having savings which she had hoped to use to find a house disadvantages her access to an accommodation supplement from WINZ.

Jennifer was younger when she divorced and had skills for employment and enough from the divorce settlement to buy a house and travel. She continued working, remarried briefly and was widowed. Setting up a pottery business she altered her dwelling to more readily access the kiln. She designed and built a staircase herself, a 'making do project'. She had kept her house in her name, but in a later marriage agreed to joint ownership and with a subsequent divorce lost equity. Using the remaining capital she purchased a motor home and modified it to accommodate her cat and dog. This enabled her to travel, but over time it became too expensive to maintain and she purchased a small van and fitted it out to live in, eventually this too wore out. When her health deteriorated she lived in several unsatisfactory rented flats one of which she described:

It was a wet, cold hole in winter. Mould grew everywhere, on walls, the doors, food and clothing. I had to throw out food, and I had to throw out clothing and I had a dreadful neighbour who drank, had parties and the police were always there [I worried about] every woman who went into that flat. I had to ring up the police and get the police to come and rescue them. (Jennifer)

Uninsulated and damp houses have been a feature of much public or privately owned rental property. The insecurity, noise and disruption also experienced by Megan and Sheila in Wellington's social housing were not unusual as many of the tenants had mental health problems, or issues with drug and alcohol abuse. Insecurity of tenure, lack of insulation, inadequate heating and the resultant stresses are related to a high incidence of respiratory disease (Howden-Chapman et al., 1999).

Jennifer finally obtained a better flat from the Wellington City Council, one level on flat ground and within walking distance of the bus, which 'was free between 9am and 3pm thanks to the gold card'. This was essential as her respiratory health is very fragile, with only one lung functioning. Although the ceiling has been insulated recently it is still very cold and Jennifer cannot afford extra heating. Little has changed from her experience of rental accommodation since her early days of marriage. The difficulties of renting: insecurity of tenure, poor quality of housing, high rents in relation to income and difficult neighbours described by the narrators in section 7.3.1 are still here, but in old age there is little chance of remedying the situation as the women did earlier by becoming property owners. This would require using savings or borrowing for a deposit, and earning an income to service the mortgage. Survival in old age is severely compromised when housing is inadequately insulated and low income precludes good heating options.

As their family grew Helen and Dave needed an extension to their Hamilton house. A change of employment brought them to Wellington. This time alterations to the house were necessary as Helen's disabilities had increased. They applied for a grant:

It was '81 or '82 right at the end of the year, and everything had gone up. We had a 9% loan for the first mortgage and 14% for the second and we were paying off the car. Just before Jon was born we found we didn't have enough room in the house so my husband sold the Falcon, kept the cash because it was mortgaged

against the house, built on a bedroom and extended the lounge. He wasn't a carpenter by trade, but he did very well. Then he gutted the kitchen and ran out of money so the kitchen took about nine years to finish. (Helen)

It might have been WINZ. The hospital did back me up, I had to get medical support because we needed quite a bit of work done, we had a bath I couldn't get in and out of, so it was arranged Dave would do the work and he'd be paid at certain sections when he sent bills in. Out of our grant money he redid the bathroom, put in a wet area shower, converted the original shower box to a toilet area, so as I could have a high-rise toilet seat, brought the laundry upstairs, put in a back door and altered the kitchen. (Helen)

Helen feels that the special features in housing design that she requires may be difficult to find in another house when she considers the possibility of living alone in the future. The suburb she lives in has very little flat land most of which is taken up by communal facilities and shops. Older houses have made way for two or three storey flats, unsuitable for the disabled. In the next section she considers alternatives.

#### **7.4.4 Options for retirement housing**

At the time of these interviews some of the women had been living in the same home for over fifty years and were concerned about the disruptions of shifting house, downsizing, disposing of the accumulations of a life-time and finding suitable alternative accommodation. Retirement and a subsequent decrease in income had made the maintenance of older homes expensive and there was no certainty that the sale of such a property would purchase one with low maintenance. The repair and maintenance of a home was expensive (Saville-Smith, James, & Fraser, 2008). Helen and Susan received help with house maintenance from their adult children and although Susan had previously upgraded her home on the death of her husband, a bad fall on steps from her backdoor necessitated an alternative exit to be built:

So Peter [son] arrived and he said to me, what's the matter with you? I told him, I must have been looking still a bit white. He said, right, I'll fix that, so he built me a deck, a sliding door, a conservatory door and I was told not to take my washing



out the back door ever again, go around the other way because the steps are shallower and you can actually see what you're doing. (Susan)

She has been able to replace her car regularly and to fund maintenance and repairs as she has part of her deceased husband's veteran's pension and some investments. Her early struggles to get a good education paid off. As a registered nurse she obtained well-paid employment in elder-care when her children were adults.

After interviewing thirty New Zealand older homeowners, Davey concluded that older people plan and undertake repairs, maintenance and house adaptations, but the statistical data, consistently show that older people have a pattern of repair and maintenance deferral (Davey, 2006b). This was also a finding in a larger survey (James & Saville-Smith, 2011). An unpopular alternative was a reverse mortgage to upgrade the present home or to release capital which would diminish the value of any inheritance they wished to leave their families.

The women had prepared for retirement by replacing white-ware, some furniture and fittings, reduced garden size, considered downsizing and saved for car replacement, but planning for all contingencies was difficult. 'Old age is probably the most difficult phase of life for which an individual has to plan. Individuals face more uncertainty about key areas of their life, when old, than at any other life stage' (Dwyer & Gray, 1999, p. 85). The following observations were common concerns for several older women and are consistent with other research on ageing:

Not knowing your use by date makes planning difficult. My health is good for my age, but my husband is not well, so it's difficult to see ahead, I'm not sure how much longer I will be driving as my eyes are giving out, I may not be able to replace the car again as funds are drying up and since I can no longer walk far, I need to be near good public transport or the shops.

Transport was an issue as the women grew older and driving was no longer possible. Proximity to public transport, medical and shopping facilities was mentioned by most of the participants when searching for retirement homes. The options for avoiding the

insecurity of renting were to 'age in place' in the present home, downsize to a more suitable house, live with family or move to a Retirement Village or an Abbeyfield House.

The Abbeyfield option for communal housing was not mentioned. It has been present in New Zealand since 1991, is less well known and at present there are only eleven houses available in New Zealand, but not in the Wellington area. The Abbeyfield Charitable Trust accommodates up to twelve people in a house with a cook-housekeeper assisted by volunteers. It provides a home with private rooms with an ensuite for an affordable rental and no capital charge (Abbeyfield, 2016).

Each of these options had advantages and disadvantages. Living with a family member was not favoured, for lack of privacy, possibly being regarded as a burden or continual interaction with younger people with different values. Frail older people often require tailored rehabilitation in order to remain at home, especially following a period of hospitalisation (Clegg, Young, Iliffe, Rikkert, & Rockwood, 2013). There have been many programmes developed for avoiding falls and for rehabilitation after a stroke. Some of these are carried out by physio therapists in home visits as described by Amy (see Chapter 8, Section 8.1). In other situation individuals may be encouraged to attend local Tai Chi or stroke rehabilitation classes. Section 3.6 of the literature review details some of the research by nurses on fall prevention and of physiotherapists and neuro biologists in developing assessment tools for physical and cognitive function, which may indicate the best procedures for rehabilitation.

On the other hand, dependence on loving and trusting family relations could be most successful. Some women saw Rest Homes as places of no return and to be avoided if possible. For Greta, 'going to a rest home is a fate worse than death'. Ageing in place was only favoured when the environment was familiar, close to shopping, social and medical amenities, families and friends. Easy physical access was paramount and this was a feature of retirement villages and rest homes.

Like most of the narrators Beryl was horrified about the prospect of entering a rest home, but she admitted that:

When people are no longer able to manage in their own homes, even with household or family help, rest homes do have a place because in the past families looked after their elderly at home, but now women are working outside the home another solution has to be found. (Beryl)

This observation on societal change is borne out by predictions that the demand for unpaid care will begin to exceed the supply by 2017 and will grow rapidly. The 'care gap' is likely to be filled by other sources or by advances in technology and has implications for long-term care policy (Pickard, 2015).

When Helen's husband's health failed he used part of his Government Superannuation to pay off the mortgage in anticipation of early retirement:

He worked for the government so he had an extra pension [Government Superannuation] and because we had five children and brought them up on one salary [causing stress] he'd had a couple of breakdowns, he wanted to get rid of the mortgage so he took early retirement at fifty because he wasn't well. He took a chunk of this pension, and paid off the house. Had he stayed in work we would have been better off today but that's the way it goes, you do what you can, and since then they've [their sons] double-glazed the windows and I have a stairlift. It's made a big difference. (Helen)

She thought that deteriorating health, his cancer and her rheumatoid arthritis may require them to shift and that she is likely to outlive her husband:

I don't want to [live with my children] it would put too much pressure on them. The girls each have four children; a lot of them are in their teens. My two sons are single and I know they wouldn't see me stuck... I worked this out when Dave had his second cancer, either sell up and buy into Summerset or Malvina Major (retirement villages) ...thinking about that settled that problem down in my mind. I don't think I could manage any other way. I'd prefer to shift now [into a flat area] but it's not as easy as it sounds. In this house a lot of things have been changed to suit me, the height of the oven, all sorts of things that I probably wouldn't get in another house unless we built. My husband's getting too old to

alter things now. The family are good, when we've been short of money they've taken on jobs and things like that to raise funds [to help us]. (Helen)

Helen is aware that her special needs for house modifications may be costly. Even though she has a very supportive family she does not consider that living with them is a solution to finding suitable accommodation. Like other interviewees she feels that this would be a burden on her children who may already be coping with teenagers and were holding down jobs 'My children have their own lives to lead and should not become our caregivers.' In addition, she was concerned that three of her children had recently shown symptoms related to her own rheumatoid condition, which adds to her uncertainty.

Although Helen wants to avoid burdening her family she is fortunate in having excellent family support. This is not the case for all old women especially those with no helpful children or siblings. They will be dependent on their own resources, their friends, neighbours and community for support. Where disability is involved rest home care may be a solution.

Shirley, now widowed, has a supportive family who live outside Wellington. She has chosen to move to a retirement village where she has some friends, mainly she says because of the social activities it offers. This is possible because her husband had a high income and she had part-time work when her children were adults. Both incomes were the outcome of a tertiary education. She had two inheritances, which she was managing to ensure legacies for her children. She was able to purchase the licence to occupy at the retirement village without having sold her house. Few other women would have this option.

Beryl in her late eighties was living in her own home, but a son lived with her, and grandchildren frequently stayed due to the instability of their mother. 'I love having the children here...it helps me keep up with child development.' Her son Tom was home during the day as his work was night shift driving and despite the stress he was under, 'he does most of the cooking and washing'. It was good to have an adult in the house, but there were also problems as her other two children were not happy with the situation which they viewed as exploitation. Beryl was contributing to the cost of teenagers and had concerns about her own health and reduced financial position as bank interest on her

savings was now very low. Despite having had a good income and Government Superannuation in addition to NZS she was concerned that her savings were vanishing in supporting the needs of one set of grandchildren. She uses her car only to access the bus stop. Beryl and her friends drive to the nearest local bus stop, but use public transport to go to the city.

‘Living with my son is not the best as he is very stressed.’ Tom is separated from his mentally ill wife who had twice given the entire contents of their house to a charity, sold the car Beryl had given them just to buy a more expensive one. She refused to keep up repayments or contribute to the mortgage on their four-bedroom home that she still occupies. Beryl considered that four of Tom’s five children had spent a third of their lives with her. She mentioned that many of her friends were taking responsibility for their children and grandchildren and that, although they loved them, this was stressful in old age. Beryl felt that in some cases the adult children were taking unfair advantage of their aged parents, but did not relate it to her own position. Parental love and responsibility may obscure the ‘inside view’ of nurturing from an outsider’s view of age abuse.

There has been research on elder abuse in New Zealand based on data provided by Age Concern (Davey & McKendry, 2011). It indicates that most abuse is from family members and is not confined by social class. A news item in the *Dominion Post* 9/12/15 suggests that ‘elder abuse’ is on the rise and reports cases among tenants living in pensioner housing complexes. Many of the ‘pensioner complexes’ comprise social housing for those on low incomes. A growing feature of our society is the increase in inequality between sections of our people. Combined with the development of a precariat representing short-term jobs, limited consultancies and unstable employment this may increase poverty among young adults. Some are already returning to the family home and the disparity between the generations may lead to tension and abuse between parents and children and between siblings where, as with Beryl’s family, there is a perception of exploitation.

A 2012 study of retirement villages in New Zealand showed that approximately 30,000 people live in them, which is 5% of those aged sixty-five years and over. Dwellings in these villages have increased between 800 and 1200 annually. These residents may have a

level of support that increases their quality of life and helps to maintain their health, but this level of support is only available to those who can pay for it (Bhandal, Siew, Broad, & Boyd, 2012).

The advantage of a retirement village with hospital and dementia wings is the promise of security and continuing care into late old age. The provision of facilities for social engagement and exercise is attractive, but the disadvantages are financial; people do not own their studio or apartment, they buy instead an occupation right agreement (ORA). This enables them to live in the village until they die or move. At this point the disadvantages are apparent. The unit will be resold at the market rate and the person or their estate will not be eligible for any capital gain. A 'deferred management' fee of 20-30% will be deducted from the capital sum owing to the resident or their estate (Dupuis & Thorns, 1996). This leaves them or their heirs with reduced capital. Retirement villages are large and expanding businesses and the turnover of units increases their profitability. Hospital expenses are subsidised by the government.

Only three of the women definitely planned to enter a retirement village. Fiona and Shirley will move into a retirement village after their husbands' deaths. They feel that there would be greater opportunities for social interaction, no concerns for house maintenance and medical facilities on hand. Joan had already confirmed a place in the village of her choice. Diana foresaw the problem of living in a rural area with no public transport. She would be dependent on a son living close by or on friends and neighbours. She prefers to age in place with household help if necessary, but has considered the merits of a retirement village and like Fiona and Shirley has the financial assets necessary. Helen was considering a retirement village as an alternative to 'burdening her family'. Sheila has considered this, but is not sure that her capital is enough. Judith and Colin have considered an alternative solution.

Jennifer, with terminal cancer, managed to obtain a better WCC flat on one level, with reliable neighbours and within walking distance of the bus, which, 'was free between 9am and 3pm thanks to the gold card.' She exerted her agency and resisted offers to move to hospice care, but had visits from oncology carers and wanted to 'die in place'. 'My neighbour knows that if my curtains are not open in the morning that I am gone'. This

was her arrangement to ensure that, should she die at night, she would be found as there have been cases of older people dying in social housing and not having been found for months as reported in the media: ‘Grisly find in Housing NZ flat stuns neighbours’ (Sprague, 1999), ‘Man dead in Wellington flat for up to a year’ (Daley, 1998), and ‘Decomposed body the second found in Wellington council flat’ (Davis, 2008).

There was a clear pattern of concern by adult children for their parents’ physical welfare. While the women accepted this concern they wanted to make the changes in their own time as the shifting process was sometimes intimidating, and was impeded by having to re-assess a life-time’s accumulation of possessions. Penny’s daughter had helped her find her present house, which she enjoyed. ‘I’m not going to shift again, this suits me fine.’

May, Judith, Greta and Elizabeth mentioned that their children had urged them to make changes, but did not feel that they were coerced.

Living in a two-storey house, we planned it so one of us can be downstairs. If we both get too decrepit we thought we would like to stay in the area, we could get into Malvina Major [a local retirement complex] or our preference is to find a small house closer to the amenities than here. There would be enough from the sale of our properties to do this. (Judith)

Judith and her husband were in the process of purchasing a more suitable property. May’s family persuaded their parents to downsize their home with its steep staircase, but it was difficult to find a smaller house on the flat close to friends and facilities. After her husband’s death Greta’s daughter helped her mother find a more suitable retirement home:

At first I was quite happy being in the house on my own. But it was a four-double bedroom house on two floors with a garage underneath, up a steep hill and with a large terrace garden on a slope and all of a sudden I got sick of it, rattling around in that house. I was not driving, no, so I just got sick of it and my daughter found my present house because she thought it would be better for both of us if she was close by. I made an offer on this house and I moved. (Greta)

Greta's daughter now takes her mother shopping locally once a week.

Elizabeth suffered an unexpected heart operation and her son decided the family would feel better if she shifted from Dunedin to Wellington where they lived. This meant leaving friends behind, but she found a two level town house close to her family, had no problems with the stairs and rapidly made new friends. She has helpful neighbours and a good bus service, but drives to the shopping centre as she can no longer climb hills. Her family were less concerned about her loss of friends in Dunedin as they were about her state of health. Her son and his wife were doctors so she valued their advice and shifted. The wishes of older people sometimes take second place to the need of their families who are concerned for their parents' security. Elizabeth spoke of the way she was able to make new social connections. 'My new neighbours were wonderful. Was introduced to a book club and things sort of snowballed, I joined a local Tai Chi class and was invited to the U3A meetings in town'.

Colleen's sons live overseas and her daughter in Hamilton. When interviewed in 2001 she spoke of her need to shift from her hillside home as the upper part of the section had become unmanageable. She no longer felt secure with rental properties on either side. 'I do not know who these people are, they come and go. We've got a useless neighbourhood watch in my area.' She was waiting for the son in Australia to return, so he could do house maintenance for two weeks and fit safety locks on her outside doors, meanwhile she was planning ahead:

I've been looking for two years for a place, but a new house is beyond my price and it's hard to find somewhere on the flat. I want to stay in Johnsonville as all my activities and friends are here. (Colleen)

Ten years later she was happy in a redecorated two-storey unit with a sunny balcony; with a street view similar to what she had had before. She described how she achieved 'just what I wanted' by good management:

Every day I walked to work past it [the unit] and checked out where the sun was. I knew exactly what I wanted, a separate toilet and a tub in the wash house and two bedrooms, sun and quiet. I contacted the owner when I saw it was up for



tender, I knew him from bowls. I asked him about it and was invited up to have a look. I took a measuring tape to see whether my furniture would fit... we negotiated a price. I could have bought it cheaper, but I could see it would need doing up...I had to wait to sell my own house, but then knew how much I would need so held out for a good price. (Colleen)

Ease of transport and a friendly neighbourhood promoted social relationships and increased the opportunities to attend medical appointments as well as church, clubs, the library, and other social engagements. Greta has a bus service within walking distance, but finds it inconvenient for doctors' appointments, so uses mobility vouchers for a taxi. Fiona does not drive, but walks to the bus terminal or takes a taxi. Before her husband's illness they had found a retirement home, centrally placed in a Wellington suburb, with all amenities at hand.

Jennifer and Megan were dependent on public transport, and were happy with their location within walking distance to the bus. If unable to drive or maintain a car, Penny and Susan considered purchasing mobility scooters, which were within their budget constraints, but were happy to age in place in a neighbourhood they knew well. They had already made modifications to their homes. Helen experimented with a mobility scooter, but found it unsuitable for shopping in crowded malls. She relied on her modified car and a walking frame or stick, but with limited finance worried about replacing the car.

Joy and her second husband downsized and moved to an outer city suburb where they found a house that suited their needs. She described it with pride and delight:

This house only cost, was it \$185,000, because it's near the fire station I think, so that was great. It's a lovely house, it's on the flat and it was just everything we wanted, we'd looked all around Wellington and the houses in our price range, they weren't very good, and the ones we liked were too expensive, so we looked at the property press, marked the ones we wanted to see, the open homes, and we eventually came out here.... and it was everything we wanted, the rooms were the right sizes, it was light and airy and it had a little deck out the back, it was just half a section, it had a garage. (Joy)

The sale of their older home for \$218,000 was advantageous and allowed them to have an overseas trip and to find a suitable single level house in an outer suburb, with a flat section, easy access to shopping, the library, post office and medical centre. It matched the requirements that most of the participants desired for an 'ageing in place' retirement. It did not take them long to find friends and locally-based activities. Joy joined U3A (University of the Third Age), a local choir, a garden club, and a hydrotherapy class for her arthritis. The local library provided her with access to the Internet and the telephone was invaluable for keeping up with old friends. Most facilities were within walking distance. When her arthritic condition deteriorated she could not drive, so her husband became the chauffeur.

After the oral history recordings were complete I discussed with some of the women what their response would be if they were faced with an unexpected financial loss or the urgent need to find money for expensive medical procedures for themselves or family members. There had been recent media coverage of reverse mortgages, but the women were adamant that this was a last resort and should certainly not be used 'just to holiday' and 'even with limits on what you can borrow the interest charged is exorbitant.' Reverse mortgages are complex financial arrangements entailing an understanding of risk management and Kumar (2015) found that many clients are uninterested or indecisive.

There was also uncertainty about the future. Not knowing how long one might live or what future loss of income or unforeseen medical needs might eventuate made planning difficult. The equity left in their house may not be enough for them to enter a retirement village. This, like the loss of capital when exiting a retirement village, would limit their ability to leave an inheritance for the next generation. Some of the narrators had benefited by inheritance and they wished to follow this practice to help the succeeding generation, particularly for grandchildren's education.

Despite the apparent popularity of the acronym SKIING (spending the kids' inheritance) these women hoped that they would be able to assist children or grandchildren by a bequest mainly designed to help with higher education to avoid student loans or to provide a step towards home ownership. Australian researchers Lawrence and Goodnow (2011) showed that family well-being is affected not only by current resources, but by the

expectation of a bequest which can affect economic plans for the future. In some circumstances, appropriate and inappropriate inheritance arrangements can lead to misunderstanding, conflict and disharmony in the family (Accettura, 2015).

The desire to leave assets to the future generation is not exclusive to the wealthy and bequests are only one of the factors in the transmission of wealth. There are wider societal implications for inheritance, especially in the perpetuation of inequality (Bowles & Gintis, 2002). The increase in longevity may require that retired older persons contribute more to their own upkeep relieving the pressure on young workers, leaving less to be inherited. This poses possible ethical changes in the traditional social contract with its expectation of parental responsibility to raise the young who in turn will be responsible for the welfare of their elderly parents. There is the potential for intergenerational conflict (Williams & Nussbaum, 2013).

## **Conclusion**

With few exceptions the women in this study were experiencing well-supported old age. They agreed that 'ageing in place' and retirement villages presented good alternatives for older women when affordable, but better quality rental accommodation should be available. Living with family was not a popular choice. Security was an issue for women living alone and the proximity of transport, medical, social and shopping facilities were highly desirable. The preferred option was ageing in place, which is supported by government and local body policy, but it is also dependent on suitable modifications having been made to some homes, such as wheelchair access and insulation. The latter is subsidized for low-income clients and for landlords and the former can be made with a Hospital Board grant.

Relevant information on the disability and accommodation allowances and possible discounts on council ratings and other entitlements for low-income elderly had not been readily available although all the interviewees owned and used the Gold Card on public transport in off peak hours. This was probably because of the publicity it received when a parliamentarian succeeded in having it accepted by government.

Home ownership was a vital factor in the narrators' sense of well-being. While government policies in the nineteen fifties helped facilitate the purchase or build of a first home, the ability to 'make do', as evidenced in the women's stories, seems to have been equally important. High employment levels, steady work and the ability to economise all supported saving. Only two families felt the effects of restructuring in the nineties, but they had already established homes and savings. A few of the women had assistance from their parents in purchasing their first home and in turn had helped their own children. There was a focus on keeping an inheritance for their family. Children were concerned for their parents' well-being and often suggested changes in housing which were accepted only when the parents were ready.

None of the women owning a mortgage-free home considered a reverse mortgage as a wise decision unless no other way was possible to cope with an emergency. A family home was their single largest asset and for some downsizing had released capital for travel or the purchase of more suitable accommodation in retirement. The continuing reduction in home ownership resulting in more old people renting accommodation of questionable standard has implications for the future.

Women with tertiary education had not been saddled with student loans. University studentships for secondary teaching, living allowances for dental nurses, librarians, primary teachers and accommodation and allowances for hospital-based nurses facilitated their willingness to engage in post-secondary studies leading to employment. Distance education through extra-mural study at Massey University made possible higher or more relevant qualifications, which led to higher paid employment.

Most of the women had planned their retirement, by replacing expensive white-ware, but they could foresee future changes that might be necessary to facilitate mobility, to maintain housing and continued social connections. Where possible they were making provision for this, downsizing, searching for more secure accommodation, to 'age in place' or booking into a retirement facility. They were pro-active in taking care of their health, anxious to avoid rest-home care, but concerned with the uncertainties in planning for the future.

This chapter shows the clear advantage of home ownership in old age and the effects of stable employment and higher education in acquiring good incomes, which allowed for savings that augmented the basic provision of New Zealand Superannuation. In contrast poor quality rental accommodation, low income and lack of savings negatively affected well-being in old age. Chapter 8 will show the influence of health, childhood, marriage, the Women's Movement, living alone, support networks, spirituality and resilience on the provision of resources in old age and women's decision-making in the management of later life. Their parents' experience of the misery and deprivation of war and depression affected their childhood and contributed to the practice of saving and 'making do or doing without', abiding by the rubric of 'waste not want not'. The successes of the Women's Movement removed some of the barriers in employment and access to finance, essential in saving for retirement. Resilience developed early in life as a response to adversity provided a model often continued in adulthood and essential in coping with the changes of old age.

Divorce and separation negatively affected the participants' financial position in retirement although in some cases it improved their independence and mental well-being. Living alone brought the need for new approaches to independence, dependence, interdependence and the need for rebuilding social networks. For some of the women their spiritual life remained within the comfort of the church and contributed to their resilience in the face of adversity; for others there were changes in belief systems and new interpretations of human existence. Resilience was the key to successful adaptation to changed circumstance, beliefs and adverse events including terminal illness.



# CHAPTER 8

## THE NARRATORS' LIFE EXPERIENCES

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### **Introduction**

The life history interviews revealed that many influences had contributed directly or indirectly to the narrators' resources in old age. This chapter explores the positive and negative effects of health, war and depression, childhood, marriage and family, support networks, the Women's Movement, spirituality and resilience in the narrators' lives.

Childhood experiences involved all of the resources, material and non-material. Early family socialisation set up beliefs and practices that, in later life, were affirmed or rejected by the narrators. In the main, policy reforms, which set up an improved welfare system as the 1930's depression lifted, eased the financial pressure on New Zealand families and material welfare improved (see chapter 5, section 7). Not all childhoods were happy and this affected the quality of the women's future relationships. A stable marriage provided financial and social security, but the breakdown of marriage disrupted social connectivity and negatively affected financial and housing resources, although in some cases physical and mental health improved.

### **8.1 War and depression**

War was a first-hand experience in childhood and adolescence for the women born in Europe, Greta, Judith, Elizabeth, Colleen, Megan, and Penny who came to New Zealand at the close of World War Two and in the early fifties to join family, to holiday or to seek a better life. New Zealand was still experiencing food, petrol and clothing rationing, but it paled into insignificance beside the shortages which had occurred in Europe. Immigrants experienced a different culture and the challenges of adjusting to a new way of life in a small country with different housing and a rich diet. They brought with them vivid memories of traumatic war experiences. Greta's family in Germany survived the war, but at eighty-four an enduring picture haunts her:

In December 1944 I was resting on the living room couch because a few days before I'd been run down by a drunken soldier on a motorbike ... my grandmother, returning from church, heard some planes coming and told me to get up and go across the road to some neighbours who had a dugout. She thought I'd be safe there. Unfortunately she stood at the back door to make sure that I was safe because I was limping quite badly. Then a little bomb dropped at the front door and she was turned, as it were, to a human sieve. I really never got over that because I thought if I had not been there she would have taken refuge in her little cellar and she would have been all right. (Greta)

Judith's father, a lawyer, was sent to an army work gang on the Russian front where he died in hospital. In 1943 Budapest the yellow-starred houses of Jewish families were ordered to have a family living in each room. Judith, her mother and brother lived in their parents' bedroom and various members of their extended family, grandparents, aunts and older cousins inhabited other rooms. Life was constrained with food shortages and an evening curfew created high levels of anxiety. They had none of their customary home help. Judith remembered the crowded conditions affecting the children:

Living crammed together all sorts of tensions came up, and it was taken out being sharp with the children...We thought one older woman was a witch...With no household help we all had to do housework and I was criticized for sweeping towards me instead of away. I learned to make my own bed. All of us over six years old had to wear a yellow star. (Judith)

In November 1943 Budapest was under siege, the Germans were retreating and Judith's mother was sent to a concentration camp from which she never returned:

They decided to finish us off. On the ninth of November they marched into the house, up and down the stairs, I heard the jackboots and all the women under forty were told to go outside...They took her away and none of us, or our friends and helpers from the underground could find out any more. (Judith)

Older relatives put Judith and her brother into a Red Cross Home which she described as 'horrible and Dickensian'. An early memory was of hunger. 'We sat there banging our



mugs on the table, saying 'we want food'. They were rescued and taken into hiding by their nanny, Anna Hircsu, (Annus) a 'righteous gentile', who obtained papers claiming them as her children. Judith and Steven practised calling her 'mummy'. Annus her family and friends formed an underground network hiding Jews. Food was scarce. It became an adjustment problem for Judith in New Zealand when she felt she needed to eat everything:

The grownups were very clever at foraging; they brought back meat from animals killed in the bombing. I remember sorting out food from rubble from a chemist shop, dried fruit and vitamin pills ... We never actually starved, Annus her brothers and boyfriend were so resourceful... We were living in a 4<sup>th</sup> floor flat, but because our false papers wouldn't pass muster, we couldn't use the underground air raid shelters. At dawn, on 13 January 1945, there was a mighty explosion in the adjoining munitions dump; the back of our building was blown away. We walked down the intact stairs and I was hit, my head was bleeding... We reached the ground floor and walked to another of Annus's apartments. About 300 people in the shelter were suffocated because they could not get out. (Judith)

Elizabeth also has memories of large air raid shelters being bombed and what remained being filled with lime and sealed. Her father was torpedoed in the North Atlantic. In recounting this she was overcome with emotion:

In the early weeks of the war Dad was on daily manoeuvres in the aircraft carrier *Courageous*. Mum took my brother and me down to Plymouth Hoe to see her come in. We sat there and sat there and waited until nearly nine o'clock. It was getting cold, mum was in a bit of a state; she was very particular about our bedtime... The next day she heard on the one o'clock news that it had been sunk and that there were no survivors... I will never forget her scream... I was eight and went back across to school where some girls said, 'it was your father's ship.' The teacher took our usual prayers and then said 'we will say a prayer for the men who drowned on the *Courageous*... I started to cry so they took me home...'

There was a long silence with laboured breathing then she said ‘This was the biggest shock in my life, I think.’

A telegram arrived on Tuesday to say that he had survived, was wounded and would be coming home. He had no skin on his hands, a hole in his leg and head wounds... After this episode the authorities made no more announcements of casualties until the nearest kin had been informed. (Elizabeth)

She has vivid memories of the war’s effect on family life:

In 1940 the war really hit us... It was a naval town and the government sent five hundred evacuee children from London, they must have known we would be bombed! ... My mother brought back a little girl and boy... We already had naval officers billeted. I was put in charge of the two children and took them everywhere. ... I took them swimming in a safe cove...until one day... we’d been having a lot of hit and run raids which came in low over the channel... Suddenly I heard machine guns. I remember getting the kids, flinging them down on the sand behind some rocks and lying on top of them, because the bullets were [spraying] all around the beach. .... In 1941 the government realised that the evacuees had been sent to a place that was being bombed nearly every day because of the [Naval] College and the frigates in the Dart River, so they took the children away. (Elizabeth)

In the absence of their father Elizabeth and her brother developed confidence and independence. As war casualties accelerated her father was sent back to sea, but the family never knew his whereabouts and the children took over many responsibilities including looking after evacuees because of their mother’s illness:

For fifteen months she never heard from him, never knew where he was. She had a nervous breakdown and was confined to bed. My brother and I had to look after the billets, some naval officers and three commandos.... We had to cook, clean, wash and everything and took turns because we had to go to school. (Elizabeth)

In 1942 the bombing and machinegun raids increased. Despite being marked with a Red Cross symbol, her hill-top school was attacked. She described a plane machine-gunning down the valley and the need to avoid panic despite bullets flying everywhere. In another raid the village was bombed. Elizabeth and a friend sheltered under a hedge as there was only room in the air raid shelter for the family they were visiting. Her brother, with other older men and youths, was detailed to find the injured and dead. He found the severed hand of a friend identified by her engagement ring. This traumatic experience left him with a life-long stutter.

Penny's war experience was different:

My parents were both older, mother about forty when I was born, a relic from the 14-18 war, because she had been engaged to somebody else who'd been killed, but then she met Dad. She was forty-two when my sister was born...For us [the war] was quite exciting, it seems terrible to say that, but luckily we weren't in an area that was severely bombed. We didn't suffer greatly in that respect. We did have evacuees and shifts for school... The funniest thing was my father in the ARP [air raid precautions], 'Dad's Army' [a reference to a popular television programme]. It's true to the last, it really is. They used to 'practise', Sunday mornings, home guard at one end and ARP down the other. The car was up on blocks for the year. Dad was too old to go to war. (Penny)

Penny described her father building an air raid shelter, although unlike Judith, Colleen, Greta and Elizabeth she was not subjected to bombing, but her father had World War One memories:

He probably remembered the trenches. Dad was like a burrowing animal... He built an air raid shelter under the house very well set up with bunks. We used to play down there. We took a gas mask to school every day. One way to get off school was to leave it at home; you'd be sent home to get it. We had drill practices for air raids. We were thirty miles out of London in a country area and Ealing School was evacuated to us. When they came we had school by shifts and we blamed them for everything. We had one evacuee billeted with us. (Penny)

Megan aged five, was evacuated from Glasgow to an aunt in the Western Isles where she lived on a croft until she was twelve and a half, living a very different lifestyle, reluctantly learning Gaelic, but pining for her home and family in Glasgow. Colleen's father was badly wounded in France in World War One, but would only speak of the humorous episodes, never of the terrible injuries that left him wishing to die:

I remember the sound of bombs falling and the effect they had on father. We children knew something bad was happening and ran into our parent's bedroom. Father was absolutely beside himself and we could feel the terror in his voice. He screamed get down, get down, get away from the window! We were petrified.... There was a lot of damage, destruction and people killed. It looked like Christchurch today (a reference to the aftermath of the New Zealand Christchurch earthquake). (Colleen)

I remember the big grey concrete edifices for air raid shelters, the air raid sirens and gas masks, silly things which we put away in the cupboard and blackouts and rationing. We had eight children and dad had a good garden so things were not too bad. Nothing happened after the first bombing. (Colleen)

The war affected New Zealanders too, especially those who had family members fighting overseas. There was an underlying atmosphere of anxiety. The nine o'clock news was important. Mail censorship allowed little information. Families were affected by fathers and grandfathers who had been physically disabled and psychologically traumatised by the First World War as described in Chapter 5 Section 1. Rationing was in place and families built air raid shelters and put up black-out curtains. School playgrounds were dug up for trenches. Anzac services gained a new significance. Joan remembers:

Food and clothing were rationed, we had coupons... The greatest gift you could give a bride was parachute silk for a proper dress; otherwise it was tailored suits and hats, beautiful bouquets to make up for not having a lovely dress. (Joan)

This was another example of 'making do'.

The economic recession was a strong memory for participants. Their parents' experience of making do or going without had encouraged them to save and economise. Amy whose father's health had been compromised in WW1 remembers the children less fortunate than herself:

We were poor as a community. Dad, a veteran from the first war, had been wounded on the Somme.... He was a builder and before he became too ill to work he was building a house next door. Men came by and asked if he could give them work, but he couldn't...We were not well off, but Dad had some work doing joinery...

Everywhere there were lots of kids who played on the street and on our back porch, most were older than me. Many catholic families had eight or nine children because they were against birth control. I look back and realise that this was a very difficult time. I remember one girl's neck got dirtier and dirtier every week and one standard four girl left school to work in a shoe store. Children came to school bare-foot even in the winter. Boys wore dad's old suit coats. I was always clad in hand-me-downs. I had a winter skirt and two jerseys that were washed week by week. My aunt, a dressmaker, sometimes made me nice things and I had something special for church. My sister left high school after three years to contribute to family income. (Amy)

Ruth, aged ninety-two, remembered the difficulty of finding work in the depression. There was no unemployment benefit for women. May's father, a World War 1 veteran qualified for a rehabilitation grant, but in 1921-22 the export prices for meat, wool and dairy produce dropped which led to economic recession:

After the war he and a friend tried farming... then came depression and in the end they couldn't make a go of it and walked off the land ... he had a job with a carting company, invoicing and checking...He married in his thirties, 1928 in time for the next depression, but by that time he had bought a house. He had three days a week relief work. There was a big section so he had a large garden, we were never hungry, but my sister tells me that he said 'I did miss the meat'. I guess we were vegetarians. (May)

Shirley's father, another World War 1 veteran, also had a rehabilitation farming grant. 'My poor father, with the experiences he had in the first war, could not take stress. With the stress of farming in the depression he had a heart attack and sold up the farm'.

Jennifer attributed her survival skills to what she had learned from her father's experience in the war and depression. She learned to live off the land, made vegetable gardens, raised livestock, shot rabbits and utilized carpentry skills to she alter a house and later a motor home:

I think my father just went where he could get work. In the depression he was on the dole. In those days they made men work for the dole and he was sent down to the South Island to build one of the Northern-most passes and he did that with a pick and a shovel. He had photos of the work gang. They lived in a tent and dug the road out.... I think it's where he learnt to live off the land and I think that is where it [the skills] has come from in my life. (Jennifer)

The privations of the years of economic recession characterised by unemployment and poverty, and the shortages of imported materials during the years of war drew on all the skills and ingenuity of men and women in the household and on the land. Although the aftermath of World War Two brought a period of full employment and economic expansion, the pattern of economising and 'making do' continued for the narrators.

## 8.2 Childhood

Childhood provides gender models. The narrators' mothers managed households. Consistent with the culture of the time most did not work in paid employment after marriage, but with low income Ruth and Fiona's mothers continued paid dressmaking from home. Alice's widowed mother returned to nursing. In the post-war years many married women returned to work when their children no longer needed child-care. This was difficult to access (SROW, 1975). All of the mothers and May's grandmother undertook the unpaid labour of housekeeping and child care. A minister's wife (Vicky's mother) had parish duties and Diana, Susan, Anne and Shirley's mothers were farmers' wives who fitted farm work into their busy lives.

Gender roles in her family were clear. Greta resisted women's household duties and subverted her father's attempts to censor her reading in case it encouraged her in her resistance to the female role of domesticity.

I was supposed to attend to domestics, which I didn't want to do. I wanted to read and my mother actively discouraged me from reading. I could not bring myself to help really, but I think that my mother would not have allowed me or my sister to cook, because that was her job. My father had a beautifully bound set of books by Alexandre Dumas kept in the locked sideboard because he considered they were unsuitable for me. I somehow managed to get the books and read the lot.... I built up a small mountain of school books. Behind that barrier I read whatever I wanted to read. (Greta)

On the way to school Greta read forbidden sections of the newspaper in the newsagent's displays which no doubt broadened her horizons and changed beliefs:

As a result I never believed in forbidding children to read anything, because it'll only, if they have got the right temperament, it'll only inspire them to go to great lengths to make sure they can read whatever they want. (Greta)

Reading was not the only problem Greta encountered:

I was not disrupting the class or bad mannered, but I challenged and questioned some of my teachers which was not acceptable. I remember one year the remark was, 'must become more humble' another year said, 'talks too much'. I don't recall having received any praise for my[academic] high school performance. [They] always zoomed in on my behaviour, but with no effect. (Greta)

Greta's ability to question and challenge accepted beliefs and practices developed despite her family. She resisted gender role expectations and made the most of every opportunity to escape the domesticity expected of women. Later, when visiting Germany with her husband she describes an incident showing how deeply domesticity had proscribed women's lives.

My husband wanted to polish his shoes; he knew where the shoe polish was and went to get it. My mother ordered me to polish my husband's shoes. I said, what on earth for, he's perfectly capable of polishing his own shoes. She would have none of it and when she realised when I wasn't going to comply polished them herself. (Greta)

Judith enjoyed a happy early childhood in Hungary in an educated and cultured Jewish family until the war came. Her traumatic experiences have been described in the previous section. Her responsibilities for her younger brother continued until she arrived in New Zealand where they were cared for by loving grandparents and cousins. Her family valued higher education; she fulfilled their expectations and passed these on to her children and grandchildren.

Joan, an only child until age 13, had a secure, happy childhood. Her father, a policeman, was posted to country areas where she attended small country schools until intermediate level when she had to board privately in town. Her parents worried about the prolonged separation and her father applied for a transfer to Wellington. Here she attended a girls' college and enjoyed all her classes loving Latin and French, but sure of her future vocation in nursing. 'My dolls were always bandaged and nursed.'

Susan described life on a back-country farm in the South Island and her love of reading and her gender restricted role to domestic tasks.

Had I been a boy I would have done the boy's job, I wasn't interested in cooking or anything inside, I loved being outside, I used to go out with my dad every Saturday morning. We had no electricity, and one of my jobs was to clean all the kerosene lamps, fill them with kerosene, trim the wicks to be easily lit. I polished the shoes for Sunday church. I had to churn the milk by hand until the butter went flip in the churn and mum would take it over, wash it and pat it. She was very strict ... you did your jobs before you were allowed to read and, of course, I was very sneaky and I always had a book on top of the churn. If I heard mum coming it went under my jersey otherwise it would go in the fire. (Susan)



Diana was brought up on a farm supplying milk to the city. She was an only child, with loving parents, but lacked confidence and was teased for her shyness. She took an academic course at school confident in her abilities in science, but avoiding anything that involved public speaking.

Anne was brought up on a high-country sheep station in a close Catholic family. She boarded at Wanganui District High School from her fourth form year as the station was too far away for daily travel. She enjoyed both home and school and planned a nursing career.

Jennifer and Sheila had particularly unhappy childhoods with warring parents. Jennifer was the eldest girl in the family:

I had to look after my two younger brothers. I remember taking them down to the creek one day, we had a wonderful time, they would have been three and two. I suppose my mother would have had a fit. She was always pushing me out of the house; I was treated as a skivvy. By the time I was four I had to do all the dishes.... Every week I had to black the coal range, keep the house clean and tidy, no play times, go and look after your brothers, go up to the shop, go and get the milk. (Jennifer)

My parents were arguing a lot. I remember my father chasing my mother round the house with the copper stick. It was a relief to go to school and get away... As older kids we started getting belted up, like mum. She used to nag dad the minute he got home. We'd watch and see him unbuckle his belt. If we weren't quick enough we would get belted. Mostly my eldest brother and I got the beltings. One day he belted me with a St John Ambulance belt, with buckles about four inches across. Those beltings went on until I started high school when I was twelve. My mother used to say to me 'oh you don't have to go school today' and I used to wonder why, and later I realised it was because I had so many bruises on me. (Jennifer)

After reviewing this account Jennifer wished to restore some balance and spoke of the happier times in her childhood living an outdoor life in a rural area and with happy memories of staying with her grandmother and many cousins on the Kapiti Coast:

With a big family it was hard to feed us all so we used to go blackberrying in the summer. My father used to take me mushrooming. He put me on the bar of his push bike and we went out very early mornings, eeling in the local creeks and shooting rabbits. (Jennifer)

We used to walk out to the army camp to meet him. My mother took four of us and we used to walk all the way out there and paddle in the little creeks looking for fresh water cray fish on the way. Christmas holidays we piled into the back of the car and went on camping trips. It didn't matter that we didn't have much gear we had a holiday in a tent, dad always shooting rabbits. (Jennifer)

Brighter spots in my childhood were when I stayed with my grandmother in school holidays. It was wonderful, we toasted bread in front of the fire. She always had a kettle on the hob. After breakfast she said go down to the beach, go where you want, just be sure you come home at lunchtime. I started going over there, about seven or eight. I loved it. A lot of the time I looked after Dorothy my cousin who had cerebral palsy, couldn't talk and walked with very jerky movements. We used to roam all over the countryside and beach.... Sometimes in the holidays all the cousins came because my mother was the youngest of ten surviving children. There was always lots of fun. (Jennifer)

Jennifer took into her adult life a love of the outdoors, the skills of managing a household economically and the resilience to combat adversity. 'Number eight wire' activities learned from her family enabled her to confidently manage a small farm and to make alterations to her house to accommodate a staircase and kiln, then to adapt her motor home and later a van to resiliently provide herself with a home when adversity struck.

Sheila was an only child whose parents disputed her custody. Her mother, a school teacher was a stable influence in her life, but her father of whom she was very fond kidnapped her aged seven, leaving her anxious and confused: 'I wasn't frightened. I was

really deeply shocked... My fear was that mummy did not know where I was... I said 'I've got to go to school, daddy', he said 'Oh we're running away from mummy.'

Her father led an itinerant life selling religious books and left Sheila to stay with friends on a farm. He wrote to her often. '... he was my idol, this was the man I adored.' After two and a half years her mother regained custody:

The mother-daughter bond had been broken, [father's friends] had run my mother down, which they should not have done, they were supposed to be Christian people. She'd had a terrible time. I went back to a mother whose husband had walked out on her, to a mother who had a mixed up kid, I walked back to a mother who didn't have her own home, who was working. (Sheila)

A car accident with head injuries affected her behaviour and learning abilities so she entered secondary school educationally disadvantaged as described in Chapter seven, section 1. Her self-image suffered. The ambivalences of her childhood and the effects of the accident led to a lack of confidence in herself which were reflected in an unhappy marriage, triggered by rape for which, for many years, she blamed herself. Religious beliefs were a barrier to leaving the marriage (Feldhaus & Heintz-Martin, 2015). She separated late in life after repeated threats 'He had threatened to kill me over five years, a few times he said, 'why aren't you dead?' I wondered if he was poisoning me, because I was so sick.' Her husband had access to drugs in his work place.

Merrilyn and her sister had a stable childhood with loving parents. Her father served overseas in World War Two and her early recollections are of an all-female household. Her mother was a political activist whose early experience working in the Lancashire cotton mills had formed her strong beliefs in social justice and an aversion to capitalism which were shared by her husband. Their daughters learned to live with parents whose public profiles as communists aroused antipathy in Cold-War New Zealand. This required emotional strength and they took into adulthood strong convictions on social justice.

### 8.3 Health

Health is an individual resource both effected by and influencing the life course. It expresses the effects of genetic disposition and environmental factors. The link between housing and health is strong as described in the previous chapter (see Section 7.4). Housing contributes to the accumulation, or depletion, of the health capital of individuals and communities (Smith, Easterlow, Munro, & Turner, 2003) and this was the experience of the narrators.

Ten interviewees continued in the paid workforce beyond sixty-five, some for the need to pay off a mortgage or increase savings, others for personal interest. Workforce participation with options such as flexible working hours, part-time work, working at home, part-year work, and casual work has benefits for older workers. Remaining in or re-entering the workforce has a positive psychological impact for older people which supports continued good health (Davey, 2015). Research suggests that meaningful physical and mental activity in this stage of life may protect against the development of Alzheimer's (Fratiglioni, Paillard-Borg, & Winblad, 2004; Salthouse, 2006; Tang, 2008). Unpaid productive activities in old age such as the care of other adults and children and their estimated [economic] contribution expresses the importance of older persons as social capital (Fernandez-Ballesteros et al., 2011). The following section shows how this care-giving work, done by women, rarely gets such recognition and frequently adds stress and exhaustion to their own lives.

The women undertook voluntary community work, paid part-time work or grand-parenting and care-giving duties after sixty-five. Merrillyn continued part-time paid work running writing workshops in schools and Arohata Women's Prison, critiqued novels for Polytechnic students and took small jobs mentoring writers. Beryl, in her eighties, mentored workers in early childhood education. This work contributed a sense of purpose, gave satisfaction and offered greater opportunities for social engagement.

Health is frequently compromised in old age by physical deficits in functionality affecting sight, hearing and balance. The interviewees compensated for these by using hearing aids, glasses, walking sticks and frames, paid attention to environmental hazards and used safety appliances in kitchen and bathroom. Adequate diet, exercise, social support and

access to a medical centre contributed to their maintenance of good health, but the costs were high.

Only three women could afford health insurance giving them ready access to medical procedures, four were on hospital waiting lists for joint replacements and cataract surgery. Three had access to a union based medical centre with lower costs. Other centres varied in their costs, but were more expensive. There is provision for GPs to offer special rates for low income patients with high needs, but none of the women knew about this. The high costs of dentistry, replacing glasses and hearing aids required saving and planning. Most participants had some form of keep fit programme, including housework! Maintaining independence was the motivator; they wanted neither to be a burden on their families nor enter a rest home.

All but Jennifer, who was terminally ill, and Helen with severe rheumatoid arthritis felt that they were in reasonable health for their age. This included Beryl and Alice who were cancer survivors. Clarke, Liu-Ambrose, McKay, and Khan (2005) found in a study of osteoporotic women aged 75-86 that they attributed their health, quality of life and well-being to 'being able to do the things I want to do.' This was consistent the view of the narrators and with the research cited in Chapter 3, Section 5. Currently none of the women smoked although for many it had been a feature of adolescence. Judith said 'I have been a smoker since I was fifteen, a mark of being grownup in our family.' As an adult she smoked thirty a day, stopped in 1984 which was helpful when she was later diagnosed with diabetes. Others gave up during pregnancy or on the advice of their GP.

The women described age-related conditions requiring on-going attention such as the monitoring of eyes for macular degeneration or cataracts, hearing checks, blood pressure tests, cancer follow-ups and rehabilitation from stroke and orthopaedic replacements. Arthritic conditions were common and the more serious cases required regular monitoring. Helen visited her doctor regularly for injections and pain relief patches. Blood tests varied monthly or annually depending on the cause for concern. Transport to a medical centre, a specialist or a hospital clinic was an issue. Where public transport was not available, friends, family or a support group were called upon. Occasionally disability taxi vouchers were used. Megan had pernicious anaemia and attended the hospital every

three weeks for iron injections. May's macular degeneration had reached the point where she could no longer drive which seriously restricted her activities.

Distinction was made between chronic disease and ageing which related to 'slowing down'. The participants were more likely than their husbands or sons to have annual check-ups with their General Practitioner. According to Bonhomme (2013) men in general are less likely than women to make use of preventive health care. Women were more likely than men to visit a doctor and men were more likely to have neglected their cholesterol tests. Women in this study had regular medical checks and were careful users of prescribed medication. Perhaps this contributes to their longevity. Before retirement Diana had cataracts removed and a hearing aid fitted, but is now finding that old age brings other health problems:

Last month I got a warrant of fitness for the car, and for me! My back is worrying me; I can no longer keep up with the walking group, but can go up Kaukau [the local mountain] in my own time.... You realise that you are mortal and you must do it now. (Diana)

#### **8.4 Marriage and children**

Cultural mores expected women to marry, cease paid employment, raise a family and care for their elders in retirement. In this cohort expectations changed. The emergent pattern was to remain at home during their children's younger years and to take up full or part-time employment when the children were established at school. The interviewees stressed the importance of being at home when the children returned from school. Child-care facilities were limited. Women who wanted or needed paid employment were frequently dependent on friends, neighbours and older family members. Good quality child care was needed not just for mothers in paid employment, but for mothers to visit doctors or dentists without the distraction of children, to follow a hobby or have a respite from the demands of child-rearing (SROW, 1975).

I found an itinerant Karitane nurse to look after the baby, but she left town...The childcare business in the city would only take a child for one or two hours, enough for a doctor's appointment...I had to go to a neighbour with children of her own who was

not very well off and offer her a large sum of money to look after the baby one day a week in term time. (Greta)

Grace continued working through her four pregnancies and took part-time employment sharing child-care arrangements with friends. Beryl, a war widow with a son was able to continue work and study because her widowed mother looked after the child.

Susan spoke of the constraints lack of child-care placed on women's social connectivity and social isolation when staying at home with children and having no relatives to help she was dependent on a friendly neighbour and they shared child minding if one or the other needed to go out without the children Her husband's work took him away at a moment's notice. She found an alternative social outlet:

There's only time to know your neighbours, I didn't have time to go out and socialise ever because too many kids, and you couldn't rely on Tom being home so that you could go out on a regular basis because he would take off at a minute's notice to wherever they had a problem with earth-moving machinery. (Susan)

I had no relatives at all up here. A cousin came eventually, but again they had their own family but, too far away to help you out...I saw an ad in the local paper for packing Christmas toiletries. I got a night job there for two years which was quite fun. Actually I thoroughly enjoyed being with the ladies there, they were lovely people. (Susan)

Large families created financial pressure and saving for retirement was not a first priority. Susan's husband was ill. With five children she needed to supplement the family's income. Hospitals did not want part-time nurses, but she found a laundress job at a private school and worked there for eleven years. 'In the holidays I'd cart the kids with me. They played marbles and what have you under the clothes lines.' She set up a tight schedule in school time:

I used to catch the twenty past eight train and get into Wellington just before nine. I'd be up to the school by quarter past, depending whether or not the buses

were on strike. I'd leave about twenty past two, catch the bus down the hill and be home three o'clock when the kids came home from school. I feel mothers should be home to see the children off to school in the morning and be home when they come home in the afternoon, that way you know they're up to no mischief, they can get a hot meal when they come home, hot soup or something to eat. (Susan)

Helen had five children; when the family benefit was increased she was upset by the ignorance of a teacher:

School fees, shoes, clothing, school trips, school books, it paid some music lessons too. It had to pay for anything that didn't come under housekeeping. It was good to have. I remember going to the primary school to do some work and a teacher said, 'you must be getting a lot of money now, you've got five children and your family benefit's doubled'. I was so embarrassed I said, 'Yes, but every time we buy shoes we've got to buy five pairs'. (Helen)

She made her children's clothes as economically as possible 'making do' by remodelling:

I learnt to sew and finish garments because I had to. As a single person, I used to buy clothes, if I did sew, my mother or sister would finish them for me, but when I lived miles away from home, just married and needed maternity clothes, I had to learn. When I got stuck, my husband sat on the floor to help me. I wasn't a good sewer; I think I just learnt with practice. Money was short; it's just one of the things you had to do. I'd always knitted, that wasn't a problem, but the more children I had, the more I had to do.

With five children I just had to sew, remodelling... going to jumble sales, buying big garments and cutting them up, or if somebody gave me clothes, I'd cut them from the shoulders down and make something presentable. Pinafores did well out of straight skirts when the skirts were longer, but minis, there's not much left to cut! The boys' things I made from scratch, but the girls' were often cut out of somebody else's clothes or bargain-basement material. It taught me lots and I thought my children were well dressed. (Helen)



Susan taught herself to sew by cutting down and remodelling clothes from her aunt. She too made her children's clothes and sewed for school and Plunket-fund raisers.

Life at home was not all drudgery. Grace, Alice, Judith, with their husbands and children tramped and camped. Outdoor life in New Zealand was easily accessed. Merrilyn regularly took her children to the beach and park, this kept the house tidy. Diana's boys on the farm enjoyed the outdoors while she gardened. Susan enjoyed the holidays:

I'd pack up lunch and off we'd go. Didn't have a car, we went by train, or we'd go up the hill, where there was a big reservoir. Lovely place for lunch, the kids could climb hills, or we'd get the train to Plimmerton and they'd play on the beach. It was fun. (Susan)

#### **8.4.1 Divorce and separation**

Marriage was presumed to bring security and a life-long partner. According to Margelisch, Schneewind, Violette, and Perrig-Chiello (2015) well-being and health outcomes are conditional upon the quality of marriage. These stable life-long partnerships were the mode for most interviewees, broken only by illness and widowhood, but this was not always the case as was shown in the Chapter 6.3 participant snapshots.

The breakdown of marriages had diverse causes, infidelity, neglect, emotional and physical abuse and psychiatric illness. Jennifer, pregnant at seventeen, married without parental consent because this allowed her to escape her family's domestic violence. She exchanged a controlling mother for a controlling and abusive husband.

My husband did not tell me what I was signing away when we capitalised the family benefit, took a low interest loan to build a house...The place was damp, muddy and often shrouded in fog.

Jennifer developed bronchiectasis. Like other young couples they 'made do' with minimum furnishings and bare floors.

She was an economical housekeeper, took in sewing at home and with the boys at school returned to work as a ticket writer, but was back home before they returned. Her husband

continued to stay out late. 'I asked him if he wasn't going to be home by seven at night, to please let me know and I would stick his dinner over a saucepan'. Her husband became a successful businessman, but was a philanderer. 'I would hear about him with other women, items of clothing were left in the car. I ignored all this. I had two little boys. I suppose I was naïve I thought this was the way marriage went.'

In a patriarchal society the man is in charge and Jennifer had had no other model. A move to Melbourne, planned by her husband alone and then to Sydney did not improve the situation. He became increasingly controlling of Jennifer and the children:

I had no friends. My husband [was]away at work, the kids away at school. I wasn't allowed to have any New Zealand visitors... I said so and so's coming over let's have them to lunch. He said 'no you won't they're all bludgers.' He even did it to relatives... he never hit the kids, but could have them shedding tears in two minutes flat. My eldest son won a scholarship and my husband took the money off him and there was nothing I could do about it. Nothing...  
(Jennifer)

I realized that he was a coward, craven and tried to get work. At first it was charity work, visiting housebound people, well he belittled me for doing that so I had to stop. Then I took up pottery and became a very good potter. I wanted to buy a kiln and set up a small pottery, but I wasn't allowed to do that. I found some other part-time jobs and started to save...When he travelled overseas he visited prostitutes. His employer allowed him to take me with him, but he said 'No you're not allowed' or 'you can come, you have to pay for it.' The company paid for him to take me, but my husband made me give him the airfare'. (Jennifer)

He taunted her with love letters from his secretary. Her mother had lived in a physically abusive marriage and Jennifer had no model for leaving. In desperation she twice tried to leave him, but he stalked her, blackened her reputation with friends, called her a lesbian and alienated her sons. He changed the house locks so that she was unable to retrieve her possessions and hid her car. The police suggested that she 'steal' it back.

When Australian legislation made it possible to divorce after twelve-month separation, she found a flat and started divorce proceedings. Work-mates including security guards and telephonists prevented him contacting her or entering the premises and gave her a different social life. This support boosted her confidence and reinforced her childhood resilience. She returned to New Zealand with enough from the divorce settlement to purchase a house. She relates her attitudes in marriage to her childhood:

Because I had such a terrible life as a kid, hearing my parents arguing and my mother getting beaten with the copper stick, I kept our own differences out of sight or hearing from the kids...so it was a big shock when I left. They were seventeen and nineteen. This was the most distressing time in my life. I survived because my friends at work looked after me. (Jennifer)

For women with young children leaving a marriage was difficult. Unless her relatives could help, there was little child-care available. There was as no financial assistance for solo mothers until after 1973 when the Domestic Purposes Benefit was introduced. Women stayed in abusive relationships for several reasons; shame that the marriage was failing, social ostracism, belief that it was her fault, the need to keep children close to her or the lack of financial support, and fear of physical violence. In Jennifer's case the model was parents who stayed together despite violence.

Megan left her husband who was having an affair with her sister, but felt that this was partly because she had not shown enough interest in her husband's outdoor pursuits which her sister had. Her interpretation that she was at fault because of this, suggests a gender-based belief that wives should follow their husbands' interests rather than their own. Megan was a devout Catholic for whom, at that time, divorce was unusual, but infidelity is the commonest source of divorce (Amato & Previti, 2003).

Sheila struggled to get housekeeping money from her womanising and abusive husband, but constrained by her religious beliefs to eschew divorce, only separated late in life. Her husband shamed her in front of others, carried on several affairs and threatened to kill her. In her forties she became very unwell. 'I was a dirty blue grey colour and didn't know why. Several times Ken said, 'Why aren't you dead yet?' I was worried because he had access to drugs [in his workplace]'. Religious beliefs, childhood experience of a broken

marriage, concern for their children and lack of income kept her in the marriage until late in life when she obtained a non-molestation order and eventually a separation.

Merrilyn had been in a financially comfortable marriage, but her husband discounted and ignored her, stayed out late drinking and playing cards with mates and also had an affairs. She felt that they lived in different worlds which did not communicate. An incident in which he tipped an ashtray full of cigarette butts over her head in public left her feeling utterly alone. She put on a brave face and told no one of her misery, but expressed it in writings. Eventually they divorced and she received enough in the settlement to purchase a house. The Domestic Purposes Benefit was available so she was able to manage financially. Like Jennifer, when a subsequent relationship broke up she lost equity in her property which had serious financial consequences.

Four of the six women who divorced found it very difficult to leave their abusive situations. They believed at times that it was their fault that the marriage did not work, that they had not paid enough attention to their husbands, that the responsibility was theirs. The need to be there for young children, limited access to childcare and paid work and the social disapproval of divorce at that time were barriers to freedom. In two cases religious beliefs about the sanctity of marriage tied them to domestic and sexual servitude.

## **8.5 Care-giving in old age**

There is extensive research on care-giving; (Goodhead & McDonald, 2007) in a review of informal care-giving, show that the pool of people available to provide care is declining in our ageing population; smaller families, more family break-down, more blended families and more women participating in the workforce unable to fulfil society's expectation that women should be care-givers. Paid caregivers are mostly middle-aged women with limited training (Lee, Jain, Tam, Martin, & Baker, 2011). This has been traditional work for women and has been poorly paid.

Care-giving for cancer and Alzheimer's disease carries a higher physical burden and more psychological distress than caring for diabetics or frail elderly (Kim, 2008). Helen

who has severe rheumatoid arthritis and her husband who has cancer are mutual care-givers. She has had many operations for bone replacements leaving her unable to do many household tasks. Her husband has been her mainstay, but she is fearful for his health and their futures:

He's had three cancers, he's had bowel surgery, one went to the lungs, and he's had one section of lung out. He got a melanoma on his eye last year. It was the kids it put more stress on. All this, [their illnesses] they don't actually change your personality, but a lot of things are aggravated. I think it's the same with any illness you've just got to try that much harder to cope. (Helen)

Helen discussed the additional stresses in her life due to one of her sons' serious illness as well as her husband's cancer. She has outbursts of frustration and feels guilty despite her own considerable pain, and fatigue. The guilt she feels relates to her physical disabilities which preclude her from fulfilling the social expectations for women to be the care-givers rather than men. Aronson (1992) asserts that for women, 'Translating their sense of obligation into their lives is a contradictory process characterised by ambivalence and guilt that stifle complaint.' To relieve the tension her other son took her for a trip to Switzerland:

... since I've had a holiday I've turned a page and I can't be bothered with the rubbish, when I say rubbish, [I mean] really up-tight stress. I'm an avoider; I try to avoid it because I don't normally win if I do have a head on [outburst]. I don't win but it keeps the tigers at bay for a while. (Helen)

The holiday eased her tension; she recognises that explosive outbursts when stress builds up do not get her what she wants although it relieves her worries for a while and is part of her coping mechanism. Her husband has become 'very grumpy and stresses easily' which she relates to sons requiring his help with house renovations. 'He brings up things from 20 years ago to argue about, it's verbal abuse not physical, but I have talked to the doctor and the police.' Helen has set up a safety plan in case this gets worse. She feels secure for the time being, but her health is suffering which is consistent with research on care-giver's stress (Choi et al., 2013). A feminist critique of health promotion activities

looking at social policies in Britain (Daykin & Naidoo, 1995) challenges the construction of women as carers thus naturalising gender inequality ‘in a situation of responsibility without power.’

Anne, who works with the elderly, stressed how important it is to ‘look after yourself when you are looking after others’. This has been well researched (Buzzanell & D’Enbeau, 2009; Daniels, 1987) Eight women experienced the stresses of caregiving. Grace, Fiona, Shirley and Helen had serious concerns about their husband’s health and Greta, Penny, Alice and Susan described the difficulties in caring for their husbands before death. They expressed sorrow, frustration and concern about the stress of caregiving and the personal toll it exacted, but carried out the gender expectations of women’s nurturing nature, from ‘duty and the heart’ (Kirkman, 2011). Day by day they lived with unreliable and untrained caregivers, and decisions that had to be made about institutional care. Davey and Keeling (2004) found that working informal care givers lacked access to relevant and accurate information on eldercare services and that some health professionals according to their informants ‘were not forthcoming’. These situations have been a focus of research (Jorgensen, Arksey, Parsons, & Jacobs, 2009; Jorgensen, Parsons, Jacobs, & Arksey, 2010).

Grace’s ex-husband experienced a serious stroke after the breakdown of his second marriage. She and her adult children decided that he should return to the family home. A healthcare worker comes almost every morning and their eldest son assists with physical care-giving. Grace described the effect on her life:

There are some nice things about having constant company in the household. I enjoy the companionship of having David here, but there are aspects of caregiving that are both emotionally and physically tiring and stressful. I’ve been warned by all the literature on stroke that often the person concerned does not want to acknowledge how their lives or abilities have changed... You have constant requests for things that have been forgotten, where they might be... been up and down at lunchtime to get things. I miss my personal space. (Grace)

Even though Grace has help, her life is seriously impacted by the day by day requirements of constant care-giving. It is stressful and physically tiring:

With all the people coming in and out I think I'd better tidy up, just put the washing out...I find at the end of the day that I haven't sat down to read the paper. I get tired so easily now. (Grace)

Her comment that 'all the people coming in and out' prompted her to 'tidy up' for visitors despite fatigue and the need for her own space to read and relax, reflects her socially constructed gender role as a 'housewife' expected to keep a well-ordered home.

Fiona's husband is hospitalised in an advanced state of dementia. The cost of previous care has considerably reduced their financial resources. Fiona uses the bus service to the hospital, visits twice weekly and at weekends to help feed him, thus continuing her role as care-giver for her husband. The ongoing stress of seeing her husband's deteriorating skin condition, the effect of falls which have left him bed-ridden and particularly the few occasions when he is lucid, affected Fiona's well-being. His doctor realised the destructive effect it was having on her life. 'The doctor gave me permission to not be there all the time and explained that we must now live parallel lives.' A Canadian study of dementia care-givers shows that daughters experience the highest burden and the highest self-esteem, but wives emerge as the most vulnerable when both burden and self-esteem are considered (Chappell, Dujela, & Smith, 2015).

The emotional and physical pressure affecting care-givers' health and well-being is well established and the stress is linked to mortality (Fredman, Cauley, Hochberg, Ensrud, & Doros, 2010; Schulz & Beach, 1999). It required an outside authority to give Fiona permission to live a 'parallel', but independent life free of guilt. She was assured that her constant visits were unnecessary and that she must now take care of herself. She had been fulfilling the social expectations for women as caregivers and had neglected her own well-being. In a qualitative study of women who cared for their mothers Aronson (1992) found that the relative absence of sons, brothers and husbands from family caregiving emerged as material constraints shaping women's sense of obligation which produced ambivalence and guilt that stifled complaint.

Greta who worked until she was seventy-five has an aortic valve replacement. Her husband was ill for several years and became bed-ridden, but caring for him was too much for her, especially attending to bodily functions:

I did not want to attend to the personal hygiene of my husband... I felt I couldn't do it, so our general practitioner arranged for somebody from the District Health Board to assess the situation and organise care-givers to come in, an hour in the morning and allegedly an hour at night, except nobody stayed an hour at night!...Over a period of two years there were about thirty or forty different care givers. Sometimes at the weekend nobody would turn up... they were untrained people, some better than others, but on the whole, it's not something you'd wish on your worst enemy. (Greta)

Greta suffered from the lack of training and unreliability of care-givers. New Zealand researchers have found that paid caregivers have minimum pay, are female, work part-time and although it is recognised that training is important for them, they do not attend, so consequently remain untrained (Jorgensen, Parsons, et al., 2009). This is not surprising as there are several barriers: courses are neither free nor readily available, would reduce immediate paid work and would be difficult to fit around the care-giver's schedule whose employers often require them to do extra duties to replace other staff who are sick or unavailable (personal knowledge). Increasingly in my own social network I hear of the difficulties faced by women in their eighties when they attempt to do the work of a caregiver who does not turn up. Communication with some contracting businesses is also problematic.

Greta's husband became increasingly difficult to manage and bound by her moral precepts, she was conflicted about the decision to seek rest home care for him; she would neither lie nor persuade her husband to enter institutional care:

It's very difficult to say... I found that as he got more ill, feebler, he became more of a control freak and tried to micro manage my life, gave me instructions, some of which were quite ludicrous. Perhaps it would have been better if I'd lied and said, yes, I've done it because he would not have been in a position to check, but I couldn't bring myself to do that. I refused to discuss it because, as far as I'm



concerned, going to a rest home is a fate worse than death and I did not want to influence him to go. (Greta)

Her quandary related to the expectation that women should be care-givers and that she would be failing in her duty if she put him into rest home care, which unlike Beryl, she perceived as a 'fate worse than death'. The situation resolved when her husband made the decision to move into residential care and Greta experienced a sense of relief; she regained her independence. 'I suddenly rediscovered what it was like to live without constant tension, which was quite a novel experience... I used to make a point of going out every day.'

This new sense of freedom was also expressed by some of the divorcees who found relief from the confines of abusive marriages.

Shirley's husband, William, is in the early stages of Alzheimer's disease that started slowly with forgetfulness. This alerted her because there had been dementia in his family and her two older sisters were showing signs of age-related dementia. William, an engineer, had a degree in electronic music composition, but could no longer cope with his computer. He was unsettled and irritated when his wife used it. Shirley can only access it if he is in respite care or asleep.

Shirley brings him to choir practices and to her voluntary work with Riding for the Disabled. William enjoys walking and likes to walk home, but worries that the time will come when he loses his way. 'He has lost interest in many former activities so I take him driving for something to do.' William, still physically fit, enjoys chopping wood to stoke a wood burner. He often forgets what he has been doing and Shirley worries that he might injure himself or set light to the house. She dropped out of another choir because the practices were at night when she could not leave him alone. Our interviews were fitted around a brief period of early afternoon respite care. Shirley's life has changed, her regular activities are disrupted and she is stressed. Fortunately she has the financial resources to pay for respite care, unavailable to many.

Amy's husband has a heart condition and while caring for him in 2006 she had a stroke. Previously she had been energetic, busy with parish affairs and choral activities; subsequently she had to cope with her own disablement. Amy spoke in detail of her

rehabilitation in hospital, of home visits from occupational and physiotherapists, of being assessed for household help and of on-going problems; the hidden agenda of stroke:

There was still fatigue after five years and I felt guilty about being tired, but I had to do as I was told.....‘shoulds and oughts’ are very strong in my life. I realised that I was getting feebler and found that I was old, muscles were flabby. I had no energy.  
(Amy)

The moral imperatives of her childhood told her that she shouldn’t be tired, perhaps she is being lazy. She resents being told what to do, is unhappy with her ageing body and her continuing disability, and is frustrated by household help which does not come up to her high standards of house-wifery:

The household help, one and a half hours a week was variable in skill and did only basic cleaning, not the inside of cupboards and pantry or light shades. I felt that I was getting into ‘sloppy habits’, and was resentful that I could no longer do things myself; something had been taken away from me.

What had been taken away was her independence. It was difficult for her to accept help. She was advised to rest more, to use the free time given her to do enjoyable things she liked, singing and painting. This gave her permission to move on and to accept some degree of dependence on others including her husband, to no longer feel guilty. Like Fiona she needed the intervention of health professionals to release her from the strictures of her upbringing including the social expectations that women should be exemplary carers and housewives (Daniels, 1987; Darke, 1994). ‘There’s diminishing energy levels as you age. It’s nice to have someone to do housework and garden. Now I am enjoying life, but it is important to look after health.’

She appreciates the efforts her husband has made to be helpful and that they have a community services card:

Health-wise we don’t have medical insurance. Have to wait and wait for government paid hospital services. Swimming and walking are good. Newtown Health Clinic has subsidised fees for holders of the Community Card, this makes a difference. I feel I

can go to the doctor when I need to, like last week when I hurt my leg and was able to get a free X-ray. (Amy)

Greta was one of the few who had health insurance. It paid 80% of the costs of her aortic valve replacement and ongoing medical needs. She had high blood pressure from her twenties, but in her eighties ceased to worry as it caused no ill effects. Still, she takes medication. ‘Oh yes, yes, I take quite a lot of tablets to reduce blood pressure. In fact I could be described as a walking pharmacy.’ She takes colchicine for pseudo gout flares and prednisone which has caused weight gain, about which she does worry:

On the advice of the rheumatologist I dutifully swallowed large doses of prednisone and put on kilos and kilos which is an unfortunate side effect. As the dose reduced I managed to shed some weight, but there’s still a long way to go...I eat very little compared with other people, but I think I don’t move enough... I’ve been accused of being obsessive about weight but there are much worse things to obsess about. And anyhow we’re always told about the ‘obesity epidemic’; in addition it is very bad to be overweight if you have high blood pressure. (Greta)

Greta takes good care of her health and justifies her ‘obsession’ about weight gain by referring to the current social and media pressures against obesity (Swinburn & Wood, 2013).

Susan investigated the cost of a cataract operation, and rather than spend six months or more on the Public Hospital waiting list, used her savings:

I found out how much it was privately, about \$3,000 and I thought, \$3,000 well spent, I’ll have it done privately. A twenty-minute operation, that’s it, just marvellous. I’ve got a new eye, actually better than it ever was. (Susan)

She is now waiting for an arthritic knee replacement in the public system, has medications for a thyroid condition, high blood pressure and arthritic pain. Many other women are unable to pay for cataract surgery privately and at present are referred back to their GP until their virtual blindness wins them a place on the waiting list (Kirk, 2015b).

Judith and Elizabeth are diabetic, but control the condition by diet and minimum medication. Both have hearing aids and Elizabeth had cataracts removed at the Public

Hospital and received the government subsidy for her hearing aids. This subsidy is \$1,000. A state of the art pair may cost about \$8,000. 'My eyesight is better than it has ever been, I don't need glasses any more except for reading. I persisted with the hearing aids and it made a wonderful difference.'

Living on their own, Fiona, Joan, Colleen, Megan, Elizabeth, Ruth, Stella, June, Diana, Sheila, Marilyn, Greta, Penny and Jennifer, found that managing a healthy diet required changed shopping and cooking habits. Supermarkets supplied meat packages for couples or families, but it would be helpful to have packaging for one person. Roasts, unless for visitors, were a thing of the past. Eating the same thing day after day was not inviting, so large quantities were made into smaller portions and frozen. 'Half cabbages, cauliflowers or silverbeet are too much for one person, but you can divide frozen vegetables easily.' Susan, May, Diana and Ruth still kept vegetable gardens. Marilyn found cheap fresh vegetables at the local weekend market. Greta did not wish to shop for cooking, but found meals provided by outside agencies boring and inadequate. Jennifer prepared and ate dinner at breakfast time as this was when she had enough energy to do so, a sensible and innovative adaptation. These solutions to the changes of age and living alone come from their early rubric of 'making do'.

The narrators were aware of the need for adequate exercise. Megan who suffered from pernicious anaemia finds that house-work, her staircase and a walk to the bus stop is all she can manage. Colleen attends a local gymnasium class for the over-fifties. Judith and Susan, keen gardeners, swim weekly at the local pool. Judith who has had two hip replacements and a cervical spine operation and Elizabeth who has had a triple cardiac bypass attend Tai Chi classes designed specifically to improve balance for older people (Song, Lee, Lam, & Bae, 2003). Balance is problematic for the elderly and has been the subject of extensive research as falls have resulted in serious injuries and expensive rehabilitation, particularly for women (Stevens & Olson, 2000).

Susan's arthritic knee prevented her climbing in and out of the local public pool so she attended the Arthritis Society's aquatic physiotherapy class. After a successful operation she returned to the public pool for exercise, as this was less expensive. Joy and Helen also found the aquatic physiotherapy helpful.

Elizabeth, Colleen, Alice, Megan, May and Judith have staircases to negotiate, but while foreseeing these as hazardous, feel that at present they are managing by employing various strategies, such as going down backwards and making good use of bannisters. These adaptive behaviours required resilience and determination. Helen has a stair-lift to cope with her severe rheumatoid condition. Megan broke her hip in a fall in her laundry and although on crutches managed the staircase. 'I came down on my bottom and crawled up at night. I had another phone jack put in upstairs and carried my phone in a plastic bag over my shoulder.' Jennifer despite early bronchiectasis has always been active, running, building, gardening and tending her small farm, but since the return of her cancer can only just walk to the bus. Working her large weavers' loom is now unmanageable; she has given it to a fellow weaver.

Diana walks and gardens. Penny enjoys croquet and gardening, Amy swims regularly and walks her small dog twice daily, Merrillyn walks her neighbour's dog, and Helen's husband has built her raised beds for gardening. Elizabeth takes the bus to town and walks on the flat in the city. Ruth, now ninety-two, belonged to the OBE's, (Over Bloody Eighty) a group of old women who swam regularly despite arthritis. She stopped this when she was the only one left. 'It's not safe to swim alone, but I still manage a vegetable garden.' Sheila, who has a heart condition, walks and gardens and like other choir members Judith, Shirley, and Fiona, feels that singing enhances her respiratory health, '...it makes you breathe properly'. Colleen walks to an over-fifties gym class and Fiona has joined a community exercise group for older women. Beryl's cancer has returned and Grace's arthritis limits her activities; both now have help in house and garden.

Walking and gardening are preferred activities, but the women insisted that housework was also exercise. Wellington is a very hilly city, with steep inclines and uneven pavements so everyone is aware of the danger of falling. Joy lives in a flat area and uses a walking stick, but fell on an uneven pavement injuring her shoulder which prevents her driving. She is now dependent on her husband for transport. Greta recognises that she needs more exercise, but is not keen on group activity. She can no longer walk to the village and buses do not always arrive on schedule. In order to join in an activity, an important feature is accessibility, difficult for those who no longer drive or only drive in daytime. Some have friends or family who can take them. Cost is another barrier. Helen

and Susan withdrew from hydrotherapy for financial reasons. Unlike hospital-based physiotherapy, choir membership and gym classes are expensive and are not subsidised for older people on low incomes. Hydrotherapy and Tai Chi must be paid for, but in some circumstances they may be covered in a disability allowance. All but two of the women were employing agency in their determination to keep fit to maintain health, challenging the stereotype of old people being feeble and helpless.

The narrators acknowledged the constraints of some disability and health issues in old age and that the ultimate stage of life was death. They were comfortable discussing their mortality. Most had appointed an enduring power of attorney, made a will and arrangements for funerals. Some, like Jennifer had written detailed instructions which they felt their family or lawyer would definitely carry out. Others doubted that their wishes for simplicity would be carried out and several commented 'Funerals are for the living. After all I won't be there to see it.' Those with religious affiliations expected it to be in church. Colleen and Elizabeth wanted the last rites and a requiem service. Ruth who had been a piper arranged a friend to play the pipes and her nephew 'with a beautiful voice' would sing. Others planned a secular celebration of their life, but with humour and good music, not the traditional hymns. Diana fancied 'Gracie Fields singing 'Wish me luck as you wave me goodbye.' Merylyn wants a simple casket like her mother's that people can write messages on:

No expensive floristry, perhaps Monserrat Cabilio singing Mio Bambino Caro, or Rock Around the Clock, I hope they get up and dance! Speakers must be truthful. Don't like the idea of cremation, but seems most sensible. I don't want to think old and haven't put aside money for the funeral. (Merylyn)

Both cremation and burial were discussed, natural burial had only been considered by two as a desirable, but expensive option. Beryl decried the government's opposition to euthanasia. 'A national poll was 90% in favour, but only twenty minutes was given to a parliamentary debate on this important issue, especially for women, and most of the MP's were young or middle-aged men'.

This issue has become polarising in the community and is on the one hand driven by a fear of a lingering and painful death where the individual has no possibility of controlling

their demise and on the other by religious and medical prohibitions on the ending of life. Feminist theory promotes women's agency in decision making, but legislation designed to protect life can negate this in end of life situations. 'The law's response should be constructive rather than punitive' (Mathieson, 2013)

## **8.6 Living alone**

Living alone is usually referred to as residing in a 'single person household as a 'solo dweller' and this has become increasingly a way of life for many people in the 21<sup>st</sup> century (David de Vaus & Qu, 2015). For many older women living alone is not a first choice, but has come about for those married or partnered by the dissolution of marriage or partnership or the death of a partner or spouse. Thirteen of the women interviewed lived alone. All but one had built social networks through volunteering, church, hobby, interest and exercise groups. The support offered by this social networking has been a feature of my own experience as an old woman living alone. It is important in creating opportunities to make new friends in younger age groups as many of our peer group move away to be closer to family, to warmer climates, to find more suitable accommodation, to institutional care or die.

Joan never married or partnered, Anne was a member of a celibate religious order, Susan, Greta, Elizabeth, Penny, Alice, Diana and Colleen were widowed, Sheila was separated and Megan, Ruth, Merrilyn and Jennifer were divorced. Women tended to marry older men (Bergstrom & Bagnoli, 1993) and since longevity is not symmetrical women often became widows. Despite recent improvements in male health, women still tend to live longer and according to Austad (2006) are more robust at all ages.

Research defines loneliness as a discrepancy between an individual's desired and actual social relationships, whether in their quality or quantity and the strongest predictor of loneliness is depression (Musich, Wang, Hawkins, & Yeh, 2015 ). Living alone is not always associated with depression as some people may be comfortable in a situation which gives them control over their personal space and preferences, although when it is associated with depression, loneliness and ill health, particularly of older people this is a matter of concern not only for the people themselves, but for the potentially high costs to

the public health system. A systematic review of interventions targeting social isolation in older people found that, while more well-conducted studies of social interventions to alleviate social isolation were required to improve the evidence base, an effective intervention tended to be one which offered social activity and involved group participation (Dickens, Richards, Greaves, & Campbell, 2011) which Greta resisted. This supports what I found when interviewing older women both in the present study and in my Master's thesis (Munro, 2002). Groups formal or informal often create a sense of belonging. In a busy world it is easy for an older person with mobility issues, living alone, to lose social connectivity. The internet or telephone does not entirely replace personal contact.

Living alone requires adjustment to old habits of eating, purchasing and preparing food. This relates to the maintenance of a healthy diet discussed in section 8.2. There are aspects of loneliness not associated with living in a single person household. Greta while at home looking after her ill husband felt isolated:

The people I knew had a very strange attitude to women who look after their husbands because they are supposed to do the Florence Nightingale bit. I would dearly have loved to be invited out, even if it was only for a cup of tea in the afternoon, but nobody ever asked me out while my husband was at home. I was supposed to stay home and do my duty and it was only when he was in respite care that I would be invited out. I would have dearly loved to have a break. It was a very lonely existence. (Greta)

She refers to the 'Florence Nightingale bit', the cultural expectations that women are carers who should get on with the job even when this may preclude social connectivity. Perhaps would-be visitors felt that they would intrude or did not want to meet with her husband.

Living alone in retirement is not necessarily isolating. Most of the narrators had busy and fulfilled lives with many social activities described in the next section. They also had personal space which they valued as Ruth said 'I have time to relax, to listen to the birds and do nothing if I want to. No interruptions.'



## 8.7 The women's movement

The women's movement opened new concepts of identity and opportunity for some participants in mid-life. Gains were made towards equality and equity in education and employment which contributed to women's welfare generally. In the 1980's a popular mantra was 'Girls can do anything' and the women saw this as good for their daughters in an employment field that still promoted strong gender preferences in the workplace. Few of the women spoke directly of the influence of the women's movement on their lives, although it was clear from their comments that some were feminists. Five participants, Grace, Beryl, May, Fiona and Judith, members of the Women's Studies Association (WSA) were directly involved in promoting women's issues in the community, in teaching and at the university. Merrilyn found new interests when she attended a WSA Conference and became active as a lesbian feminist. She incorporated women's issues into her creative writings. Greta recognised gender discrimination from an early age:

When I was four years old my brother was born. I like to think that at that time I became a feminist even though I didn't, of course, know the term and didn't know the theory, but what I did know was that I had been demoted, and the person who was of greatest importance was my brother. (Greta)

In New Zealand Greta experienced sexism as a mature student in the university law faculty and noted the privilege of social class:

The atmosphere was not conducive to women studying law; it was not a very feminine thing to do. By and large the only women who did this seemed to be those whose father or relative or family friend was a lawyer... the fact that these boys questioned my right to be there, it just spurred me on. (Greta)

Greta resisted the gender discrimination and became a research lawyer with a good income advantageous for independence in marriage, providing retirement savings and a model for her daughter.

Beryl reflected on the huge amount of work done by mothers and grandmothers and the influence of International Women's Year 1975 with its recommendation for quality child

care. As a member of the Victoria University Council she supported the introduction of Women's Studies and Early Childhood Education as academic courses and the establishment of a children's crèche on the campus. In the Education Department one of her roles was to promote women. She worked on getting more women on to committees, hired both a man and a woman as analysts and helped women to progress within the Department. 'The poster above my desk was *Make Policy Not Tea*.' There were different expectations for men and women teachers on in-service courses:

No alcohol was allowed in Hogben and Lopdell Houses. At 5pm men went down to the pub, a lot of policy was decided in the pub. The women stayed in. With the department's permission I introduced Happy Hour to retain the men so that the group would keep together, especially where policy was concerned. (Beryl)

Beryl's commitment to empowering women continued in retirement. She remained an active member of a women's group within a political party focussing on issues affecting women.

In the seventies Grace helped establish a Women's Studies course at Victoria University of Wellington. Judith was a founding member of SROW, the Society for Research on Women in New Zealand and the New Horizons for Women Trust which raises money for second chance education and research for women. Ruth, an early advocate for women in the workplace opposed sexual harassment and discrimination and campaigned for pay equity. May participated in the SROW research projects. Shirley's work as a librarian for the Federation of Labour exposed her to feminist and socialist ideas. It opened her mind to new ways of thinking. 'My poor father would turn in his grave!' She joined the working women's choir, 'Choir, Choir, Pants on Fire'. Alice, Diana, Jennifer and Penny did not join the movement, but felt that it had improved women's lives in many ways, giving them more freedom and opportunities.

Elizabeth braved a male bastion, 'I was the token woman on the Christian Brothers' School Board. I had to stand up to men who little understood the pressures on children.' She described preventing the expulsion of a boy who had lost his father. The board frequently gave way to parents' demands to remove books from the library such as one which mentioned prostitution. She defended its retention because boys were entitled to

that knowledge she said ‘I have lived through bombs, death and destruction and am a pacifist opposed to war, will you then remove war stories?’

The women’s movement opened new possibilities for women beyond that of being solely a domestic nurturer. Many had gained in confidence and a wider understanding of our socially constructed roles. Some had supportive husbands who encouraged their activities. Equal pay legislation 1960 and 1972 and the provisions of the Property (Relationships) Act 1976 improved their access to assets in retirement. A Ministry of Women’s affairs was established in 1984 although it has little power or resources. Essentially the influence of the Women’s Movement allowed women’s voices to be heard and the possibility that their needs could be met. It has both reflected and accelerated social change and feminists are active in campaigns to reduce domestic violence, child poverty and elder abuse and to gain pay equity.

### **8.8 Support networks, social connectivity and spirituality**

The role of close family relationships and person to person contact in later life has a positive effect on well-being (Siedlecki, Salthouse, Oishi, & Jeswani, 2014). An investigation of the influence of social networks on the subjective well-being of older adults found that network size and network contact frequency were positively and independently associated with future life satisfaction and quality of life (Rafnsson, Shankar, & Steptoe, 2015).

Social networks were often reduced by the illness or death of older friends. Ruth at ninety-two had lost many of her friends, ‘Even though friends have died I still have plenty of social contact. It is easy to relate to people and I think this has come from belonging to a large close-knit family.’ She is a churchgoer, belongs to the women’s section of a political party for which she organises a monthly raffle, keeps her mind active teaching a dyslexic boy and studying the successes and failures of British monarchs since 1066.

Diana retains links with school and work colleagues, attends social reunions once or twice a year and maintains local, overseas and family contacts. Fiona has left her choir

because her knees are no longer reliable, but attends their social functions, has a local supportive family and visits friends and relatives in the South Island.

Voluntary work was often begun early in the context of church and school by taking responsibility for raising funds for organisations related to their children's needs such as Plunket, Kindergarten, Scouts, Guides, Cubs, Brownies or sports. Their activities were based not only on fund-raising, but on coaching, teaching, repairing and providing equipment. This pattern continued well into retirement for those with grandchildren. May co-ordinated a local foodbank, wrote the parish newsletter and was active politically. Susan raised funds for schools, Plunket, the church and for many years was treasurer of a garden club:

When the children were small we [friends and neighbours] helped at the school... raised money for church halls in Tawa and Raumati ... We worked very hard for Plunket, we had a baby contest.... We baked cakes, had stalls, made all sorts of things. I used to make little dresses for Plunket, but I was always asked to sew boys' lined pants, because of my boys, I was the only one who could do it.  
(Susan)

Susan's social life is now focused on the needs of an extended family, first her five children and then her grandchildren which includes a set of triplets. With her nursing background and gardening skills she is constantly on call. She keeps contact with her South Island relatives, with friends and neighbours, and has recently joined an art group.

Colleen, like other participants with children, has been involved with voluntary work to raise money for school and club facilities. She lives within easy walking distance of a range of social activities. Children and grandchildren live outside Wellington, but visit often as she has two spare rooms:

I drive to Newlands for bowls, but not at night. I volunteer for the local op shop ... am a committee member of the Senior Citizens' social group based at the Community Centre. I belong to the local Probus Club, go to gym classes for older ladies and to the Garden club. (Colleen)

Her voluntary activities satisfy social, fitness, religious and intellectual needs and the ability to provide accommodation for family and visitors is important in retirement.

The skills acquired by the women in formal and informal education were often linked to their social leisure and retirement activities. Penny is a Citizen's Advice Bureau and Care and Craft volunteer. Shirley, Fiona, Joy, Sheila, Amy, Alice and Judith belong to community choirs. Jennifer has been an Age Concern and Cancer Support visitor, an advocate for renters in City Council housing, taught potting and joined a weavers' group when she was no longer able to make pottery. Merrilyn initiated a campaign to remove lead battery contamination from an area where she lived and at present organises a book club, keeps up with literary contacts, political developments and has close family relationships and is writing her memoir.

Judith continues potting, belongs to a craft collective, is active in the Women's Studies Association, the Child Poverty Action Group and has worked with refugees. She had six children and has many grandchildren. Two sons and her brother live overseas; several cousins, one daughter and her children live locally. Other children and their families live outside Wellington and in Australia. Judith maintains constant contact with them all by visits, telephone, email and Skype:

I have been able to engage in all these activities by taking up only part-time paid employment and by the willing support of my husband. Colin is my wonderful soul-mate. He is a far more efficient shopper than I... does the washing and shares the cooking. (Judith)

For some married women their opportunity to participate fully in community volunteering is facilitated by the co-operation of their spouse, but not always as Jennifer, Merrilyn and Sheila discovered. Ruth, Judith, May and Beryl are active members of a political party and Beryl has maintained her collegial contacts in early childhood education. Grace maintains contact with the Stout Centre at VUW, the Labour History Association, Alliance Francaise, the Historical Branch of Internal Affairs, the Historical Houses Trust and continues to keep an open home for family and friends.

Colleen, Penny, and May joined Probus, an organisation which provides outings and speakers of interest. Elizabeth and Joy attend U3A (University of the Third Age) which provides speakers at monthly meetings and gives opportunities for local interest groups to form. Keeping in contact with friends was high on the women's lists. When face to face contact was not possible, they used e mail, telephone and Skype. At this stage of their lives the death of friends is an enormous loss, especially when distance precluded attending the funeral. Megan was devastated when her friend from school days died in Glasgow.

The advent of Skype technology, e-mail and social media made it possible to facilitate communication with family overseas, but not everyone has a computer and broadband is expensive. Other social connections were made through clubs, hobbies and interest groups. When transport was not available the telephone was essential.

Group keep fit activities suited to older women were popular not only for physical activity but to fill a social need. Socialising for tea, coffee and a chat after exercise, is common. Tai Chi, walking, swimming, croquet, water aerobics and low impact gym classes gave opportunities for social interaction.

Greta, is the participant with the least face to face contacts or community involvement, which contributes to her loneliness. Her daughter and a relative by marriage visit regularly, but her grandchildren who once stayed over at weekends now have a life of their own. When physical abilities decreased she could not walk far and spent less time outside her home:

My social life is practically non-existent because I find that my friends die or get dementia or cancer and that's that. I have never been a joiner of groups and it doesn't come naturally to me anyway to join groups. When I was coming close to retirement I was aware of the fact that I really should do some 'networking' to acquire some more acquaintances but I was just too damn tired to get involved in any of that.

Age brings with it the loss of friends in social networks and this requires an ability to adapt which Greta found difficult. She realised that she was not by nature gregarious.

Greta had worked until she was seventy-five and her social communication had been mainly with colleagues. They had now died or left the city.

Transport and timing are obstacles for Greta who no longer drives. She pointed out the unreliability of the bus service which although within walking distance, was exposed to inclement weather. She does not enjoy going out at night particularly to unknown places. There is the ever present danger of tripping and falling in the dark.

I had been going to lectures put on by the U3A which are very interesting, but now they're only delivered during term time. I joined the Federation of Graduate Women, who when I first joined, had quite interesting lunch time speakers, but after a year they changed to meetings at six o'clock or later in out-of-the-way places and I just could not be bothered going out at night. I would have had to go by taxi and it just didn't seem to be worth it. So I've been considering leaving that outfit because it's of no use to me. (Greta)

Greta compensates for lack of intellectual stimulation by using the internet, television, radio, overseas news casts and regularly follows parliamentary debates, but this does not provide face to face personal contact.

In contrast Jennifer who is terminally ill makes every opportunity to remain in contact with friends and has organized oncology and Age Concern visitors for herself. When her mobility decreased she found other means to communicate and to volunteer:

I realised that if I didn't buy a computer I'd be left behind in this increasingly technical world. I waited until Dick Smith had cheaper computers. I bought a laptop. I didn't have a clue how to use it so I went to a few Senior Net courses to learn... when I could use it properly I went back to Senior Net and volunteered as a tutor for a couple of years. I used my computer for keeping in touch with friends, some friends haven't got them so I still write letters, I type them now instead of handwriting them because they are clearer to read. (Jennifer)

Jennifer recognised that her progressive illness and reduced income would limit her ability to travel to her many friends outside Wellington. She used her new skill as a volunteer which extended her opportunity for social interaction.

Support networks are necessities in old age. For women without family an important support role is supplied by friends and neighbours. The narrators value their independence but acknowledge the role of interdependence in the practical and emotional support that social groups provide. These are sources of new friendships, physical and intellectual stimulation, the opportunities to learn new skills and pass on old. An antidote to isolation and ageism, they ensure a sense of belonging to a community.

Spirituality and religion are strong sources of social and emotional support. Some narrators maintained the religious beliefs of their childhood and remained active parishioners in their churches. Others moved away from conventional theology or returned to it after a period of doubt. A strong Christian faith supported them in times of grief and loss. Church was also a source of social connection and the base for voluntary work. The women with a more secular outlook still considered that a spiritual belief was important and that it could be expressed in ways other than the traditional Christian faith.

Diana, an Anglican, changed her views on religion after marrying an atheist. She has explored other belief systems and alternative religious concepts. 'I've queried so many things and find it hard to believe in a God now. Maybe there's something in the old earth mother concept. I almost envy the surety that others have... it does give them comfort.'

Colleen retained her Roman Catholic faith. She also married a non-believer and her horizons widened. Their children attended a Brethren Chapel because it was close and she felt that the Christian teaching was fine. She has concerns that the present shortage of Roman Catholic clergy may lead to a combination of parishes and that the church will no longer be within walking distance. 'Lay people now visit homes and hospital to give communion so I can manage, but I would miss the atmosphere; everyone singing together is a good feeling.' This reinforces her sense of belonging to a community.

Megan had a Roman Catholic upbringing and remains a sincere practicing Catholic. It gives meaning to her life. Anne, a nun, practices the social justice aspect of her faith



showing compassion and practical assistance for the lonely and disadvantaged, especially the elderly. After retirement she continued her service ministering to the victims of the 2011 and 2012 Christchurch earthquakes.

Elizabeth, also a devout Roman Catholic, attends services regularly despite a high level of disability. She put her beliefs to practical use fostering children and faith sustained her in the loss of her parents, husband and brother.

Joan is a Presbyterian church elder, active in her church attendance and work within the parish. Her faith has sustained her when times were difficult in the work situation and in recovering from major surgery.

Helen and her husband explored several religious institutions before settling for the Christadelphian Church, their strong support. Commenting on her husband's cancer she said:

... I also have a lot of faith. I only need one place to live in and when I look at our life, looking back over all the illnesses, brushes with death, God has been there and I'm sure he'll be there for me after. Who knows, it might not happen, I might go first. (Helen)

Sheila, a Seventh Day Adventist, attended their college in her teens. Her basic beliefs have remained, but she has explored other churches and is particularly interested in religious music as an expression of spirituality. Despite separating from her abusive husband in later life, she has felt a strong sense of Christian charity to support him in his illness as the church supports her.

May and her sister lost their mother to mental illness early in life and were brought up by their father and grandmother in the Anglican faith. She has always been active in parish matters and produces the church newsletter. She puts her Christian faith into practice, co-ordinating the local foodbank and is an active advocate for women's rights.

Judith was born into a secular Jewish family, but the exigencies of war, and the care and love she experienced from her catholic rescuers in hiding her from the German occupation resulted in a lifetime of worship in the Roman Catholic Church. Her belief

system was a great comfort during the months of caring for an adult daughter with terminal cancer and reinforced rather than diminished her practice as a feminist. She has returned the care she received by working with refugees.

Amy came from a Presbyterian family, her father an elder in the church. As a young adult she explored many religious denominations and found her beliefs fitted best with the Roman Catholic faith. She felt that the Catholic parishioners were more active and sincere in the practice of their beliefs than Protestants. The church has been an integral part of all her activities.

Joy's father was a Presbyterian minister. She has been a member of church choirs and has explored other denominations and remains a Christian:

Modern theology has come on the scene influenced by Lloyd Geering and you have to think grey. I do definitely [believe] in God and I think that Jesus probably did perform miracles, I'm not sure that Jesus was the son of God. In those times lots of people performed miracles. Whether he was a great teacher or God's son, I don't know, but I believe in the New Testament. I don't take the Bible literally, I'm not a fundamentalist and I believe a lot of the teachings from the Bible [were for] the times of Jesus and you have to move on. (Joy)

No longer able to attend church she listens to services on television and radio *Praise Be* and the *Crystal Cathedral*, which has 'wonderful preaching that really helps people, and the music is marvellous.' She negotiated 'modern theology', but maintains faith in the church.

Shirley was brought up as an Anglican and taught Sunday school. She became disillusioned with the church for some time, but has returned to observance with her husband as in his illness he has returned to a familiar part of his past. She finds it comforting. Ruth's background was Baptist, but she attends the local Presbyterian Church regularly, does not stay for the socialising afterwards as she feels it disturbs the peace and calm of the church, but comes home to contemplate the import of the sermon as faith is important to her.

Greta avoided church attendance in her childhood, but had strong ethical principles and a life-long dedication to justice. Marilyn's parents were atheists with strong ethical principles to which she adheres. She has no strong religious affiliations. Fiona, brought up as a Presbyterian, now has a secular approach to spirituality. She has a strong sense of social justice.

Jennifer did not mention any religious education in her childhood, but in summing up her life reflected that, 'I have believed in living life as a Christian, I have lived my life and tried not to hurt other people by anything I do. If I have ever hurt anyone else, it has been inadvertently.'

Grace stated that 'My social justice and egalitarian ideas, philosophy and ethics came from Methodism and its opposition to the established church and authority.' Her father was a Methodist lay preacher and in his work capacity raised Victory Bonds for the war effort. Her sister was a Christian Pacifist. There was tension in the family. Grace was opposed to the patriarchal authority of the church. When her father reproached her for no longer attending church, she gave him the choice of her becoming either a Christian Pacifist, opposed to all aspects of war, or a communist supporting the achievements of the Russian Front, knowing that he would not be happy with either one.

The narrators identified spiritual, religious or humanitarian beliefs that form part of their identity and are frequently a source of comfort in adversity. In this thesis one of my questions was what was helpful or unhelpful in old age? It is clear that spiritual beliefs had this quality, giving support, security and affirmation of identity.

## **8.9 Resilience**

In Chapter 3 resilience was defined as both a personal trait or property and a process for coping with adversity. This could be collective, social and interactive. In the lives of these women it appeared both as an aspect of their personality and as a process which they had mastered. Over their life trajectory these women experienced many adverse situations. War, economic recession, family breakdown, the death of parents, siblings and children, separation and divorce were overcome, but not forgotten. A strong thread of resilience ran through their stories supported in some cases by the women's spiritual beliefs and

practice. Those with strong family bonds and those who had been able to seek support had weathered the storms well. A crucial feature was agency, a contested concept (Davies, 1991; Hitlin & Elder, 2007). This has been used in sociological, feminist and psychological contexts but definitions vary. I am using ‘agency’ in the sense of having the ability to act purposely on your own behalf and resilience in relation to a person or group having the capacity to implement positive action in overcoming barriers to the resolution of situations of adversity.

The authors of Auckland’s Resilience in Ageing in Place Project explained why they used ‘resilience’.

After a lifetime of learning how to deal with the good and the bad, older people are amongst the most ‘resilient’ members of our community. Research shows that while older people often experience more significant hardship than younger people, they also have a greater range of resilience resources. For instance they have more accumulated knowledge and expertise; better skills in life planning, life management, and emotion management; they have a greater sense of self-worth and self-acceptance; they are more flexible and open to change; and they have a wider range of coping skills. So we believe that we need communities, and community living policies that *value, protect, and enhance* this resilience’ (Wiles et al., 2011, p. 9).

Susan persisted against the odds to get an education as did Greta (see Chapter 7 Section 7.2) who resolutely resisted her family’s efforts to direct her to domestic labour and the prejudice against women in the Law Faculty. Their determination gave them access to well-paid employment enabling them to save for retirement. Resilience paid off.

Her capacity for persistence in overcoming obstacles continued. Returning from war service aged 17 she found that her family’s furniture had been ‘liberated’ by a Greek carpet dealer who was squatting in the house next door. He refused to return the furniture. Her sense of justice was enraged:

My father told me to leave things as they were and a neighbour who had revealed himself as a communist, threatened me; ‘if you do something, nasty things happen to you’. I was not deterred. I went to the British officer in charge of the

town... He ordered his car, invited me to step in and drove to see the Greek who swore that the furniture was his. The officer was not persuaded and ordered him to return the furniture. This was apparently [summary] justice, but it was justice all the same. (Greta)

Greta seized the moment to seek employment as a court translator for the occupying force which led to translating for a New Zealand couple who invited her to New Zealand.

Joy, Grace, Megan, Jennifer, Ruth and Merrilyn successfully rebuilt their lives after divorce and Diana after her husband's alcoholism. Helen was coping both with her own and her husband's illness. The most traumatic events were family deaths, especially the unexpected. Judith whose parents perished in the Holocaust, lost an adult daughter to cancer. One of Susan's sons committed suicide and Greta lost her son to an accident. Beryl's first husband was a World War Two casualty and Ruth's husband's experience as a prisoner of war induced a psychiatric condition from which he did not recover. Jennifer, Megan and Sheila lost daughters in neonatal deaths. Beryl and Elizabeth experienced a series of miscarriages.

Susan, like Greta, Elizabeth and Jennifer, showed early signs of resilience. At thirteen she found a better doctor for her mother who had cancer, but was being treated for tonsillitis. On his advice she took control of her mother's medication and hid it:

He gave me sleeping tablets for her and said, 'give your mum one at night and then you put them away somewhere where she can't find them, because sometimes people get up in the middle of the night and think, I can't sleep and have another one and forget they've had one. He didn't tell me that she might just take the whole damn lot deliberately. But I didn't know that then but I learnt afterwards. Anyway I hid them in the coal shed, because I was the only one that went out and got coal for the fire.

Susan explained how she picked up the pieces after the death of her husband when she looked after a very difficult granddaughter for six months until it became too much for her. She sought help to fill the hole in her life more positively.

My cousin's wife Evelyn was a church minister. She was concerned that I didn't have clubs or anything to go to so she asked me, about my interests and I said, gardening, painting and sewing. She suggested gardening clubs. Evie, I said, all the gardening clubs around here are at night, I don't drive at night, I can't see at night to drive, so I can't go. She said, 'how about coming to ours in Johnsonville, it's on in the mornings, once a month'. (Susan)

Susan looked for social support and found it. She joined the garden club and was actively engaged for fourteen years, learned a new skill and became treasurer. Sometimes a new opportunity also occurred serendipitously when she most needed it, but it was her resilience and agency that gained this new creative interest in her life:

My son Donald became very depressed...and took his own life. I had to do something, I had to get out of the house and face people. There had been a showing of the Attic Artists' painting at our local shops and I got talking to the lady [in charge]... she said, 'just come up, even if you don't paint, just come up and have a cup of tea with us and decide what you want to do.' So I went up and had a look, and thought, 'quite like this place'. Margaret in the meantime had sent me a hundred dollars for a little present, 'just do whatever you feel like doing with it'. So I thought, right, I'll go and get myself some good paints, acrylic paints, and to thank her I did a painting of Moeraki Boulders. (Susan)

Fiona and Shirley were caring for husbands who had developed dementia and Grace an ex-husband crippled by stroke. Despite fatigue and stress they showed resilience. Helen survived the shock of finding that one of her children had been among the victims of a paedophile in her church. She felt that her trust had been betrayed 'It's taught me that you can't vouch for anybody.' After hospitalisation and counselling she confronted the offender and ensured that he had been named in 'the second paedophile book':

I don't think about it now, but some days it's there instantly and I've had a lot of tears... We thought he was going to come back into our area. I'm not normally a brave person about bowling up to people, but I went around all the local shops to let them know that the paedophile in the newspaper had been their local postie

and I wanted them to be aware that if he ever came back they would keep an eye on him. (Helen)

It required resilience to overcome the shock and to take an action that may help others and to regain trust in her religious faith which is her main support.

For Jennifer resilience in adversity occurred first in childhood as she coped with parental disharmony and the perceived disadvantages of being a girl. Later it facilitated her leaving an abusive, controlling marriage, and to cope with loss of her children. It sustained her in widowhood and later gave her the strength to end another exploitative marriage and cope with the loss of her home.

Now, resources; my main resource is me isn't it? I learnt from a very young age that I couldn't rely on anybody except myself, I never ever had anyone who really cared or really looked after me or would do things for me on a voluntary basis. So I have grown up knowing that I have had to look after myself and sometimes it hits harder than you think it does when you're older, this is just since I have been living back in Wellington about eight years ago.

Jennifer then described how she was able to seek help when it was needed and renewed her knowledge of meditation and sources of support, physical, emotional and mental, after a recurrence of cancer and several courses of radiation treatment and the fear that it would spread to her brain:

Yes, it's that bounce back attitude, isn't it?... that you are talking about, resilience? Well I have always been interested in life. I have always been interested in people and how they work and why they are like they are. I like watching people it's a very interesting occupation and I have never had time to do that properly until I retired and now I have time to talk to people and listen to them. All I can say is I have had a really big capacity for living life as it comes. This became more important after my second husband died because I realised you have one life to lead and if you are not out there living life, you get left behind, and you miss out on so much. I have always believed in having a go at anything. (Jennifer)

## Conclusion

This chapter showed the influence of life course experiences on well-being in later life. This depended not only on external factors such as government policies, but on the skills and values learned in their family of origin, their experiences in childhood and marriage and the effect of war and depression. The interviewees' claims of having good health were related to perceptions of being healthier than other more disabled older women and being able to do the things they wanted to, but the emotional and physical stresses of unpaid care-giving and coping with poorly-paid, unreliable and frequently unskilled caregivers affected their well-being. This stress was an extra burden in retirement when economic resources are limited. Respite care is costly and sometimes beyond the means of women solely dependent on a pension.

Marriage, and family, the gender role in care-giving, the culture of home ownership and memories of war and depression in their childhood influenced the women's decision-making in later life. Their parents' experience of the misery and deprivation of war and depression affected their childhood and contributed to the practice of saving, doing without, abiding by the rubric of 'waste not, want not'. Many of these activities involved ingenuity and were resilient 'making do' responses to adverse circumstances. I would argue that such creative solutions could be described as the female equivalent of the 'number eight wire approach' more commonly associated with men.

The successes of the Women's Movement removed some of the barriers in employment and access to finance, essential in saving for retirement. Resilience developed early in life as a response to adversity provided a positive model that continued in adulthood and proved essential in coping with the changes of old age.

The quality of a stable marriage had a positive effect on the narrators' material resources and emotional well-being in retirement. Divorce and separation in most cases reduced assets and women's capacity to earn was lessened by her time out of the workforce raising a family and by gender inequalities in remuneration. This reduced the amount she could save for retirement or for home ownership.



Living alone brought the need for new approaches to independence, dependence, interdependence and the need for rebuilding social networks. For some of the women their spiritual life remained within the comfort of the church and contributed to their resilience in the face of adversity; for others there were changes in belief systems and new interpretations of human existence. Resilience was the key to successfully adapt to changed circumstance, beliefs and adverse events, including old age and terminal illness.

Almost all the narrators displayed the characteristics noted by Diane Gibson (cited in Chapter 2 Section 6). Despite all the stresses in their lives and the physical changes of ageing most have survived with positive attitudes, enjoy life and still 'make do' when necessary. The following chapter will conclude by discussing the findings, limitations and significance of this thesis and suggest future research.



## CHAPTER 9

### JOURNEY'S END AND NEW BEGINNINGS

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#### **Introduction**

This thesis is a study of how experiences over their life course impacted on the old age well-being of 23 community dwelling New Zealand Pākehā old women in the second decade of the 21<sup>st</sup> century. These women aged from 72 to 92 lived through an historical context which included world war, economic depression and expansion, the women's movement of the nineteen seventies, political restructuring, the Global Financial Crisis (GFC), rapid social change and momentous technological advances including those in medicine. I am a member of this cohort myself with the advantages and disadvantages of being both insider and outsider in this project as described in Chapter 4, Section 2.3.

My analysis is from a feminist perspective, strongly influenced by the work of critical gerontologists such as Moody who argued that the last stage of life should be meaningful, envisaging its positive aspects such as personal growth and social contributions, not simply 'pulling their weight' to avoid becoming a 'drain on society' (2001, p. 181). Walker, Estes and Phillipson, also moved away from earlier negative representations based on biological decrepitude to an analysis of ageing from a political economy perspective by giving attention to the social construction of ageing, to the voices of old women themselves and to the different and complete life trajectories of men and women. An active and productive old age is possible where there is adequate provision made for income, housing and inexpensive healthcare for disability. Using a life course approach I looked for features in the historical, political and cultural contexts which influenced or made possible the decisions the narrators made.

In my review of the gerontological literature I found little new overtly feminist literature on old age. My earliest recollection of this was from the eighties when Copper (1988) raged against the fact that feminists had neglected old women. There was plenty of

research on ageing, usually on 'old people', but little had been disaggregated for gender. I found a focus on the demographic changes which presaged the health and economic problems of old age. As in my earlier research there was an emphasis on falls, frailty and dementia, the debilitating images of old age. Many existing studies on 'old people' were often focused on single topics and few linked the many aspects of ageing. These were gaps which my research could help to fill. I examined the linkages between the structural and cultural conditions over a woman's life course which influenced the life-time acquisition of resources for her well-being in old age.

While each of the 23 narrators had an individual identity and different experiences, there was a commonality in their socially constructed role as women in a patriarchal society. This entailed periods of nurturing, caregiving, childbearing and domesticity. Two narrators neither married nor had children, but were nurses, professional caregivers. The women's employment before marriage was in the segregated female work force where they were paid less than men. Those with higher education or training who worked in the public sector gained parity with men following the 1960 legislation for equal pay and benefitted by becoming eligible to join the Government superannuation scheme which augmented their income in retirement. All but three of the narrators owned homes freehold. Three were renting and one is still struggling to pay off a mortgage. The women are 'ageing in place' within their communities.

The narrators, with two exceptions, are well supported by their families, an important feature which enhances their feelings of well-being. Chapters 1 and 2 noted the changing nature of 'families' in our society with implications for increased longevity with decreased fertility Petrie, (2006) and for the care of future cohorts of old women (Dunstan & Thomson, 2006). The availability of middle-aged and young elderly women who provided informal care for family elders has been reduced by the increase of women in the paid workforce. This will require new policies for the training and deployment of a paid care-giving workforce.

From my data I found nine interrelated factors that over the life-course contributed to the

narrators' well-being in old age: home ownership, strong social welfare policies, adequate income and assets, positive social relationships, a stable marital status, good health, education, resilience and the ability to 'make do'. These nine factors are supported by the research described in Chapters 2, 3 and 5 and are incorporated in the thesis findings below. Sufficient income and assets provide adequate housing, access to appropriate health care and facilitate social connectivity. Home ownership has been facilitated by government policies, by the ability to 'make do' and save, and in some cases by the contribution of parents or inheritance. This is linked to early motivation to obtain higher education facilitated by free secondary education that could offer later opportunities for well-paid employment. This in turn could lead to being able to afford better health care. Income and assets are frequently maintained in a stable marriage with steady employment. Where a marriage fails, assets are often halved reducing the opportunity to own a home. Women's limited earning capacity does not easily service a mortgage. Resilience and social connectivity support the adjustment to adverse circumstances over the life course especially in old age.

Conversely I found that where access to these resources is limited, well-being in old age is negatively affected. It is particularly concerning that of the following findings, three affecting the life course are concerned with accommodation and the high costs of health, housing and tertiary education. These are almost impossible to meet for low income earners, most of whom are women.

## **9.1 The thesis findings**

### **9.1.1 Housing**

*Home ownership is an important resource for women's well-being in old age*

Owning their own home was central to the narrators' sense of well-being and security. It was planned for by early saving and achieved with the support of government policies which provided assistance for young families to obtain a deposit on a first home and to access a low interest rate mortgage (as described in Chapter 7, Section 4). Home ownership avoided the poor quality, high rents and insecurity of tenancy in rental

properties experienced by the narrators before they attained home ownership. In retirement it provided the opportunity to 'age in place' or to release equity for the purchase of more suitable accommodation, for example by downsizing or entering a retirement village. A reverse mortgage was an expensive and unpopular option to release capital, but was recognised as a source of finance in an emergency or for essential home maintenance. Home ownership was a crucial factor in women's security in old age. High rates of home ownership by older people in New Zealand (Davey, 2006) were evident among the narrators in this thesis.

Married women whose husbands' incomes were enough to service a mortgage accessed home ownership earlier than a single woman like Joan, who had to find a male guarantor to obtain a mortgage (see Chapter 5, Section 4). It was not until middle age when, after the implementation of equal pay and improving her qualifications, she obtained better paid government employment and could afford to service a mortgage. In some cases the narrators' families had contributed to a deposit, offered a personal loan or facilitated a second mortgage. In later life a few had family legacies which paid off the mortgage and enabled them to assist their own children into home ownership. Inheritance has been a factor in achieving home ownership for some narrators.

*'Ageing in place' within the known community is a preferred option*

The women in this study were all 'ageing in place' at the time of the interviews, in so far as they had been able to remain in communities they knew well. They felt that this was important in maintaining social contacts, but some were considering what provision would be necessary should their partner predecease them or their health and financial status deteriorate affecting the ability to drive or replace a car. Ageing in place required easy access to public transport such as within walking distance for frail elderly and this is not always possible. Two narrators with realisable assets were researching retirement villages. Like Helen, none of them was prepared to live with adult children because they felt it would be a burden on the younger household and would also reduce their own independence.

There was a fear of going into residential care, ‘going to a rest home is a fate worse than death’ said Greta. This related to loss of independence, concern about adequate care and financial costs which would reduce the ability to provide help to their children, but in circumstances of frailty as Beryl suggested, ‘rest homes do have a place because in the past families looked after their elderly at home, but now women are working outside the home another solution has to be found’ (see Chapter 7, Section 4.4). The changed social context of women’s participation in the paid workforce has consequences for the care of the aged.

‘Ageing in place’ has been extensively researched in many jurisdictions (see Vasunilashorn et al, 2012) and was confirmed as the preferred option for women in New Zealand (Keeling, 1999, 2009; Munro, 2002; Wiles et al., 2011). This thesis reinforces such research.

#### *Old women in rental accommodation are disadvantaged*

Although only three narrators were presently living in rental properties the problems they encountered were also those of most of the participants in their early accommodation (see Chapter 7, Section 1). Tenancies were in short supply, insecure and liable to change at short notice. Rents were high in relation to their income even with an accommodation allowance. Housing was of poor quality, lacked adequate insulation and was often damp and mouldy contributing to the poor respiratory health of the occupants. For both local council and Housing New Zealand properties they found contacting building supervisors difficult. Large blocks of social housing catered for a volatile mixture of the most vulnerable members of society: the poor and indigent, solo mothers, mental health patients and those with drug and alcohol addictions. The narrators described incidents of arson, intimidation and bullying (see Chapter 7, Section 4.3).

The historic and current shortage, inadequacy and unaffordability for those on low incomes of much of New Zealand’s rental housing was confirmed by research cited in Chapter 5.8 and in Chapter 3.4. Many old women live alone in old age. Although insulation and fire alarms are now legal requirements for rental housing, the government

has failed to implement a full ‘warrant of fitness’ advocated by health researchers (Howden-Chapman, 2015). Home ownership has declined rapidly in the last decade and future cohorts of old women will be seeking rental accommodation more often than the cohort interviewed for this thesis.

### **9.1.2 Financial security**

*The government pension is basic only: additional income is required for well-being*

Planning for retirement requires an assessment of future needs and their provision. Rising costs may be anticipated, but impossible to accurately forecast. Old women on fixed incomes, possibly with some savings, but mainly dependent on the state pension may be unprepared for changes such as those resulting from the Christchurch earthquakes. The costs of insurance have risen with the change from an unspecified full replacement cover to a specified cover using an on line calculator or an expensive professional valuation disadvantages the home owner. If the actual cost of replacement exceeds that specified the owner must pay the extra amount (Eriksen, 2013). House maintenance itself is costly and the need to maintain or replace a car may be unaffordable. The cost of travel and accommodation may put an end to holidays. The replacement of whiteware may also be problematic. With the perennial shortage of rental accommodation and the seriously inflated price of housing landlords raise rents. All of these costs require a source of income above the basic state pension.

Most of the narrators or their husbands had benefitted by having government superannuation entitlements or other provisions such as a veteran’s military pension, a small share portfolio or savings account. One couple owned a rental property, in addition to Government superannuation and other investments. Five of the women had only the state old age pension, supplemented in one case by keeping boarders and in another by some part-time tutoring. They were living with on strict budgets and economising using the skills of ‘making do’. Some of the other narrators had various investments that failed in the GFC. This exemplifies and reinforces the difficulty of planning for the future.

*‘Making do’ facilitated well-being in old age*



Over the life course the ability to ‘make do’ practised by economising, substituting and saving for a rainy day, made an essential contribution to the acquisition and management of the material resources that contributed to well-being in retirement. These practices focused on thrift, DIY, the substitution of home-made for retail items and the avoidance of debt. These values were instilled by their families of origin and did not vanish with the advent of credit cards. Some women welcomed the technological changes that had made life easier, but felt that the younger generation had embraced a consumer society which offered instant gratification and expressed concern that they may not have the skills required for long term saving for retirement.

I did not find ‘making do’ a feature of my review of international gerontological literature; nor was it or the ‘number eight wire’ approach mentioned in New Zealand research on ageing. However, such practices were referred to by every narrator; their ingenuity in being able to manage on a reduced income was both instructive and inspiring. New Zealand’s geographical isolation may have contributed to its prevalence here.

*Marital status over the life course has both positive and negative effects in old age*

The never married narrators, Anne and Joan with updated qualifications and interesting careers fared well financially as did those with long stable marriages. Well-being and health outcomes are conditional upon the quality of marriage (Margelisch et al., 2015). Most of the married women in this study were advantaged in income, and enjoyed continuing companionship with their spouse. Stress was experienced by Fiona, Grace and Shirley who cared for disabled partners. Helen was experiencing marital stress due to ill health and her husband’s recent intimidating behaviour. With the exception of Grace with a professional career, the divorced women fared economically less well unless they remarried as had Joy, who improved her assets and gained companionship. Divorce or separation in later life was particularly disadvantageous for women like Jennifer, Sheila and Marilyn who had limited formal education, a low earning capacity and little time left to prepare for retirement. However, for some women divorce had a positive effect on their mental health when they were free from abusive relationships which sometimes included

adultery, physical and emotionally threatening behaviours and withholding household funds.

The resultant division of assets decreased the opportunity for home ownership because of the reduced capital available to each party (see Chapter 6, Section 3, and Dewilde & Stier, 2014). A further consequence of an increasing divorce rate is the need for more affordable and good quality rental accommodation which is already in short supply (see Chapter 5, Section 8 and Chapter 3, Section 4).

### *Education has a life-time advantage for women*

Only two women had a parent with higher education, yet fourteen entered tertiary education or training. In 1936 secondary education became free and girls stayed at school longer. This suggests that education was perceived as a valuable asset by family and the state. This was sometimes a sacrifice for low income families who otherwise may have benefitted from a young adult's paid employment. Student nurses, primary teachers, dental nurses and trainee librarians were paid small allowances and secondary teacher trainees could access paid and bonded studentships. The women with tertiary education married men with similar educational qualifications with the probability of high earnings. When their children were older these women returned to well-remunerated skilled professional work or retrained for a preferred career. Many joined the Public Service and paid into Government Superannuation which augmented their old age pension in retirement. Their valuing of higher education has been passed on to their children.

### **9.1.3 Health**

#### *Good health improves the quality of life in old age, but at a cost*

Health in old age is to some extent dependent on earlier life styles and access to good healthcare. New Zealand's former government policies to provide milk in schools, annual primary school health checks and an education curriculum with compulsory physical education benefitted these women. War rationing limited sugar consumption, and by middle-age most of the narrators had given up smoking a decision that may be linked to their high levels of education. The narrators rated their health as good for their age in

comparison with peers who were disabled in some way. 'I'm still able to do the things I want to do'.

Musculo-skeletal problems limited activities, but the narrators did not consider themselves disabled and generally enjoyed life. Helen, suffering from severe rheumatoid arthritis, used a walker and with the assistance from a son, had ventured on a trip in the Swiss mountains. Five women with diabetes were satisfied that their disease was well controlled by careful diet, medication and regular medical checks. Jennifer in the final stages of cancer and living alone made all the necessary arrangements for her death, but took time to tell the story of her life while she was still able.

The narrators found that maintaining health care was expensive, especially on a low fixed income. Doctors' visits, a good diet, physiotherapy, social activities and exercise classes to improve mobility all depended on accessible transport. Charges from medical centres varied greatly and only two of the women had accessed a union based one with lower costs. Medical insurance after age 70 was unaffordable for all but three women. Others, like Susan and Joy, without enough disposable income were left to face hospital waiting lists for joint replacements while their pain increased and degenerative conditions worsened. The purchase or replacement of dentures, spectacles and hearing aids were ongoing expenses difficult to meet for those on a low fixed income.

*Care-giving in the home is frequently poorly serviced*

Ageing in place for the frail and disabled requires well-trained and organised personnel who are well-paid in relation to their qualifications. The narrators at home requiring care for themselves or partners had experienced difficulties (see Chapter 8, Section 5). Care-givers were frequently unpunctual or did not arrive and some showed few social or practical skills required for the task. There are training facilities available, but the cost is higher than these poorly paid workers can afford and the hours of work are not conducive to attending courses.

Women who experienced caregiving for themselves or partners described stressful experiences. Caregivers were frequently untrained, did not arrive, and were poorly paid. Communications with provider organisations were difficult and in some cases confusing because more than one organisation was involved. Greta considered a last resort, residential care a death sentence. Avoiding this situation was often the motivation for attending exercise classes. In addition to improving physical well-being such activities provided social engagement.

#### **9.1.4 Social Adaptation**

*Social relationships are essential to ageing well and happily*

This reflected the findings of previous research cited in Chapter 3, Section 6. The narrators' primary relationship was with their family, siblings, adult children and grandchildren. Families were the main providers of the narrators' emotional and material support when needed. Most lived in the greater Wellington area, or were in close contact by phone, skype or visiting. Joan, without children was close to her brother and his children and had an active social network within the church. Jennnifer no longer had close family links, but had established a small local supportive social network and was in email or letter contact with friends and cousins elsewhere in New Zealand. Sheila's social network was limited. Only one of her adult children lived locally, but he was a source of worry to her rather than support.

Friendship, a vital factor in well-being in old age, is important because work colleagues are often lost and social contacts shrink through the death of partners, siblings and peers. The narrators' social life frequently revolved around church congregations, hobby and interest groups. These included a mixed age range which avoided the social segregation of the old and provided opportunities to build new social relationships after retirement.

Only Greta had a significantly reduced social connectivity. She experienced some loneliness and depression which related to her own perceived intellectual isolation and transport problems. She blamed herself for not building new social contacts before she retired in her seventies. Anticipating their husband's deaths, Shirley and Fiona planned to

move into a retirement village where they already had friends because they believed that this facility would supply more social activity than they could presently access.

*Resilience in adversity is a positive resource in old age*

Resilience is a complex many faceted concept encompassing individuals and communities and ecological systems. It involves the ability to adapt to adverse circumstances. A simple definition of resiliency is the ‘capacity to bounce back, to withstand hardship, and to repair yourself’ (Wolin & Wolin, 1993, p. 5). I did not initially posit resilience as a resource in old age but it emerged from the women’s stories. In childhood Susan, Jennifer, Elizabeth, Greta and Judith demonstrated early resilience in response to adversity and this remained a pattern for their life course (see previous chapter). Major adverse events such as the trauma of war, death of family members or close friends, loss of home or divorce, economic or environmental disaster required resilience in adapting to the changed circumstance, but it was also required in coping with the smaller upsets and disappointments of everyday life. Narrators showed resilience when rearing children on low income, coping with the isolation of a domestic existence or dealing with harassment in the work place. My research confirmed that resilience, as in other studies (Resnick et al., 2011; Wiles et al., 2011) contributed significantly to the narrators’ well-being as they coped with the changes brought about by the ageing process.

Research also suggested that it is not necessarily an innate quality, but a dynamic process that can be learned, operating at both individual and community level and is supported by spiritual grounding. It is seen in the SOC model of adjusting to adverse or changed situations in old age. Most of the narrators in this thesis had parental models of resilient behaviours in the face of adversity due to war and economic depression. Their individual stories showed courage, ingenuity and determination when faced with adversity. Their agency was strengthened by the support of social groups, work mates, family and religious communities. They were rarely alone in their resilience, in their ability to ‘bounce back’ from disaster. The narrators who experienced war at first hand were significantly embedded in resilient communities providing mutual support in response to disaster.

### **9.1.5 Information**

*Information on assistance for old women is not readily available*

During the course of the interviews, I found that some of the women were unaware of possible discounts on their local rates, the availability of vouchers to reduce taxi fares for those without access to transport, the services offered by Age Concern, the procedures for assessment for residential care and access to home carers and the provision of disability aids. Information had come from word of mouth from other users or from some doctors. This was also brought to my attention by other informants and by enquiries to the Citizens Advice Bureau (CAB) where I work as a volunteer. Davey and Keeling (2004) found that working informal care givers lacked access to relevant and accurate information on eldercare services and that some health professionals according to their informants 'were not forthcoming'. Twelve years later my research shows that old women themselves not only 'working informal' caregivers lacked access to relevant information (see Chapter 8, Section 5). Improvement is long overdue.

### **9.2 Limitations**

As with most research this study has its limitations. The scope of the thesis does not lend itself to jurisdictions outside New Zealand. The narrators are a group of twenty-three Pākehā women born in New Zealand between 1918 and 1942. These women's experiences cannot be generalised to our own multi-cultural population as they do not represent the experiences of Māori, Pasifika, Asian New Zealand women or more recent women refugees and immigrants from diverse cultures, nor are lesbian or women renting on low incomes adequately represented.

The effect of the participants' selection from my own social network resulted in two thirds of the narrators having higher educational qualifications than is typical of women in this cohort and all but one woman lived in the city, so rural women are not adequately represented. This is also the case for female members of a religious order, women who never married and lesbians although one of each was interviewed for the thesis. As

described in Chapter 4, Section 2.2, for reasons of practicality and ethics I chose not to interview other ethnicities.

The participants' range of accommodation is limited. The experiences of women living in residential care institutions, retirement villages, sheltered pensioner housing or with family are not represented. The women interviewed are mainly mortgage-free home owners, ageing in place. Only four are renting or paying a mortgage. Although Beryl has family living with her intermittently, it is her house and they are guests, in need, rather than her carers, although she found the presence of her son reassuring.

Some limitations became evident in my feminist approach to recording the oral histories. My focus was on the narrators telling their stories in their own way. The interviews were loosely structured, but with diversions, generally following the chronology of the life course. While I used prompts, and asked for clarification of statements, I did not ask direct questions about resources. Because I wanted the stories to be the women's and not punctuated or unduly influenced by intrusive questions from me I may have missed the opportunity to collect data that would otherwise have been provided by direct questioning.

The research period was disrupted by personal periods of ill health during which I had to suspend study, or by the unavailability of the interviewees, due to ill health or travels outside Wellington. These disruptions sometimes made it difficult to pick up the threads of the research, especially in the analysis, but in light of the subject of this research it exemplifies some of the problems of ageing.

### **9.3 The significance of this research**

This thesis has a New Zealand focus, is presented through a feminist lens and brings together the many aspects of ageing. Many studies of ageing are concerned with separate disparate issues in ageing and linkages with other factors in ageing are not always apparent. Despite the limitations noted above, my study has implications for policy

makers and future cohorts of old women. The typical elderly New Zealander, according to Petrie (2006, p. 311), 'will remain a female European, living alone, in the eighty-five and over age-group'. Using oral history as a method this thesis has given agency to the voices of twenty-three Pākehā old women aged seventy-two to ninety-two which have been analysed in an historical context of government policies and cultural expectations. The life course approach has proved important in researching ageing. It has highlighted the impact that the narrators' early life experiences had on acquiring the skills which supported the acquisition of assets ensuring women's well-being in old age. While they cannot be generalised to all old women, the findings in this thesis highlight the value this cohort has placed on home ownership and ageing in place which is confirmed by other studies. Previous government policies supported home ownership for young families as shown in Chapter 5.8. Much of New Zealand's renting and social housing with few exceptions has been found to be insecure, of poor quality and expensive. The difficulties participants found in obtaining suitable rental accommodation reflect historic and ongoing housing problems in New Zealand with lack of social housing suitably adapted to the needs of old women on low fixed incomes.

Rather than focussing on single aspects of old age, this thesis draws disparate studies of ageing together, and shows how, in their interactions, they relate to women's survival and well-being in old age. It finds that the economic advantages of education in attaining a good income and the opportunity for obtaining steady employment provides the capacity to own a home and save for retirement. This cohort achieved high levels of home ownership which is a factor in determining the rate of state superannuation. Future cohorts may be composed of more renters than home owners.

The importance of the traditional 'making do' and 'number eight wire' skills drawn from the everyday necessities of life in colonial New Zealand together with a 'waste not want not' approach over the life course, has contributed to the well-being of these women in old age. Credit cards were not a feature of their early life. At present these are used for convenience only, such as avoiding carrying any large quantities of cash. They are repaid promptly incurring no interest.



The narrators in this study showed that where resilient behaviour in overcoming adverse events in childhood led to positive outcomes, such behaviour patterns were likely to be reinforced over the life course and persist old age. This research demonstrates the value of a life course approach in tracing the experiences that relate to surviving well in old age.

### **9.3.1 Implications**

In 1998 Margaret Wilson wrote ‘Feminists in Aotearoa /New Zealand are engaged in a new emancipatory struggle, a struggle that, while being inclusive of difference is still faced with penetrating the citadels of power in New Zealand society’ (Wilson, 1998). We have come a long way in overcoming the barriers to women’s well-being, but there is still work to be done to ensure the security of future cohorts of women in old age. The findings of this thesis suggest policy changes that would contribute to this.

### **9.3.2 Policy implications**

- The implementation of pay equity is crucial for women’s well-being. Women have been short-changed in employment remuneration. They are unable to contribute to pension schemes at the same rate as men and are disadvantaged in provision for retirement.
- Funding for tertiary study should be available without incurring student debt. Students’ present indebtedness restricts their opportunity for home ownership and contributes to delaying or deciding against having children as the cost of rearing children has escalated. They may have to decide between the relative merits of having children to support them in old age or buying a home which gives security in old age.
- The provision of a basic income for all care-givers of the young, disabled or old at home, most of whom are women unable to take up paid employment is imperative. It would enable them to transfer a contribution to a Kiwi Saver account for retirement.

- Elder-care requires urgent attention, for the well-being of the elderly. The training, quality, organisation and payment for care-givers must be improved. Higher wages for care-givers is necessary for the retention of workers and specialised education for an improved quality of service. Providers can improve the organisation of care-givers' schedules communication with consumers. Policies requiring the training and perhaps registration of care-givers are needed.
- Information on services for elder-care must be more easily accessible both by website and in brochures available at medical centres, in local community centres or Citizen's Advice Bureaux.
- The construction of social housing designed for old women should be prioritised. This requires attention to issues of mobility, lighting, transport and consideration of placements in the community to avoid a ghetto. Old people should not be grouped all together and excluded from the wider community.
- The advent of increased longevity requires planning for a longer period of retirement from the paid work force than was previously anticipated. Despite legislation against discrimination in employment on the basis of age, this still occurs, so 'productive ageing' in economic terms may be problematic. The increasingly precarious nature of a workforce subject to short term contracts, part-time and casual employment, at a time when pay equity has not been achieved, adds more difficulty to the task of saving for retirement. This can only be remedied by political action.
- The increase in divorce and separation over the last three decades, despite an increase in remarriage, has disadvantaged many women financially and reduced their capacity for financial security in old age. Planning should take this possibility into consideration and consider the advantage that further education and training could bring for women's independence in later life.
- The web site information provided by the Commission for Financial Capability which is designed to build financial knowledge is essential in planning for retirement. It could be improved by a section which specifically addresses the

needs of women who are likely to outlive men and must plan for a longer period of retirement after paid employment and whose resources may have been limited by part-time and casual work at low pay. The increase in divorce, particularly at older ages leaves women vulnerable to poverty if their savings have been in joint rather than individual accounts.

## **9.4 Future research**

### **9.4.1 Gender and Ethnic Analysis**

There are already some longitudinal research projects such as the multi-cultural Auckland Lilacs study, and the New Zealand Longitudinal Study of Ageing whose interim findings are available. Eventually the longitudinal Dunedin Study will encompass old age. The above research will require analysis which disaggregates for gender and ethnicity.

Recent indications of inequitable ageing effects at the intersections of gender, class and ethnicity require specific research on old women with high health needs and low income living in rental accommodation. Many of these will be Māori and Pacifica.

### **9.4.2 Housing**

Research on the well-being of old women in rental housing is needed. The increase of people in rental accommodation has already been noted as home ownership declines (see Chapter 8.5). Much rental housing is of poor quality, but rents still go up when the supply dwindles and demand increases. Even with the current accommodation allowance from WINZ good quality housing, whether public or private is often unaffordable for some old women on low incomes. Social housing has been reduced, both at Government and local body level.

### **9.4.3 Intergenerational analysis**

Family support was an important resource for the women interviewed in this thesis, but single, lesbian, refugee and migrant women may not have experienced this. We are in a period of rapid social change. The nature and definition of what constitutes families is

changing (Ministry of Social Development, 2004). The patterns of inheritance and intergenerational support have previously been seen mainly in the limited terms of a Pākehā nuclear family. Research may find new patterns as there is an increase in unstable partnerships and solo parenting. Remarriage or re-partnering may produce blended families where patterns of inheritance could be complex and filial responsibility for parents may change.

The effects of the large debt incurred by student loans has already been a focus of some research, (see Chapter 5.8 (Gaffaney, 2015), but this needs to take into consideration women's life experiences and trajectories which differ from men's, particularly in relation to lower earnings, childbirth and caregiving.

## **9.5 Conclusion**

The keys to this group of old women surviving well in old age were education, home ownership, good health, resilience, a supportive community, a strong welfare system and the capacity to save and 'make do'. They benefitted from past government policies promoting home ownership and the provision of a family benefit paid to mothers. Steady employment and a good income enabled saving in pension schemes either Government or privately based. Marriage to a male with high earning capacity compensated for the lesser earnings of women employed in traditional low paid 'female based' occupations compounded by casual or part-time employment and time out for child rearing or care of elders.

The establishment of positive welfare and health systems in New Zealand from the late 1930's to the 70's formed a strong base for the well-being of women, but since the eighties these have been steadily eroded, bringing into question the welfare of future cohorts of old women. Today women have not achieved pay equity which hampers their capacity to save. Education tied to tertiary student loans has created debt which will restrict young adults from gaining home ownership. After repaying their loan women may have to choose between home ownership and raising a family. High qualifications no longer promise security in employment. New Zealand has developed a working precariat with short term contracts, part-time and casualised work. This is not conducive to saving

and long term retirement planning. The dramatic decrease in home ownership and the shortage of good quality, affordable rental accommodation affect the health and well-being of old women. Research shows that:

Housing futures for older people matter because they have so many other impacts on the individual outcomes for older people and their families, and those outcomes, in turn, impact on the whole of our society. In 2050, when almost a quarter of our population is likely to be aged 65 years or older, the impacts on wider society of the conditions in which older people live will not be able to be ignored (Saville-Smith, James, Warren, & Coleman, 2009, p. 113).

Over the last two decades the levels of child poverty, homelessness have increased and our fractured health and education systems, social inequality and indebtedness cannot provide a base for women's future well-being in retirement even if we burn our credit cards and revive the skills of 'making do' and utilising 'number eight wire' ingenuity.

My claim is that although my study is small and based on Pākehā woman of whom the greater proportion had some access to tertiary education or training it provides a valuable insight into the process of women's ageing and retirement. It cannot be generalised to all New Zealand old women. It shows the importance of oral history in life course research and the value of placing individual experiences in an historical context showing how the social constructions of culture and state influence well-being in old age. The experiences of this cohort of women, both positive and negative have relevance to needs of women in a future of increased inequality where home ownership is out of the reach of many, and renting may be an insecure option for the aged. The effect of student loans will be a heavy burden affecting savings for retirement and family formation. The changes in fertility and the increased numbers middle aged and older women working will reduce the pool of traditional care-givers of the elderly. The skills of 'making do' for many of the present baby boomers may have been lost to the easy use of credit cards giving immediate satisfaction, but ultimate debt. Grandma's knowledge would come in handy for future retirees.



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## APPENDIX A: RECORDING AGREEMENT

NAME OF PROJECT:

.....

FULL NAME OF PERSON INTERVIEWED:

.....

DATE OF INTERVIEW:

.....

COMMISSIONING ORGANISATION/PERSON:

.....

INTERVIEWER:

.....

COPYRIGHT HOLDER:

.....

1. PLACEMENT: I the person interviewed, agree that the recording of my interview and accompanying material, prepared for archival purposes, will be held at

.....

2. ACCESS: I agree that the recording of my interview and accompanying material may be made available for research, at the above location or at a location approved by the commissioning organisation/person, subject to any restrictions in Section 4.

3. PUBLICATION: I agree that the recording of my interview and accompanying material, may be quoted or shown in full or in part in published work, broadcast, or used in public performances, subject to any restrictions in Section 4.

4. RESTRICTED TAPES AND ACCOMPANYING MATERIAL: I require that there be no access to (cross where I require that there be no publication of appropriate) this recording and accompanying material without my prior written permission.

5. NOTES:  
.....

6. REVIEW/RELEASE DATE:  
.....

PRIVACY ACT: I understand that this Agreement Form does not affect my rights and responsibilities under the Privacy Act 1993.

COMMENTS:  
.....  
.....

PERSON INTERVIEWED: ..... Date: .....  
  
(sign here)

INTERVIEWER: ..... Date: .....  
  
(sign here)

FOR COMMISSIONING

ORGANISATION/PERSON: ..... Date: .....  
  
(sign here)

NOTE: This Agreement Form may be amended only by the person interviewed, or by The commissioning organisation/person with the authority of the person interviewed. Any

amendment must be registered with the commissioning organisation/person. This Agreement Form is approved by the National Oral History Association of New Zealand.

## **APPENDIX B: CODE OF ETHICAL AND TECHNICAL PRACTICE**

This Code exists to promote ethical, professional and technical standards in the collection, preservation and use of sound and video oral history material.

### **ORIGINS**

The National Oral History Association of New Zealand (NOHANZ) Te Kete Kōrero-a-Waha o e Motu was established as a result of the first national oral history seminar organised in April 1986.

### **OBJECTIVES**

The objectives of this code of practice are to:

Promote the practice and methods of oral history

Promote standards in oral history interviewing techniques, and in recording and preservation methods.

Act as a resource of information and to advise on practical and technical problems involved in making oral history recordings.

Act as a co-ordinator of oral history activities throughout New Zealand.

Produce an annual oral history journal and regular newsletters.

Promote regular oral history meetings, talks, seminars, workshops and demonstrations.

Encourage the establishment of NOHANZ branches throughout New Zealand.

Improve access to oral history collections held in libraries, archives and museums.

**INTERVIEWERS HAVE THE FOLLOWING RESPONSIBILITIES:**



To inform the person interviewed of the purposes and procedures of oral history in general and of the particular project in which they are involved.

To inform the person interviewed of issues such as copyright, ownership, privacy legislation, and how the material and accompanying material may be used.

To develop sufficient skills and knowledge in interviewing and equipment operation, e.g. through reading and training, to ensure a result of the highest possible standard.

To use equipment that will produce recordings of the highest possible standard.

To encourage informative dialogue based on thorough research.

To conduct interviews with integrity.

To conduct interviews with an awareness of cultural or individual sensibilities.

To treat every interview as a confidential conversation, the contents of which are available only as determined by written or recorded agreement with the person interviewed.

To place each recording and all accompanying material in an archive to be available for research, subject to any conditions placed on it by the person interviewed.

To inform the person interviewed of where the material will be held.

To respect all agreements made with the person interviewed.

To ensure that people interviewed are informed of issues such as copyright, ownership, privacy legislation, and how the interview and accompanying material may be used.

To guard against possible social injury to, or exploitation of people interviewed.

## APPENDIX C: LETTERS TO PARTICIPANTS

Dear .....

Thank you for agreeing to record a Life History. This Oral History is part of my research for a PhD studying the ways in which women over the age of seventy-five manage their resources as age advances. Your interview will be listened to and assessed by my supervisors, Dr Lesley Hall and Dr Alison Laurie. They will be assessing my interviewing abilities, and my technical skills at managing the recording equipment. They are of course not grading or assessing you in any way! They will treat everything in your interview as confidential, irrespective of whether you want your interview archived or returned to you.

I am attaching a copy of the National Oral History Association (NOHANZ) Archiving Agreement Form. You can decide after we have finished the interview whether you want it archived at the Oral History Centre of the Alexander Turnbull Library, and under what conditions, or whether you would prefer the recording to be returned to you for your own archives. No copies will be made of the recording unless you wish it to be archived. Oral Histories are not transcribed, but abstracts are written for the use of researchers.

If you have any questions, please contact me at ----- or on, or contact my supervisors, Dr Lesley Hall on ----- or Dr Alison Laurie, on ----- or at Gender and Women's Studies, Victoria University of Wellington, PO Box 600, Wellington.

Again, many thanks for assisting me with my thesis.

Kind regards,

Isobel Munro

Dear.....

Thank you for giving me your precious time for the interview/s. It has contributed significantly to the progress of my research. As promised I enclose recordings of the interview/s. It will be quite some time before the PhD is completed and submitted to the examiners, but I will let you know the ultimate outcome. In the meantime I will let you know of any papers I publish based on the material which the interviews provide.

Yours sincerely

Isobel Munro

Wellelder

Dear .....,

Some time ago you indicated to us that you were willing to participate in research. If this is still the case we have a project which may interest you. Isobel Munro, a mature student from Victoria University of Wellington is researching the ways in which women over 70 manage this stage of their lives. She has been recording women's life histories in their own words and this includes how they presently manage their resources for health, accommodation, finances and social activity. She is particularly concerned with women who are renting.

Her PhD research has approval from the university ethics committee and she has signed a confidentiality agreement with us and will of course do so with you to ensure the privacy of your story.

If you are willing to participate in this research please let us know so that suitable arrangements can be made for interviews and the opportunity to answer any questions you may have. If you wish to contact Isobel directly her phone number is 4797556.

Yours sincerely.....

## **APPENDIX D: GUIDELINES FOR INTERVIEWS**

As stated in the method section of my PhD proposal there will not be a list of questions for the recorded life course interview as this has been preceded by discussions using the following guide and the interviewer will encourage the narrator to expand on particular topics as they arise in her story:

Family of origin and development of skills and attitudes which the narrator considers have influenced her present experiences.

Childhood, education, employment, marriage, family.

Issues of health, income and housing.

Earlier experiences relating to preparation for and concepts of retirement.

Expectations of ageing and where they came from.

Current access to and use of resources for social involvement.

Possible probes:

Looking back, what do you think about your childhood, what are your memories?

How has your education influenced your life?

What influenced your choice of occupation?

How were you able to purchase your first house?

What were the changes when you first stopped paid employment?

How did you manage to return to work with children at home?

In what ways have changes in your health affected you?

How did life change when your husband retired?

What were your expectations of retirement?

What effect has the current recession had on your lifestyle?

How do you manage living on your own?

Now that you are older have family relationships changed?

What has enabled you to maintain this lovely garden ?

Why did you decide to make this shift?

How have you coped without the car?

How did you find out about these community services?

What concerns have you for the future?

Have you thought about funeral arrangements?

## APPENDIX E: NARRATORS' DATA

Name	Born	Marital Status	Age	Education	Occupation	Housing	Children
Alice	NZ	W	77	Tertiary	Dental nurse Teacher	owned	3
Amy	NZ	M	79	Tertiary	Teacher	owned	0
Anne	NZ	S	74	Tertiary	Nurse/Administrator	religious house	0
Beryl	NZ	W	88	Tertiary	Lecturer	owned	3
Colleen	Eire	W	80	Secondary	Receptionist/cashier	owned	3
Diana	NZ	W	77	Tertiary	Phyiotherapist	owned	3
Elizabeth	UK	W	79	Tertiary	Accounts clerk/Social worker	owned	2
Fiona	NZ	M	81	Tertiary	Teacher counsellor	Owned	3
Grace	NZ	DP	85	Tertiary	Lecturer	owned	4
Greta	German	W	84	Tertiary	Interpreter Law research	owned	2
Helen	NZ	M	72	Secondary	Typist	owned	
Jennifer	NZ	DPD	73	Secondary	craftswoman	rented	2
Joan	NZ	S	78	Tertiary	Nurse/administrator	owned	0
Joy	NZ	DrM	76	Secondary	librarian	owned	2
Judith	Hungary	M	76	Tertiary	Statistician/ researcher	owned	6
May	NZ	M	80	Tertiary	Librarian	owned	4
Megan	Scotland	D	78	Secondary	Clerk	rented	1
Merrilyn	NZ	D	73	Secondary	writer	mortgage	5
Penny	UK	W	79	Tertiary	teacher	owned	
Ruth	NZ	D	92	Secondary	Clerical administrator	owned	1
Sheila	NZ	SEP	80	Secondary	Booking clerk	rented	3
Shirley	NZ	M	80	Tertiary	Librarian	owned	4
Susan	NZ	W	80	Tertiary	Nurse	owned	5