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Women's Perceptions of their Health,  
Family and Personal Needs in a Rural Area:  
Some Implications for Social Work Practice.

A Thesis presented in partial fulfilment for  
the requirements of the degree of Master of  
Philosophy in Social Work.

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Abstract:

A democratic - socialist, feminist perspective was adopted to undertake an in-depth investigation of the social requirements and support needs of a group of 50 women living in the rural Far North. Critical health, family and community support service needs were identified using qualitative research techniques. An analysis of the information so derived highlighted a range of difficulties experienced by women living in the rural area. These difficulties included isolation, access, inequality, poverty, unemployment and pervasive sexist attitudes among key service providers.

Certain conclusions were made, particularly with respect to the practice of social work in rural areas and the training of future social workers. It is also clear that further research into the consequences of inadequate social services in rural areas should be undertaken.

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## INTRODUCTION.

Writing this thesis has been a long, lonely and difficult task. After months of reading and more months of research I was still at a loss about how to begin writing up a piece of qualitative research. On one of my trips to Massey University Ian Shirley told me that I must begin writing - anything - so there was a basis for discussion. So home I went to make another dozen attempts to begin Chapter 1. All of them ended in the rubbish tin. In desperation I thought of the advice I had often given students in my teaching days; to write about what they knew best from their own personal experience. It made sense in the situation I was in, where no one was available to help resolve my mental blockage. So when I next sat down I began to write about myself and the influences that I considered had helped to make me the person I am, with the opinions I hold. In this way I was able to begin and continue writing the rest of the thesis. This was one reason for adopting a personal approach in beginning the thesis.

The second justification for the approach I have taken is both more complex and academically more acceptable. It has to do with perceptions of truth and leads to the question of whether there can ever be value-free research within the social sciences.

Several of the books that I read on research methods dealt with this problem. Bogdan and Taylor, (1975), struck a responsive chord within me with their comment about truth being an evasive concept. As they wrote, "People interpret things differently and focus on different things so that if more than one person listened to, truth emerges as a composite picture" (Ibid. p10).

Sjoberg and Nett, (1968), stated in their introduction to Methodology for Social Research that the researcher is a variable to be considered in any research venture. Later on, in Chapter 4, they commented that as a researcher is influenced in choosing methods by his theoretical commitment as well as his role and status in society, he cannot be treated as a non-person.

Feminist writers on feminist research were quite explicit about the influence the sex of the researcher had on research. The point made by several of them, including Helen Roberts, (1981), was that men often consider that their research is value-free because "Sociology itself has traditionally operated within a patriarchal paradigm" (Ibid. pp14-15).

Because this patriarchal bias has been the norm, it has been accepted as being value-free. Thus any deviation from the patriarchal paradigm was seen as biased. Roberts quoted Howard Becker as saying that value-freedom or objectivity was not possible and that "We cannot avoid taking sides for reasons firmly based on social structure." (Becker, 1971, p.213).

Because I agreed with the writers I have quoted, that social research is never entirely value-free, it appeared to me that the most honest course of action was for the researcher to openly declare his or her values so that the reader could take that information into account when assessing the work.

The researcher's background may also be relevant, as it can play an important part in the development of values. Others agreed with me. In writing about women's roles in community development, Bev. James quoted from Elizabeth Wilson to say that "Traditionally, development has adhered to a 'rigid, sterile division between the individual and society or politics.' (Wilson, 1977, pp.1-11.) Such a perspective obscures social inequalities and prevents the development of an individual's awareness of the conditions of their existence. It reflects the split between personal and private life... but everyday life is political. Personal lives are shaped by structural conditions, and in turn are the basis for organising social change." (James, 1982 pp.245-6).

As both community development and social work deal with people in society, it seemed to me that comments applied to women within the community would be relevant to both social work and community development.

I know that as a social worker and researcher, sorting

out the formative aspects of my background and the influences that these have had upon me has been important. Making this process clear may also help clarify my approach for the reader.

I was aware, too, that although I am a New Zealand born country woman, like many of the women I interviewed, my personal philosophy was quite different to many of theirs. We had shared many similar experiences but we had interpreted them in different ways. There had to be logical reasons for different interpretations of similar experiences. Possibly, differences in background accounted in some degree for differences in outlook.

Because of the period in which I was born, (1933 - at the height of the Great Depression), my early childhood in the Nelson backcountry was spent in a period of political ferment. Among my earliest memories are the political discussions around the open fire or the kitchen table. Looking back I realise that I learned to think in political terms before I ever faced <sup>the</sup> reality of the effects that biology was to have on my life.

Increasingly the discussions about Mickey Savage, Bob Semple and the changes brought about by the first Labour Government gave way to talk about Mussolini, Hitler, Stalin, and the 'isms' that went with their names. My father, already permanently disabled from the First World War, hugged our battery powered radio set as the world slid into another war. By the time I was 6 or 7 the most carefree days of my childhood were already over.

My father's whole-hearted involvement in Home Guard activities threw more strain on my mother and I. Eventually her mental and physical health broke under the strain of poverty, hard work, loneliness and too many children. As the oldest of their ten living children I bore the brunt of his absences and her deteriorating health.

My Correspondence School lessons were a welcome break from the daily drudgery. Yet, despite our poverty and isolation from other children, these were happy days for me.

My first harsh experience of the realities of class structure in New Zealand came at 13, when I became a temporary

state ward. This was done so that I could attend a good secondary school, but it was done on the cheap in that I was boarded in private homes as a foster child. In those homes I learned that there are separate worlds for the 'haves' and 'have nots' and that I was one of the 'have nots.' I learned how it feels when the way that you speak, look and act is not acceptable to many of the people around you. The lesson is doubly hard when you must live in their homes rather than your own.

Memories of how it felt can still make me angry when I hear professionals talk about 'them', the poor, with their hopeless, feckless ways. For I know that I am still one of 'them', the outsiders. It is, of course, worse than that, for you also become an outsider to the family and the class from which you came unless you consciously reject either the old or the new class backgrounds.

I am sure that it was this experience that left me with a fierce belief in egalitarianism, coupled with a concern for the poor and the powerless. Because of this determination to be one with my brothers and sisters in the ordinary working class world, I have found it very difficult in some situations to adopt a detached, 'scholarly' pose. This problem, (if problem it is), has been with me throughout my student-teaching and social work years. It was one of the factors that made writing this thesis in an acceptable form a problem. My identification always tends to be with my clients or, in this case, with the women that I studied, rather than with the academic establishment.

My early experiences of class differences were reinforced in adult life when my husband and I bought a small farm in Mid-Canterbury. There the distinction between landowners and railway employees was so rigidly enforced by some farmers that it was impossible to take the children of both to Saturday sports fixtures in the same vehicle.

Some of these landowners also locked gates to bar public access to riverbeds and reserves. These experiences forced me to realise how strongly I believed that landowners are merely guardians of the land and its resources for the public and for future generations. The conviction grew that I was

indeed that dangerous creature, a socialist, and that I was, to some degree at least, opposed to the capitalist economic system.

These personal experiences have been recounted to make it clear to the reader that I realise that my socialism has an emotional as well as an intellectual base. Experience probably taught me more of my basic philosophy than universities ever did.

CHAPTER 1.REFLECTING ON THE THEORETICAL BACKGROUND TO THIS  
RESEARCH.

In the introduction to this thesis I acknowledged that my early experiences have left me with the conviction that all people should be treated as being of equal worth, no matter how unequally they have been created or endowed with earthly goods.

From these experiences I have come to see that much is wrong with the structure of our society. Present structures bear very heavily on certain groups of people, usually those who have no power or who cannot mobilise their potential power. One may choose to carry the analysis no further; to say that "the structures are wrong so let's change them". In practice change is now so simple because behind the structures are people with different ideas, some of them openly declared, and some seldom expressed but never-the-less very powerful. The people who form the establishment are usually dedicated to maintaining it.

A common method of denigrating a critic of social structure is to find that any fault there is lies within the individuals who in any way challenge the way things are. So in New Zealand young men with brown skins who attempt to flout the rules of what they no doubt see as an unjust system are locked up in our jails. Some women maintain that those of us who cannot cope emotionally or physically with the conflicting demands imposed on women in our society are "cured" by a spell in a psychiatric hospital. We are told that in Communist Russia similar treatment is given to dissidents who challenge the system there.

Thus anyone hoping to bring about change needs to have another set of ideas and rationalisations for what they want to do. These ideas can be both a battering ram against the establishment and a shield to withstand establishment attacks on those who dare to challenge the

status quo. Socialism and feminism are two sets of ideas which perform these functions for me.

Another use for theories such as socialism and feminism is as the social glue that can bind groups of people sharing similar ideas together. Thus they are strengthened in their challenge of the status quo.

### SOCIALISM.

Although I accept the socialist label, I baulk at being called a Marxist. This is because I disagree with two classical Marxist beliefs.

Despite their acceptance of the dialectic; "The uninterrupted process of becoming and passing away," as Engels expressed it in "Ludwig Feuerbach" (Eng. ed. 1934); both Marx and Engels were products of their age in that they held rationalist beliefs about the inevitability of human progress. Engels completed the above quotation with the words, "of endless ascendancy from the lower to the higher," thus holding out the promise of better things to come. (Hawton, 1956:p121) <sup>1</sup>.

Marx's interpretation of the inevitable rules of the dialectic as applied to economic and social organization was that feudalism was replaced by capitalism, which was in turn to be destroyed by violent revolution when class exploitation became too oppressive. Revolution would be followed by the "dictatorship of the proletariat", which in turn would create the classless society. This scenario holds the promise of a perfect society to come and an end to human suffering caused by the class system. World events over the last hundred years have shattered beliefs in the inevitability of human progress for many people, including me. Mao Tse-tung seemed more realistic when he wrote, "Nobody will ever be perfect, even when a communist society is established." (Schram, 1969:p304) <sup>2</sup>.

It follows that if it is impossible to attain the perfect society permanently, even under socialism, there is little point in forcing the sacrifices of bloody revolution upon people to achieve a socialist government. Unfortunately, after all the misery and blood-letting that

accompanies a violent revolution is over, there is a strong tendency for the revolutionary state to sink back into conditions very similar to those that prevailed before the revolution. Therefore the revolutionary process is pointless if it fails to destroy the old, pre-revolutionary society. It is better to take the path of peaceful, democratic reform where possible, even if "perfect socialism" is never attained by peaceful means. At least more people will survive the struggle of oppressed against oppressors if the path of peaceful change is followed.

In order to clarify where I stood in the socialist spectrum of beliefs, I set off on a trail of half-remembered ideas when I began to write this thesis. Fortunately, before I became completely bogged in political science and philosophy, I stumbled upon R.M. Berki's book entitled "Socialism" (1975)<sup>3</sup>. His interpretation of socialist trends was so straightforward and logical that I decided he had already done the work for me. I intend to use his analysis here.

Berki saw four basic tendencies within socialism: rationalism, libertarianism, egalitarianism and moralism. Each of these he linked two ways in his analysis - backwards to an historical past and forwards to the development of modern types of socialism.

Historically egalitarianism had its roots in the classical Greek city states. It stressed the achievement of common goals through the dominance of community values and self sacrifice. After jumping forward 2000 years, we find that equality was one of the catch-words of the French Revolutionaries. In our own times this tendency has been linked, often with nationalism, with the rise of socialism in Third World countries such as China and Cuba. Here and in the French Revolution, egalitarianism has often taken a militantly revolutionary stand, emphasizing the difference between rich and poor within the capitalist state. This revolutionary stand makes it impossible for me to adopt a pure egalitarian socialist stance.

Berki saw rationalism as representing the principle of Enlightenment within socialism. If this view is held,

the reins of government can be entrusted to experts devoted to the promotion of general happiness. Achieving desirable ends through democratic means is not all-important. The chief values of rationalist-socialism are individual happiness, reason, knowledge, efficiency in production and the rational, purposeful organisation of human society in the interests of progress. Rationalist-socialist ideas were also dominant in one phase of the French Revolution. In modern times this approach has been the road taken by the European Marxist Establishment. My egalitarian beliefs would sit uncomfortably with an acceptance of meritocracy and a desire to entrust 'experts' to promote general happiness, so rationalist-socialism is not the type I espouse.

Libertarianism also has its roots in history. To me it conjures up memories of Rousseau and "The Noble Savage." It is interested in the individual and looks inward for the 'real' natural man or woman. Libertarianism is the romantic principle that demands freedom from constraints, so the libertarian focuses on the oppressive nature of capitalism. At its most extreme it becomes anarchism. Its modern form is the radical socialism of the "New Left" in the Western World. Because libertarianism would be hard to reconcile with my egalitarian belief in the values of community, this is not the form of socialism for me.

The final tendency within socialism listed by Berki is that of moralism. Historically this tendency is linked to Christianity and the moral values of the Christian churches. The moralist tendency within socialism emphasizes social justice, peace, co-operation and brotherhood. Despite Marx's rejection of religions as being another factor helping to maintain the oppression of the proletariat, many sincere people are able to use the values I have listed above to link a belief in both Christianity and socialism. According to Berki the moralist "critique of capitalism concentrates on the latter's inhumanity, its institutionalised exploitation of the people, especially those who have to sweat and toil to gain their livelihood." (Berki, 1975:p95)<sup>4</sup>. This is the way of Western Democ-

ratic Socialism, with its belief in the achievement of socialism through democratic means.

Like many other New Zealanders, I have been taught to base my actions in the values mentioned in the previous paragraph. As a result I recognise that my view of socialism lies within the democratic socialist range, which Berki saw as being a third force in world politics, between capitalism and communism. Berki also stressed the range of views within democratic socialism. He wrote, "Many in social democrat and labour parties are indistinguishable from liberals. At the other extreme social democracy is continuous with egalitarian socialism." (Berki, 1975:p95)<sup>5</sup>.

It is therefore in this left wing of democratic socialism, where a belief in democracy and democratic change merges slightly into egalitarianism, with its belief in community values, that I believe that I belong.

Berki also pointed out that "social democracy is not and does not want to be Marxism." (Berki, 1975:p99)<sup>6</sup>. Nevertheless, its historical pedigree and claim to the name of socialism is beyond dispute. It has its roots in the liberal philosophy of Kant and developed through socialists such as Robert Owen and William Thompson in England, the Saint Simonians in France and Ferdinand Lasalle in Germany. The tremendous work done by Marx in synthesising previous ideas on socialism with Hegelian philosophy, and his influence on all modern political thinking, even that of conservatives, is generally recognised. As Joan Robinson wrote, "It is as difficult nowadays to find a really pure non-Marxist among historians and sociologists as it is to find a flat earth enthusiast among geographers." (Ibid, 1980:p192)<sup>7</sup>.

She also wrote,

"A school of thought flourishes when the followers continually revise and sift through the ideas of its founder, test his hypotheses, correct his errors, reconcile contradictions in his conclusions and adapt his methods to deal with fresh

matters. It takes a great genius to set a new subject going; the disciples must admire, even reverence the master but they should not defer to him. On the contrary they must be his closest critics." (Robinson, 1980:p162)<sup>8</sup>.

In her view, "Marxism did not develop this way but became too soon embalmed." Democratic socialism, on the other hand, has been subjected to constant change and revision within the last century.

Honesty forces me to admit, however, that, appealing though the principles of democratic socialism are to me, there is inherent weakness within it. On one hand democratic socialism slips all too readily into "electoralism" as the political party following the democratic principle seeks to gain the power without which little can be achieved. Once the political party succumbs to electoralism it can easily be diverted into immediate, ad hoc policies which ignore long term socialist objectives. This can lead to a virtual surrender to status quo forces.

On the other hand a doctrinaire socialist approach can mean that the immediate needs of people are sacrificed on the alter of political theory. To my mind all great theories, which is what religions and ideas such as socialism are, have been invented to help people make sense of their surrounding environment and their history. Yet all too often, in the hands of doctrinaire practitioners, these theories are used as excuses for crucifying rather than assisting people.

What, then, are the basic democratic socialist principles I can apply to analysing the results of my research? The first is the repudiation of much in the capitalist system, with it's "anarchy of unplanned growth", where "big money leads to big science and to big industry, to technological meglomania, rather than to meeting human needs." (Robinson, 1980:p41.)<sup>9</sup>. This is linked to a desire for progressive democratic change aimed at achieving the maximum social justice possible. However, I would prefer to see change come from within communities rather than

have it always imposed by the state and its experts. I see the proper role of the state as being to arbitrate and to provide the opportunities for all people to achieve happiness and well-being. In order to do that, state servants must listen to the voices of the comparatively uneducated, poor and powerless, who are also funders and consumers of state services, as well as to those of the experts, be they ever so well meaning. When it is in the interests of social justice, the state should make provision for these community groups to develop co-operatively, in their own ways. There is strength rather than weakness in a certain amount of happy diversity, especially in a society which claims to be multi-cultural.

The socialist social worker in our society chooses to walk on an endless tightrope, apt at any time to fall into doctrinaire socialism on one side or submission to the status quo on the other. The path for a democratic socialist social worker can be particularly difficult in conservative rural districts such as one in which I live.

#### FEMINISM.

"It is a huge emotional leap for an individual when a psychological situation in which he or she suffers a sense of failure to meet a social norm, changes to a condition in which there is dignity as a fellow combatant." (McWilliams, 1974:p160)<sup>10</sup>.

This quotation was selected to head my discussion on feminist theory because it expresses succinctly the way my feelings have changed toward myself as a woman over the last 30-odd years.

When I matured into young adulthood in the 1950s', Western society was going through a conservative phase as nations who had fought in the Second World War strove to repair the damages of that war. One of the more important aspects of this repair job was to rebuild populations depleted by the recent carnage. Women, who had been encouraged to throw themselves into the war

effort, were now expected to return to their homes, adopt traditional female roles and rear lots of babies. It was a period of considerable pressure on young women to conform to fairly narrow patterns of dress, thinking and behaviour. Because I did not fit readily into the prevailing pattern I was left with the feeling of being a social misfit, or with "a sense of failure to meet a social norm" - a continuation of the way that I had felt in my secondary school years.

By the 1960's, when feminist material began to be published in New Zealand, I had made many adjustments to life as it was rather than as I wished it to be. In the process of adjustment I had experienced a broken marriage and a nervous breakdown, but I had survived.

The 1960's were spent mainly in rearing my three children and earning a living as a teacher or as a farmer. Because of my pre-occupation, the early years of feminism made little immediate impact on me. My only reaction was a sense of recognition as other women expressed some of the thoughts I had been thinking and the pain that I had suffered in the 1950's. I was given the dignity of being a fellow combatant in the female struggle to survive in our male-dominated society.

While I was pleased to recognise that I was not so strange or so alone as I had sometimes felt, I have never immersed myself in feminist theory. Rather parts of it have been grafted onto an already existing personal philosophy. It is possible that this approach has not made for a totally integrated view of feminism.

#### The Main Branches of Feminist Theory.

While there are not as many shades of feminists as there are of socialists, there is still enough variation in feminist theory to be confusing.

Ann Oakly defined feminism in the following ways:-

"Ultimately any feminism is about putting women first; it is about judging women's interests, (however defined), to be important and to be insufficiently represented and accommodated within mainstream politics/

academia. However, this position allows for a very wide range of stances, theories, practices and recommendations to be selected. (Oakley, 1981;p335)<sup>11</sup>.

She then outlined ten different feminist positions within the Women's Liberation Movement. Each of these positions differed in some way on stances such as the cause of female oppression, the course of action to be taken to rectify women's inequality and what the attitude of women should be towards men. However, the main division that she drew was between socialist and radical feminists. The biggest difference that Oakley found between these two basic types of feminist was that the socialist feminist saw the system as the main problem while the radical feminist placed the blame for the female oppression squarely upon men.

All the discussions of feminism I have read seem to emphasize two main points: a sense of oppression and a desire to change the perceived situation of women. James, a New Zealand sociologist, outlined four main feminist perspectives; liberal feminism, lesbian feminism, radical feminism and socialist feminism. (James, 1982;pp245-6)<sup>12</sup>.

According to James the aim of liberal feminists is to gain for women equal opportunities with men. They see reform of the attitude society displays towards women as being adequate to achieve equality. Liberal feminists ignore, (or so it seems to me), the influence of other factors such as race, class and poverty in denying equal opportunity to both men and women. Because liberal feminists are prepared to work for reform within the system, their members face similar dangers to those faced by democratic socialists, in that activist workers may be co-opted into existing systems without any basic changes having been achieved.

Lesbian feminists see a need for separation rather than compromise. To them the oppression of women is based on heterosexuality. They believe that women must organize themselves to become emotionally, economically, politically and sexually independent from men, male values and male

control, in order to counter this oppression. I see this desire for separation as being based on a deep-seated fear of men. Unfortunately some women do fear men and they often have valid reasons for this fear. The idea of separation - of a state within a state - presupposes that women are incapable of either competition or co-operation with men. Possibly separation is a stage some women have to go through, as have other oppressed groups, but I cannot see it being a satisfactory ultimate solution.

There is, I find, a certain attractive logic about the radical feminist perspective of seeing men as both the main cause and the main beneficiaries of women's oppression. To define 'the enemy' in this way totally absolves women themselves of any complicity in bringing about the situation they are in. It does not lock women into a battle against the capitalist system, as women's oppression quite obviously predates the rise of capitalism. Those women who feel confined by marriage and family are happy to see both as part of the institutionalisation of oppression by men, rather than relationships that women assumed by choice. Because socialization into gender roles is one of the influences directing women into many female traps, radical feminists want to completely abolish the social institution of gender. The radical slogan that "the personal is political", which encourages women to use personal experiences to analyse the position and roles of women in society, is firmly based on inductive reasoning techniques.

It is when radical feminists such as Firestone, (Firestone, 1972;p12)<sup>13</sup>, carry the logic of their position a step further and see nature, which imposes physical sex differences on humans, along with most other living creatures, as the main enemy, that the radical feminists and I must part company. For I see nothing wrong with the fact that some different biological functions are imposed on men and women. What I would challenge is the need for sex differences being extended out to cover nearly every aspect of our lives.

Another argument against adopting the radical feminist perspective on its own is that it also ignores other

fundamental issues that can cause oppression for women, men and children. Some of these other issues such as racialism, social class and poverty have already been mentioned. By ignoring such issues radical feminists limit interest in their ideas to a comparatively few privileged women. Working class women may face more urgent needs which will ensure survival for themselves and their children, so they may have no time or energy to spare for comparatively esoteric causes such as equal opportunity or consciousness raising.

Some of the Implications of Socialism for the Feminist.

Before beginning a discussion of socialist feminism I want to recapitulate briefly some of the points I made when I was writing about my view of socialism.

Firstly, my belief in constant struggle means that I do not see an easy, permanent victory for any type of feminism as being possible. Neither do I believe that the gains that are made will be achieved by women working in isolation. Rather they will come slowly as the attitudes of both men and women change. To illustrate this point I refer to the Matrimonial Property Act of 1976, a piece of legislation which has changed ideas about the worth of different roles within marriage as well as about the ownership of joint property upon the dissolution of a marriage. This Act introduced the concept of the equal sharing of property based on the contribution each spouse had made to the marriage. Contributions such as rearing children and running the home, usually the responsibility of the wife, were to be considered as having comparable value to monetary contributions often made by the husband. It has brought to the surface many attitudes, both good and bad, about women and marriage. The fact that this Act was passed by a supposedly conservative, male-dominated political party shows that it is unwise to make assumptions about possible progress along either sexual or political party lines.

The qualities of justice, peace, co-operation, and brother-sisterhood apply as much to women as they do to men. Ideas of equality and the achievement of common goals

through communal effort do not have gender. The application of these values would benefit women and men equally.

The socialist emphasis on criticising the operation of systems such as capitalism and the class society, which capitalism perpetuates, apply as much to women as to men. While Marx did not fully analyse how these systems apply to women, more recent socialist and feminist theorists are grappling with these problems. Sometimes women do not fit into systems such as class structure or the work place in exactly the same way as men do, because of different sex roles. An understanding of the economic and social pressures which impinge upon women can make clear many situations which might otherwise be seen as personal failures.

#### Socialist Feminist Theory.

Socialist feminists have examined the influence of the capitalist system upon matters such as the sexual division of labour within the family and the relationship of domestic labour to the capitalist type of production. Using this analysis they have seen that domestic labour performs two functions that are vital to the performance and continuation of the capitalist system. The first of these is to care for the male and some female labourers currently in the workplace. The second important function of domestic labour is to reproduce the next generation of both wage and domestic workers.

Another characteristic of domestic work is that it is often unpaid, being mainly done by women in their roles as wives and mothers. Because it is usually unpaid it is a personal service linked with economic dependence upon a wage worker. Often women domestic workers also care for other non-wage earning members of the community such as the old, the sick and the handicapped.

The final characteristic of domestic labour is that because it is demanding and time consuming women performing it do not have the time or mobility to take advantage of available wage work opportunities.

Although domestic labour is necessary and productive, being a pre-requisite for the production of surplus value, it is generally not recognised as work in the accounting

systems of the economy because it is unpaid. Ignoring the value of women's unpaid contributions to the economy makes it appear that women only count as productive workers when they have a paid job outside the home; i.e. when they are, in fact, often performing two jobs, one paid and one unpaid.

Although women, and particularly married women, function as a reserve "army of labour", available when extra workers are required and prepared to work flexible hours, they are not truly part of the permanent work force in the way most men are. When their labour is not needed outside the home married women disappear back into the family and into unpaid voluntary community work. They are not officially unemployed; they merely disappear.

So, on the whole, women do not function in the work place in the way that men do. Because of their role as producers of labour replacements "women are not in the labour force but become available for work" (James, 1982: p237)<sup>14</sup>. In our society women's roles within the family are generally considered to be more important than their role within the work force.

The separation of women from the workplace is one of the hallmarks of the capitalist system. In peasant societies, for instance, home and the workplace are often one and the same place, making it possible for women to be part of both at the same time. The possibilities for two parents to combine rearing children and working together was what drew me back into farming when my children were small. This is more properly a peasant rather than a capitalist situation. But, in the main, the ambivalent situation of women is that they are out of the workplace, yet their work within the home is essential for the smooth functioning of the workplace.

But to discuss the effect of gender and where women fit into the structure of the capitalist system still does not cover the full measure of women's oppression. Patriarchy or the dominance of men within the family and society must also be discussed. It predates capitalism and is a feature of many types of society. Patriarchy is also

present in most of the other structures of our society. Through the institution of patriarchy a man gains control over a woman's labour, fertility and reproductivity. Although Marx stated that women's oppression arose with private property and monogamous marriage, (James, 1982: p235)<sup>15</sup>, he did not follow comments such as this through with a discussion of how the family unit should be organised under socialism. Several experiments of different ways of rearing children have been tried in socialist states, including China, where a fairly extensive system of child care seems to have been set up to allow women to stay in the paid workforce. In spite of these experiments both China and Soviet Russia still seem to retain basically patriarchal institutions. I take this as proof that a socialist government does not necessarily abolish the patriarchal system of control.

Therefore feminists within socialist movements have the added duty of making fellow socialists aware of patriarchy as an instrument of female oppression, if women are to be truly equal under a socialist form of government.

Personal Aspects of Feminism.

In foregoing passages I have examined some of the main aspects of feminist theory. My own view of the female situation owes something to several types of feminism.

Having the same degree of freedom of choice in our lives as males do is probably the most important feminist issue for me. This right to choose will be circumscribed by the same forces that affect men within our society until we achieve a fairer social order for us all.

In order to give women full freedom to choose, gender differences between the sexes need to be minimised. To quote Pauline Hunt, "The fact that gender is a significant distinction in a large number of situations, is a social rather than a biological fact." (Ibid, 1980; p8)<sup>15</sup>.

If women gained freedom to choose on the same basis as men may, they would then gain considerably more power than many now have over their own lives. In a final analysis many ideological battles come down to a matter of power. Ultimately gaining a fairer distribution of power is

the central issue in both socialism and feminism.

CHAPTER 2.

WOMEN'S RELATIONS WITH NEW ZEALAND HEALTH  
AND WELFARE SERVICES.

"The difficulties of women are structural rather than a matter of individual neurosis." (Oakley, 1981:p308)<sup>1</sup>.

At first glance women in New Zealand would seem to be in an enviable position compared with women in most other countries of the world. We have some degree of freedom of choice over the roads we travel through life. We do not suffer the grinding poverty and ill health faced by many women in other parts of the world. Yet it has been empirically established that many married women in Western type capitalist societies suffer from a high rate of mental health problems. In 1980 Judith Aitken wrote that New Zealand married women were prescribed tranquilisers, and hypnotic drugs at a rate which was one third higher than that of the rest of the population.<sup>2</sup> New Zealand women also complain of a sense of powerlessness to control their own lives and conditions of living.

Penny Fenwick expressed the female sense of powerlessness in the following way:-

"The current wave of interest in feminist activities has revealed that now, as in the past, feminism is basically concerned with control over women in all its myriad forms. Control is the key issue, whether we are discussing our experiences in a small consciousness-raising group or conducting a scientific investigation into the position of women. Women feel that they are victims, not actors. They feel that they are controlled."  
(Fenwick, 1980:p77)<sup>3</sup>.

In this section I want to look at why so many women feel this sense of unhappiness over aspects of their lives and why they have a sense of being controlled, when on the surface most things within the women's lot seem

comparatively satisfactory.

To my mind the three basic and complementary institutions which control women are patriarchy, gender and the capitalist economic system. These three factors function at all levels of our society.

Patriarchy and Gender.

"Women are human beings. But a society organised around gender divisions does not yield a concept of normal or ideal personality applied equitably to both genders." .....

"The name of the race is Man. Homo erectus became homo sapiens, the noun 'embracing' women but relegating her to a sub-group .....

Feminity is defined in relation to masculinity, not the other way around." (Oakley, 1981: p63)<sup>4</sup>.

Some biologists now tell us that the female form is the basic form of human life, but one would never guess this from a survey of past and present written material. From the Bible onwards, literature and popular material perpetuated the myth that God created Adam, then created woman from Adam's rib. We all know that Adam was a sober, righteous soul who was led astray by naughty, light-headed Eve, and this angered God the Father.

Ideas of the rightness of male control and the comparative virtue of the male image are re-enforced at every level of our society.

In our country most control is exercised by socialization rather than through naked force. Some men do use the naked force of assault against each other and against women when they feel threatened, or merely in need of a victim. But, on the whole, we are trained to control ourselves in the ways that society expects.

The family is the most important socializing agency in the lives of the majority of children. It is in the family that we first learn the sex roles and class position into which we have been born. Ironically,

mothers, who are possibly the greatest socializing agent in the lives of their children, generally use this power to make children conform to the standards of society around them. Perhaps this is so because mothers know that to do anything else may be to condemn their children, especially their daughters, to considerable unhappiness.

Other agents that assist the family with the socialization of children are many and varied. They include the Plunket Society, play centres, kindergartens, schools, scouts and guides, gangs and sports teams. Modern children are also subject to sometimes conflicting pressures from T.V., comics, magazines, pop music and peer groups. These socializing pressures continue well past childhood years.

Much socialization serves to re-enforce those same messages about the rightness of the institutions of patriarchy - gender upon both male and female.

An unfortunate result of all this pressure is that many women do not like themselves. Barrington and Gray confirmed this fact, which has been noticed by other commentators and researchers, from their survey of the 100 Smith Women. They wrote:-

"Underlying many of the comments was a deep dislike of women as people. We found this disturbing but not altogether unexpected given that from the time they are born 95 out of 100 women are led to believe that they are not quite as good as men. The propaganda process is very subtle. It can begin in the maternity hospital with that little spurt of disappointment when a daughter is born first. It carries on at school where girls are offered different subjects from boys. It is in the media, particularly in advertisements. It influences the sort of jobs women go into and the priority they give their different roles. It is not comforting to identify with such second class

citizens and the most vituperative comments were often from the very few ambitious or confident Smith women who did not want to be associated with their less adequate sisters." (Barrington and Gray, 1981:p190)<sup>5</sup>.

Of course boys and men are controlled also by the systems of our society. The difference is that our social institutions were designed by men to work for the interests of men. They are all controlled by men ultimately, for there are few women in positions of power or authority in our country. Whether those women who have or gain power will be able to change much within the existing social structures remains to be seen. The treatment of Marilyn Waring by her male Parliamentary peers has shown women that the struggle can be very tough and bruising on a woman who does not conform in every way to accepted male standards. (Waring, 1985: pp45-57)<sup>6</sup>.

Social control is not always seen as a prime objective of such institutions as the health services, the churches, the education system, the social services, economic systems and scientific institutions. Socialist Feminists maintain that they all have the covert function of keeping women in the niches designed for them in order to maintain patriarchy and capitalism.

#### The Effects of Capitalism on the Lives of Women:

In Chapter 1 I looked at some of the roles women are expected to play within the capitalist economic system. Here I propose to look briefly at the effects this has upon their lives.

We have already seen that women have a dual role under this system of being both wage and domestic workers. Domestic labour, with its combined functions of maintaining present labour within the workforce and reproducing human beings to become the next generation of wage and domestic workers, always takes precedence in the eyes of society.

These dual roles can impose considerable strains

upon women. A part of the problem is that the modern capitalist society is not constant in its demands. According to the prevailing needs of the system, women are exhorted to regard the home and family as their rightful sphere. During such a phase home-makers and mothers are praised as paragons of womanhood. But apart from this social approval, the domestic role has few intrinsic rewards.

Wage worker members of our society are rewarded by money, sometimes by the fame and sometimes by official recognition in the form of offices, awards and honours. Because domestic work is usually performed within the home by wives, mothers and daughters, it is unpaid. When nearly everything else has a monetary value it is useless to tell members of society how essential to the continuation of that society the domestic work of women is when their unpaid status is obviously so low.

In addition to this lack of financial reward, domestic work is performed in private, within the home. Any recognition of its value must come from the people that the women serve. Family members are notoriously niggardly in their praises of the wife and mother. Husbands tire of careworn wives, and children grow up and leave home without a backward glance. Mothers are told that it is their duty to let their children go to meet the needs of the economic system, without making any demands upon them. The final result of a lifetime spent as a care-giver is all too often the same as if the woman had never married and had children; to finish life in solitude.

During periods of national changes or when labour is in short supply, women may be urged into the work force. There are often few rewards for women in life as a wage worker, either. In the past women were restricted to a narrow range of occupations that were <sup>seen</sup> as 'women's work' and were therefore generally low in status. Even within 'women's occupations' such as teaching, nursing and social work, it is often the role of women to be handmaidens of the males who fill senior positions.

Women in our society traditionally gain their social position by being attached to a male. Because of this

women who never marry may be given an inferior status socially even if they hold responsible positions within the workforce.

Because most women marry at some stage in their lives the idea that her position as a wage worker is only temporary is still current. Both men and women accept that a woman will work for a few years after leaving school, often in dead end jobs, then marry and have children. Possibly she will return to work part-time when the children are at school. If she does return to work she will often be performing at least one and a half and possibly two jobs at the same time because the domestic labour that is not 'work' still has to be done. When the children leave school, or leave home, then a woman is free to return to full-time employment. Alas, she has broken service in her occupation, or no 'relevant' experience for any paid occupation, so she must fit in at low level within the occupation hierarchy.

In this system women are damned if they do and damned if they don't. The only way to be a wife and mother and a successful wage earner at one time is to be superwoman or have a full-time house-husband. Not many of us fall into either category.

Guilt is another burden society imposes upon women. The dual roles expected by the capitalist society are possibly seen in an unemotional way only by socialist feminists. All too often sanctions are expressed by 'oughts' - moral imperatives. But the 'ought to be' is apt to change according to the phase the economy is going through.

Ruth Adam, quoted in Ruth Fry's "It's Different for Daughters", expresses the situation this way:-

"A woman born at the turn of the century would have lived through two periods when it was her moral duty to devote herself obsessively to her children, three when it was her duty to society to neglect them, two when it was right to be seductively 'feminine', and three

when it was a pressing social obligation to be the reverse, three separate periods when she was a bad wife and mother and citizen for wanting to go out and earn her own living, and three others when she was an even worse wife, mother and citizen for not being eager to do so." (Fry, 1985; pp211-212)<sup>7</sup>.

Such changing demands outstrip even the well known adaptability of women. Is it any wonder that many feel they are being manipulated as they strive to meet conflicting demands?

#### Women and the Health Services.

Health Services have expanded tremendously in our country over the past one hundred years, so that the medical profession has<sup>a</sup> much more prominent effect nowadays on the lives of both men and women than it had in past times. To some extent this effect has been beneficial. Health services must, I think, share, with engineering and environmental planning services, the credit for the fact that we can all expect to live longer than people expected to a hundred years ago. Young people nowadays are seldom crippled by polio or have their health wrecked by T.B. Naturally medicine has been integrated into the capitalist system, with all that entails. Big business, much of it multi-national, controls a great deal of the health system that has such an effect on our lives. We are hardly aware, for instance, of all the pressures around us that encourage us to consume vast and expensive quantities of prescription and non-prescription drugs. These pressures are exerted powerfully upon doctors as well.

Many people, not only feminists, have drawn attention to the 'medicalisation' of our lives, whereby more and more aspects of life become the business of the medical man. Two of the important aspects of life over which doctors have gained control are fertility and expressions of sexuality. Because the majority of doctors are men, control of these essential features of our lives is firmly in

the hands of men and of the capitalist system.

Fenwick expressed it thus:

"It is argued that women in particular have suffered from the 'medicalisation' process whereby more and more aspects of their lives have come under medical control. In two areas this has been noticeable; the encroachment of medicine into the social and psychological aspects of women's health and into aspects of women's reproductive capacities. A key aspect of this control is the promotion of the doctor as a person with the training and therefore the exclusive right to determine normality, and conversely to deny any right to women to choose alternative explanations and modes of treatment...."

"Generally it is argued that medicine controls women by enforcing passivity, dependence and submission as the "normal" female psychological characteristics. It constricts them socially by forcing them into mothering and housework as the only role for women." (Fenwick, 1980: pp88-90)<sup>8</sup>.

Women are drawn deeper into the medical orbit by their traditional positions as guardians of the family health. They look to the medical profession for guidance in matters such as nutrition, health care for their children and for help in caring for old people. Sometimes this training pushes women too far so that they become a nuisance rather than a financial and professional asset to doctors. When this happens individual women are blamed, not the system. (See appendix 1 p.301).

By widening the areas of our lives defined as being within the health field, the medical professions have become very powerful forces for social control. Many types of behaviour, such as alcoholism and "the anti-social

personality" are now defined as health related matters. They have almost absolute control over technical processes such as birth control and the prescribing of drugs. Taboo areas such as birth, death and control of sexual expression are their domain. They tell us how we should look, what we should eat and even whether or not we are well. Much of the power gained by the dominant males in the medical profession has been at the expense of women such as midwives and nuns from nursing orders, who previously had more important roles to play. We women are still important in the health services numerically but we are usually strictly under the control of men.

It is a fairly simple task to point out that men within the medical services have considerable control over the lives of women. The forces behind the doctors are not so easy to see.

Davis placed the responsibility for policy on the state. He wrote:-

"At the centre of the stage, holding the ring for these other 'actors' (all the competing interests in the health services) is the state. Historically the state played a crucial part in setting the legislative seal on the claims of occupational monopoly advanced by the medical profession." (Davis, 1981; p109)<sup>9</sup>.

While Davis was referring in this extract to the state's backing the doctors' claim for occupational monopoly, he stated elsewhere that:

"Any analysis of the health care system must start with the assumption that its major features and principal lines of development are shaped by the broader social and political framework of society." (Davis, 1981; pp95-96)<sup>10</sup>.

This, I believe, was borne out in the abortion debate of the 1970's. When the crunch came in that battle of conflicting interests, state-endorsed patriarchy won out, enforcing a settlement that probably neither the majority

of women or doctors wanted.

Gillespie's analysis of those events is interesting. She saw the defeat there as an example of the defective strategy of women going it alone. She wrote:

"The 1977 abortion laws came as part of a concentrated wholesale attack on women by reactionaries and organized capital aimed at removing women from the work force and restricting their social and political lives. They were pushed through Parliament in defiance of the expressed wishes of the great majority of New Zealanders and in violation of basic Parliamentary democracy. But these implications were not seized on and exploited. These organizations (women activists) presented the abortion struggle solely as a 'woman's right', excluded men from the struggle, and went it alone. They lost."  
(Gillespie, 1980:p101)<sup>11</sup>.

While in some cases the state, or the political interest groups currently in control of the state, has ultimate control through Parliament, this group does not always win out in a battle of interests. In 1938, when the present health services system was set up, the medical profession bitterly attacked the form of national insurance that the first Labour Government planned to introduce. Fighting on the grounds that their professional and personal liberties were at stake, they amassed sufficient support to make the Government back down over the degree of control that was imposed in the charges of individual doctors. A system was set up that was supposed to help the poor and powerless have access to medical care. To some degree the system was successful in ensuring these aims for a time but the real beneficiaries were the doctors and the dentists who grew rich on state money, supplemented by the money that they were able to charge their patients. It is by no means certain that the political party in power will win a battle

involving the medical services unless the Government unites the support of a sufficiently strong coalition of interests to back its aims.

All these reflections on where power actually lies within our society are, in the main, outside of the scope of my personal experience and of this thesis. All I am able to say with any degree of certainty is that the health needs of a majority of women are unlikely to prevail against dominant male interests unless women have the backing of other powerful male interest groups in society. The development of contraception, with all the fish hooks this issue has, I would see as being one case where women's interests, some men's interests and the profits of international capital happened to coincide.

#### Women and the Welfare Services.

In much the same way that women once provided the bulk of medical services to ordinary people, they have also historically been important providers of welfare both within the family and within the community.

Bev James maintains that women are still important providers of welfare today:

"Within the family, women provide domestic, child rearing, emotional and support services. They are also providers of welfare in a wider sense. Many studies of kinship networks in modern capitalist societies show the exchange of domestic labour in the form of housework, baby-sitting and care of the sick and elderly among related households. Women are still expected to bear the brunt of cuts in social welfare services. A British study shows that women relations take over when hospital patients return home to convalesce, or if there are no community services for the elderly. The voluntary work of women in communities is seen as an extension of their kinship role as providers of welfare." (James, 1982; p239)<sup>12</sup>

So New Zealand women still provide much of the basic grass-roots welfare and support services in our society. Because much of this work is performed by women in their kinship role it is usually not recorded in public accounting systems.

Bev James has also noted that the amount of voluntary caring work done by women waxes and wanes according to the state of the economy. During the good times women have more chance of entering the workforce, so they are less likely to be available to provide voluntary care. During these good times, paid welfare and medical services expand to take over some of the work previously done voluntarily. But "Women are expected to bear the brunt of cuts on social welfare services" when times are hard and fewer women are likely to be in paid employment. In other words, women are manipulated by forces outside their control over the amount of voluntary care-giving they are expected to provide.

Individual women also have little say over the way in which professional care is provided. It is often delivered in a rather haphazard fashion, some by government agencies, some by ad hoc bodies such as Hospital Boards and some again by voluntary agencies such as Crippled Children's Society. Such voluntary agencies are often subsidised by the taxpayer through the Government. It is not unknown for three or four different nurses, social workers and field officers to be visiting the one home without making any attempt to co-ordinate their efforts. In fact, the growth of the state welfare system - "the human face of capitalism" - has changed the focus of patriarchal control of women. Where once this control was exercised directly in the home by the "head of the family" or in small communities by religious leaders, a great deal of both support and control now comes from the state.

Elizabeth Wilson, writing about community work, had the following to say:-

"The reality of community work, as opposed to the confused and romantic dream image, is women living in direct relationship to

the state as mediated through housing departments, schools and the state welfare system which supports the family. The division of labour within the family usually means that it is the women who attempt to grapple with the schools, women who are interviewed by the social worker. A large element of social work consists of attempts to get working class women to do their jobs 'better'. They receive 'help' in budgetting and paying rent-arrears." (Wilson, 1977:p4)<sup>13</sup>.

'Better' is, of course, better for the ruling interests in society rather than 'better' for the numerous dependent children of the widow who was encouraged to buy carpets, furniture and encyclopedias on hire-purchase so as to provide a 'better' life for her children. When she was unable to carry the debt burden, social workers provided budgetting advice to help her pay off her debts. The strain on her family was considerable but irresponsible retailers had to be paid.

It is important for the continued functioning of capitalism that women should perform reliably as consumers. Spending money as agents for the family gives women a key role in our consumer society.

One result of more benefits being paid to women by the welfare state is that financial control of these women passes from a male relative into the hands of the state and the state's agents. The front line agents exercising this control are most likely to be social workers with the Department of Social Welfare. This position can give the social workers considerable power over individual women. The misuse of such power can be frightening. At best it is used to ensure that women perform adequately in their roles of mothers, care-giver and consumers.

Because official social services often take little notice of the personal needs of women clients, some women's groups have struggled to provide the support services that

women really need to give them some control over their own destinies. Women's groups have toiled to raise funds to provide family planning services, child care services, play centre groups, rape crisis centres and 'safe' houses. Groups providing such services face a constant struggle for economic survival as well as a considerable amount of adverse publicity.

State ad hoc and voluntary social services such as the Plunket Society, (which, although voluntary, is funded almost entirely by taxpayer money), spend considerable time and effort into supporting "the family" rather than women. In other words, they support women in the role they are performing within the family. Women in one-parent family units have won some grudging recognition and support in the form of the Domestic Purposes Benefit but the readiness of the general public to attack solo mothers illustrates how grudgingly this financial support is given.

This is because capitalist societies consider one type of family to be the ideal type. This is the nuclear family, consisting of a male and female parent having one or more children. It best meets the needs of the capitalist system because of its potential for mobility. The small family unit can move to where there is greatest demand for their labour. Nuclear families, each operating as separate units, also increase the consumption of household paraphernalia many times. So this family type is supported by the social services, although life within small nuclear family units has proved quite unhealthy for women isolated in dormitory suburbs, possibly hundreds of miles away from extended family support.

Without family support women can face severe strain at several stages in their life cycle; when they are rearing young families; when they are made redundant in the motherhood role; when they have the care of aged relatives; and when they must face old age, often alone. Some of the mental ill-health suffered by married women may stem from living in these isolated nuclear family units.

On the surface social services are put in place to support people within the community. At a deeper level

they function to maintain the capitalist and patriarchal systems. In some instances there is still a carry-over from nineteenth century work house attitudes, in that women may feel that they have been punished by both the social service institution and/or the community at large for needing and seeking support in the first place.

#### Control over Women.

It is the goal of this chapter to expose the factors that give rise to women in our society feeling powerless and manipulated. To back the claim made by Oakley that the reasons for these feelings are structural rather than a matter of individual neurosis, I have discussed the effects that having to conform to the patriarchal society, to the institution of gender and to the capitalist economic system have on the lives of women. I have attempted to discuss in more depth the way these institutions of our society are reinforced by the medical and social services. I have also looked briefly at some of the effects living in nuclear families can have upon women.

Are these matters all figments of feminist imaginations? Barrington and Gray, whose interviews of 100 women living in New Zealand cities formed the basis for their book "The Smith Women", didn't seem to think so. On the subject of the degree of control these women had over their lives, they wrote:-

"How much control did these women exercise over their lives? Not a great deal. Their experience in childhood, marriage and work affected their ability and willingness to make decisions on their own behalf or to do something for themselves. And over-riding all this was their social class. None of the women whom we considered were autonomous had reached that position without an effort. For some the process had been enjoyable, for others it was painful, but in every case it was apparent that the reward was well worth the effort." (Barrington and Gray, 1981:pp210-211) 14

This was their judgment about urban women. I maintain that urban women have many more opportunities to gain control over their own lives than rural women have. For instance, urban women have public transport systems, some day care facilities, technical institutes, universities and varied places of employment. Through these they can achieve economic independence. Even if country women gain vocational qualifications and experience, opportunities to use these in employment are limited. They must provide their own transport and child care facilities if they do find a job. So gaining economic independence can be almost impossible for rural women. And economic independence, which the social institutions we have looked at combine to deny women, is an important step along the path to gaining control over our own lives.



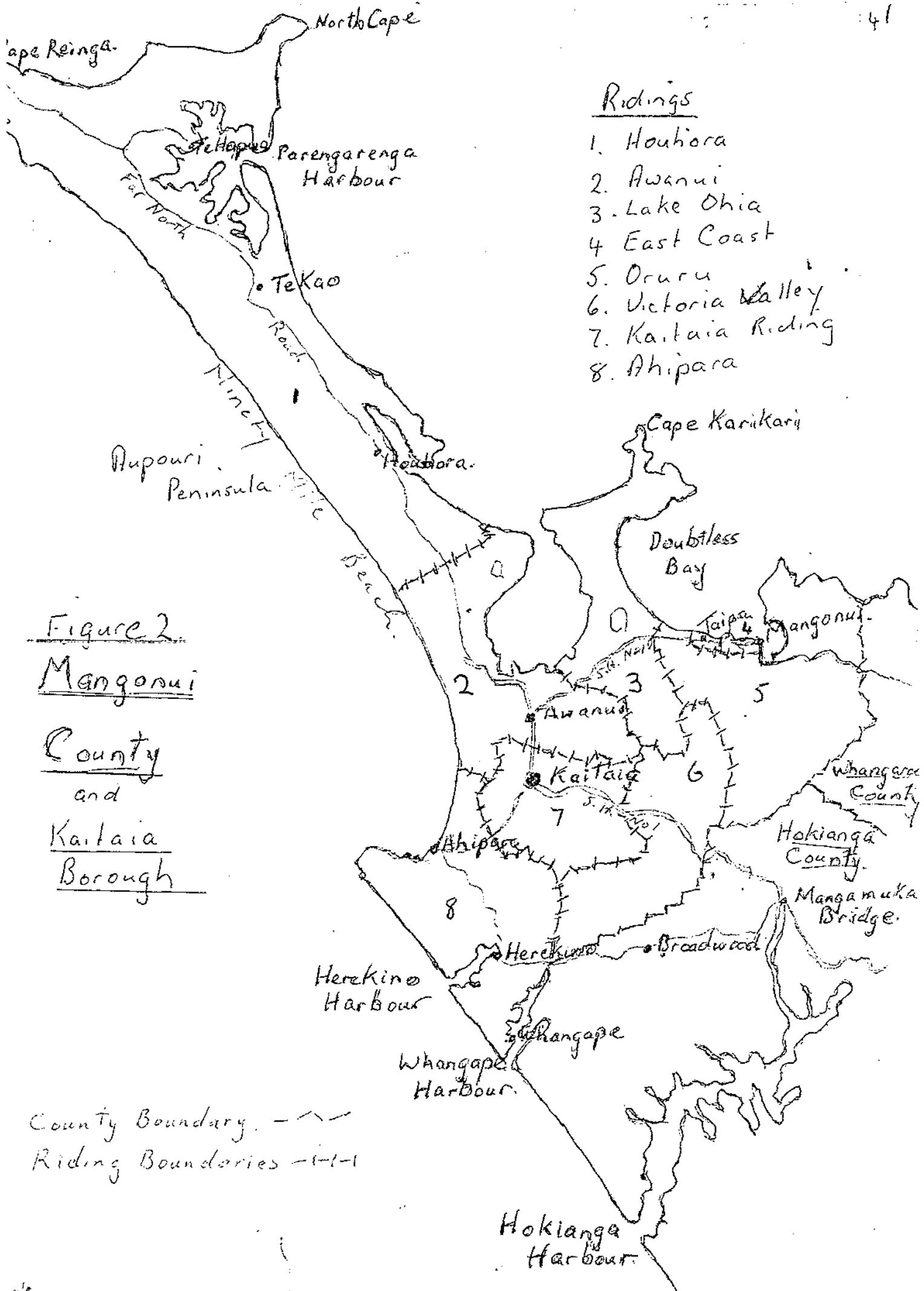


Figure 2.  
Mangonui  
County  
 and  
Kaitiaki  
Borough

CHAPTER 3.THE FAR NORTH IN THE EARLY 1980'S.A STUDY OF ISOLATION.

Against the broad background described in the previous two chapters, this chapter focuses on the specific environment of the Far North, where the women I interviewed live. It is also the environment in which I live, work, and in which I researched and wrote this thesis. Living in the Far North has imposed problems and placed restrictions on me in much the same way that it did upon the women that I interviewed.

Two maps have also been included in this chapter - (Figures 1 and 2). Because of difficulties in finding suitable maps of the right size drawn in appropriate scales, in the end both maps had to be hand drawn. Thus they are not intended to be accurate topographical maps; rather they have been drawn to illustrate the features I want to emphasize.

The map of the Northland Peninsula, (Fig.2), has been included to give the reader a realistic appreciation of the distances that I will be writing about. The map of the Far North, drawn to a larger scale, shows local body boundaries and places within the Far North.

Those New Zealanders who regard Auckland as being almost the northern limit of our country may be surprised to learn that the long, narrow bit that juts north from Auckland to Cape Reinga, is approximately 290 miles or about 466 km long. Whangarei, the only city in Northland, is 100 miles from Auckland. Kaitaia, the main town of the Far North, is 204 miles from Auckland and 104 miles north of Whangarei. It takes about 2½ hours to drive from Kaitaia to Whangarei and over 5 hours to drive to Auckland. Kaitaia does have a plane link with Auckland on 6 days of the week, but there is no regular flight to Whangarei. Geographic isolation and driving long distances are very much a part of the lives of inhabitants of the Far North.

The Far North of New Zealand is understood by those

who live here to be the top part of the Northland Peninsula, the part that lies to the North of the Mangamuka Range. The dividing line between the Far and Mid-North stretches across the island from Whangape Harbour on the West Coast to Motukahakaha Bay, south of the Mangonui Harbour, on the East Coast. The specific boundaries I have chosen are those of the Mangonui County, with Kaitaia Borough encapsulated in its midst. The Mangonui County abuts upon the Hokianga County in the west and the Whangaroa County on the east. (See Fig.1).

The 1981 census population figures were as follows:- County 8,488 (1976 - 7,499), Borough 4,737 (1976 - 4,478), giving a total population for the Far North of 13,222 (1976 - 11,977). On these figures the Mangonui County had the second fastest growing rural population in the country. This re-population movement is in contrast to the rural de-population still taking place in much of New Zealand. Such population growth was not foreseen by the Mangonui County in 1975 when the District Planning Scheme foresaw a continuing gradual population decline.

In order to offset this projected decline, the County allowed rural subdivisions of 100 acres, as well as allowing applications to be made for specific departures for smaller areas. This policy of encouraging rural re-population, combined with the comparative cheapness of land in this isolated part of Northland, along with a popular 'back to the land' movement, has helped bring in small farmers, horticulturalists and craftspeople. Many of these are dependant upon a secondary income away from their land. Another factor in the re-population of the County has been the return to their home marae of unemployed Maori people from the cities.

This growth rate of 10.47% overall in the 1976-1981 period can reasonably be expected to have placed some strains on community resources geared to a declining population. An example of this strain can be seen in the East Coast Sewerage Reticulation Scheme, first proposed in 1973, and finally started 13 years later.

There are three different types of communities in the

geographic area I proposed to sample. The Mangonui County population is largely a rural one although small rural townships exist at Awanui, Ahipara and Houhora.

The East Coast Riding is a smaller and more densely populated riding, containing Mangonui township, the port and old capital of the Far North.

Because of its comparatively rapid growth and the problems that growth has brought, which include the need for a sewerage scheme, the East Coast was given County Town status in 1985 so that it could exert some degree of autonomy over its own affairs.

The service town of Kaitaia is the main population centre of the Far North. Although neither town nor country could do without the other, some degree of tension exists between the two local bodies. For about eight years in the 1970's and early 1980's the two local bodies ran a joint administration. Increasing costs and rising rates, plus the proposed East Coast Sewerage Scheme, brought about friction which finally resulted in the County opting to separate. Current proposals by the Local Bodies Commission to bring about some degree of amalgamation among local bodies in Northland (1986) have feelings running at a high level.

The distances which must be travelled to the nearest towns outside of the Far North enhance Kaitaia's position as a service centre. Kaikohe, the nearest town of comparable size to Kaitaia, is about 60 miles away. Because of the hilly terrain it is about one and a half hours drive. The distance and driving time to Kerikeri, the nearest town of any size on the East Coast, is somewhat more.

Thus the Far Northern community has to be fairly self-sufficient because of the distances and times involved in getting anywhere else. This historical fact is still true to some degree, even though roads have replaced the coastal shipping of by-gone times.

There are two main roads leading south from Kaitaia. Highway 1 crosses the Mangamuka Range, then travels through the Mangamuka Gorge and runs on south through the centre of the peninsula. Highway 10 runs along the East Coast, through the towns of Mangonui, Kaeo, and Waipapa, and joins

Highway 1 at Pakaraka Junction, a few miles north of Kawakawa.

The Far North has no rail link. The present terminus of the railway line is at Kaikohe. Until 1983 it did extend on to Okaihau but this section was closed on the grounds that it was uneconomic.

Kaitaia does have an airport and direct link to Auckland. When we first moved into the district in 1974 it was possible to fly to Auckland in the morning and return in the evening. Since then we have had many changes and cuts in services, making it impossible to go and return on the same day.

There are two main points that I would like this information to convey to the reader. The first point is that of distance and of comparative isolation from the big centres. The second point is that there is still a need for independence and self reliance for Far Northern inhabitants. Yet even with the greatest degree of independence and self reliance it is impossible for Far Northerners to do some of the things that would be taken for granted in cities.

#### Medical Services Available in the Far North.

Most services are in Kaitaia, where there is a 92 bed general hospital. It is a satellite hospital, with the Base Hospital in Whangarei. The Northland Area Health Board administers all hospitals in Northland. In 1983 Kaitaia hospital was reduced in size from 114 beds as a cost-cutting measure. The hospital provides a good range of services, with surgical, maternity, children's and a medical-geriatric ward. Other services include an Out-patients' Department, some X-ray and laboratory facilities, Occupational Therapy and Physiotherapy departments and a Day Care centre to provide some relief care for the patients living at home in or near Kaitaia.

Social Work staff consists of two part-time medical social workers plus one full-time job combining psychiatric social work, family counselling and acting as Conciliator for the Family Court in Kaitaia. The hospital also provides office facilities for a Dependency Officer employed jointly by the Health Board and the Presbyterian Social Services.

Specialist doctors and other specialist staff visit Kaitaia Hospital from Whangarei at varying intervals. Specialist physicians come weekly and others less often. A psychiatrist now holds fortnightly clinics in Kaitaia. People wishing to see Eye or E.N.T. Specialists must usually travel to Whangarei. A Rehabilitation Officer attached to Kaitaia Hospital covers the Far North plus the district covered by the Special Area hospitals at Kaeo and Rawene.

It can safely be said that Kaitaia Hospital provides a reasonably comprehensive range of services, as it must, with the Base Hospital 100 miles away. Hospital services in Kaitaia have been improved since the Area Health Board Shadow Services were first set up in 1979. The Area Health Board machinery brought more people from the outlying districts to Whangarei, where they made the needs of their areas known.

There are also three surgeries in Kaitaia, which provide general practitioner services. In early 1986 there were eight general practitioners in these surgeries. A G.P. has recently moved into Mangonui to practice.

The Far North is therefore relatively well supplied with general practitioners. The main weakness in the primary health care system is that people have to travel quite long distances into Kaitaia when they need to see a doctor. The inhabitants of Te Hapua, for example, must travel over 100 kms. to see a G.P. As public transport is non-existent in some isolated places, getting medical care can be doubly difficult for people who do not have a vehicle of their own.

At the office of the Health Department in Kaitaia there are three Public Health Nurses who divide the district between them. A Health Inspector shares the office space. Kaitaia also has a Plunket Nurse. The nearest Family Planning Clinic is in Whangarei.

Other Government Services Stationed in Kaitaia:

Social Services.

There is a district office of the Department of Social Welfare in Kaitaia. In early 1986 the social work staff consisted of four basic grade social workers, one temporary social worker and a senior social worker.

In the twelve years that I have lived in the Far North, the D.S.W. has outgrown two sets of offices. A new Government Department building is being erected at present. Benefits, particularly for the unemployed, have been a growth industry in the Far North. Clerical staff on the Benefits and Pensions side of the Department increased from 2 - 8. Three other clerks bring the clerical staff from <sup>the</sup> 4 of 12 years ago to the 11 of to-day. In that period the social work staff increased by 1.

The Maori Affairs Department has 2 community officers, one of whom is responsible for the Matua Whangai programme.

The Labour Department has been a second growth area in the Far North. In 1973 a single officer was appointed. Now, in 1986, there are 4 employment officers, a vacancy for another, a wage clerk and cadet. Our rate of unemployment is still one of the highest in the country, as it has been for some years. Because of this the Far North and Hokianga are Special Employment Areas.

Police Services:

The Police Station in Kaitaia is staffed by 7 Constables. There are also constables stationed at Mangonui and Houhora, which are both fishing ports. The constables at Broadwood and Kaeo are outside of the Mangonui County, but they are still under the control of the sergeant in Kaitaia.

Kaitaia still has its own Courthouse, where sessions are held monthly by circuit District Court Judges. The Family Court also sits in Kaitaia. There has been a Probation Officer stationed at the Courthouse for the past few years.

Other Government Departments with some representation in Kaitaia include the A.C.C., Lands and Survey Department, N.Z. Forest Service, Post Office, Rural Bank, State Insurance, Transport and Works and Development Departments.

Within the last year a representative of the Housing Corporation has begun to pay fortnightly visits to Kaitaia from Whangarei. There is no representative of the Public Trust in the Far North.

Other Community Services:

With the current rural down-turn, stock and station agencies have been reduced from 3, to 2. The Northland Co-operative Dairy Company also runs a shop and bulk store. There is a co-operatively owned veterinary clinic.

Shopping in Kaitaia has improved considerably over the last 12 years. There are two supermarkets, grocers shops, dairies and the usual range of other shops and services.

When I first came into the Far North I was horrified by the shortages of, and the high prices of, fruit and vegetables. At that stage there was only one large market gardener some miles out of Kaitaia. Now another large market gardener has opened a shop in the town. As well there are quite a few roadside stalls in the surrounding countryside.

The growth in grocery and fruit and vegetable outlets has reduced the prices of food quite considerably. Clothing prices are still high compared to those in the cities.

Education Facilities:

There are Secondary Schools in Kaitaia, Taipa, (on the East Coast), and at Te Kao. Kaitaia College is a large co-educational school. Taipa has an Area School, which has expanded quickly to cope with the growing East Coast population. Te Kao does not have full 6th Form or any 7th Form facilities, so pupils from the very Far North, who want to continue to senior standard, must board away from home.

There is an Intermediate School in Kaitaia which draws Form 1 and Form 2 pupils from a wide area. The district is also well supplied with primary schools. Two Church Schools exist at primary level; a Roman Catholic Convent, and a 7th Day Adventist School. A second 7th Day Adventist School at Te Kao closed a few years ago.

Northland Community College, which has its main campus in Whangarei, also provides short term work skills courses in Kaitaia, in conjunction with the Labour

Department. In addition to these, the Rural Education and Activities Programme which was begun here in 1981, provides short hobbies and training courses for adults within the community, as well as some extra enrichment facilities for distance disadvantaged pupils within the state school system.

#### Leisure Activities.

Kaitaia has an astonishing array of sports, service and leisure clubs. These make up in some degree for the lack of general entertainment such as music recitals and plays. The only picture theatre in the district recently closed. The rule is that if the entertainment at the local pubs is not to your taste, then you must pay to join the club that caters for your favourite activity.

#### Earning a Living in the Far North.

Farming is still important but not as dominant as it once was. There has been a trend in recent years away from the predominance of dairying to more dry stock and fattening farms. As well, small orcharding blocks, growing mainly subtropical fruits, are developing on pockets of suitable land.

A dairy factory at Awanui, now a part of the Northland Co-operative Dairy Company set-up, testifies to the historical importance of dairying in this district.

Fishing has always been important in the Far North, with its long coastline. In by-gone times fishing played a very important role in supporting Maori people in their subsistence life style. Then, in the 1970's and the first year or two in the 1980's, the Far North enjoyed a commercial fishing boom. Local boats fished from Totara North, Mangonui, Houhora, and Ahipara. As well, big trawlers fished the Northern waters from Whangarei and the Hauraki Gulf. A fish processing factory, a joint Japanese - New Zealand venture, opened at Awanui. In a few short years the boom had passed, due to over-fishing.

About twenty years ago the N.Z. Forest Service began planting first marram grass, and then pine trees along the Ninety Mile Beach side of the Aupouri Peninsula to stabilise the sand dunes. The planting was increased, so that

the Forest has grown to be one of the larger exotic forests in New Zealand. As yet only thinnings have been harvested. At present a triboard mill is being built on the outskirts of Kaitaia to utilise the forestry thinnings and the early trees harvested.

Beside these Forest Service plantations, two private forestry companies have made sizeable plantings in the Far North, mainly in the Te Kao - Te Hapua, Karikari and North Hokianga districts. Much of the planting has been done on leased Maori land.

Tourism is assuming increasing importance in the Far Northern economy. Unfortunately the increasing cost of motoring has dampened down the holiday boom along our coasts. Nevertheless, Kaitaia and the other villages completely change their character over the Christmas-New Year period. Local businessmen rely on making enough profit then to carry them through the rest of the year. Christmas-New Year storms and floods, not unknown, are a disaster in more ways than one.

Some quite large motels have already been built. A new Club-Med type development is planned for the Karikari Peninsula but so far it has been bogged down in planning procedures. It is intended to provide 10,000 tourists' beds yearly when it is finished, several times more than are available in the whole district at present. Considering the pines that have been planted in the area, I can only hope that over-seas visitors will be happy to visit the Far North to see museum displays of the by-gone Kauri industry and view the present vegetation of Monterey Pine.

Nearly every day of the year buses leave from Kaitaia, or travel through Kaitaia from further south, laden with tourists on their way to travel along Ninety Mile Beach and on to Cape Reinga.

There is another industry which is not mentioned in official publications but which I know little about through my job as a health-related social worker. The more isolated hills and valleys have been found suitable for growing "New Zealand Green", the marijuana plant. It is rather frightening to gain even an inkling of the important

part this illicit horticulture has played in the Far Northern community of recent years. 'Northland weed' is reported to be rather more potent than that grown further south.

#### The Dilemma of Women Living in the Far North.

From a feminist point of view, the facilities that we do not have are of at least equal importance to the things that we do have. To begin with, there is public transport in and out of the Far North but little within the area. Residents must own and maintain a serviceable vehicle or face considerable transport problems. Lack of public transport can be a major inconvenience for older women who have never learnt to drive or for people on benefits who cannot afford to maintain a vehicle.

Admittedly our local health care facilities are sufficient for most normal needs. However, we have no Family Planning Clinic. As well, any woman with obstetric or gynaecological problems outside of the ordinary must be sent to Whangarei or National Women's Hospital in Auckland. Much the same is true for all complicated medical problems. They must be sent to Base Hospital in Whangarei or the more specialized facilities in Auckland.

The only psychiatric services available in the Far North are provided by one social worker and the G.P.'s. Kaitaia Hospital has shown great unwillingness to do more than sedate psychiatric patients before sending them to either the Psychiatric Ward in Whangarei or to Carrington Hospital in Auckland. Having to send patients either 100 or 200 miles away from the family and friends can impose additional stresses on everyone involved.

From my point of view, that of wanting to gain equal choice and independent functioning for women, the most severe deprivation that the Far North suffers is the lack of continuing education and career-training facilities. It is very difficult to train for any career while still living in the Far North. Young people must move away for training unless they are content with working in the shops, offices, banks, farms and the one co-operative clothing factory that is here. Until 1980 Kaitaia Hospital trained Enrolled Nurses, but that disappeared in the re-organization

of nursing training, taking with it almost the only opportunity local girls had to train locally for skilled work with some career structure.

Even ordinary jobs for women are scarce in the Far North. Unemployment rates are higher here for women than they are for men. The position is especially bad for young Maori women. There are now girls labouring as members of P.E.P. Schemes in road gangs, in river clearing gangs and in public parks and gardens. However, as many married women do not register as unemployed, even when they are looking for work, we probably don't know the extent of the female unemployment problems.

The lack of opportunity to train for most better paid, higher status jobs, plus the shortage of work of any kind for women, places women living in the Far North at a greater economic disadvantage than that faced by most women in the cities in New Zealand.

CHAPTER 4.GENERAL BACKGROUND TO THE RESEARCH.

Many factors affect the way that the subject of a research project is chosen and carried out.

Sjoberg and Nett, in their book "A Methodology for Social Research", (Ibid, 1968:Chapt.5)<sup>†</sup>, list six critical factors that influence choice of topic. Three of their factors are the search for new ideas in response to social change, the influence of bureaucracies and those controlling research finance and social and cultural strictures. None of these factors influenced my choice of subject. The other three, chance, fads, fashions and foibles in research interests and the way professors influence students to pursue subjects reflecting the interests of those professors, certainly influenced my choice of topic, and the methodology I was persuaded to use.

Chance played its part in my selection of a topic in that my work as a psychiatric social worker and family counsellor had quickened my awareness of the pressures on women in New Zealand rural society. An incidental experience as a member of the Northland Health Services Shadow Development Group on Mental Health aroused my interest in finding out more about the degree to which community services succeeded or failed in supporting women.

Because I have lived in the age of Questionnaires, Surveys and Public Opinion Polls, I took it for granted that I would follow that research fashion and carry out some kind of statistical survey. If I had been able to do this, I believe I would have avoided many of the traps and problems I have had in writing up the results of my research. For one thing, there would not have been the degree of emotional involvement arising from my personal dealings with my research subjects that has made the writing so difficult for me.

But by the time I began this thesis the phenomenological approach had become fashionable in some circles. I was persuaded by my tutor to use a methodology which has

created several problems for me. The use of this methodology is one of the factors which has prolonged the project almost unbearably. Four years on I doubt if I could be persuaded to use the same methodology again.

Geography, an additional factor to those listed by Sjoberg and Nett, has also played its part in shaping the research and creating problems for me. I was allowed to work in my own home district so long as I made regular contacts with Massey University. Because of my family commitments, this was the only way that I could complete a thesis. However, maintaining regular contact with tutors has not always been straightforward. Massey University is approximately 900 kms away from my study. Mail takes at least a week to pass from Massey to my rural mail box. Most of the reference material I needed has had to come from the Massey University library or other district libraries. Factors of distance and expense have made checking reference material very difficult. At times there has been no one to take an interest in my work or provide guidance. All these factors have created problems.

Because of the importance of making the correct choice of methodology, I intend to discuss the factors that motivated my tutor and myself in more detail.

My lack of mathematical skills, the few computer terminals available in 1982, when I began, and the distance I was from assistance at Massey, led to my tutor's asking me to consider taking a qualitative rather than a quantitative approach to my work. This really threw a spanner into my thinking, as my only knowledge of the qualitative approach was of case studies and of having read William Whyte's "Street Corner Society" (Ibid, 1943)<sup>2</sup> so many years before that I had almost completely forgotten it.

It took me months of part-time reading and re-thinking to adjust to this new approach. Looking back, I am not sure that I made the adjustment completely. I had read what John Lofland wrote in "Analysing Social Settings"; "The techniques of qualitative studies are not those of quantitative studies. Therefore in doing a qualitative study, do not try frantically to play the quantitative

game. The games are different." (Ibid, 1971:p62)<sup>3</sup>. But I have an uncomfortable feeling that I did not heed his advice completely. By trying to play both games I think I probably made my project unnecessarily long and difficult.

One reason for my reluctance to change from quantitative to qualitative research was an instinctive reaction to what I saw as my research being trivialised because I used 'soft' research methods. My reading since then has clarified my own reaction. Helen Roberts, in the book she edited on "Doing Feminist Research", wrote:-

"The very language in which we make distinctions between qualitative data is, as Pauline Bart wrote, not gender neutral. She (Pauline) has her own solution: 'We speak of hard data being better than soft data, hard science better than soft science, hard money better than soft money. In the fifties one was criticised for being 'soft on communism.' This is, of course, a male sexual metaphor, so since discovering this, I have substituted a metaphor based on female sexual experience and refer to wet and dry data.'

If the number of women employed as low-status research assistants (and the number of men working as principle investors and analysing data) is anything to go by, women are, or are seen to be, 'better' at that kind of qualitative research, that involves talking to people and 'worse' at quantitative research i.e. counting" (Roberts, 1981:pp22-23)<sup>4</sup>.

Thus changing methods was a big thing to ask of me. I'm not at all sure that one of the reasons given for making the change- that it is almost impossible to teach anyone over the age of 40 computer techniques - was a

valid one, either. In the last four years home computers and computer programmes to suit all sorts of needs have proliferated. However, I made my decision, based on the advice given me, to change my technique. This change has not only altered my data collection methods; it has meant changing the whole concept of my project as well as my approach to writing up the results.

Yet the stance of a qualitative researcher, who must identify and empathise with her subjects to understand their lives and problems from their own frame of reference, was a logical one for me to adopt. This approach, which accepts as reality what people believe it to be, is favoured by feminist writers, many of whom seek to present the truth about real women functioning in their own society.

The sacrifice that must be made when a researcher selects qualitative methodology is the loss of data to prove statistical significance. This is a real sacrifice. Just as T.V. advertisers must show men in white coats working in a laboratory in order to convince the consumer that their product is scientifically valid, so a researcher must have the facts and figures in order to be taken seriously. My own experience with this piece of research has shown me that stories and opinions don't count as serious research material in the eyes of many social researchers.

On the positive side I can say that I interviewed real women in depth. They gave me the information they saw as important in their own words, rather than as guided responses to a questionnaire. Whether their experiences can be generalised to other women of the Far North I cannot prove. It will, however, take a larger and more complex piece of research than mine to prove that they are not typical.

Because this study has taken so long to complete, its shape and content have changed over the last four years. Initially I planned a simple consumer survey of the social services, with women surveying other women. To do this I needed help. Most of the help received has been from other women in my own community. Once it had been given I felt an obligation to immediately return information to the community. This continued the consciousness raising

process that I had begun with in my initial request for help.

Sampling.

Epstein and Tripodi, (1972, p87)<sup>5</sup> advised social work researchers not to choose a sample smaller than 50. My selecting this number illustrates the conflict I still felt over methodology. Still looking over my shoulder to quantitative methods, I decided to stratify my sample according to locality, age and race. Because the 1981 census figures giving details of sex, age and race were not available in early 1982, I had to use the figures from the 1976 census. This was perhaps unfortunate as it meant I could not give the recent County population growth full recognition in devising my simple selection methods.

I decided on a roughly proportional basis to interview 18 women from the Borough and 32 from the County. As there are 8 ridings in the County, it followed that by interviewing 4 women from each riding I might gain a truer picture of distance disadvantage. I also decided to interview women classified as Maori and European proportionally. This meant that I needed 12 Maori women from the County and 5 from the Borough.

Because some girls are experiencing adult problems by 16, I decided to interview from that age up but not to sample school girls, who might have a limited range of experience. In fact I did interview one school girl, an articulate Maori girl of 18, who was boarding in Kaitaia to finish her schooling.

Older women caused me some problems. A survey of the numbers and needs of the elderly had recently been conducted by the Northland Health Services, so it seemed pointless to duplicate this research. Also, I was horrified at how few old Maori women there were, especially in the Borough, where there were no Maori women over 74 in 1976. At first I thought this must be due to recent and current health factors but I later realised that it also reflected high losses from disease and infant mortality in the first 20 years of the century. For all these reasons, I decided to sample some elderly women in order to give a true picture

of life here but to slightly bias the numbers in favour of younger age groups and Maori women. With such a small sample each of these decisions involved only one or two changes.

Partly because one of my criteria for the selection of interviewees was race, I decided against making class status also a criteria for selection. (The breakdown of stratification for selection of interviewees forms Appendix 2).

This decision may have biased my sample because each of the women I interviewed tried to give me names of women whom they believed would be co-operative, interested and able to express themselves verbally. The possible result may have been that I interviewed more women who were active within the community than a truly random sample may have given me. The sample may not have given an accurate view of class differences.

After having studied other pieces of New Zealand research, I decided to begin each interview with a questionnaire on general background details. This had a two-fold purpose; to break the ice before recording began and to obtain some basic data. I also carried with me a typed introductory speech which I soon learned by heart, and an interview schedule of the main questions I wanted to ask. These were open-ended questions to encourage women to recount their experiences in their own ways. The questionnaire, introductory speech, and interview schedule form Appendix 3.

#### The Pilot Study.

My initial plan for the pilot study was to interview 10 women from the Whangaroa County, outside my research area. Then I suddenly had a typist with nothing to type, so I decided to interview 10 women whom I had met in the course of my social work duties, so none would be eligible to use in the main sample. Their main advantage was that they were near at hand. These women were recovering from or had once suffered from depression or various stress symptoms.

My experience highlights the absolute need to undertake a pilot study. First a few ruined interviews showed

me that my cassette recorder needed reconditioning. Most repair work undertaken in Kaitaia involves a long wait for parts. While I waited I learned my interviewing techniques on several borrowed machines. Again several interviews had to be scrapped because of my mistakes. One thing I learned was to carry batteries with me for places with no power or inadequate power points.

The pilot study brought to light inadequacies in my other equipment, too. My elderly, borrowed transcriber gave up the ghost. A hasty trip to Whangarei produced a larger, second-hand typewriter and a transcriber on hire from an office equipment firm there. Alas, it also died on the job! Prompt toll calls resulted in a new machine, which saw the job through.

#### Gathering my Material:

##### 1. Arranging the Interviews.

Initially I rang people whose names had been given to me in the 'snowballing.' I used only one of the names given by each interviewee but sometimes I needed to try several people until one fitted into my categories. Telephone calls worked a few times, then I had several refusals, usually from Maori women who did not know me. I then realised the importance of making a personal visit as the initial contact. Although sometimes this meant making two visits to an isolated spot, it paid off in that I had very few refusals from then on.

The importance of making a personal approach to these often shy, reserved Northern women was the main reason for doing all the interviewing myself. Several women offered to help me. I had intended to train my P.E.P. worker to help with the interviewing but she was so uncomfortable in the situation that we soon desisted. By now I thought that if I was to obtain valid results I needed to do the interviewing myself. As I was by then working full-time it imposed a great strain on me. People not used to the country often don't realise the distances country people must travel over terrible clay roads to get anywhere. To begin with, it took me an hour daily to travel between my home and Kaitaia Hospital. Nevertheless, I plodded on,

trying to complete 2-4 interviews a week, so as to finish the 60 interviews in all that I needed within the 6 month period for which I had my typist.

### Interviewing.

I believe that few people would have been able to obtain the interviews that I did. This brings to the fore the way that interviewing should be done. The standard view provided by most of the text books I read is that the interviewer should not become emotionally involved with the respondents, who should accept a passive role. This, I found, did not work if women were to provide the personal information I needed. Ann Oakley wrote about interviewing in a similar situation;

"Before I became an interviewer I had read what the text books said ought to be. However, I found it very difficult to realise this prescription in practice, in a number of ways which I describe below. It was the practical difficulties which made me take a new look at the text books. In the rest of this book I want to make the case that when a feminist interviews women:-

1. Use of the prescribed interviewing practice is morally indefensible
2. General and irreconcilable contradictions at the heart of the text book paradigm are exposed, and
3. It has become clear that, in most cases, the goal of finding out about people through interviewing is best achieved when the relationship of the interviewer and the interviewee are non-hierarchical and when the interviewer is prepared to invest his or her personal identity in the relationship."

(Oakley, 1981: p41)<sup>6</sup>.

Like Ann Oakley I set out to convey to the women whose co-operation I was seeking that I did not intend to exploit

them of the information that they gave me. Like her I also answered personal questions and questions about the research as fully as was required. Like her I saw myself "as a tool for making possible the articulated and recorded commentary of women on the very personal business of being female in a patriarchal capitalist society."

I believe that many of the women I interviewed would not have talked to me the way they did had they not seen me as a sister or friend. This was confirmed when two young women, in separate interviews, asked me to turn off the recorder so that they could feel free to talk about personal and painful experiences. In one case the girl told of how she had been raped and in the other case I was told the sad story of how a 14 year old girl had learned about her birth origins and of the great, long-standing pain this had caused her. They both gave me permission to make long-hand notes as they spoke.

So my interviewing depended upon my personal approach, as well as upon my sincere, expressed desire to record the real experience of women. I tried to maintain the same attitude in every interview.

In the course of the pilot study I slightly altered my questions. Instead of beginning recording by asking women the current state of her health, I began to ask each person to give me a brief autobiography. This I found invaluable in providing me with hints about areas for probing. Sometimes, however, it proved impossible to keep the autobiographies brief, especially with some of the older women, whose lives proved very interesting. By and large I left people to talk uninterrupted so long as they provided me with the information I needed. In only one case, when I was interviewing a woman in her 60's, I found it practically impossible to keep her on the track of the interview.

Racial definitions presented me with both personal and procedural problems. For years I have refused to answer questions about my racial origins in any way except to say that I am a New Zealander. I had personal objections to asking people questions I would refuse to answer myself.

Having lived in the Far North for 10 years, I knew

something of the intermixing of Maori and European that has gone on here since the end of the 18th Century. Racial mixing is now the norm for most families that have been here for more than one generation, so defining oneself as Maori or Pakeha is not always easy. Some women of mixed race, who had been seen as Maori by someone I had previously interviewed, were ambivalent about the question, "Do you see yourself as Maori or Pakeha?" Younger women, especially, gave answers such as "Maori-Pakeha", 'both', 'the same', or 'no difference.' At first I classified people as 'pakeha' who weren't definite about being Maori, on the grounds that if you thought of yourself as Maori, you knew it. Then, as time, patience, and energy gave out, I included one or two 'Maori-pakehas' rather than abandon more interviews. My justification is that this is the way some of us see ourselves up here in this Northern melting pot.

To me the term 'pakeha', meaning a New Zealander of European descent, is not offensive, so I use it.

#### Analysing the Material.

This was a heartbreaking area for me. Unless I worked at paid employment I had no money for funding my research. While this wasn't exactly a new problem, as all of my university study has been done as a part-time student, it has pressed upon me heavily while I have been working on this thesis, for if I worked I had little time to complete my research. In a district with limited employment opportunities, if I turned down full-time work when it became available, as it did about the time I began working on the thesis, then it might not be offered again. So I accepted the full-time position although it involved travelling from Whangarei to Cape Reinga and places in between.

Because I had so little time and energy available, I was totally unable to follow Lofland's, (1971, Part II), good advice to study each transcript as it was completed and to do filing and classification as I went along. Instead I had to rely on what my typist could do with very little direction from me. I found what she had done difficult to follow so in the end I re-did most of the statistics myself.

These difficulties I believe to be inherent in the

type of research I undertook, i.e. working from bottom-up in order to uncover consumer experiences and opinions rather than working through a founding organization or bureaucracy, where one's approach might be limited by the demands of the organization. I make no apologies for attempting it my way. My own position as a married woman and mother, whose family responsibilities tied me to an isolated part of the country, as well as my socialist ideals, left me few options.

These are some of the factors which not only prolonged the work but also made me change the thrust of my project from a purely fact-finding and descriptive one to an exercise in community education and evaluation. Another motivation was my need to keep faith with my sponsors in the W.D.F.F., as well as with my interviewees, by trying to return something to the community rather than concentrating solely on writing another academic piece to be hidden away in the Massey Library. I was also fighting against my work being invisible and trivial, by trying to use the insights I had gained through it to try to bring about change within my community.

So I decided to hold a one-day public seminar at which I would feed back into the community some of my research findings. The first task, then, was to extract information I could use for this purpose. First I broke down the information gained from my introductory questionnaire, so that I could provide my audience with a mirror image. Then I read every interview, recording the information I wanted on a facing sheet as I read. This included the main themes each woman talked about and the problems she had actually faced over the time she had lived here for as far back as 10 years. I also noted from the questionnaires and interviews what each saw as the main problems facing women in the Far North. Finally I extracted the sources of help each used, along with their individual judgements as to how helpful each had been, and each woman's suggestions as to the best ways to assist women in their situation in the future. I chose to work this way, rather than cut each interview into sections as Barrington and Gray did, (1981, Prologue)<sup>7</sup>, as I wanted to preserve each interview in

its entirety to retain a coherent sense of the personality of each woman.

Having read and, to some extent, analysed my 60 interviews, (for I did the pilot study interviews even though I didn't include them in the batch of statistics), I set to work to collate the material so that I could present it in a form suitable for the public. In the interests of anonymity in our closely knit community, I had to keep everything in very general items.

#### Presenting the Material to the Public

Again I turned to the W.D.F.F. for help and it was again generously given; something that rather surprised me as I knew that many of those women were politically poles apart from me. Yet we also shared many experiences in common - the main one being that we were all country women. We all worked hard; me to reproduce my material in charts and hand-outs suitable for public display, and the W.D.F.F. ladies at advertising and catering. Kaitaia Hospital allowed us to use the nurses' lecture hall and empty rooms in the nurses' home as a venue. We arranged creche facilities, using the Salvation Army work scheme girls based at the hospital. I wrote a personal invitation to each of the women I had interviewed. Many of them came, though no one knew who they were. We invited two other women speakers to widen the appeal of the seminar. Each of them, (one a woman doctor from Chile, and the other an English-born social worker with the D.S.W.), was asked to comment on our society as she saw it, stressing the problem areas she saw for women, and giving possible solutions for their difficulties.

The W.D.F.F. ladies outdid themselves with the advertising. News of our seminar was broadcast from our community radio station. Somehow the national programme picked up the item, which they broadcast on the Friday evening, giving the day of the seminar as Monday rather than Tuesday. No way could I persuade the Whangarei station to correct it over the weekend. Some poor woman did turn up on Monday.

It was becoming apparent that our audience might be more than the 30 I had catered for, so I hurriedly prepared

enough material for 50. On Tuesday over 100 women arrived, some of them from as far afield as Whangarei.

Immediately I was under pressure to organize another similar seminar but I steadfastly refused for two good reasons:-

1. I needed the time to persevere with writing up my research, and
2. my belief that to be of real value to the community the impetus had to come from themselves rather than from a health professional such as myself.

Our successful seminar resulted in some favourable publicity. I recorded a radio interview; the local paper reported our gathering and, in time, a reporter came from Whangarei to interview me for their women's page. Always I emphasized that this material did not belong solely to me; it belonged to all the women of the North who had helped me and it would be used for their benefit as well as for my private academic gain.

A few other speaking engagements came out of the seminar. Other branches of the W.D.F.F. wanted to hear me, as well as several women's church groups. I spoke at a W.A.G. (Women in Agriculture) forum.

Then, when I thought all had been forgotten, the W.A.G. group came to me towards the end of 1983 and asked me to arrange the programme for a two day women's health seminar. They agreed to do all the other arrangements. I was presented with a list of topics they would like covered. Although I knew we were limited for time, as I was to go on leave from the end of February 1984, I agreed. The impetus had come from them. Where I could I called upon our own community resource people, as I have learned that we have among us many women whose skills are seldom called upon. Women responded generously, making our seminar another success. The pre-school movement provided creche facilities so that we were able to attract young women who are normally confined to their homes with small children.

Thus it can be seen that most of my public activity arising out of this research has been consciousness raising with women in the community. My effect on institutions has

been very small. The Matron of Kaitaia Hospital asked for copies of my material. She has also talked to me about the adverse comments made in several of my interviews about the care provided by Kaitaia Hospital, in particular to old people. The then newly appointed Chief Social Worker at Base Hospital came North to chair the original seminar. Since then he has been supportive of my work. The local R.E.A.P, organizer has found some of my findings useful in planning further community education activities for women. The largest input had probably been into the Northland Community College in Whangarei, which has used some of my material in preparing the community orientated part of the comprehensive nurse training they have recently taken over from Base Hospital. On request I wrote a brief resumé of my seminar for the Mental Health Foundation's bulletin.

Writing up the Material:

Has research been done on the effects attempting to complete a research project has had upon the researchers? Certainly it has affected me quite deeply.

To begin with, my emotional involvement with the material I read, the people I interviewed and the district in which I also live, has made it impossible for me to treat this thesis purely as an academic exercise. I know of no similar piece of work in New Zealand that has been carried out by a person living and working within the close community that he or she was also studying. My involvement with my own community has been a deep one but my contact with Massey University has been limited. Staff changes and altered circumstances there have made continued contact with supervisors a real problem. All these factors have led to my having identified myself with the subjects of my research and my community in general rather than with my university.

As well as having some conflict in allegiance between community and university, I have experienced the feminist problem of identifying with my subjects that I have already mentioned early in this chapter when I wrote about interviewing. As Helen Roberts wrote in the book that she

edited on "Doing Feminist Research" - "this raises the question of whether we do research for ourselves, for our professional colleagues or for and with the subjects of our research." (Ibid, 1981:p26)<sup>8</sup>. This has not been a simple problem to resolve. At different stages I have attempted to satisfy each demand.

As I read and thought about aspects of my research, it seemed to me that I was as much a part of the topic as any of the women I interviewed. The contradictions and dilemmas of life in a patriarchal, capitalist rural society confront me also. The degree to which I could or could not write myself into the research thus became a problem, which was intensified by the fact that when it came to writing up the research I had to work almost entirely on my own.

The reader can judge how successfully I have resolved this problem. My solution was to persist in writing myself in but to tone down the personal material to what I hope are acceptable levels.

Confidentiality has also presented problems in writing and editing my material. Because some of the women I interviewed were extra-ordinarily interesting people, it would have been gratifying to have depicted them in accurate detail. To do so, would have meant placing an embargo upon the availability of this thesis to readers. There is no certain way of ensuring that people from the Far Northern community would not have access to the material in some way or other. These considerations made me strive hard to remove details that would have identified individual women. Not only have all names been changed; in some cases I have changed other details that might have made people recognizable.

As local people who have done typing for me cannot identify the people interviewed, I am assuming that my efforts to remove identifying details have been successful. Unfortunately much of the writing is no longer as interesting as it once was.

Bogdan and Taylor aver that the aim of qualitative research is understanding rather than compiling information on seeking the truth. (Ibid, 1975:p8)<sup>9</sup>. To under-

stand, the reader must see topics from the point of view of the researched subject. Therefore the qualitative researcher seeks not merely to be descriptive; she also seeks to impart understanding of what is depicted.

My desire to achieve understanding from the point of view of my subjects, ("from their own frame of reference" as Bogdan and Taylor express it), has been responsible for Chapters 5 to 8 being included in the thesis. Their inclusion has lengthened it considerably. Nevertheless, understanding of the situation of rural women can be gained only by a knowledge of their backgrounds and their beliefs.

CHAPTER 5:FIFTY FAR NORTHERN WOMEN

Fifty thumb-nail biographies one after another are rather more than any reader can comfortably cope with, so I have decided to break the sketches into three age groupings: 16 - 25, 26 - 50, and 50 plus.

Age grouping was used as one of the criteria for selecting my sample so as to reflect the age balance of the Northern Peninsula populations as shown in the 1976 census. Age distributions in the Far North may not be true to the national figures in a rural district such as ours, where many young people must leave the district either temporarily or permanently for training in work.

Another reason for making age a selection criterion was my impression that needs and problems in the lives of women follow a definite pattern according to life stage. Life stage is often age related.

Statistical Material.

Before presenting these outline biographies I have included some basic statistical material about the women I have interviewed, so that the reader can gain an overview of the sample.

Most of these tables illustrate the ways in which women are usually categorised by society, i.e. in relation to men through marital status or by the number of children they have borne. Table 8 is a little more unusual in that I have retained each woman's own definition of herself from the occupational viewpoint.

Table 2 shows that one of the women I interviewed could not classify herself as either Maori or Pakeha as she was of mixed Asian-European descent.

TABLE 1:Place of Residence

|                 |           |
|-----------------|-----------|
| Mangonui County | 32        |
| Kaitaia Borough | 18        |
|                 | <u>50</u> |

TABLE 2:Race

|        |           |
|--------|-----------|
| Pakeha | 32        |
| Maori  | 17        |
| Other  | 1         |
|        | <u>50</u> |

TABLE 3:Age Groupings

|               |           |
|---------------|-----------|
| 16 - 19 years | 6         |
| Twenties      | 12        |
| Thirties      | 7         |
| Forties       | 7         |
| Fifties       | 7         |
| Sixties       | 5         |
| Seventies     | 4         |
| Eighty plus   | 2         |
|               | <u>50</u> |

TABLE 4:Marital Status

|                   |           |
|-------------------|-----------|
| Single            | 7         |
| Unmarried Mothers | 2         |
| Married           | 32        |
| Separated         | 2         |
| Widows            | 7         |
|                   | <u>50</u> |

TABLE 5:Number of Children

| Children | Women     |
|----------|-----------|
| 0        | 10        |
| 1        | 5         |
| 2        | 11        |
| 3        | 7         |
| 4        | 3         |
| 5        | 5         |
| 6        | 5         |
| 7        | 2         |
| 8        | 0         |
| 9        | 2         |
| 10       | 1         |
|          | <u>50</u> |

TABLE 6:Housing

|                       |           |
|-----------------------|-----------|
| Own Home              | 30        |
| Rented House/Flat     | 7         |
| With parents          | 5         |
| State House/Flat      | 3         |
| With Relations        | 3         |
| House tied to own job | 2         |
|                       | <u>50</u> |

TABLE 7:Numbers Employed Outside  
of Home

|                         |    |
|-------------------------|----|
| In full time employment | 12 |
| In part time employment | 3  |
| At home full time       | 35 |

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 50
TABLE 8:Occupations:  
(What they called themselves)

|                      |    |
|----------------------|----|
| Housewife            | 22 |
| Home Executive       | 3  |
| Home-maker           | 3  |
| Clerical Work        | 5  |
| Teacher              | 3  |
| Pensioner or Retired | 3  |
| Unemployed           | 1  |
| Student              | 1  |
| Farm / Home Worker   | 1  |
| Hairdresser          | 1  |
| Shop Assistant       | 1  |
| Solo Mother          | 1  |
| Community Worker     | 1  |
| Receptionist         | 1  |
| Seasonal Worker      | 1  |
| Horticultural Worker | 1  |
| Nurse                | 1  |

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GROUP A:EARLY ADULTHOOD16 - 24

Twelve of the women I interviewed were in this group. Five of these called themselves Pakeha and five said they were Maori. Another, Kathleen, said that she was half and half. One of them, whom I classified as Pakeha, said that she refused to differentiate between Maori and Pakeha. One brown-skinned teenager did not fit into either of the main racial categories.

Seven of the young women were single. One of the single girls, aged 19, was a solo mother. The five who were married were aged 22 and upwards. One of the married women had one child and another had two.

As far as employment was concerned, they were a fairly "mixed bag." Four had full-time jobs, one was a student, and one was officially unemployed. Of the four who were occupied at home, three were married and one 17 year old helped her parents at home on the farm. One married woman had a part-time job. Contrary to what one might expect, these years of 16 - 24 were often not the main years in paid employment for Far Northern women.

Five of these women lived at home with their parents, including the one married woman with two children. Three lived with other relatives, including one married couple. One girl shared a flat, one lived in a house connected with her work, and another in one connected with her husband's job. Only one couple with the wife in this age group owned their own home.

The time has now come to introduce the women in this group individually. Note that while each woman has been given an alias, I have retained some of the cultural connotations of their own names. Women with Maori names were given Maori aliases.

1. ANNETTE.

Annette was 16, single and unemployed. Of 1/8th Maori ancestry, she classed herself as a Pakeha. Her life had been spent in the Far North, as had those of her parents. She lived with them on a small farm. Her father also had a full-time job. While she was unemployed she was increasing her skills by studying commercial subjects through

correspondence.

2. YVONNE:

Yvonne was a mixed race girl of 17, who worked in Kaitaia. She had been adopted as a baby by a professional couple who later came to our area to lead an alternative life-style. When Yvonne was 14 and had had very little formal education, she and her brother, also adopted, rejected their parents' way of life. The Social Welfare Department was called upon to provide both children with homes and an education. The Department also saw to it that Yvonne was given trade training. If she knew of her racial origins she did not want to talk about them. She was not Maori. Yvonne was bitter about her adoption, which she felt had left her totally alone in the world. She had lived in the Far North for 7 years.

3. LUCY:

Lucy, 17 years old, was Maori and a member of a strict fundamentalist religious group. She lived with her parents on a dairy farm over 50 kms from Kaitaia. They had lived there for 10 years. Lucy helped her mother in the house and her father on the farm in return for her keep and a little pocket money. She seldom visited Kaitaia. She wanted a job but nothing except seasonal forestry work was available. Her Church was her only social outlet.

4. HELENA:

Helena was a school girl, just 18. Of mixed Yugoslav-Maori ancestry, she called herself Maori. Although Helena had grown up in an isolated community, she had travelled more than most local girls her age, to attend Ratana hui and a Maori Women's Welfare League Conference, as well as to sports fixtures. Her family, church, sports and her Maori identity were all important. When she was interviewed, Helena was boarding with family in Kaitaia to finish her schooling at Kaitaia College. Her parents were self-employed in a small country business.

5. BERYL:

Beryl was a 19 year old Maori solo mother. She and her child lived with her grandmother, who had brought Beryl up. She had left Kaitaia to attend a business course in Whangarei then worked in Auckland, where she became pregnant to her fiance. She refused to marry the father of her child as she felt that she did not love him enough. Beryl was on D.P.B.

6. KIRSTY:

Kirsty was a 19 year old Pakeha girl, the daughter of a farmer. She lived at home and travelled over 20 kms.

daily to her office job in Kaitaia. The family had lived in the Far North for 12 years. Kirsty joined the Air-Force at 17 and spent 8 months in Blenheim, Christchurch, and Auckland before home-sickness overcame her. She was engaged to be married.

7. DOREEN:

Doreen was a 22 year old single Pakeha girl who worked in Kaitaia as a clerk. She travelled nearly 30 kms daily to Kaitaia from her parents' home and business. Born in the South Island, she had worked around New Zealand, as well as having spent 6 months working in Australia. Doreen had been in the Far North for 2 years.

8. INEZ:

Inez was Maori, 22, and married to a Maori tradesman. They had no children. She lived with her husband's parents about 10 kms from Kaitaia. After 5 years at a Maori Girls' College, Inez got a good job, which she left because she did not like living away from the Far North. She also wanted outdoor work. Since her marriage she had unsuccessfully applied for many jobs.

9. CARMEN:

Carmen, a married 23 year old, said that she didn't differentiate between Maori and Pakeha. She was 1/16th Maori and her husband was 1/4 Maori. They had no children. Her farming family had lived in the Far North for 16 years. Carmen, once a keen sportswoman, had severely damaged both her knees. When they first married she and her husband travelled overseas for 18 months. Now she worked at a clerical job during the day, then helped her husband in their business. They lived in a house which went with her job. Their combined income was one of the highest that I recorded in this sample.

10. KATHLEEN:

Kathleen, also 23, was married to a Pakeha tradesman. They had no children. She classified herself as part Maori, part Pakeha. Although her father was brought up as a Maori, he had adopted the ways of his Pakeha wife. "He said she was doing the cooking and cleaning, so she did it her way because that was the way she had learned." Kathleen had lived all her life in the Far North except for 6 months training in Auckland and 3 months working in Australia. She worked part-time in a business run by her father. They lived in a small house that went with her husband's job.

11. KARLA:

Karla, another 23 year old, lived nearly 50 kms from

Kaitaia, but her part-Maori tradesman husband travelled there daily to work. They had one child. Karla was born in England, came to New Zealand with her parents as a child and had lived in the Far North for most of the last 15 years, except for two years spent studying in Auckland. Before her child was born Karla worked as a clerk. They lived in their own home.

12. TERESA:

Teresa, my last 23 year old, was Maori and was married to a Maori tradesman. They had two children, and she was expecting her third soon after the interview. They all lived with her family because of financial problems. Except for two years spent in her husband's home district, Teresa had been in the North all her life. Previously she had worked as a cashier-clerk.

GROUP B:

THE MAIN CHILD-BEARING & FAMILY PERIOD  
26 - 50 YEARS

This group of 20 is the biggest group among those I interviewed. Thirteen of them were Pakeha, Five Maori, and two classified themselves as Maori/Pakeha. One said she belonged to both cultures.

All except one of these women had been married. The one 26 year old who had never been officially married had lived in a long-term de facto relationship which had produced two children. Two of the women were separated from their husbands.

Many of the women in this group worked very hard, either combining a paid job with the care of families or at helping to develop family enterprises. Some were combining family care, a full-time job, and a family enterprise. Seven of the group were in full-time employment and three worked part-time in paid employment. Two relied upon benefits. The rest worked mainly in the home.

Every woman in this group had children. The family size varied from one to ten. The mother of 10 was one of the older women in the group. The woman with one child only had become infertile because of a miscarriage. The loss of her baby and her fertility had caused her great grief.

Fifteen women in this group lived in their own homes.

Two of the remaining five lived in rented houses in the country, one had a state house and two lived in teachers' housing, one in her right and one because of her husband's job.

Individual Women in Group B.

13. LORNA:

Lorna was a 26 year old solo mother with 2 children. She was Maori. She had been brought up by grandparents, whose farm she had worked on when she left school. Her de facto relationship with the father of her children began when she was 16. Because he never looked after her or the children, she broke the relationship off after three pregnancies. Her girls are the third generation born out of marriage. Lorna was proud that she was raising them herself and making a good job of it.

14. MERE:

Mere, aged 27, called herself a Maori-Pakeha, saying that she belonged to both cultures. Her husband was a Pakeha tradesman who travelled nearly 20 kms from their country home to his job in Kaitaia. They had two children. Mere had spent all her life in the North. Before having her children she had worked as a clerk. Mere looked forward to a career when her children were at school.

15. LAURA:

Laura was 27, Pakeha, married, and one child. She and her teacher husband lived in a school house. They had been here for four years. Laura was a graduate who had never had a job before her marriage. After losing a baby born prematurely, she was told she could never have another child. Studying extra-murally for another degree had been her solace. She had also taught adult classes. Now she was about to begin work in a professional office. This would involve a daily trip of over 30 kms. each way. She worried about being able to cope with a family and a job, as well as completing her second degree.

16. SHONA:

Shona, a Pakeha, aged 28, was married to a farmer. They had four children. Cheaper land prices had brought them North 2½ years earlier. Because of their huge mortgage and overhead expenses, money was very tight. Shona travelled home regularly to visit her family. She enjoyed the lack of class distinction in the Far North but she found that Maori people kept to themselves. Poor shopping facilities and long waits for spare-parts were her main complaints. Before marriage she was a nurse-aide.

17. RIMA:

Rima was 28, Maori, and married to a Northern Maori. She had been born and brought up in Auckland, where she had worked in factories after leaving school. She met her husband in Auckland and they bought their own home there. They had five children, the youngest of whom had been adopted from within her husband's family. When his older brother died, her husband came back North to head his family. Everything had gone wrong in the three years since her brother-in-law's death. Rima had to adapt to living in a house without power or hot water. Sometimes there were 30 people sharing the house. Her husband had failed to gain an individual title to family land so that they could build a new home. Work for him had been difficult to find. After two years she had returned to Auckland without him but she had come back North to try again. At the time of the interview she lived in a rented house, still isolated, but with the power on. Her husband had a job over 100 kms. away. He returned for weekends when he could.

18. NAOMI:

Naomi was 29, Pakeha, separated and had two children. Her mother, a retired professional woman, was aggressively Maori and her father Pakeha. Naomi had spent most of her life in the North. Now she believed that she was in a rut and had come to dislike what she saw as stifling small town attitudes. She had worked as a receptionist.

19. DEE:

Dee, a Pakeha, married to a man of Maori-Jugoslav descent, was 30 years old and the mother of four. She met and married her husband in Auckland when she was 16½. He had returned North 7 years previously to farm family land. The financial return was poor. Adjusting to money shortages as well as being a part of an extended family had placed a strain on the marriage. Dee had sought personal growth elsewhere, through extra-mural studies and human relationship courses. She had used the knowledge she had gained to improve her own marriage. Recently she had been tutoring courses for the unemployed. As a teenager she had worked in hotels.

20. NANCY:

Nancy was 33, Pakeha, married and had two children. Her Pakeha husband was a tradesman supervisor. She was born in the Hokianga, attended boarding school in Whangarei, then had come to Kaitaia 16 years before to work as a clerk. She missed meeting people in the course of her work. Her husband had health problems. They owned their own home.

21. JOAN:

Joan was Australian-born, 34, had three children, and was married to a professional man. She had worked as a receptionist before meeting her New Zealand-born husband in Australia. They had returned to his home 7 years before the interview. She had learned to be independent during the years she spent at boarding school, so home-sickness had not been a problem. She enjoyed her husband's family, though she had found coping with her old, sick father-in-law, plus three young children, a strain. They owned their own home.

22. NOLA:

Nola was 35, Pakeha, married and had two children. Born in Kaitaia, she had spent 8 years working away from the North, mainly in Auckland, and one year travelling overseas. When she married at 26 she found it hard to give up her independence. Her husband had no family in the North, so he was very dependant on his nuclear family relationships. Nola said that she had no idea how much money he made, but that it was enough. They owned their own home. She looked forward to returning to office work when the children are older.

23. UNA:

Una, aged 35, was another Australian married to a Pakeha New Zealander. This was a second marriage for her. There were two children with them from the first marriage. The couple had arrived in the North 2½ years before to buy a small block of land. Before that they spent a year living in New Zealand cities. Adjusting from Sydney to Christchurch and then to Kaitaia, had tested Una's adaptability. Una earned the family income in teaching and clerical work, while he developed the land. She would have liked to finish a degree but she had found that she did not enjoy studying away from a campus.

24. NICOLA:

Nicola was 36, Pakeha, separated, and had three children. A teacher, she lived in a school house. She had come to the district as a young teacher, then married into a local farming family. Nicola felt that she was a failure in 10 years of marriage, as she never fitted into the role of farmer's wife. Nor was she able to cope with the role his family assigned to women. Regaining her independence had been a struggle. She had chosen to stay in the district so that her children and their father could maintain a relationship. Nicola was looking forward to completing the degree she was studying for extra-murally.

25. IRENE:

Irene was Australian-born but she had been educated in the U.S.A. She was a graduate. The family had lived in U.S.A., in Australia and in S.E.Asia before coming to New Zealand. Her husband ran a small business. As well as their own three children, they had a foster son and an adopted daughter. Their communal-style household expanded and contracted with comings and goings. Irene taught arts and crafts, sometimes for money. She was 37.

26. RACHEL:

Rachel was 41, Pakeha, married and the mother of four. The birth of her four children very close together imposed considerable strain on the couple. Her husband began to drink heavily, then became an alcoholic. Rachel eventually left him, but she returned after he had received treatment. Rachel came to Kaitaia after her marriage.

27. LOLA:

Lola, a 41 year old local Maori, met her Maori husband when she left the Far North to work further south. They had returned North 11 years previously. One of their children had been accidentally killed. Lola had become very involved in community life, particularly in creating work for young Maori unemployed. They lived in their own home.

28. PEARL:

Pearl, 42, was a Maori married to a man of European birth. They had two children. Pearl had lived all her life in the North apart from trips to Europe to visit her husband's family. Her hobby was learning languages. She worked as a receptionist. Pearl was also involved in Maori cultural activities. They owned their own home.

29. SARAH:

Sarah, aged 43, was Maori-Pakeha, married to a Maori. They had six children, the last of whom was born when Sarah was 40. The older children were sent to Maori boarding schools. The elder son had recently graduated. Sarah had married at 19, as soon as she finished Teachers' College. Since then her life had revolved around children; bearing them, fostering them, teaching them. Her husband and both their large extended families supported her in this.

30. VERA:

Vera, 44, was Pakeha, married to a part Maori farmer, and was the mother of six. Her last unplanned pregnancy at 40 had been a traumatic experience. Her strong religious faith had supported her. She had lived in the North all

her life. Her early marriage and large family had made motherhood her career. Vera was also interested in community life. She felt strong sympathy for the alternative life-stylers in her community. Vera believed that the new settlers were needlessly discriminated against by the established families.

31. TUI:

Tui, a Maori of 47, the mother of ten, was married to a Pakeha. Of her marriage she said, "I've made it work. I've made there be no problems." After 4 years at a Maori boarding school, Tui returned North to teach. When they married, the couple farmed her family land until his health gave way. They then moved to Kaitaia to find work for him. Because she was married to a Pakeha, they were not eligible for Maori Affairs finance to build a home until the rules were changed in 1973. As her children grew up, Tui became involved in voluntary and paid community work.

32. MIRTH:

Mirth was married, Pakeha, and 49. She attributed her ability to cope with many troubles to being born the 12th of 14 children on the Chatham Islands. Her own five living children were in two families - three were in their late twenties while the younger two were 7 and 8. A capable woman, Mirth had been the supervisor of a large office. She and her Pakeha husband had separated because of his alcoholism but after she became a born-again Christian she persuaded her husband to undergo treatment and they were re-united. Since coming to the Far North 9 years previously they had established a horticulture enterprise. Religion was an important factor in Mirth's life.

GROUP C:

THE OLDER AGE GROUP  
50 PLUS

This group of 18 women covered a wide age range of 36 years. Because of a sampling decision which I explained in the previous chapter, this age group is possibly under-represented in the sample. Twelve of the women were Pakeha and six were Maori.

Only one of the sample, the oldest, had never been married. Instead she had devoted her life to caring for a succession of relatives. Seven of the group were widows.

Once again, motherhood was the norm. Of the two women who had never had children, one had become infertile and the

other had never married. Family sizes in this group ranged from 2 - 9 children.

Only one of these women was in paid employment and she worked full time. The others all devoted themselves to their homes and their community activities, except for one woman who strove to carry on her artistic work.

The majority of women, (14 out of 18), in this group also owned their own homes. Two of the others lived in pensioner flats, one had a state house and one lived in a rented home in the country.

33. LYDIA:

Lydia, 52, was Maori, and married to a Maori. Their three children were established in successful careers. Before marriage Lydia trained as a nurse aide. She had spent all of her life in the Far North. They owned land which they had converted to European titles, but her husband was also in paid employment. Lydia was deeply involved in community activities, with a special interest in young people.

34. MARIA:

Maria, 52, was of Dalmatian descent. She came to the Far North when her family arranged her marriage to an older Dalmatian farmer. They had five children before his sudden death, when the youngest child was three. Before his death Maria had not been told any of his affairs so she had a tough time learning to manage on her own. Most of her stock were stolen and trustees mismanaged her affairs. Through all this Maria struggled to raise her children. Before marriage Maria had trained for a sewing career.

34. NORMA:

Norma, 53, was Pakeha, married to a retired Pakeha farmer. They lived on the family farm which their son had taken over. She had come North over 30 years before and had reared her family of five children. Before marriage she had completed two years of registered nurse training. Gardening and helping her family were Norma's main interests.

36. ISOBEL:

Isobel was a 54 year old English-born professional woman, married to a Pakeha New Zealander. They had five children. She had worked in her profession for most of her married years. She met her husband in New Zealand after migrating here. In England she left school at 14 to work in factories before beginning her professional training at 19. She appreciated the relatively classless society of New Zealand.

37. PHOEBE:

Phoebe, 54 and the mother of three, was another English-

woman married to a Pakeha New Zealander. In her case they met in England and lived there some years before moving to New Zealand. Because he had difficulty finding congenial work, they had moved North 6 years previously, looking for cheap land. This he found in an isolated valley surrounded by bush. The little cottage was derelict so they lived in a caravan until he made a few rooms habitable. A diesel generator produced their power and she cooked on a wood-burning range. Their access track could be negotiated only by 4-wheel drive vehicles. Here the gentle woman from an English village led her lonely life. Fortnightly shopping trips to Kaitaia were sometimes more of a trial than a pleasure because of their limited income.

38. STELLA:

Stella, 55, was Maori, widowed and the mother of nine. She had returned from living in Kaitaia to her husband's ancestral land. Thirst for education for herself and her children was one of Stella's main motivations. She grew up bilingual, had a good education, then went to Auckland to train as a nurse. She left her training unfinished when she became pregnant, and returned North to farm. In the early years of marriage Stella worked to help make ends meet. In her early 30's she contracted T.B. They had moved to Kaitaia to educate their children, who were now grown up. After her husband's sudden illness and death she managed to send the younger boys to Maori boarding schools. She was happy to return to country living.

39. KATHERINE:

Katherine was pakeha, 58, and married to a retired Pakeha farmer. They lived on a family farm. Her recollections were of a lifetime of hard work, rearing her two children, managing on very little money, and doing the hard physical work which she believed has left its mark upon her health. She complained of the family reluctance to discuss anything, which had led to some unhappy situations. A health condition meant frequent trips to a specialist in Whangarei.

40. EDNA:

Edna, Pakeha, 61, married to a Pakeha farmer, was a bright, bustling, confident woman. Having survived her mother's desertion of her and her sister when she was 8, Edna came to believe that she could survive anything. She was a trained teacher when she had come to Kaitaia over 40 years before, married and had three children. She had lived here ever since. Edna took an active part in community life.

41. FELICITY:

Felicity, also 61 and Pakeha, was widowed and the mother of nine children from two marriages. An adopted

child, she, too felt that she had never belonged. Her first marriage at 17 was to a man who became an alcoholic. Eventually she left him but because she had no home he was able to gain custody of the children. Her second marriage to a farm worker had brought her North nearly 20 years earlier. She still disliked the district and only stayed because the unmarried son who lived with her had work locally, Felicity lived in a state house surrounded by Maori neighbours. This woman was the only one interviewed, Maori or Pakeha, who claimed that she suffered from racial discrimination - because she was a Pakeha!

42. BESSIE:

Bessie, 63, widowed, Maori, a sufferer from arthritis, had had a hard life. She was living in an isolated country house (rented) with two mokopuna and the youngest of her own seven children when I interviewed her. Many of her hardships stemmed from her marriage to a Pacific Islander who had been partially disabled in the World War 2. Because he had served in the British Forces he was not entitled to a New Zealand Returned Serviceman's benefit. Her marriage had cost Bessie her New Zealand citizenship for years. She was unhappy in his country, so they returned to New Zealand, but a son born overseas was deported. For years Bessie was not even entitled to Family Benefit for her children. After years of struggling to live in Auckland they moved to the Far North, Bessie's home district, where they survived by living on eels, pipis, wood pigeons, watercress, milk from a house cow, and a garden. Often their only cash was her husband's small British pension. When she was unable to buy school uniforms, a local headmaster fought to obtain some state help for the younger children. Her husband's sudden death was a great shock. Life had become very lonely.

43. NANA NGAIO:

Nana Ngaio, 65, was the only Maori I interviewed who claimed to be full blooded. A widow, she lived in a pensioner flat near a marae, when she was not in hospital in Kaitaia or Auckland because of her poor health. The youngest of fifteen children, she had left for Auckland at 15. Later she had married a South Island Maori. They had worked all over New Zealand. An ectopic pregnancy had left her unable to have children. Eight years earlier, when her husband knew that he was dying of lung cancer, he had brought her back North to her people. She was surrounded by relatives. Her husband was buried on the hill near the marae.

44. MIRIAM:

Miriam, 66, Pakeha, the mother of five children, was married to a retired farmer. When he retired they moved to Kaitaia, where they both had become involved in community activities. Miriam was born in the district. She

left school at 13 to work on the family farm. Marriage meant a change of farm. When they moved to Kaitaia, Miriam, in her mid 50's, was able to take her first paid job. Retirement also gave them the chance to travel overseas. Not long before the interview she had suffered an injury which meant trips to Auckland for treatment.

45. JUDITH:

Judith, 70, Pakeha, a farmer's wife and mother of three grown sons, was a surprise to me. When we first met I wondered if she was 60 and so would fit into a category I still needed to interview. She attributed her health and youthful appearance to jogging and playing tennis. Brought up in Kaitaia, she had worked as a clerk, here and in Whangarei, until her marriage, at 26, to a British migrant. Neither had retired.

46. ELSIE:

Elsie was 71, Pakeha, the mother of two, and married to a retired farmer. She was also a part-time artist. Elsie was born and reared locally but had managed to attend secondary school in Auckland for two years. (There was no secondary school in the Far North in those days.) When her mother's health broke down, Elsie, the oldest of eight, was brought home to care for the family, despite her pleas to be allowed to train as an artist. Because it was the only career available, she became a pupil teacher until she gained certification. Her teaching career took her to several North Island districts. She never taught again after her marriage at 36. In her 60's she began to paint again, though even then the demands of her extended family forced her painting into second place.

47. GRETA:

Greta was 74, widowed, Pakeha, and the mother of six. She lived near the sea in the isolated retirement home her husband had built before his death. Greta was born in Sydney, but she was taken to Fiji as a baby. She worked as a telephone operator before meeting her New Zealand husband there. They had alternated between living in New Zealand and Fiji until they settled in Auckland after World War 2. In 1972 they retired to the Far North. Being unable to drive had been a problem since her husband's illness and death. The two members of her family who lived locally were good to their mother. She intended to stay in her own home as long as she was able to manage.

48. BECKY:

Becky, 75, had a Maori mother and a British father. Her mother was accidentally killed when Becky was 2. Her Maori grandmother claimed Becky, her older brother and baby sister. The two girls were brought up as Maori, but the boy was reared as a Pakeha. At 8 Becky was sent

to a Maori girl's school, where she stayed until she was 18. She then became a teacher in Maori schools. Becky came North to teach but stayed to marry a Maori farmer and bear her six children. She continued to teach until her retirement at 70. Her involvement in community work had probably increased since her retirement.

49. NITA:

Nita was an 80-year young Pakeha. A widow, she lived in a pensioner flat in Kaitaia. Her husband had been a farmer. They had six children. After his death she stayed on the farm until she was 74, helping the son who took it over. She talked of tending a 2-acre vegetable garden until she left the farm. Nita was still actively involved in the community. Her main complaint was that Kaitaia had now grown too big to have a proper community spirit.

50. JESSIE:

Jessie, 86 and Pakeha, had never retired. She still lived on the farm her parents settled in the 1880's. The youngest of ten children, Jessie had stayed at school helping the teacher until she was 18. She never married. She said, "I have never earned a penny in my life." Jessie nursed her mother for fourteen years. After her mother's death, she kept house for her father and brothers. There was one long trip overseas. When the men died the farm was left to Jessie, who later gifted it to a nephew who came to help her. She explained her actions this way - "I don't think a man likes working for a she-boss, so he's been working it ever since and I've been looking after him and he's been looking after the farm."

CHAPTER 6:THE FAR NORTH AS EXPERIENCED BY  
THE WOMEN I INTERVIEWEDA. The Historical Perspective:

Some of the statements these women made forced me to consider the influences that had shaped their lives and attitudes. One of the statements that made me think about the influence of the past upon some of these people, especially the Maori women, was made by Lola. This is what she said:-

"A person is a product of the environment and a lot of people are not taught how to cope with emotional problems. I believe that I must have had some tutoring in my family life, my upbringing, to make me face a lot of problems the way I do now. That would have come from my Dad. I can always remember he said, 'If anything happens to you, remember that you are alive and be thankful. You've got a job to get on with and that is life, and you do exactly that, the best way you can.' "

The fatalistic, stoical tone of Lola's statement made me realise that life must have been harsh in bygone times to make people grateful for the fact that they still had life, no matter what else they didn't have.

Traditional Maori life began to change in the Bay of Islands, Hokianga and the Far North right from the beginning of European settlement in New Zealand. For example, Edward Jerningham Wakefield's account of "Adventure in New Zealand from 1839-1944" told of the Hokianga being an important centre of trade and industry in those times. No doubt changes in the Maori way of life began as soon as the pakehas came to the North. However, one tradition that doesn't seem to have changed quickly was that of inter-tribal wars. These continued well into the 19th century, with the main theme being that of repeated attacks on the Far Northern Ngatikahu, Rarawa and Te Aupouri tribes by the powerful Ngapuhi from further

south. Life must have been harsh and dangerous, especially after the introduction of muskets.

However, worse suffering befell the Maori people as a result of the introduction of European diseases. As recently as 1919 and the early 1920's whole villages disappeared because of diseases such as smallpox, typhoid and influenza. The rest of New Zealand appears to have taken little notice of what went on up North. No doubt the terrible death toll of those days is one of the reasons why there were so few old Maori women when the 1976 census was taken.

This drain on Maori life through disease did not end in the 1920's. T.B. ravaged them until after the Second World War. Several of the middle-aged women I interviewed talked about the effects of T.B. on themselves or others. One of these was Stella, 55, who told me about having eight of her nine children close together; then, she said:

"I suffered with bad health after the eighth one, and then I contracted T.B. I was sick for over a year. They had the T.B. ward across here, (pointing across the hospital grounds.) The children's section is where it was. I was there a year, and after that I had my tubes tied with the last one, and I was only 33."

T.B. was considered a 'Maori' disease in the Far North, and it therefore carried a social stigma. No doubt the Maori suffering was linked to poor housing and nutrition, as well as to lack of resistance to pakeha diseases. Nana Ngaio, 65, told me something of housing and nutrition when she was young. She was the youngest of her family and her mother died while she was still small. Some details of her childhood upbringing follow:

"Not like today. To have some pipis or something, they screw their noses up, you know. We lived on the sweet corn. Well, they call it rotten corn, eh. That's our porridge, every morning. Dad always made it for us. And when we came to school he used to cook some potatoes, you know. Cook potatoes in

the jacket under the ash fire. That was our lunch, or if it was fruit time, we have fruits. Or we have kumara. We have the white kumara for apple, you know, to eat at school. And hardly any clothes, eh. We used to have all kutus - you know, lice." "My father is a hard-working man. Well, believe you or not, there was sixteen of us. He rear all of us. He hunted. He gets up at three o'clock in the morning to go out. He goes get firewood, then he goes spearing eels. He must get back six at home and when we get up the fire's going. Open fire. No stove, no nothing. A big open fire, a big oven on the fire and the water. And he gets the flour. He mixed it in his hand always, like this, and then he put it into the boiling water and he stirred it. That's our porridge. Sometimes in the morning just flour. No baking powder, no sugar, just the plain flour. And when it's cooked you just use honey because you got lots of honey, eh. He used to boil it, squeeze it, then take it out and we used to put it on our porridge. He rear us all on that."

Other Maori women had endured great hardship. Bessie, 63, was one of these. This is how she described her struggle to survive with her children and her crippled husband:

"You know, different ones used to say to me, 'How on earth do you manage when you're not on a benefit?' I said, 'I can't, but I just have to!' Well, we lived off the land, watercress, vegetables and sea-food and that sort of thing. We had a couple of horses to get to the beach. And then I always had

a garden and even the Public Health Nurse used to say how good it was, you know. We had a cow and used to have fowls and kept pigs, which is a help. Different ones gave the kids clothes and then I kept some of the good ones when they grew up because some of the clothes were quite good and you can make do with them. Social Welfare helped with the boys' school clothes."

"We never had the power on and my husband used to sit down and split wood, even in the winter. We didn't have a bridge over the river or a car and there were no jobs. I suppose it gets you down, too, but while people are around, well, you don't show these things."

#### Race and Culture.

It appeared from what 9 of the 17 Maori people I interviewed said, that assuming a Maori identity in a Pakeha world is not easy. The young women expressed some of their difficulties.

Yvonne, 17, was not prepared to discuss her racial background. From her appearance she was part Asian. However, she seemed to identify herself as Maori in the following extract:-

"A lot of it is in your appearance. In fact, that is it. It's their appearance. And nobody can tell me that Maori's don't get jobs, because if I walked into a shop and there was a job available and there were only two people going for it, myself and a Pakeha person, and the Pakeha walked in in jeans and sandals and a tee-shirt, and I walked in in a suit and heeled shoes, I'd get the job. It's your whole manner. You've got to show

that you are somebody, that you're worth something, that you can do it."

Helena, 18, also from a mixed racial background, talked of the trouble she was having coming to terms with her Maori appearance. She said:-

"I'm the only dark one in my family. I'm the only one that has thrown to the Maori. All the others are Dalmatian, European. I'm the only one with black eyes. I'm the only one with brown skin anyway. My sister Aroha has got hazel eyes, Alma has got green eyes, and Louis has got very deep blue eyes, you know. They are very nice. And my youngest brother, Billy, has got really light brown eyes, the same as Aroha. And they are all white."

QUESTION:

Does it bother you that you believe you look different to them?

"Yes, it does. No, not bad. But they are beautiful. But now, even though I look different, I'm starting to accept me. I can adjust. It doesn't matter to me whether I'm in a Pakeha house or a Maori house. I can make the best of both worlds."

Inez, 22, talked of her experience at a Maori boarding school:-

"What I picked up there was - I don't know. Sometimes, when I think about it, it could have been a bit scary, eh. Because it turned out to be like that Renata fellow. We used to get real radicals like Donna Awatere there. Have you heard of her? She scared the hell out of me one day. She came there and was really anti-Pakeha and I'd never come across it before. When we were there it used to be a thing. Black was black and white was white. They had some really fair girls there that

you'd think were just Pakeha, but they had Maori blood in them and they were just as strong as anybody else in saying we were better than anybody else. Even when we went to sports, everybody knew who we were. And it never bothered me while I was there but I was just thinking about it one day and I thought, oh cripes! I could turn out like Awatere. Real radicals, eh?

"All this marching! Oh, I'm not into that. She scared me. She was a bit too strong. She was just trying to point out to us what we've lost through the Pakeha's coming and taking our land but her approach just rubbed me up the wrong way."

"We are not into - deeply into - our Maori things like they are down in places like the Waikato. They say it's because all those priests and missionaries got them around this area first and that's why we've got halls instead of marae and haven't got the carving and things like there."

Teresa, 23, was very definite about her rejection of special claims for Maori people. She said:-

"I don't think there are problems confined to one race, either. I think they are experienced by everyone. If anything, it's harder on Europeans than it is on Maoris. I think Maoris are inclined to be mollycoddled too much. Maoris expect to sit back and have it handed to them. I think we are all New Zealanders, really. We should all be on equal footing. No preferential treatment, anyway. There is Maori Affairs, Maori scholarships, Maori boarding schools, Maori officers, Maori youth schemes - all Maori orientated. I think if anything they have got it too good."

Yet this girl identified herself as Maori!

Mere, 27, and married to a Pakeha, said, "My Aunt has a favourite saying. If you are a Maori and you think Maori, you get nowhere. If you are a Maori and think European, the sky's the limit."

Surely these quotations prove that there are young women who find it easier to identify with the dominant culture than they do to maintain a Maori identity.

The older women seemed secure in their Maori identity, so that some didn't even talk about it. Several did talk of the problems of living in a racially mixed society. Tui, 47, married to a Pakeha, and the mother of ten, talked about making her marriage work. I asked, "Have you had any problems with an inter-racial marriage?"

Tui answered:-

"No, because I've made there be no problems. There were times when I wanted to be involved with the Maori side of my life but if I thought he objected, that was it. I didn't carry on. I put my marriage and my children first. I have had a lot of pressure from my own side. I'd get the odd remark, 'Oh, just because you've married a Pakeha you don't know us any more.' But it didn't bug me really."

At one stage, when we were talking of the powers of Maori Wardens to deal with young offenders, Tui said:-

"Maori children would rather face the Police any day than their own Maori people ....but that brought up another problem. What if there's two children committing an offence? One Maori and one Pakeha, what do we do? Just take the Maori child back to its parents and leave the Pakeha there, or what? .....At the Maori Wardens' I get conflicting ideas of what's coming across, because they have to treat the problem as a Maori problem. I think it's not only a Maori problem, it's a people one on the whole."

"I feel our Maori children haven't got anyone to look up to. Not enough of them up there. When I'm talking to some of these young people

I ask them what's the most enjoyable thing they look forward to after work and they say, 'The pub. What else is there?' Now to me, that sounds terrible."

Lydia, 52, talked about young Maori people and their search for employment."

"They say they've enquired about jobs and they've always been turned down. And yet they've been there and they've seen someone else go in and be given the job and they've wondered why."

QUESTION:

"Why did they think it was?"

ANSWER:

"They think that perhaps because they were Maori and the other one was European or perhaps they were more nicely dressed than they were. They used to talk about it down at the marae, and they were very discouraged.

QUESTION:

"Did you ever come across racial prejudice?"

ANSWER:

"No, I've never come across it. I've always been able to speak for myself. Perhaps that's where I'm lucky. I don't know, perhaps I was able to put it over; to present myself in a nice way. Because my parents always said, 'Even if you are not rich, go nicely dressed. Go clean.' They always said that makes all the difference and I've always held that."

QUESTION:

"Did your children have any problems over jobs?"

ANSWER:

"No, never. I always said to them, 'When you meet people, don't slouch, don't degrade yourselves.' That is the word I have used. 'Don't degrade yourselves, even though you know they are higher than you. Because they are higher, don't make yourselves lower.' "

Nana Ngaio, the only full-blooded Maori I spoke to, was totally secure in her Maori identity. She talked of the pull of the North. This is how she returned to Aupouri after years of living in Auckland. Her husband knew he was dying of cancer.

"He said, 'Oh, Shep, (he always used to call me Shep, eh), we are going back to live there.' So he must have known."

She also talked of how she returned North after her heart operation in Greenlane.

"Doctor said to me, 'You will be transferred to Kaitaia Hospital by Tuesday. Are you happy?' And I was crying, and the tears were running down my face and he said, 'To me it looks like you don't like us.' I said, 'No, I love everybody here but I want to go home to my people.' "

Becky, 75, half Maori and half European, talked of the different identities assumed by her brother and herself. Her mother, a Maori, was burned to death when Becky was 2. Her Maori family blamed her father for the death. The children were taken by their Maori grandmother. At 8 she was sent to a Maori Church School. She said:-

"By the time I left my grandmother I could speak Maori, and I could understand it. And then, of course, I went to school. We were only allowed to speak Maori on Saturday and Sunday but during the week we had to speak English.....I spoke Maori at home. My brother, he was adopted by some white people. My grandfather took him and enrolled him at school and called him Panakareao; that was my grandfather's name and he went through primary school with that name, but he was called by his adopted parents' surname. Then he went to Boys' High School with that name until he was to go to Teachers' College and University. And then, of course, he had to change back to Fraser. And he named himself, he was called Ben, but he named himself Benjamin Justin."

"Of course he was brought up Pakeha, and he and I would walk down the street in town. I would stop and shake hands with every old Maori man and woman and he would cross over to the other side of the street. He told me it was a Pakeha world."

The only woman who talked openly of having experienced racial discrimination in the Far North was Felicity, a 61-year old Pakeha widow, living with her son in a state house in a predominantly Maori street. She said, talking about her children:-

"Oh, yes, they were called all sorts. I've been called a Pakeha so and so by the kids in the street. That old Pakeha so and so. The Pakeha teenager wouldn't have a friend in this street because they don't mix with the Pakeha, you see. They are Maoris and they don't cotton on to Pakeha in this street."

From the evidence presented by the women of the Far North, where we like to believe that there is little racial prejudice shown, the racial situation is not as straightforward as some might like to think it is. There are racial tensions. Women with mixed race backgrounds do experience difficulties in sorting out their identities.

The Far North - The Effects of Geography and Economic Conditions.

Living in the Far North crept into all the interviews at some time. It was a factor in all their lives. For fourteen it was growing up here, leaving for a while, then returning. For eleven it was moving into the Far North and adjusting to different conditions.

Perhaps this is an appropriate place to look at the places of origin of the women I interviewed. It had seemed to me before I began this research of the Far North that people living here had a wider variety of backgrounds

than had been apparent in other country districts in which I had lived. What I found out from women I interviewed was that there are two distinct groups in our society, among women at least. Approximately half of them were born Northlanders, while the other half had moved into the district from further afield. Table 9 should illustrate what I mean.

I found it interesting that so few women in the sample had moved into the Far North from the rest of New Zealand beyond Auckland. Nearly as many had come from overseas as had come from New Zealand south of Auckland. Much of the population that drifts northwards must move only as far as Auckland.

TABLE 9                      PLACE OF BIRTH OF THE WOMEN I  
INTERVIEWED

| <u>Place</u>             | <u>No. of Women</u> | <u>Implications</u>                           |
|--------------------------|---------------------|---|
| Kaitaia                  | 16                  | 44% had been born within the survey district. |
| Mangonui County          | 6                   |   |
| Rest of Northland        | 6                   | 56% born in Northland.                        |
| Auckland                 | 7                   | 70% born in Auckland or in Northland.         |
| Rest of the North Island | 6                   | 16% born in the rest of New Zealand.          |
| South Island             | 1                   |   |
| Chatham Islands          | 1                   |   |
| Australia                | 3                   | 14% born outside of New Zealand.              |
| England                  | 3                   |   |
| Germany                  | 1                   |   |

The main implication to be taken from all this is that 44% of this sample may have moved at least 200 miles away from extended family support when they had shifted into the Far North, making them a psychologically vulnerable group within our community.

### Moving Away.

Moving away from the Far North is an experience I will leave to my interviewees to describe.

Yvonne, 17, went to Auckland for trade training. This was her reaction:-

"I hated it for the first three months. I 'hated it'. And then, after a while, I really liked it. It makes you grow up, it really does. You've got to think before you do anything; where you are going to walk to, who you are going to walk with. You just can't go roaming about. I wouldn't walk home at nights by myself. I wouldn't go out after dark."

That this sense of danger can be real was proved by Beryl's experience in Whangarei when she first went there at seventeen. She told me:-

"There was one big problem, though I did get over it - not completely. It happened in Whangarei. Me and a couple of girls were raped. It was a gang rape. We took a short cut home, unfortunately, and they were there at this place we cut through to get home quickly because it was dark".....

"We never went out from then on until we finished our course in Whangarei. One of the girls just left college and went home."

Kirsty, 19, Pakeha, entered the Air Force at seventeen.

"Probably a few girls were like me, they were so far away from home. Like being in Blenheim. Most of the girls were from down there so it

didn't bother them. But all the girls from the top of the North Island - Auckland, Whangarei, Kerikeri and me - got out at the same time. It was just too far away."

"It started off that it was really good to get away from home, because I was so sick of home. But once we got down there it was just so far away. We didn't have anybody to go and see. It was just the girls all the time, so in the end I gave up and came back."

Inez, 22, and Maori, talked of being lost in the big world when she left the North:-

"We went to Wellington. We had this course down there for all the trainees. We were supposed to be community officer trainees and when we got there we were just little numbers. I resigned."

And she said this about working in Whangarei:-

"It was just the work. Because they had files there on everybody I knew, eh, and it was too much. All my relations were packed into little records up there in Whangarei and that's not very nice."

"I think the idea for some people, since there's a lack of employment around here, I'd say get the hell out of it. But don't go to Auckland. By-pass Auckland. Pick on some other centre and come back here when you're middle-aged and want to buy a farm or something."

"It's a big thing. Once you are born here it's hard to get away. It really is."

Kathleen, 23, part Maori, told how she had left and returned twice:-

"So I went away for nearly twelve months after my course. Then I came home for a holiday and didn't want to go back, so I ended up staying home. Came up here, found a job, worked for

over two years. Then I left my job and went to Australia. It was going to be for ever. Packed my bags. Left. Quite happy about it all. Got to Australia and found a job in Sydney. I wasn't all that happy in my job or in Sydney. I got homesick. I just booked my ticket and came home. They wondered what had happened, it happened so fast."

Teresa, 23, Maori, told of her experiences when she followed her husband to the Waikato:-

"He's not local. He's from the Waikato and he just felt the need to go back there for some time, so we went back. But I found it very difficult to get used to. I think always living in this area all the time and always having my family around and I'm not a very outgoing person towards meeting people, so I found it very difficult to fit into a new area."

"And I think being new in a city, it made me very on edge. You sort of couldn't go out. You had to lock your doors and all your windows. And you had to make sure when you went to bed at night that you locked everything up .....I was on edge. I felt the pressure too much away from my family, so we came back."

Carmen, 23, had been overseas. She said:-

"I will say I think everyone needs to get away from here. Too many people think the world ends at the Mangamuka Gorge, they do really. When I came back from overseas I just realized how narrow-minded some people can be ....."

"It's a secure little world up here. You can be quite self-sufficient, you know. You can go pig hunting. You go fishing.

On the farm we never had any money but you can sit down to roast turkey, crayfish, and pork."

Mere, 27, part Maori, didn't stay away long. She said:-

"I spent six weeks in Auckland working and I hated it. I enjoyed the benefits, like the night clubs, but mostly I hated it. It was so empty, you know. I found it so shallow compared to the richness I'd grown up with out by the sea. I miss the sea. I always miss the sea."

What these young women have said bears out the difficulties that many young people who have grown up in the sheltered, close environment of the Far North have in adjusting to life anywhere else. A holiday away is fine, then many want to come home. This feeling of homesickness can make gaining further educational qualifications a problem.

#### Moving Into the Far North.

Another group of women, (11) who had moved into the district, were able to paint clear word pictures of what they saw here. I shall divide their descriptions into two sections, depending on whether they were talking about Kaitia town or the country districts.

##### A. Moving into the Country.

Doreen, 22, Paksha, had followed her family here. She said:-

"There havn't been any real problems, only isolation. I think most of my basic friends live in Auckland and the fact is that you never see them because no one bothers to come up here. You only see them because you go down there. And we've got no other family that live up here so we never see relations. They never bother to come up this way. It's just a bit too far out of the way. I mean, say we lived in Whangarei or even Kerikeri; you know,

that extra hour, it's just a bit too far out of the way."

Shona, a 28 year old Pakeha, and her husband had bought a farm here. She said:-

"Life's a lot slower up here. Like, you can walk into a shop and the assistant might be talking to a friend and they don't rush up and serve you. If you rushed into town and you wanted such and such, and I'd say it was going to be a five minute job, you'd probably wait for a couple of days or a week for it, you know. And waiting for parts! If you want a part, or something, you wait a long time."

"I find the roads a bit shocking. I find they ruin your car. The metal roads with potholes and all that ruin it. This car we've got new, is beginning to rattle and shake because of the potholes and rocks."

"I actually think it's quite a friendly area. Where we came from before, (Hawkes Bay), you had your farmers and you had your upper class, middle class and lower class. I find people more friendlier, more down to earth. I don't know many Maoris up here but I find a lot of them don't appear very friendly and don't appear to want to be friendly, obviously because you're a Pakeha or something. The few that I do know are good and friendly but they don't appear to want to make the approach."

Laura, 27, Pakeha, came into the district when her husband got a job here. This was her view:-

"I think that there are two kinds of ladies up here. There are those who are really into the community; whose children go to everything that is going."

"I see that there's another group who use the distance as an excuse, really. They can't come because they live too far away. I don't think that people out here, (East Coast), would have the degree of problems as some of the other country areas, because the alternative people seem to be very close together. And often people seem to have been here for a long time, so they've got their families. But it does make it hard to get in when you're a one-off thing. I've no Mum and Dad and I've no brothers or sisters, either."

"I can see kids at school that fair make me weep. They've never been south of Whangarei. We had a girl who went off to Hastings to the athletics. She didn't have a clue where she was going. Not a clue."

Irene, 37, American educated, had thought quite deeply about the district she had lived in for eight years. These are some of her thoughts:-

"Isolation and inadequate preparation for coming into the country are problems, especially after the stimulation of the city life. Realizing you're not creative and if you can't seek out your own recreation you'll have problems. Because you have to be able to create your own - to get out and get it - and that hinders a lot of women. That and lack of money and transport .....It's very difficult if you're not a participant in a club to meet people, if you're not outgoing. There are no areas of actually meeting people. You have no night life at all. There is no good neighbourhood policy at all...."

"And the saving grace in this area, I want to add, is Playcentre for young women. But for older women without young children, it is difficult to get into things.....it took us five years to find out what was happening

in Kaitaia. The people are so closed about what is happening that you don't know."

"There is nothing for the young people of the area. They are bored stiff. I see the rising amount of delinquency. Nothing to motivate them, nothing gutsy enough that draws their interest enough to get motivated - I feel there is no night life except for the pubs and so they're only reflecting what they see in their community. My children went to the swimming pool and it was so rough they refused to go again. That was in Kaitaia."

Mirth, 49, Pakeha, had lived here for nine years.

Here are her comments:-

"I suppose this sounds terrible, but I see this as a closed community. Too many people have too much say about too many others. They make generalizations, they put people on the carpet, they cause heart and headaches...."

"I see an area of loneliness because of finding very few people they can pour their hearts out to without having everything repeated."

"I see an area of not enough finance. Often the men treat their women as unpaid labour. They don't give their women even \$2.00 per week. Well, the men seem to be able to go to rugby, racing, and beer, whatever. Women should be able to do some little thing."

"I also notice a difference in dress for country women. I don't see as much make-up or jewellery on women and you don't have to conform to the continual fashion change quite the same. It seems to be you can get to a basic kind of wardrobe."

"I don't know how women find time, with the miles and miles they might have to travel, to provide their children with other educational

things, such as a particular sport, or maybe music or dancing. It's not just a matter of getting on a bus and going. You can't. You have to organize your life in a particular way....."

"I feel very sad for our own children. Our older boys said to us, 'Don't leave it too long before you get closer to an area that can give them a little bit more understanding that there is much more they can have if they want it.' "

"We need to be expanded. I do feel that this is one of the deficiencies here for young people."

Elsie, 71, Pakeha, lived about 40 km from Kaitaia.

Here are some of the remarks she made about her community:-

"You know, there are a remarkable number of widows up here. It's simply astounding. Every other woman that you speak to is a widow, and of course that means living alone, without a man in the house to help with the jobs and without the companionship of a husband. A lot of people here get very nice homes, motor cars, are young enough to enjoy life still and here they are on their own....."

"Any of us with our own cars know we can be in Kaitaia in a short while but can't afford to go. Well, if we do go to Kaitaia, then we really can't afford to go other places ..... you know, the pleasure trips further afield. It's quite a thing. Cam and I think twice before we go to Whangarei. It's only when we need to, for medical services, usually.

Greta, 74, Pakeha, was one of those widows of the North, although she didn't live in Elsie's community. Her husband, with whom she had moved here ten years' previously, had died about twelve months before I

interviewed her. She said:-

"Sometimes I think we should have got something closer to Kaitaia, but we didn't. We thought we were going to be alright here. He thought he was going to have a wonderful garden. Of course, the wind stopped that. Things will grow down the back where we have a bit of shelter, but it's that easterly wind that has spoilt things, you know."

"As I say, we had a good 8 - 9 years here, really. We used to go into Kaitaia. First of all we used to go in twice a week until the petrol got a bit expensive, then we used to go once a week to get our provisions. Just lived a quiet life, you know."

"Coming back here on my own was dreadful for a while, you know, until I sort of got used to it. I still miss him like mad, even now. When you've been married to someone for 51 years.....I don't know why I never learned to drive. But he was always a good driver and he always drove the car and he was always there.....There is a bus that goes in from here, I believe, a mini bus. I believe it goes in once a week on Friday - \$6.00 return. And I believe it's left open. Everything you want to get you can take it to the bus and leave it there. So it's quite easy."

"But I've been lucky, I've been able to go in with young Mrs. Erstich, who works in town. I used to go with her on a Tuesday morning, 8 a.m., and then go to June (daughter) in the shop and come back at 5 o'clock. Then, of course, they left the shop, but there's always someone. Actually, today is the first day I did get a knockback because Olga went in with someone else, and I was going with her this morning."

I'll give Becky, 75, Maori, the last word in this section:-

"Well, that's my motto in life, I stick with what I believe. See, it was the same with the marae. They wouldn't have the carving and the tukatuka. They reckoned that someone would die and it was this and it was that. I went to the temporary employment and got that and the funds, and now they stand up with their chests out and now every other marae is starting to do the same thing, because it is the modern world today."

QUESTION:

"Tell me, did you ever find it hard to be accepted here?"

ANSWER:

"Yes. Never mind, I've been here 47 years. I'm the girl that has to do all the dirty work but when it comes to the moment, I don't belong. To your face, you know."

Rural Poverty:

Some of the women told me about a darker side of life here, about rural poverty. One of them was Laura, who described it as an onlooker:-

"There are those who can and those who can't. There's no in-between. You see the cars. There's flash cars and there's "bombs". Especially out here because so many people have retired to Mangonui and there are some pretty well-to-do people. And you don't have to go far up the road - it's not even a hundred yards up that road - and there is a home with a dirt floor. When I came here I was amazed. How can these places be so hard? And it wasn't until we went on a school bus trip and we saw some of the houses and how some of the people live that we understood."

"I can understand why kids switch off at school. They must resent that we've got everything and they've got nothing. And I think some of the kids would see that."

Rima, 28, Maori, described rural poverty as a participant:-

"Well, I felt sorry for the kids when it came to wash at night. At times we used to boil the copper outside but we still had to cart it into the house.

"We just had a wash outside in the tubs. You know, I think it was harder for the children like that. They enjoyed the life and living in the country, but for things like that I felt sorry for them in the winter time. That was the worst time of all."

Phoebe, 54, an Englishwoman who had lived in the Far North for six years, also spoke from personal experience about the sacrifices women and children make to enable their menfolk to acquire land. Life for some of them can be nearly as hard as it was for the original European pioneers.

"We were living in the motor camp and had two mortgages. I had to work for the first time in twenty years. I had three housework jobs. Eric had three jobs. We came up here for week-ends and went on like this for months. Then I came to live here although the place was terrible, only suitable for a haybarn, but it was better to stay here and be lonely from 6 a.m. - 8 p.m. We had no power, no water. Washing was done in the river and with the cold water the veins in my hands were enlarged because they were frozen."

"When Eric was in hospital - he got knocked off his bike - Jillian and I had to stay here alone for a week until Norman came up with us. We had no power and I couldn't light the tilly lamp. We had to catch the Road Service bus to visit

Eric. The neighbours took us in once."

"Women shouldn't live like I live, but people do it from choice. It's nice to have a friend, but it's a problem to meet a friend. I can't get out. It's too much of a problem to get out. It's a disadvantage coming here when you're older; you don't adjust the same.

Nana Ngaio, 65, also described rural Maori poverty. She said:-

"I hav<sup>e</sup>n't had the ambulance, but the ambulance has been here for these people. Over here I think they bloody - excuse me again - they're all too drunk. They get hurt, you know. They've got the Club house over there that they shouldn't have built. Tiny kids and all, drunk. Wicked."

"And you don't see any gardens outside their homes. The money is going on beer. I think it is terrible."

"Living up the tip of the North is not rich like Auckland. You can get a job anywhere there and get the money, but here you can't. I said that's why I want to go home. It's all right for old age people, their money comes, but it's no good for other. They need us."

#### Living in Kaitaia.

Joan, 34, Australian born, talked about some of the things she saw in Kaitaia.

"There is a certain amount of loneliness for some families, who are perhaps just on the breadline. And there is poverty but mostly they need somewhere for them to go and talk. I mean, the solo mothers over there can't afford to get about much. If they've got little children they can't afford a car unless they've got a good friend and they can't afford to do

much other than be at home and be alone."

Isobel, 54, English-born, had come to New Zealand and the Far North twenty-six years before. She had had mainly good experiences:

"There's one thing that I'm very thankful to New Zealand for is that people have always accepted me for me. Having come very much from a class orientated situation and you don't find that to the same extent in New Zealand at all. New Zealanders take you as you are. And if you have got any talent it is utilized, providing you allow it. This is what I have found has been extremely good for me. And I don't regret coming. No way. There have been so many opportunities to give back."

Felicity, 61, a Pakeha widow, had lived in Kaitaia for nine years. Her experiences had not been positive. She said:-

"Well, what I can see of Kaitaia they are a very cliquey mob. It's not like what you're used to in the country. Some of our neighbours - the fights, the brawls, the drink! It's a nightmare, this street, it really is. It's a nightmare! Especially this last twelve months it's been terrible because you dare not have anything without a big padlock on it. I refuse to go out the door after dark. It's locked when it gets dark and that's that."

"The hardest thing in my age group is having to put up with younger women around here and their parties. Because I'm the only old one here I just don't fit in because they all like their good time. Rowdy parties, you know .....Well, the children are left to look after themselves, aren't they? Half the time even the young ones are roaming around. Well, the mothers

don't know where they are. The mother is behind the curtain watching T.V. There's two or three men at work, but it's a good dole street, this one."

"Well, drink is a big problem here. Yes, it's a big problem here! Because the fathers get drunk, then the next thing the kids get beaten up and that is the sound you wouldn't want to hear. It's pitiful. There was one wife here, just before her baby was born, she used to get it from her husband.....You daren't have anything to say, you know, but the screams that come from a woman when she's being bullied from a big man, it's terrible."

QUESTION:

"Does anyone interfere?"

ANSWER:

"No, its amongst the Maoris you see, and they don't interfere. It's kept in their own household."

Peg, 61, Pakeha, who came to the Far North forty years ago, said:-

"In Kaitaia there is nowhere to go to, there is nothing different to look at. I think of the monetary worries some people have and I think that if they've got little children they are tied."

Miriam, 66, Pakeha, had retired to Kaitaia with her ex-farmer husband some years before. These are some of the comments she made:-

"Sometimes we do feel that people are lonely up here. But I was talking to a chap this morning who has shifted in several houses away. They came from Palmerston North and he is just revelling in it. He has been in touch with Senior Citizens up here and is really looking forward to a warmer climate and to perhaps joining a few things here."

"Then I was talking casually the other day - we were sheltering out of the rain - to a Maori lady and she had come up from Palmerston North too, and she said she was so happy up here. She said there was no colour bar. She said, 'I'm happy with my neighbours', and she was very enthusiastic about it."

#### Summing Up:

It seems to me that this composite picture has borne out the point I have already made about the isolation of the Far North from the rest of our country. Some of the women also spoke about isolation within the district. They mentioned our terrible country roads and the distances some of us must travel to participate in community life.

The fact that we are rather a closed community that makes uninformed judgements about people has been mentioned more than once. So has gossip. Others have talked of the lack of stimulation within this environment, especially for children and young people.

The worst of the bad characteristics of the area have been spoken of; racial prejudice, violence, (some of it against women and children), and the effects of alcohol. There have been telling descriptions of rural poverty that existed in 1982 and before. It was here long before the current crisis in rural areas.

Yet, there is a charm about the district that is unlike anything I have found in other rural areas of New Zealand. I associate much of the warmth and friendly simplicity that I have experienced here with the Maori people.

Some of the best things about the Far North that I see are embodied in Nana Ngaio's account of her return from an Auckland hospital:-

"It was 5 o'clock when we hit Kaitaia. We went through the street there and I smelt the fish and chips. And that was the first time I was hungry for something. And I said, 'Fish and chips!'

I will just have to have some, you know.'  
And the sister heard me say that, you know,  
and she said, 'Never you mind, we will get  
someone to go down.' "

"And when they were pushing me through the  
ward.....I saw all the nurses and sister  
standing from the office there and right by  
the office was a sign, 'Welcome home, Mrs.  
Herewini.' And they all came, and it was  
Sister Popata was the Sister, and I was cry-  
ing. After that they wheeled me down to the  
day room. When I got there the table was  
set and the nurses got their cup of tea and  
that. And Sister Popata said to me, 'Mrs. Here-  
wini, what would you wish to have for your tea?'  
And I said, 'Sister Popata, I wish I had those  
fish and chips in town.' She just pulled the  
cloth off and I had fish and chips. I had chips  
and a big flounder. You know, the tears were  
running down. I just took one chip and a spoon-  
ful of flounder. I didn't want any more and  
she put it away."

"And that night, my family arrived about 10 o'clock  
at night, but they let them come in for us to have  
a service, eh..... I like to have the service. I  
told Sister Popata to take me to the top room so  
when they came they don't track through the passage-  
way. So anyway, they came in and we had the ser-  
vice and they went away. And I was there for a  
month or two before they let me out."

Could this happen anywhere else in New Zealand?

CHAPTER 7:FAMILIES AND THE STRUGGLE FOR PERSONAL GROWTH  
AND FREEDOM WITH THEM:

Families were very important to most of the women I interviewed. In fact, family relationships was the most frequently mentioned theme in the survey, more frequently mentioned than the aspects of living in the Far North that I dealt with in the last chapter.

Only one of the women I interviewed was not attached to some type of family grouping. That girl, Yvonne, felt a keen sense of deprivation because she did not belong to a family circle, having removed herself from her adopted family because of a feeling of not having belonged. She had felt no happier in several foster homes since leaving her adopted family.

Sometimes, she told me, her sense of aloneness was overwhelming:

"It just hit me recently, when I get married, who is going to give me away? You don't have any uncles, you don't have any aunts, or cousins. You look out there and you've got absolutely nothing. You could normally look out into a circle and there is everybody there. But there is nobody. There is absolutely no one."

Even the 86 year old who had never married or had a child, had devoted her life to her birth family. First Jessie had cared for her mother for twelve years, then she had looked after her father. Then:-

"When Dad died he left the farm between Bill (brother) and I, half and half. Then Bill just dropped dead one day when he was mustering. He was only a young fellow, about 56, so George came straight up to help me. There were so many, 33 nephews and neices, you know. Some of them were pretty hurt because I didn't pick this one or that one. I said, 'Well, I was so upset and George just stepped in and

he was just right.' So we worked together for a while and then I gave him the whole kabuse . . . . . I've been looking after him and he's been looking after the farm."

Compared to poor Yvonne, Jessie had a wealth of family resources. Although Jessie had given much to her birth family, it's members had given her a purpose to life and a sense of belonging.

Family groupings are usually considered the most basic social unit and the presence of a woman, usually with her children and often a husband, is the essential element of most families. Thus it is in the Far North.

In this Chapter I want to look at some of the ways in which women are linked into families. I also want to look at some aspects of the conflict women can feel between the need for the security and belonging to a family and the need for some degree of freedom and independence in their lives.

#### Marriage.

In Chapter 2, I discussed the importance of the nuclear family unit within the capitalist system. A more or less permanent pairing off of young males and females is an important step in the formation of new nuclear units.

The age at which this pairing off takes place is affected by several factors. It can reflect which of the two roles of women, motherhood and paid worker, is seen as most important at a given time and place. Generally, if girls marry early they do not have time between leaving school and marrying to acquire skills necessary to prepare them for successful roles in the paid work force. Neither do they have time to gain any degree of independence before they become financially, and possibly emotionally, dependent on a husband. Once a woman is married her own freedom of action and choice tends to become subordinate to the needs of the man, and probably of the children, within the family unit.

In the Far North early pairing off is very common. Annette, 16, was already putting her boyfriend's needs

before her own. She got a job, left school and began part-time correspondence lessons. Then:-

"I resigned because I was tired. Mum was away and I was working here at home. I was getting tea for Dad, I was trying to do both lots of correspondence .....I wanted to do correspondence and I had my job and there were problems with my boyfriend. He ran away from home. So I was trying to look after him at the same time. Something had to go, and it was my job and one of my subjects."

Lorna, 26, the solo mother of two, had begun her de facto relationship at 16½.

Doreen, 22 and still unmarried, was the only young woman I interviewed who contemplated remaining single. She said:-

"I don't ever expect to get married, actually. I don't mind if I never get married. I'm quite happy being single, staying single, and having a career. Saving up and buying a house, as I am hoping to do. I want to be independent. Even if I was ever to get married I'd still like to know that I had my own place behind me."

But in a society where early marriage is the norm, being unattached to a male can be quite uncomfortable, so males, too, are snatched up while young. Doreen commented on this:-

"There's not much to find in the opposite sex up here. There are not many eligible men walking around the place at 25 or 26. They are all married with a couple of kids by then. If not they're already living with someone. Or they're engaged or something."

So many young women have very few years of independence, if any, before they develop their own family

relationships and responsibilities.

Some of these women may look later for the independence they didn't have before marriage. Others may be forced into independence by their partner's refusal to accept family responsibilities. Lorna was one of the later, as she told me:-

"I don't think I had any help because he wouldn't give his help. He had the vehicle, I had nothing. If my children got sick I had to push them down, wet or cold, in the pram, down to the doctor's, if I didn't have money to pay for the taxi or my neighbour was not at home. I try not to depend on my neighbours because I might make a habit of it. I did get brassed off with him. But I thought to myself, well, that's it, I've got to cope on my own."

Because our Far Northern Society doesn't approve of young women who aren't safely attached in one way or another to a male, sanctions are often brought to bear on unattached women. Naomi, 29, and newly separated, was feeling this disapproval. She said:-

"A lot of women that I mix with are already thinking for themselves but they seem to have to fight the rest of the community in a way. I feel that a woman who starts to know her own mind and move forward in this town can be put down. The general attitude here is still very stifling, I think. It may be because I've been brought up in this town myself that I just feel inhibited. You know, if it was a big city it would be different, I think."

Nicola, 35, who had left her husband after ten years of marriage, spoke of the difficulties some people had in dealing with her when her marriage broke up:-

"When I split the headmaster couldn't handle it. This house was vacant, and he

procrastinated and he did all sorts of things. I actually lived in a motel for three months because he wouldn't allow me to have this house. And that was a real crisis. I ended up going to the N.Z.E.I. He wanted Walter (husband) to come down and talk to him about it because he didn't want the school to be seen to be involved in this marriage break-up. I don't know why he reacted like he did. It was really very, very bad."

This woman was supporting herself by full-time teaching, so the disapproval shown by the Headmaster was of her wishing to live apart from her husband, rather than of her being a drain on the taxpayer.

Even if women are unattached through no fault of their own, through widowhood, things are not necessarily easier. Maria had been 38 with five children, the youngest only three, when her husband dropped dead. She said:-

"I did everything myself. I had neighbours who would pop in now and again but they didn't do anything for me. I just managed my own way, with the boy. He was only eight, but he was like company for me, and we managed. He would climb up places and hammer in a few nails if needed ..... Women, I don't know, a lot of women didn't want me in their company. I don't know what it was, whether it was me, or they thought that me being a widow I might interfere with their husbands, or God knows what! They would accept you for a little while and then they would all kind of move away and just leave you there. And even though you wanted to - you just wanted their company, just somebody to talk to, you felt pushed out."

This extract proves, I think, that it is not only men

who impose social sanctions on unattached females. Presumably the women Maria mentioned saw her as a possible threat to their family stability.

Women Without a Male Head of Family.

Table 2 in Chapter 5 showed that 32 of the sample were living in a married situation. Here I would like to examine the situation of the other 18. We know that 6 of the single women were girls in their teens or early 20's. Four of these young women, Annette, Karen, Nora, and Doreen, lived at home with their parents. Helena was boarding away from home with relatives during term time so that she could attend Kaitaia College. Yvonne, the girl without a family, was flatting with other young people.

Beryl, a solo mother at 19, had returned to live with her grandmother, who had brought her up, before the birth of her baby. She told me:- "I've still got Rayleen (child) and I moved in with Nan because the last couple of months pregnancy were pretty hard. So I moved in with Nan and I've been staying with her ever since. Her and me and Rayleen."

Lorna, the 26 year old solo mother, was living alone with her two daughters when I interviewed her. She talked about being the third generation born out of marriage:-

"Three years ago I found out that my grandmother had one child before she got married to my grandfather and I thought to myself, well, I'm in that situation now. I'm a solo mum like Grandmother and Mother. I must get it from way back. It's sort of hereditary. Being home on my own with the kids I do get quite lonely. But I suppose I fill the time in by playing with the children, reading and having a few games."

Although Lorna talked of hereditary solo parenthood, I do not think that is what she really meant. Both her grandmother and mother had married after having a child. Nor did I gain the impression that Lorna was likely to remain living in a solo parent situation any longer than

she had to. There was already someone else she was fond of but she said, "I'm a bit frightened. Deep down, I'm a bit frightened that I might lose that friendship and love like I did with my first one."

Apart from the two separated women from whom I have already quoted, the other women living without a male head of house were the seven widows.

Maria, widowed at 38, regretted not having re-married. She told me about a man friend who had been prepared to help her but, "My children were really rude to him. How he ever bothered to come, I honestly don't know.....I think that if I were left a widow again, regardless of what the children thought or said, I would have got married again, even if it was to a Chinaman."

Five of the seven widows lived with members of their family. Stella had two of her daughters and two grandchildren with her at the time of my visit.

Felicity, 61, lived with her single son. Her biggest problem, "Would be having to put up with the younger women around here, and their parties. Because I'm the only old one here and yet I just don't fit in. You just don't fit in when you're old. You are just the old kuia."

Bessie, 63, had had some family support after her husband's death. She said: "Yes, there's one that stays with me, the single one. He was working in Auckland but he came back and lived with me, to look after me, and I've always had these two (mokopuna) ..... They like to go to Nanny and I feel, especially at school time, when I have no-one, you know, and that's when you've got too much time to think. But when you've got the kids around you you havn't got time to sit around and mope."

Nana Ngaio lived in a pensioner flat near her village. She said, "I'm in here, Mrs. Heremaia's next door, and Mrs. Black next door to her. The three of us - but we have our grandchildren staying with us. Oh well! I have Billie (great nephew) staying with me."

When I visited Greta, 74, a Pakeha who had been widowed a year, she had a daughter and her husband staying with her while they built a home nearby. Her daughter told me:-

"I said to Bob, what say we build out there? 'All right,' he said, 'We will come and build out here. We can always move again some time when we are able, but in the meantime we will be by Mum.' "

The remaining widow, also Pakeha, was 80 year old May, who lived in a pensioner flat in Kaitaia. She had left her son and family on the farm and taken herself to the flat at 74. She said, "I realised I couldn't go on helping Andrew. His children were growing up and I wasn't needed, and anyway I felt quite bitchy about them not helping me in the cultivation ..... That was what it was, I think, that really made me think about the flat, that the boys didn't come over and help me. They were fourteen years old. Well, Andrew could have come too, once a week, or something, to do something in the garden."

So instead of continuing to help her own family, May had built up a type of household support system at the flats. "I do call over to Joan sometimes but I've sort of taken to looking after Peg White and taking her a cup of tea, or I go over there and make tea ....And I keep an eye on Tom. Yes, he's 76 or something. But we keep an eye on them all. There's Jillian and Joan Hedges down there. She's the biggest worry."

I know that there are old women living on their own in the Far North who have no family in the district and may be lucky to see family members once a year. But my snowballing technique didn't lead me to any of them. In my sample the extended families of both races looked after their mothers and aunties quite well. The oldest of them all was still so busy looking after other old people that she didn't require much care herself.

#### The Extended Family.

As you can see, the extended family was very much a part of the life of women with family roots in the Far North. If you allow it to be, an extended family can be incredibly helpful. Take the example of Sarah. With extended family help she had been able to continue teaching most of the time while she was having children. She

explained to me how they had all managed when she had her sixth child:-

"I took a year off, and during that year my son, who was about a year on in University, his girlfriend got pregnant. They had a baby at the same time, so she came home with her baby. We had two babies here and we also had four foster children. Then she went back to Auckland and I had the two babies, and they were just starting to crawl. I've always had relations. I stayed home for a whole year with the little ones, then his father (Sarah's husband) had the two of them ..... My sister and sister-in-law used to come up during the day and they helped with the washing and things like that. So really, I've been able to work because of an extended family."

If you are not used to an extended family situation it can become rather overwhelming, however, Rima, 28, found this when she shifted North to stay with her husband's family in very primitive, overcrowded conditions. She said, "It was hard to cope with living with the in-laws and having no stable family income ..... It got a bit unbearable with too many coming and going. Sometimes there were thirty of them. We just had one room. The old lady was set in her ways. It was hard to do things. You try to improve the living conditions in the house. She never said anything openly but you could feel she didn't like you moving anything or cleaning up."

In fairness it must be said that her discomfort was possibly due to overcrowding and poverty rather than to the extended family situation.

When I asked Dee, 30, if she had had any problems fitting into her husband's large family, her reply was, "Not at the beginning. When I first got married I fitted in very easily but when it came to living near them, that's when a lot of little things happened. You were more or less living your life in full view of in-laws. It is not easy."

The Wife and Mother Role.

Parenthood was another topic the women discussed. 39 of the women I interviewed were mothers. Some had quite large families as the following table shows:-

TABLE 10: FAMILY SIZE AND AGE OF MOTHER

| <u>No. of Children</u> | <u>Frequency</u> | <u>Ages of Women</u>                 |
|------------------------|------------------|--------------------------------------|
| 0                      | 11               | 86,65,23,23,22,22,19,18<br>17,17,16. |
| 1                      | 3                | 27,23,19.                            |
| 2                      | 10               | 71,88,42,41,35,33,29,27<br>26,23.    |
| 3                      | 7                | 70,61,52,41,37,36,34.                |
| 4                      | 4                | 54,41,30,28.                         |
| 5                      | 6                | 75,66,54,53,52,28.                   |
| 6                      | 4                | 80,74,44,43.                         |
| 7                      | 2                | 63,49.                               |
| 8                      | 0                |                                      |
| 9                      | 2                | 61,55.                               |
| 10                     | 1                | 47.                                  |

Like marriage, motherhood was an almost universal experience for the women I interviewed. Only two old women had no children. As the other childless women were twenty-three and under it seemed likely that they would give birth before their childbearing days were over.

All the women I interviewed spoke seriously about the responsibilities of motherhood, even those who had no children. Carmen, a 23 year old married woman, said:-

"I don't know if I'll have children. I don't know if it would be fair to bring kids up in this day and age, honestly. Maybe it's selfish but I'd rather adopt or foster. There are so many kids around that could have so much done for them. Sometimes I look around, especially in the shop, where I see all these kids, all the time. I see them up and down the street, all hours, you know, and I just feel like grabbing them and taking them inside and trying to straighten them out. I'm not saying it's their fault. As far as I'm concerned it's their parents' fault. Maybe one day."

Ten women spoke of the way mothers bear the main burden of parenthood in our society. Rachel, 41 and the mother of four, expressed it this way:-

"I think that by the time you are thirtyish you are resentful of the time you spend on your husband, on your children, and there is no time left for you. It just seems so bloody miserable and everyone is to be worried about except me, and I can't get anything for me. If I want to go and do something I have to organize the whole blooming family, but if my husband wants to go and do something, he just walks out. What about me? And if your child is not doing well at school, who has to go and look at it? I have to look at it. His teeth need looking at or he has got to go to the doctor - who has to do it? I have to do it. He is unhappy at night and having nightmares. I'm not a good mother. It's always me. Everything that goes wrong is me. And you get very bitter. There doesn't seem to be anyone saying 'Hey, you are a neat person! You look lovely and your kids are gorgeous! Everyone is critical. You think that everything

is your fault. I was sick of being responsible for everything."

Isobel, 54, Pakeha, the mother of five, also spoke of the way roles take over:- "You get resentful that you are a wife to your husband, a mother to the children. They see you as a Mum who does the washing, the cooking, taking them here and there, entertaining their friends! But you're not you. You as an individual get swallowed up in all this."

But Laura, 27, married and the mother of one child, spoke of her grief at losing her second baby in the sixth month of pregnancy. This left her infertile, which had wide implications for her. She said, "So many people couldn't understand. Oh! She's had a miscarriage! Oh, what the hell! But it was more than that for me. Shelley laid a bit of guilt on me in a way - you know - 'I was going to have a baby brother or sister and now 'Im not.' Adam's always been good. He doesn't blame me. But it was quite hard. Living in the country like this you are expected to have a family and I think I felt a failure."

If Laura is typical of the way young women feel, motherhood is a mantle that rural society expects women to don and which is worn gladly until the burden becomes too great, as it did at times for both Rachel and Isobel.

Dutiful Daughters.

Seven women also told me about the burden they had assumed as dutiful daughters and daughters-in-law, with the care of aged parents and relatives.

Joan, 34, told me how she found herself in this situation when she and her husband came to New Zealand. She had three children. She said:-

"Cyril's father was living when we first came back (from Australia). We moved into this house to live with him and we couldn't really move out and leave him on his own. He wasn't coping. His health was deteriorating rapidly and I was actually nursing him. It had a great effect on me because I felt my life was

closing in and it became too much. I could cope with the housework and cope with him because he was never a demanding person. In fact, I think he was really fond of me and that made it easy not show, but inwardly I would take it out on Cyril. I had a certain amount of guilt but I had him moved into a home."

Elsie, 71, had had an ongoing problem with the care of elderly relatives:-

"First our mother was going downhill. My sister and I looked after her and we never really lost a sense of guilt if we thought of going and doing our own thing. We missed out on outings and picnics ..... And my husband's father lived with us for the last two years of his life. He was in his 90's when he died. They lived for such a long time and we were all getting older all the time. It's been my father for the last year or so. The hospital consented to take him and we look after him for a week every month and they look after him for the rest of the time. So, all in all, we've devoted years to old people. By and large it's the daughters."

It says a great deal for the constitution of these Pakeha of pioneering stock that they lived so long! By ordinary standards, Elsie, at 71, would have qualified for care from her daughter. It was impossible not to feel sympathy for her in her situation.

#### Childhood Unhappiness.

With so much emphasis being placed on the families and children by the women I interviewed, I found it surprising that nineteen women in all spoke of having been very unhappy in some part of their childhood or teens. Several women had spoken about staying in the Far North

because it was a wonderful environment in which to bring up children. Why, then, were there so many unhappy memories of what was supposed to be the most carefree period of life?

To try to find some answers I decided to have a closer look at the younger women, those 26 or under, on the grounds that their experiences would be more relevant to present social conditions.

For Annette, the only 16 year old I interviewed, her unhappiness had arisen in her early teens. It had been associated with growing up. Annette was the youngest of four and her parents were middle-aged by the time she reached her teens. Her mother suffered from long-standing health problems, which meant she had extended spells in hospital. Annette spoke of her recent unhappiness as she struggled to achieve independence:-

"You go through the stage of looking for your independence, you know, when you're about 15 or 16, and you want to leave school and get a job, so you go home and argue with your parents. You try to make them understand, and sometimes they do and sometimes they don't. So there were lots of arguments in the family and things just blew up out of proportion. It got so far that a lot of times I was ready to leave home. Mum and I got into lots of arguments between ourselves and it was upsetting for her because she wasn't very well."

I would see this type of experience as a fairly normal part of growing up but with the conflict intensified by the youth unemployment problems of the time, which placed more pressure upon young people to remain at school.

Yvonne's unhappiness was much deeper and more long-standing. She told me about some of the reasons why she felt that she never belonged within the family that had adopted her as a baby:-

"I felt too different. I felt left out. Well, for a start, I was a different colour, which I never let bother me. But when you get a different

colour and a whole different way of life and the people who adopt you have got children of their own, well, I felt that we were treated differently and just weren't loved as much as the others. I always envied the kids going to school. I always wanted to go to school, just to be the same as everybody else, and for the social life. I missed out on a lot."

It would be very wrong of me to generalize about adoption on the evidence of this one girl. Nevertheless, her case does highlight some of the pitfalls of mixed racial adoption.

The initial problem was compounded by the fact that her parents, who had one child of their own before they adopted two dark skinned children, then had two more children of their own. Further problems were added by their deciding to drop out of middle class, professional society. As a part of this rejection of standard values, they withdrew their children from the state school system by moving into isolated country districts. In following their dream they did not seem to realize the magnitude of the burden they had placed on Yvonne; to be different from others around her in colour, status, educational achievement and social development was asking a great deal of her adaptive capacity.

Beryl, 19, had been brought up by her grandmother, a common enough situation in Maori society. In her case it hadn't made for a happy childhood, as she told me:-

"I don't think it is a good idea for grandparents to bring up children because they miss out on so much. Their grandparents can't afford to buy them what they want. They are not in the fashion and the generation gap is bigger. You miss out on relationships, really. Instead of parent relationships and grandparents - they become parents as well as grandparents, all in one. It was bad from the time I was about thirteen. I rebelled

because I wasn't allowed to do anything."

Beryl summed up the problem that can arise when grandparents bring up grandchildren remarkably well. She had returned to her grandmother for support when she became pregnant.

Inez, 22, had also been very unhappy in her teens. The story she told me was unusual:-

"Well, one day my cousin said, "Hey, do you want to read a letter from your brother?" I thought she meant my little brother, but when I read it, it was from my boy cousin. Suddenly it all clicked. It made all sorts of things fall into place; things I should have realized before; that had been staring me in the face for years but I hadn't seen them. I always knew that my young brother was really dark and that people were always taking me and my cousins for sisters. We looked alike. My cousin was really my half-brother. I felt bitter that my mother hadn't told me; that I had been the last to know. It hurt to think that everyone else knew; that they'd always known, even the children." "It was who my real father was that was the problem. My aunty's husband. He's a real dog. Mother wasn't the only one. I used to think he was quite neat but from then on I hated him. It had a real bad effect on me for years - turned me against everything."

In the course of the interview she told me how this information had unsettled her at school, helped make it difficult to settle into a career and poisoned her relationship with her mother for years.

Lorna, the other solo mother, had also been brought up by her grandparents. She said:-

"I know I had a miserable life. I was lonely because there were no brothers and sisters after me, to play

with. Most of my life I had to work. As I got older I sort of disliked farming, but if they needed help I was there to help them out. I always wondered why my mother gave us away. Fire seems to blow between her and I, and my grandmother and I."

Two of the five young women in this sample had been brought up by elderly grandparents and were unhappy about it. Both of those girls had become unmarried mothers at quite an early age and both had elected to rear their children themselves.

A further two out of the five had been subjected to experiences which made it difficult for them to have satisfactory self images.

Three of the five, Yvonne, Beryl and Lorna, had been brought up to feel financial and some emotional deprivation. Four of these young women were dark skinned. Even Annette had some Maori blood in her ancestry, a fact that she and her family chose to ignore.

The other factor that all these five young women had in common was that for one reason or another their relationships with their mothers had been broken or disturbed.

Of course, there is no conclusive evidence to prove this upset in 'normal' family relationships was what made childhood or adolescence unhappy for these young women. However, I do believe that as a society we do not value children highly enough. Because of this, society may fail to support mothers or mother replacements sufficiently so that they are able to care adequately for their children. It is usually a woman who raises a child and fails to get adequate support in the task. New Zealand society seems to have been particularly remiss in supporting Maori caregivers and children.

Nor do I believe that this is a situation that has arisen only in modern times. Five out of thirteen women between the ages of 16 and 26 had been unhappy in their youth. The ratio of 5 : 13 is not very different to that of 19 : 50 for the overall sample.

Freedom and Independence - Good or Bad?

Thirty-four of those I interviewed spoke of these topics in one way or another. An interesting point was that they weren't always mentioned by those women who obviously had a fair degree of freedom and independence, as they probably weren't issues for them.

For there were women among those I interviewed who were obviously in charge of their own lives. Some of them were widows, whom circumstances had forced to take charge of their own situations. But some of the older married women were where they had chosen to be and were quite happy about their situations.

Edna, married and 61, was probably typical of this type of woman. She said:-

"No, no, I havn't any problems. Dear old father and I got on very well. Probably we are more comfortable in these years of our lives than we ever were when we were young ..... We came to a very amicable agreement about this going out and doing our own thing from quite an early stage of our married life. I don't begrudge William any interests whatever - I like people to be happy - but way back when we were first married I noticed that if I wanted to go out I'd have to stick up for myself and we came to this sort of amicable agreement right from the beginning. We found that worked out very nicely - you know, we work in together."

Women such as Edna, Stella, Becky and May didn't talk about freedom and independence for they probably had as much of either as they wanted. All these women were over fifty.

Other, younger women, also felt that they were independent. Joan, 34, said;-

"I was pretty independent (when I married). I had eight years of boarding school. I was at home once a term for the holidays, and I saw them - I loved them as a dutiful

daughter should, but I saw them as people. I could go home and see as I grew up that they were leading their lives as they wished and I was leading mine as I wished. I guess from a very early age I accepted responsibility for myself."

Joan had grown up in Australia. But Sarah, 43, a New Zealander and a Far Northerner, also felt in charge of her life. She said:-

"Mum was the sort of mother that could do anything. And when I say anything, I mean anything - from stripping an engine to breaking a horse, making a fence, sewing, cooking. She was really quite a clever woman. Mum's sisters came home and they ran the farm and they ran it well. They milked a hundred cows."

"The idea that women shouldn't work is quite foreign to me and I could never understand what Women's Lib. is all about. It didn't make any sense to me because the women in our family have been liberated for a long time. Those women that came home and ran the farm, one was a qualified chef, the other a qualified nurse. When they sold it they went back to work. A lot of the problem with women is to convince them that they can do it."

Two women who had been independent felt they had to curb their independence because it was less important than other things. Nola, 35, was one of these. She told me, "I think that perhaps getting married when I was 26, I had a lot of time doing my own thing. Maybe if you marry young you sort of fit into things along the line. But I had that time to be independent and I travelled by myself. I think it made it harder for me to adjust."

Mirth, 49, Pakeha, was a deeply religious woman, who

talked of having to curb her independence to the will of God, when she and her husband experienced hard times in establishing their orchard. She said:-

"I had been used to an income of my own prior to that. I was earning as much as Arthur was. You see, I have to constantly put everything into the perspective of what God is doing to my life. And so I knew God was dealing with me about my independence, and that He couldn't teach me to trust Him as long as I was relying on my own ability to provide money. So He had to take that away from me and He had to take Arthur's away from me to prove that He could provide, which He did."

The other women talked of struggling to gain independence. We have already quoted Annette's struggle for independence within her family.

Lorna attributed her pregnancy at 16 $\frac{1}{2}$  to a rebellion against her grandfather's over-strict control. "I wanted to go out to work but my grandfather wouldn't let me go. I was sort of his little angel, I suppose, and I wasn't allowed to go out, either. So in the end I had to beg to go out. I kept staying out more - rebelling. In the end I didn't come home."

Inez, 22, spoke of a general antagonism among young people she knew to being organized and controlled. Here is what she said:-

"Organized social life? I think that is what a lot of young kids don't like being organized about. I think, say five years ago, or even ten years ago, the social life might have been where they all went to their little clubs, with skating or something like that. But kids are drinking earlier and smoking earlier. Now you can find a fifteen year old who is blind drunk. A year at college and there is no in-between

till they finish school. They have already done all those things that people have to do. I don't know if they grow up; they just get old."

Doreen, 22, had experienced enough independence to value it. She said, "I want to be independent. Even if I was ever to get married, I'd still like to work. I might go on to part-time work but I think I'd always want to have my own job and my little bit of money coming in so I could do what I like with it. Even if I had children I think I would want to work. It gives you that little bit of freedom, that bit of independence to do your own thing."

Independence did seem to be tied up with working in paid employment for several women.

Mere, 27 and the mother of two, was looking forward to achieving a little independence again, even if only for a while. "I've actually begun to look forward to work again. The freedom, I'm looking forward to the freedom and I know it's not going to last forever. It's only going to be for a few months."

Laura, 27, was about to start working outside the home. She said, "I sort of feel that I missed out on a part of my life. I was married pretty young and had Shelley, and I've never been independent. I never had a job .... I want to prove that I can do these things, that I can stand up for myself and gain a bit of confidence."

Dee, 30, had also married early, at 16, but she didn't feel that it had hampered her personal growth. She said; "Well, I think that everything that has happened in my first 30 years of my life has made me a stronger person and a very determined person. No matter how difficult things have been, I worked it out."

"When I first got married I allowed my husband to be the dominant one and fitted into the role of wife without any backlashes. But as soon as I started to rock

the boat a little by wanting to learn, that freaked him. I wasn't the same person. I remember the first time I ever went away, anywhere, from home, from my husband and left him with the children to look after for a week. I went to a Playcentre Conference. I was very involved in the Playcentre. Anyway, we fought and fought about it, but I was determined to go and I went and when I came back he shook his finger at me, 'Right! That's the last time you ever go!' I thought, 'Well, we'll see about that.' I never fought it openly but I just left it and the next time, about a year later, he had seen that my going away hadn't done anything terrible. Nothing awful had happened, and so off I went again. And now I'm always going away for weekend things."

Thus the pathway to at least a certain amount of independence isn't always through money. An early marriage needn't be a handicap to later independence. Dee and Edna, being strong women, had managed to achieve some independence within their marriage at quite an early stage.

Nicola, 36, and separated, talked of the joy she felt at gaining her independence:-

"It amazes me and it disturbs me to see women, quite confident women who can cope with all sorts of situations, and then they're married, suddenly not being able to cope any more. I think that this is one of the things I value, being on my own; it's the immense confidence I have gained. I remember when I was first on my own the thrills I gave myself that I'd actually made a decision! I actually did something! And I bought a car. This was a big deal! I actually bought this car and I

even did the deal by myself and handled all the hassles. It was really tremendous!"

To finish this section I would like to quote from Jessie, 86, When she was asked what had been the best part of her long life, Jessie said:- "Freedom! I've always been my own boss. I've never been lonely. I'm not that sort of person."

#### Learning to Cope.

Twenty-eight of the women I interviewed talked in some way about learning to cope with their situation. After listening to them it seemed to me that there was an attitude within this community that said women should learn to cope, and continue to cope, on their own, whatever their situation was.

Judith, 70, a Pakeha, expressed some of this attitude when she said, in response to my question on what additional facilities the community might need:-

"If anything goes wrong, okay, what's the Government going to do? It's the Government who should do it! I think you've got to be prepared to help yourself first before you run for help. All the social security is good up to a point but not when you are well enough to look after yourself. I think it makes them lose their independence."

Two women who had moved into the Far North had noticed this attitude and both spoke about it. Niccla, who had lived in the Far North for fifteen years, said: "I don't think that going for help is widely accepted. Just from people I've talked to, I think its almost a conditioning, especially among women up here, that you solve your own problems or you put up with it. Especially among the older ones."

American educated Irene mentioned this attitude in relation to the provision of counselling services. She said, "It's really that people have got a thing about coping by themselves. It's an interesting phenomenon, the way I see it. Probably left over from pioneering. They

have survived and it's worked well for them, but younger people, they don't handle it the same. There are too many other pressures in this modern world."

Learning to cope was easier for some than others. Vera, Pakeha, 44 and the mother of six, had faced an unplanned pregnancy at 40. Even her husband didn't want to know about it. She told me:-

"It was hard. I really needed someone to give me friendship and support and I didn't get anybody. I had a long period of feeling quite sad, and then I thought, 'Well, I can't go on like this. I'll just have to find somehow to get stronger.' I found, somehow, that praying was quite a relief to me. I used to have a prayer every night when I went to bed and in the morning, just to give me enough strength to go through the day. Just one day at a time. And I found I got the strength. I learned I had a lot of strength I didn't know I had."

We already know Maria, 52, the widowed mother of five children, and something of her troubles. Coping hadn't been easy for her, as you will see. She said:-

"It's pretty hard by yourself. It honestly is. I used to walk around crying, vacuum cleaning the house, and different people that came around, like selling vacuum cleaners, they came knocking at the door and you feel a silly fool crying, in the house, you know. And you think to yourself, 'What are you crying for? There is nobody here but yourself.' It's been a very lonely life. Really, I haven't been anywhere. Nowhere at all. I would have loved to have mixed with people and gone out and had fun, but I couldn't."

Phoebe, an English migrant who had moved with her husband and two younger children to very primitive, isolated conditions on an uneconomic farm, was still having great difficulty coping with her life. No wonder. She explained:-

"We have no money. We can't get on. The farm

income barely keeps us. It's an uneconomical unit. Eric can't get any work - that is, not part-time work or substitute work. He can't take a responsible job as he wants time off to work our own place."

"I worry about Eric working alone at the back, especially with the chain saw. He's bowed down with work, seven days a week from dawn to dusk, trying to make money. I don't see how we can get ahead. It's probably affected my health. It's the isolation I feel most, as there's no-one to converse with. They're all young here; a different age group. Coming here at my age has been a problem. The two friends I made moved away from Kaitaia."

Elsie also had always had great problems coping with her frustration. Brought home from boarding school at the age of fifteen to help look after her family, she had taken up an uncongenial occupation, teaching, because it was all that was available. She had suffered several breakdowns before she married, later than usual. Even at 71 coping wasn't easy:-

"I've always been a highly strung, extremely sensitive person, who climbs right into other people's skins. I take on other people's worries and responsibilities and so on. I'm anything but a placid person. I cope by just keeping on, and by being determined. I've got to be stricter with myself. Because when it gets down to the nitty-gritty you can get to the stage when you wonder whether you are sane or insane; whether you are going to crack. Once you get it firmly into your head that by and large it depends on you, you've got to do something about it."

Others found coping easier, or expressed it that way, at least. Dee had found that learning to cope had given her strength and confidence:- "I feel quite good about

myself, that I can cope. Maybe it's that I'm a very strong person, but I've never actually felt that I've got nobody to turn to because I've always turned to myself. I think perhaps a lot of women need encouragement to do that."

Norma, Pakeha, 53 and the mother of five, was much the same. She said, "With me, I am like that. I learned to cope with most things. There was always an answer somewhere. No, I think I've coped with everything as we come to it. But I won't say there haven't been times when I felt like going for help."

#### Learning to Know Oneself.

This is probably tied up with learning to cope. Fourteen women talked about this aspect of their lives.

Nicola talked about having had to face up to herself when her marriage broke up. Counselling helped her here:

"I talked it through, got it all face-on and realised that it wasn't the end of the world. There was time to pick up the pieces and start being myself. Up till then I was playing roles and I think that contributed to the breakdown of my marriage because I was desperately trying to be this farmer's wife and I was failing at it in every way. It was getting to be a bit of a joke. It got to the stage that if anyone was doing anything wrong, it was me, because I wasn't being honest. I was trying to be this person who just didn't exist and my husband couldn't accept that."

Mirth, like Nicola, had learned to be herself through the temporary breakdown of her marriage and having to learn to live on her own. She told me:- "You learn. You don't react to everything or anything that anybody else does. You live and be you. If you can do that then it doesn't really matter how the other people are because you are still you and you are still stable."

Elsie, 71, had struggled all her life to live with the other solution, that of covering everything up. That this

behaviour pattern had taken a considerable toll of her over the years is obvious in the following statement:-

"I've always managed to hide what I'm feeling. Very few people know that I go about absolutely seething with frustration at being back here, living here. They just don't know and I don't say anything about it. I find I manage to keep it to myself though I long to let it out to somebody sometimes. It's a mistake to hide it in a way. It's much better for most people if they let it go. I realise that and it's given me a sense that people just don't know what's going on under the surface. I never look at anybody without thinking, what has he or she had to put up with that day that nobody knows about? How do we know that this person living here is not this very minute thinking to themselves, 'Much more of this and I'll go and commit suicide.' "

#### Summary.

This chapter has been devoted to looking at some of the ways Far Northern women function, within their families. The study is by no means exhaustive. For instance it ignores aspects of work and responsibilities inside and out of the family.

What I have done is to select the main themes that came through the interviews and that the women themselves defined as important issues to them.

Trying to use this self-definition approach has made writing this chapter terribly difficult. Even after having written it, summing up isn't easy.

To begin with, families were of paramount importance to the women. Most of them accepted the idea of marriage and children, with the implied brief to set up their own nuclear family unit. They all thought that having and rearing children was a serious, worthwhile business. General expectations seemed to be that they would have more than one child. If too many children came too closely,

then the burden could be very heavy. Ten mothers said that they felt that they had been left to bear the main burden of rearing their children. There were some quite big families among the older women.

Some women lived in households without a male head of family but it was not a family form regarded favourably in the Far North. A woman who had been widowed at 38 had been given little support in rearing her children. She felt she had been ostracised in her rural community. Women widowed when older seemed to have been treated better.

All the older widows in this sample were being given some companionship and support by their families.

Extended families were very much in evidence in the lives of women who belonged to the Far North or whose husbands' had families here. Although it could take some time and effort getting used to having an extended family, they could be a very useful support system.

Seven women had assumed quite heavy burdens in looking after elderly relatives. While 14% is not a high percentage of the total sample, it does indicate that Far Northern women must be shouldering quite a portion of the problem of caring for the aged in our district. Thirty-four per cent of the sample talked about freedom and independence as an issue in their lives. In the main they talked about ways of achieving it within a marriage. Some were able to do this by achieving some space or some economic independence. Two had broken out of marriage to achieve independence. Two more talked of the necessity of curbing the need for independence. Two other women believed they had always had independence and the right of choice because of role models and childhood experiences.

Some of the women were quite capable of independent action. A few of these were young women both in and out of marriage, but the biggest group of independent women were older women who were married or widowed.

Finally I looked at two other issues. One was what appeared to be a community expectation that women in the Far North should learn to cope with their problems without seeking help outside of the family circle.

The final issue, mentioned by fourteen women, was learning to know themselves and what to do with that knowledge when they had it.

CHAPTER 8:WOMEN AND THE COMMUNITY:

In this chapter I shall deal with some of the other ways in which women functioned in the Far Northern community. Their relationships with the medical services will be given a whole chapter later because this was a theme of primary importance. The topics dealt with in this chapter were the main themes, apart from health and the topics already dealt with, that these women talked about.

Education and Educational Institutions.

Many of the women I interviewed were great believers in education and its power to cure social ills; unrealistically so, I think. Perhaps their faith in education wasn't surprising in view of the fact that seven of my sample were trained teachers. A further two had practiced as untrained teachers. Why there were so many teachers in the sample I can only guess. One reason might be that many teachers marry and settle in the country. Another reason might be that with the snowballing method of sample selection, like passes interviewer on to like. Certainly those I had already interviewed tried to think of articulate women to suggest for interviews.

Table 11 shows the number of years each woman had spent at secondary school.

TABLE 11.YEARS OF SECONDARY SCHOOLING

| <u>Number of Years:</u> | <u>Frequency:</u> |
|-------------------------|-------------------|
| 0                       | 9                 |
| 1                       | 3                 |
| 2                       | 6                 |
| 3                       | 10                |
| 4                       | 15                |
| 5                       | 5                 |
| 6                       | 2                 |
|                         | <u>50</u>         |

Those who had never been to secondary schools were older women, who probably had not had the chance of a secondary education. Kaitaia College did not open permanently until after the depression years of the 1930's, so women born before 1925 had little chance of a secondary education.

Miriam, 66, told me what happened to some girls of her age group; " I left school at 13 and stayed home on the farm. It was quite usual up here. It wasn't the thing for girls to go out to work in those days."

Nana Ngaio also left school at thirteen and went to work on a nearby farm. In her first year of work she received no money; being taught Pakeha ways was the reward.

Judith told me about her schooling in the following way:-

"I went to school in Kaitaia and then they started a high school in Kaitaia. It must have been about 1924, way back, then it lapsed. Not enough pupils, not enough support. My brother and sister went down to my grandmother in Auckland, and then I went down for two years and came back."

Elsie, 71, was another who was fortunate enough to attend secondary school:-

"When I went away to boarding school it was like a dream realized. I never got used to the fact it actually happened. And the day I left from Epsom Grammar I don't think I stopped crying all day. I wanted to go on and train to be an artist but my Dad was very much against it. I was one of the family, times were hard here, there was another baby coming and, all-in-all, nobody did that, anyway."

Jessie, 86, also talked to me about her school days:-

"There was a big predominance of white children when we were going and a few Maoris. The Maoris were very polite and nice. I didn't leave school for

a long time. I finished my Junior Civil Service and then I went off and started to help the teacher. That's where I had to learn to be a teacher. I helped the teacher for a couple of years. I must have been eighteen when I left. They wanted me to go to College but then my mother got sick and I preferred to nurse her for the next fourteen years."

Others among the older women spoke of the way that their families had valued education.

Sarah, 43, said, "Well, we came from a family that values education. They saw education as the thing. And also had a high value for books and reading."

Stella, 55, thanked her father for her education:-

"My father was a veteran of the First World War and he became blind and had to give up farming. He was on the War Veteran's allowance. I used to think he was just an old crackpot. I didn't think of him very kindly but what he taught us I have remembered. He spoke broken English, but he was for education. He was determined that we would all have secondary education. It wasn't easy in those days. I had to board. I stayed with the bus driver's family from Sunday night until Friday afternoon and then I went home after school."

"He was determined that I take French and Latin. Maori was the everyday spoken language in our house you know. You lived and breathed Maori. We didn't realize when we were switching from Maori to English, from English to Maori. We did it automatically."

Stella carried this respect for education over to her children:-

"I was able to educate my two youngest to boarding school because of his (husband's) insurance.

I had that. But I spent that on their education. I thought they needed their education; they couldn't make it in this world without it, and it paid off. They got through their apprenticeships."

Sarah, too, had sent her children to Maori Boarding Schools. When I interviewed her, the oldest had just graduated from University.

I think that these two women do illustrate that a respect for the value of education does tend to be passed on in families and that this respect can be just as deep in Maori families as in Pakeha families.

Table 12 shows that 48% of my sample had gained at least one School Certificate subject.

TABLE 12:

SECONDARY SCHOOL QUALIFICATIONS GAINED.

| <u>Qualification</u>           | <u>Frequency</u> |
|--------------------------------|------------------|
| 1 School Certificate Subject   | 1                |
| 2 School Certificate Subjects  | 1                |
| 3 School Certificate Subjects  | 1                |
| Full School Certificate        | 10               |
| Sixth Form Certificate         | 1                |
| 1 subject University Entrance  | 2                |
| 2 subjects University Entrance | 5                |
| Higher School Certificate      | 1                |
| Bursary                        | 2                |
|                                | <u>24</u>        |

The children living in the more distant areas of the County can have problems getting to Secondary School, even in modern times. Carmen, 23, told me:-

"I went away to school for two years. I belonged to quite a few clubs there. Athletics, mainly,

and guides, and came back here in the fifth form. I travelled in every day from up North. Never had any clubs or anything. It was too tiring. When I first started on the bus we used to leave at 6.20 a.m. because we had to walk about a mile to catch the bus. We never got home till 5 o'clock or 5.15 p.m. It was a long day but we used to sleep on the bus."

Helena, 18, who was still attending school, told me how she had got her secondary schooling:-

"We've got a bus. It's a half hour trip from Te Hapua to Te Kao, where there is a secondary school. It was alright, I guess. It was a really big school compared to Te Hapua. It was really good because everyone knew everyone else. I got 4 subjects School Certificate. Last year at Te Kao, I sat my U.E. subjects through Correspondence. Then Mum suggested to me she would be really proud of me if I'm the first of her children to come to this school. 'I got lost. I got lost in the corridors. So many children, and new, different people. Different teachers, you know. Totally different school altogether."

Some women spoke of the relative educational deprivation of country children. Teresa, 23, said:-

"When I look at Kaitaia College and some of the Auckland schools, we seem a lot less fortunate here. You look at the money that's poured into some of those schools and you feel sad because you know that we haven't got half the equipment that the Auckland schools have. It is supposed to be a free education system and it's not. And it's not an equal education system either."

And Laura, 27, also emphasized the disadvantages

suffered by secondary country schools in the Far North:-

"I think that educationally our schools are pretty hard done by up here. I wouldn't want mine to go there for her secondary education. I don't think there's a wide enough subject range."

"I think its good to a certain age, but after that I can see that there are so many kids that have oodles going for them; and they're sort of in this thing, and they can't get out."

Teresa, a Maori, spoke of the dead hand of examinations on the secondary schools:-

"There isn't any reward system in it. There's too much of an obsession with examinations these days. You have got to prove yourself and the only way you are going to do it is to pass exams. If you can't prove yourself theoretically, you are out the door. A lot of them seem to look for escapes now. They rebel. I got to that stage towards my end years. I was fortunate that I did land a good job. It makes you wonder what happens to those who can't get employment."

"I found a lot of schooling pointless in my last years. I couldn't see the point in Geography, because you study every other country in the world but your own. It seemed rather pathetic, really."

Lola, 41, was another who saw the education system as not geared to the needs of Maori children. She said:-

"This, again is one of the social problems of the Maori, because they feel they are not capable enough to put things down on paper, which is very important in the Pakeha system. If you can't put it down on paper you are not wanted. Maoris have always spoken things. They do not put it down on paper. I believe our education system could make better use of their talents. It seems to me that if they were allowed to do practical work then they might be actually motivated to learn written work. If they could be worked together, instead of it all being written work; do more

practical work."

"I don't think they havn't got any brains. A Maori child is very capable but they havn't been able to cope with the European system. It's as simple as that."

Pearl, 42, also Maori, expressed similar thoughts:-

"I think our whole education system is totally wrong now. They push you all towards academic careers. That's when kids start getting vague. Science, or something that is no use to them. It's not going to do them any good, so they start opting out of school."

These extracts illustrate three points. The first is that even today gaining a secondary education is not always easy for some girls in isolated parts of the country.

The second point is that there is a comparatively poor range of equipment and subject options available in schools in the Far North compared to some of the better Auckland schools.

The third point, made by the Maori women, was that they do not believe that the present secondary school system is geared to the needs of the young rural Maori people.

#### Continuing Education.

Some of the women I sampled had tertiary qualifications or part qualifications. Table 13 shows these. As a few women had more than one qualification, it is not appropriate to put a total at the end of the Table. In at least one case I do not want to reveal a woman's full qualifications for fear of revealing her identity.

TABLE 13.

QUALIFICATIONS GAINED SINCE LEAVING SCHOOL.

| <u>Qualification</u>                 | <u>Frequency</u> |
|--------------------------------------|------------------|
| Trained Teacher's Certificate        | 7                |
| Public Service Exams                 | 3                |
| Secretarial Certificate              | 3                |
| Uncertificated Teachers              | 2                |
| Part of Registered Nurse Training    | 2                |
| Registered Nurse                     | 1                |
| Two Year Interior Design Training    | 1                |
| Play Centre Helper's Certificate     | 1                |
| Hairdressing Diploma                 | 1                |
| School Certificate Book-keeping      | 1                |
| Two Years Dressmaking Apprenticeship | 1                |
| Part of B.A.                         | 1                |
| Part of Diploma in Teaching          | 1                |
| Bachelor's Degree                    | 2                |

Several of these women had continued their education extramurally since leaving school or would like to do so in the future. This section deals with their struggles, successes and hopes.

Annette, 16, and unemployed, was confident in the value of continuing education. She said, "I know that if I work long enough and try hard enough with my Correspondence, that in the end I will get a job."

Extramural university studies had been very necessary to Laura, 27, after the loss of her baby. She told me how her study had been received by local women she knew:-

"When I first started doing studies we had a meeting here for Kindergarten and they asked me if I would show them what I was doing. And some of the reactions of, 'My husband wouldn't let me do that. He wouldn't want me to know more than him', made me cringe. Adam's always encouraged me. But I felt embarrassed at the time and very reluctant to say anything to

anyone about my studies. But now everyone knows and it's no big deal. It wasn't until four of us within walking distance here were doing papers that we'd go down to the hotel and have our little students' meeting. You can support each other. When I first came here I began, and then Nicola started, and two folks over the road. It sort of spread."

Dee, 30, left school at 15 and married at 16½. But this was not the end of her education. She told me:-  
 "Well, when we lived in Auckland and after I had three children, I felt the stirrings of wanting to learn coming up all the time. I wanted to go to night school and I started doing School C. and U.E., but it was impossible with the hours my husband was working. So when we came up here I started doing Correspondence in Sociology, and that was a good, positive thing in coming up here as far as I was concerned. It gave me the chance to do something I couldn't have done in Auckland while the children were little. So that was good. And the real, long-term problem for me is the lack of education facilities. It just seems a long, long time before I'm going to qualify, or have the formal qualification that I'm working towards now. However, the important thing is that I'm learning and that is one of the rewards, that I'm able to do that. But staying the distance is hard."

Una, 35, hadn't been so successful:-

"My degree thing was a big hassle and I think I had to take on Massey units to put it into perspective. I thought I was being held back from my chosen career and I needed this degree for my mana, so I'm glad I started it. I had this little fantasy that with

pregnancy I was going to drift through. I'd be able to do all my units, get my exams, pass them in October, then I would have my baby in December. Then for the first three months I was able to cope with going to work and that was all, so the study had to drop....."

"But I'm glad that I took on the study and I feel that I'm able to opt out with a positive view. It's not something I've given up because I've failed. And also I've discovered that I'm a campus person. I like the lifestyle but I don't like disappearing off to my room by myself and studying."

Nicola, 36, found that education had benefits that extended beyond gaining qualifications:-

"I think that ultimately education has a lot to do with it (learning ones self-worth). You start to wake up and start to grow up and you start to think, 'This is me! Stop shoving me around!' Then you have the courage to say that. I think that a lot of women up here are just too suppressed to be able to stand up and say, 'Look at me! I'm not somebody's wife. I'm not somebody's mother. This is me, you know! "

Some women didn't take formal courses but continued educating themselves informally, Rachel, 41, who had reluctantly left school at 15, was one of these. She said:-

"But I look back and I don't begrudge the fact that I didn't have a secondary education. I love reading. Reading is vital to me, and I think I've learned a lot more since I've been away from school than I ever did at school."

Pearl, 42, had married a European migrant. She was another women who had continued to educate herself. She stated that her hobbies were studying languages, history and Maori culture.

Mere, 27, talked of her future ambitions:-

"You know, I'm thinking of doing something serious with my life, perhaps when the children are at Intermediate. I went along to book-keeping classes and found they were valuable although I didn't go very long because that was when we were moving and the house was being built and I was finding it hard to study with the kids. I enjoyed what I did. I'm looking forward to getting back into it at some later stage."

These extracts show that some of the women I met had lively, enquiring minds. Three of them were showing considerable perseverance with their extramural University studies. They demonstrated that even obstacles such as living in isolated country districts, early marriage and having several children didn't deter determined women from continuing their formal education.

#### Work and Employment.

Only fifteen of the women I interviewed work outside of the home, farm or orchard. Of these twelve worked full-time and three worked part-time.

Some of the older women had never worked in paid employment. Jessie, 86, announced cheerfully, "No, I've never earned a penny in my life! None of the four girls went out to work. I don't think it was done in those days."

Miriam, 66, who had left school at thirteen to work on her parents' farm, took her first paid job in her fifties, when she and her husband retired from the farm. She told me:-

"I had the opportunity to work and I really enjoyed the contact. It was my first paid job ever. When you are on a farm you never have any money. You know what I mean. You never have any cash. Everything is paid by cheque, monthly. It was quite a thrill, even though in those days wages were not high. My first week I thought I was quite rich.

I thoroughly enjoyed it. I'd go back tomorrow if I was able to. Just for the contact. Not really the money but the contact."

Workwise, the wheel has turned a full circle in fifty years for some. Lucy, 17, had left school at 15 to stay at home:-

"I stayed home and my mother went to work in the Forestry for about three months, and I had to stay back and look after the baby. I just stay home and do the cleaning up and gardening and that, and I help on the farm. I go and see the cows and things like that."

"I would like to go to work in the hospital, or something like that. There is only the Forestry up here, but at least it's a job ..... My sisters work in the Forestry."

Sadly, the most often mentioned aspect of work was unemployment, which was talked about by thirteen interviewees. Only one, Annette, was on the dole. Her hopeless attitude about the unemployment situation surprised me in view of the earlier confidence she had shown when talking about Correspondence studies. "There is not much you can do. Everything's getting computerized bigger and better. The jobs are either there or they aren't.

QUESTION:

Is the Government able to do anything?

ANSWER:

"I don't think so. They say, when they're arguing for votes and everything, they can make employment better but I don't think it's going to make the place any better. We're always going to have an unemployment crisis. There's nothing we can do about it, not with the new computers and things nowadays. Unless something went wrong with them and they all blew up, then we'd have our jobs back ..... Only those that really want to work, and those that really try are going to be able to."

"I know a few people; they are my friends; they've been on the dole so long that when they go back working they bunk off every now and then because they're not into the role of working. They prefer the dole because they don't have to do anything and they're getting money. But as for myself, I hate that way of life because it's boring. But I know it's giving me a lot of time for my shorthand. So I'm trying to get as much done as I can before I move into another job."

Teresa, 23, ex-clerical worker, also worried about computerization. She had been trying to find part-time work:-

"Things are changing so quickly. Now they're looking towards people who have had some sort of experience in computer work. I'm seriously thinking of taking up some sort of correspondence course but then I would learn it theoretically, but the problem still would be to get practical experience."

Inez, 22 and married, talked of her problems finding work:-

"I'd like to have a job and I can't afford to be choosy. I tried for one of these PEP gardening jobs and they asked me what my qualifications were and they were keen to take me on and I didn't mind gardening and chopping down trees. And then they rang up the Labour Department, who said, 'She's a clerk. She's too highly qualified to go and cut scrub.' So I didn't get the job. Being married doesn't help."

Kirsty, 19, had to search for five months for a job after she left the Air Force; "I just survived on the dole. I was only on it for about three months. I got a job eventually but it was through the Labour scheme."

Kathleen, 23, and Doreen, 22, were both fortunate that they had been able to work in family businesses when they needed employment.

Laura, 27, was on the point of taking up her first full-time job, now that her child had started school:-

"It was okay until Shelley went to school. The first year she was at school it was pretty good. I had my studies and my freedom. I could tear around and do this, that or the other. But in the winter last year I started to get pretty annoyed with things. Just being on your own all day with no-one to talk to got me. I found when I first started tutoring for the Community College that was enough, but it got easier. I've really got to do something. So I'm starting work tomorrow. I feel kind of like a tadpole turning into a frog."

"But, I can see there will be a lot of hassles going to work to start with. It's going to be home hassles and getting tired, but I can't see how that can't be worked out. I can see that with Shelley I'm going to feel a lot of guilt."

Indeed, coping with marriage, children, and paid employment is not easy, as some of the other women testified.

Teresa, 23, said:-

"I was married at eighteen and my son was nine months old before I finished work. I felt a strong sense of loss in trying to do a job and raise a young family as well. I'd start work at 8.30 a.m. I'd drop him off. I finished work at 5 p.m. All I really had time to do was hurry to cook him his meal, feed him and bath him and bed. You had no real time to spend with him. You were working on your weekends trying to catch up on the things you'd let go when you'd been to work for the week. So I get very hot under the collar when people say you

must have a career."

Sarah, 43, had worked most of the time she was rearing her family.

QUESTION:

Have you felt the strain, trying to balance your family and your job?

ANSWER:

"Oh yes, I think you do. Yes. I don't have enough time for written work - written planning. That's where I'd like to spend more time. And in making equipment."

QUESTION:

Is it love of children that keeps you teaching?

ANSWER:

"No. I think it's financial, because our land is not paying. We've only got 100 acres. The farm has never kept us. But I don't think I really minded that because I always liked to think that Paul was at home with the children."

Isobel, 54, expressed some of the struggles and emotion experienced by many working women who are also mothers:-

"One of the strongest emotions I've had on and off is resentment, when I've worked at the hospital and it's been very busy and I've come home and found the dishes still in the sink bench, no tea organized, and they walk in and sit around expecting that I will do the whole bit. I would stick with it for a while and then I would blow my stack and that would cause problems. I felt guilty because that wasn't my character and because there was all this resentment and anger."

Isobel's statement shows clearly the bind that the dual role of women within the capitalist system can place women in. On the one hand she was the mother of five children and she believed strongly that mothering was a worthwhile occupation. She said:-

"Women have the ideal role, havn't they,

providing they are given support? The knowledge that what they are doing is important. Now you see the child that has got a Mum, a caring Mum, and you compare that child with one whose Mum is struggling and feeling inadequate. It definitely affects the child, doesn't it? I feel very conscious that as a society we ought to be placing more value on children, and we ought to be more involved with helping women, supporting women and raising the importance of the job of rearing children. They need all the help they can get, and certainly not the put-down."

She also saw that women who choose to be full-time mothers rather than wage earners were not valued by the community.

But Isobel also had qualifications she had struggled to achieve and wanted to use. She continued;

"I wasn't ready to let go completely of what I had worked for and qualified to get and I felt I could still use. It must have been a fairly strong feeling and maybe that's why I'm still involved. While I can give back what I've had the opportunity to get, then this is what I should do. But I think women with children really do need to look at what they're getting themselves into."

Neither Isobel or her husband had family support in the Far North. Isobel recognized that this meant that they had faced extra family pressure.

"I do think that perhaps the lack of an extended family told. You see, we've never been able to have a break from them. We've always been responsible. Never had a baby-sitter. If I went out, Owen stayed home, vice versa."

Even though her own mother had been in the home to mind the child, Pearl, 42, was not sure she had done the right thing in going out to work. As she said, "Even though I work, I would like to see married women with

children under a certain age be home. I think I would do it, should I have my life over again. Even though we had a built-in Mum, as Mum was there."

These extracts show quite clearly the ambivalence felt by some of the women who worked outside the home. The comments of Isobel and Teresa show the physical and emotional strain a working mother can suffer unless she has some other additional help or well-trained, co-operative husband and children.

In the light of this role conflict, perhaps the lowering of ambition that I saw in some of my interviewees was a realistic adjustment to life. Perhaps they were merely recognizing and accepting the roles that society had allocated them. Helena, 18, illustrated this lowering of ambition in an able young woman when she said:-

"I wanted to be a pilot or a brain surgeon or a doctor, but I don't think I really want to go through all that. I'm not really good enough at mathematics."

"Last year I applied for the training course as a nurse and I was accepted. And Dad said to me to go back to school. Now I hope to get into a course at the Manukau Technical Institute for hairdressing. If I get through this hairdressing course I can come back up here and be self-employed. So that's all right."

Inez, 22, had set out to train as a Maori Affairs Community Officer, but when I saw her she couldn't get a job as a PEP gardener. Making the break from the Far North and her boyfriend had been impossible for her.

Karla, 23, had done two years interior design training at Tech. in Auckland, then;

"I realized I didn't want to stay in the city any more but I wasn't able to stay up here just going on the dole. Dad wouldn't allow me to, anyway. So I had to find work. I just went to every single office in town and asked them if they needed anyone, and got them to

put me on their waiting lists. Within a week I had a job in a bank and I stayed there for three years."

Unfortunately age doesn't necessarily lessen the conflict a woman can suffer between what she wants to do and what the people expect her to do. Elsie, 71, had wanted to train as an artist but her help was needed at home, so;

"I came home and helped domestically until, by some strange chance, a relieving teacher was needed at the Pukenui School. And I was the only one anywhere on the Peninsula who had had any secondary education, so I went. And inspectors came and they both thought I should carry on and become a teacher."

This she did but she suffered several nervous breakdowns during her years of teaching.

QUESTION:

When did you start painting?

ANSWER:

"Oh, when I was about 5½. I've just wanted to paint ever since. And don't get me wrong. I don't want to sound conceited about this. I just know that all my life I've been different. I have. And those people who know me as I was when I went to school and my burning ambition to set the world on fire, have remarked that there has been a big change in me. The spring seems to be run down, which is natural I suppose, as one grows older. But I still want to do things. I badly want to .....It's just a case of keeping on, keeping on, really. Just trying to make the most of it."

The Land.

It was mainly the Maori women I interviewed who spoke of this topic. Land was a heartache and puzzlement to some of them. Rima, 28, was an example of this. She told me:-

"Well, when the brother first died, we all had a talk. She (mother-in-law) wanted us to come back and she was prepared to build on their own land, because the house they live in doesn't belong to them. But it never eventuated. That was a big let-down because we came from our own house in Auckland."

"Well, I took her through to Kaitaia and she went to the Land Court and everything. I don't know much about it myself, but she's had quite a few dealings with Maori land. She saw a fellow about building and he said all you have to do is peg out a section by a surveyor. And after that nothing came of it."

"I even pleaded with my husband. Even if we got a double garage, sort of. It's something that you can call your own and you're not on somebody else's place, in their way all the time. Apparently it was signed over to my husband. But I don't know about Maori land at all. To me, Maori land is just a big hassle."

Multiple ownership of land sometimes caused considerable disagreement within Maori families. I will quote Mere, 27, here:-

"The whole problem is that they don't get on. If you take my grandfather's rights to begin with. He had land rights to two or three blocks at Karikari, one at Ahipara and one at Bayley's Creek somewhere. Anyway, after he died a daughter of his, (an Aunty of mine) was home from Sydney for Christmas and said, 'What's going to be done about Grandad's land?' And I said, 'Well, I don't know. I don't know anything about it.' And she said, 'Well, your mother is here. Your Aunty Lois is here. Why don't we get together and do something about it? And I said, 'Why don't you? It's nothing to do with me.' And she said, 'Oh, you know we don't

get on.' And I knew that. That would probably be the biggest problem; that the children don't get on. There are so many of them and they can't come to a common understanding."

Stella, 55, also had experienced problems with family land:-

"The problem of the land has been with me ever since the death of my husband. I inherited all that he had and it's been a struggle. The shareholders that were living here were wanting to do all sorts of fancy things. It is naughty to say but the arrears of rates were a godsend to us. We were in arrears by \$16,000. That was a big hurdle, so it is the reason why, after three years, we were able to make a deal with Northern Pulp. I had a lot of unpleasantness with my two sisters-in-law. Very personal. 'Well', I said, 'I'm only acting on behalf of my children.' We weren't thinking personal, of ourselves. We were thinking of the whole ancestral land under the umbrella. Now, as I was saying to my children, my grandchildren have got a share in that forestry. In the days to come they will hold up their heads. They own the forest. Actually, if development goes on like it is talked about, that will become increasingly valuable land. In forty-five years it will probably be worth a fortune."

Lydia, 52, and her husband, took the popular method of dealing with Maori land problems. "Well, of course, land has always been a jolly problem, hasn't it? We've had a bit of a hassle with land, Maori land. But we got over it. We got it Europeanised."

Thus the more sophisticated people coped with their Maori land problems. But for the unsophisticated such as Rima and Nana Ngaio, it remained a source of bitterness and bewilderment. Listen to Nana Ngaio:-

"Oh, they say they haven't got their title, and

this and that. That is the title of their section. You see, now we have to pay for the section, even if it is our own land! You know that? We have to pay for the section. We have to get the title for the section before they build. That's what the Maori Affairs scheme is now. No, can't make it out."

"Look, they're grabbing all the land here now. If you can't pay for your land rate, they grab it for the forestry. All these hills are Maori land. It's all gone. That's how bad it is. People here are living on sections now, and yet it is their own home."

"They say it is Crown Land. Yet when all our old people were still alive, they know it is our land. There is no such thing as Crown Land. But today they say Crown Land here, and Crown Land there. Where all my people used to live in the pioneers, eh, they claim it's Crown Land, yet that is where our great-grandparents lived. You go to the Maori Land Board to find out things, you can't find nothing. Well, they're destroying everything, eh. There is nothing left now. I was just saying to them, next minute they're going to push you all into the sea there, and that is the end of you."

As I listened to these tales about Maori Land, I shared the confusion of some of those talking to me. It seemed against the principles of natural justice that the people less well equipped financially or from experience to deal with complex legalities were the very ones faced with it. Obviously proving a title, even to a building section, which might involve seeking the consent of many owners all over the country, was by no means cheap or easy. The time and expense involved would dampen any but the hardest spirit.

No doubt these land problems contributed to the housing shortages among Maori people in the Far North.

Several Pakeha women were also involved with working the land.

Una, 35, and her husband were planting an orchard. She found that it was taking over more of her time and interest:-

"I think that the immediate change of my coming home and being responsible for the ongoing things on the farm, to do with the trees, has made the farm much more real to me. So I really feel it's more important to me to learn about avocados than to learn about poverty in New Zealand, because that is where I am at the moment. I find, as I gain more energy, that more of it is going into research on the farm and going into the farm accounts and that's what I pick up when I go into a room. I suppose it is just economic reality. Everything I own is tied up in that farm and that is what is worth making a go of at the moment.

Sarah, 43, was also involved with their market garden as well as her job and the family:-

"We are finding this market gardening quite interesting. We have got to go to Kerikeri after school next week to get the labels printed to go on the crates before you can market. And then these vegetables have to be sent to Whangarei or Auckland. They will come back again here to Kaitaia before they can go in to the shops up here. The shops have to have continuous supply, so they are going to use the markets. Most of our kumaras we have sold locally, but we've only sold half yet."

"We have found it quite labour intensive when you are digging and we didn't have much money to pay people. So we had to work darned hard. Planting is the same. My cousins came to help us. So there again it has really been the family, otherwise even our market garden wouldn't have

got going. Because of the wages."

Mirth, 49, also spoke of economic difficulties in establishing their orchard, and of family help.

"We have been nine years. It took us two years to find the land and build the house. You know, you don't just buy the land and move in today. And it's really only the last two years that we've got anything back from the trees. We could see the potential of this place and we didn't have the money to keep it going. But we couldn't get any. They just wouldn't help us at all with the water or nylon shelter. And then our boys moved in; our older boys. They took to meeting the expenses. Then the Rural Bank came to light just recently, in the last eighteen months, to provide the irrigation system that we should have had four years ago, but they wouldn't help us at the time."

One woman, Maria, 52, told me of her sad struggles to cope with the farm and stock after she was widowed. I will begin her story with the trouble she had communicating with her lawyer:-

"He would never even talk to me or listen to what I had to say. He always thought that I didn't know what I was talking about. He thought that I was a woman, like most Yugoslav women. They have nothing to do with the farm work. Well, they do work on the farm but they don't handle the business. And he thought I'm just one of those. She doesn't know anything. But I did know, because I'm not deaf and when Milan used to talk in the house or on the phone, I used to hear. I knew everything that went on. I know how many sheep he had."

"In April, when Milan died, I didn't send anyone out to look at the sheep. Well, I did mention it to the ones who used to work for him, and

they said, 'There's no need. It is cheaper grazing out on the beach and when they finish lambing we'll go and bring them in and dock them.' And I sent people out to look and there was nothing there. They were all gone. There were about 4,000 that had gone. The Police said to me to give the people around here, different ones thieving, about 1000 and they took down 3,000 that were taken on trucks or however they were taken. The Police said that I left it too long; that I should have done something straight away. But I told them I didn't know."

"I think it happened as soon as they buried him. I think they just got stuck into them and that was it. And I was too dumb to know any better and I let it go on. Well, I thought the sheep were on the beach and later on we should just bring them in and sell them."

"We were left with nothing. If it wasn't for his insurance we would have had nothing. That paid the mortgages. Yet there was no need for us to be poor, if the sheep weren't stolen."

This story illustrates the need for women to learn to handle their own affairs. The fact that her husband kept her in ignorance of the farming business left her and her five children at the mercy of unscrupulous men once he was gone.

As city folk drive through the countryside, I doubt if they realise the sacrifices that are made by rural women to try to establish rural-based businesses. In poorer districts, such as the Far North, family enterprises are often more akin to peasant agriculture than to the capitalist ventures they are supposed to be. The 'family farm' on which New Zealand land use has been based has only worked because of the unpaid labour of a wife and children. In the past it was often only when the land was sold that capital gain was realised, and the farming family finally had some money.

Community Themes.

These also featured in the interviews. The women I interviewed talked of community feeling, the need for it, and the lack of it. Because of the geographic spread of the County they often spoke of other, smaller places besides Kaitaia. However, I will look at what they had to say about Kaitaia first.

Kaitaia - The Rural Town.

Lorna, 26, was part of a new suburb with quite a few state houses in it. She talked about trying to develop a community spirit among the women residents, some of whom were coping on their own with their children, like she was:-

"Well, as I realise now, it's hard for some of these young ones in some of their family problems and coping on their own. Now I can call them young ones because I'm older than them. Not getting out as much as they should because of their children. Finding friends, don't know how to relate to friends. Yes, I've met and seen the young ones first settling down with their children and helped them try. Like, I will take them out and introduce them to so and so and they say have a cup of tea or come up and have lunch. Slowly gets them back into society, I suppose."

"And I meet them up with the old couples and lonely old women. By introducing them to the young ones, so that when you go into town you see this little figure saying, 'hello', or something like that. It makes them feel good. And it makes you feel good, too, to see these young ones waving back and having a little conversation with them."

Joan, 34, saw Lorna's community from the outside and saw their isolation from the community she knew. She said:-

"I don't think solo parent housing groups are very good because they put people with a similar problem together. It's better for the population as a whole to realise that they are people and include them. For families to be aware, to befriend them. We all need one basic thing, and that's to be wanted, to be needed and accepted. Somebody to realise that we've all got feelings."

Isobel's job took her into several different communities. She said:-

"I think there's a lot to be said for decentralization. I think that trying to centralize everything was a big mistake. They tried to centralize the specialist services and that's a retrograde step. You know, Kaitaia is a community 100 miles away from it's nearest big centre. This is a centre in it's own right. Again, it would be wrong to centralize on Kaitaia because Kaitaia can't supply all community life, not with the price of petrol and so on, for a place like Tokerau Beach. The sense of community is very strong in a place like Taipa."

"They drifted away to Auckland and took the kids with them, which is why the schools closed down, but now you have got a definite change the other way. I don't know if they are ever going to be able to reverse the change and bring the schools back."

Edna, 61, had had practical experience in community development in the town. She said,

"Well, when I was on the Borough Council, we had a provision that when you had a big subdivision you should have some little common meeting place; a hall for instance. And if it's not required the owner of the land is not going to do it unless the Town Body lays it down. But a hundred sections, say, there

should be a community meeting place so that people get together and know their neighbours. If I had my way I would like to see this done more. A little hall or social rooms is what I mean. A place where kids can play and mothers can sit and make a cup of tea."

Smaller Country Communities.

Helena, 18, spoke of life in a small, close, mainly Maori community:-

"It's hard for the women just keeping their community together. My mother, she likes it when they all come back and they always like coming back. But up there we are so close that when something happens everyone knows about it. And when families fight it's usually mothers that have to stop it. Because, you know, it is just like Dad to get up and support the son. And the women have to stop it. Most of the women are understanding. I know my mother is. You know, the community is too small for anyone to be against each other."

Mere, 27, talked of the need to rebuild small rural communities:-

"At one time, you know, it used to be a farming community, so we all understood each other's problems. Now a lot of farms are being sold and there's much more diversity. We've got forestry, we've got fishing. Horticulture is starting up in a big way. We've got alternative life stylers. We've got a fabulous Community Centre in Kaitaia, and we use it every day. But we need other things as well. We've got a little hall out here and I think it could be turned into a community centre type of thing, where they can have a market day and all sorts. Say at Victoria Valley, Takahue, Pamapurua, like they've got at Peria."

Vera, 44, believed that she lived in a community divided between old and new settlers and she wanted to heal divisions:-

"Well, most of my friends are alternative people and I really like them. We are a scattered community but we have quite a few things to bring us together. I can see some of my friends sick with loneliness and worry about having enough money just to keep alive, just to survive. The established people here, they're okay. They're fine but I wish they'd feel a bit for their neighbours. If they could share more. Because they've all got the same emotions and they need each other. Women need each other in the community."

"The alternative people are just looking to be accepted. They've settled here. They've bought their land. They've got their crafts and they want to be part of the Valley. They never fail to help out with anything that we have. They're more to the fore than the established people."

When the effort was made to get the small farming communities together the result was good, as Norma told me:-

"They had a womens' meeting here when that woman from Australia, Beryl somebody, came out. That was quite good. They had lunch up at my sister-in-law's place and the people around here all went. Well, that sort of thing is great. If you had it not too often, but now and again, it is terrific."

A pity someone has to come from Australia to make it happen.

#### Community Involvement.

Only fourteen of my sample did not belong to clubs or organizations besides churches. So thirty-six of my

women were joiners. Perhaps surprisingly, Maori activities were the most common. Seven of the sample belonged to the Maori Women's Welfare League. Obviously my snowballing linked me into leading women members of the Maori community. Five of my sample were members of the Women's Division of Federated Farmers, indicating that members had given me the names of fellow members. I am now going to quote from some of those who were actively involved in community work. On the whole they are middle-aged women whose family responsibilities had eased.

An exception was Helena. She was deeply involved with the Ratana Church and had also been brought into the Maori Women's Welfare League. She said:-

"I want to be Nana's Kakepa. You know, like down at Ratana Pa, to make sure no one is breaking in or people are doing the right things. We have our own police. That is the Maori Kakepa. People respect Kakepa. I've been to Wanganui several times."

"I've also been to Tauranga, you know, to the Maori Women's Welfare Conference. I've travelled. I've met different people. I think that I am mature even though I am still at school."

Karla, 23, was President of her local Plunket Society, though; "All the people at Plunket are older and they are on their 2nd, 3rd, 4th child. And their husbands are a lot older too. But then there are a few girls around here that are married to fishermen and they are the same age as my sister, and she's two years younger than me. They have a lot of problems. They're trying desperately to cope."

Lola, 41, was secretary-organizer of a Work Trust Committee. She said:-

"This Trust was basically set up so that we could deal with our problems. And also to set up a

business organization to try to tutor our young people in the ways of our system. So we have fourteen projects that we hope to implement. One of them is a fish factory, and also our work skills programmes in upholstery and horticulture. And being involved in this Trust has taken up most of my time."

Pearl, 42, had dropped out of the Maori Women's Welfare League. She told me why: "If only they would let the women who never had been past the Mangamukas go to the Conferences. It's always the same ones that go all the time and they're not the ones who need it."

Tui was an associate member of the Maori Wardens' Association. She told me a little about their activities.

"We talk about alcohol and things at our Wardens' Association but it doesn't really change anything. What they were looking at yesterday was how to deal with a child that's actually committed an offence. And they thought that rather than wait for that child to go to Court, the Wardens need to see the parents to stop the child going to Court. That means they'd need to have regular contact with the Police and shopkeepers. When the child commits a minor offence, rather than ring the Police, to ring one of the Wardens, and they would get in touch with the family and deal with it."

Lydia, 52, was deeply involved with young people. She said:-

"We've tried to hold sessions down here, live on the marae, and just talk about anything. Anything they (the young people) want to talk about; what they'd like or what they'd like us to try to do. And it has worked."

But never mind how good a thing is, you've always got one or two who reject it...."

"I don't think it will help just from a Maori point of view although that's what they're trying now with Tu Tangata. They are trying very hard now to put it over. But I still think that both races should try and get together."

"Our Maori Wardens' group is trying to deal with young people getting into trouble, the same as our Maori Committees. One time, years ago, all our young children that were getting into trouble were always referred back to the Maori Committee and then that stopped and the Police took over. But we've only dealt with two since I've been in this Maori Committee."

"I'm on the Children's Board too, and a lot of the kids that come in there, I know them and I know the parents. And they're just trivial little things that they do. But one thing can lead to another. I'm representing Maori Affairs on the Children's Board. I was made an honorary community worker, and I really like it. But sometimes I am so soft that I could just sit there and cry for those kids. But jeeppers! Some of them are tough, though."

Stella, 55, was concerned with an older group. She said:-

"What I've always been concerned with in my dealings with various committees is the loneliness of some of our Maori people. You know, the housebound ones. It's the loneliness of these young mums, and, of course, our elderly. In the Women's League in Kaitaia, we tried to get as many mothers as we could but suddenly when they see the age of us, they say they couldn't be bothered with these oldies."

"And the younger women with us are all educated

women. They know that with our organization we can get what we want from the Government. But they don't realize that what we want is for the everyday mother to come, and the stay-at-home mother to come. Never mind about those brainy ones. They know where they are going to. But in Kaitaia it is not a very strong group. The stronger branches are in the country."

"That is why this Te Kohunga Reo is important. We are going slowly and carefully with this one. We are hoping to get all these young ones, you know."

Perhaps my sample was not a fair one in the way that it showed up the community involvement of Maori women as compared to that of the Pakeha women. But I think that the quotations that I have chosen do serve to make the point that Maori women are perhaps less individualistic in their outlook and rather more community orientated. It seems clear from these quotations that there are some highly motivated Maori women within our community, trying hard in their several ways to deal with Maori community problems.

#### Faith and the Churches.

As the following Table shows, a little fewer than half the sample had very strong to fairly strong religious beliefs; only 26% had little or no belief:

TABLE 14.

#### FREQUENCY OF RELIGIOUS BELIEFS.

|               |    |    |
|---------------|----|----|
| Very strong   | 7  |    |
| Strong        | 5  | 23 |
| Fairly strong | 11 |    |
| Some Belief   | 14 | 14 |
| Very doubtful | 1  |    |
| Agnostic      | 1  |    |
| Very little   | 4  | 13 |
| Don't know    | 3  |    |
| None          | 4  |    |

The twenty-three with strong to fairly strong beliefs almost all declared that religion did have some effect on their lives. Table 15 shows the effects a little more specifically.

TABLE 15.

| <u>How Religious Views<br/>Affect Life</u> | <u>Frequency</u> |           |
|--|------------------|-----------|
| Affects All Areas of Life                  | 1                |           |
| Affects Most Areas of Life                 | 8                | 22        |
| Affects Moral Attitudes<br>and Outlook     | 13               |           |
| Little Effect on Life                      | 7                | 7         |
| No Effect on Life                          | 21               | 21        |
|  |                  | <u>50</u> |

Thirty-three belonged to a formal Church group though some of these were not regular attenders. The strength of Anglicanism in the Far North reflects the fact that the first missionaries were Anglicans.

TABLE 16.

Main Church Affiliations

|                           |           |
|---------------------------|-----------|
| Anglican                  | 21        |
| Roman Catholic            | 5         |
| Methodist or Presbyterian | 2         |
| Ratana                    | 2         |
| Seventh Day Adventist     | 2         |
| Abundant Life Centre      | 1         |
|                           | <u>33</u> |

Now I intend to look at the most strongly expressed religious feelings. Except for two teenagers the other quotations are from middle-aged or older women.

Seventeen year old Lucy's social life revolved around her Church. She said, "We go to Church every Saturday. There's quite a few things we do. We sometimes all meet after Church and sort of have games at Church, or something like that. Quite a few young people come to Church. That's mainly where we meet them."

Church was among the things that were important to Helena, 18:-

"They want me to carry on from my grandmother. If there is anything important up there, she rings the Church bell. There are two. They want me to do what she does. She arranges the people and I don't want to do that. I think they only want me to do it because I know how to ring the bell, and I've taken notice of my grandmother and I know where people go. I know how to say who is the priest and who is to speak. I'm in the Choir because I know all the songs and I've loved singing ever since I was a young girl."

QUESTION:

Do you think that Ratana is still as strong as it was?

ANSWER:

"I don't think that it is as strong as it used to be. When I was younger everything would be in Maori. Nothing but Maori. The whole community used to turn out. Now even in Church they read a portion of the main part in English. Now it's only the old people and adults and the very young kids that turn up. The teenagers aren't coming."

Rachel, 41, converted to Catholicism at 17. That decision had obviously changed her life in many ways:-

"I just knew that this is where I belonged and ever since then my faith has never really faltered,

you know. It's always been there, strong when I needed it .... Anyway, I met and married a Catholic. I knew I had to marry a Catholic because I wouldn't have had much of a show of a happy marriage if I hadn't ..."

"I was only 25 with four children and I was very bitter at the Church because I didn't want to have that fourth child a year after the third one. I was bitter because I never used birth control. I always used the ovulation method ...."

"One of the loveliest things that happened to me at this time I've never forgotten. There was an old priest who had had a bad nervous breakdown, but he was one of my best friends, and he said to me when I was telling him how bitter and resentful I was about my life, he said, 'Well, if I was going to be born I couldn't think of a lovelier mother to be born to.' That was one of the loveliest things and I've never forgotten it."

Sarah, 43, was also a deeply religious woman, who believed that her faith was a powerful force. This is her story about the power of faith:-

"When Marara had peritonitis she was operated on on Friday and little Paul was due on Friday. That was the only time I really put my faith in God in practice. I didn't sleep for about three nights because she was really ill. The doctor wanted me to have the baby then and I said to her when she wanted to induce me, 'I don't really mind what you do, but I won't have the baby because I'm a woman of strong faith and my faith won't let me down.' I was quite recovered when I had the baby and it was the easiest birth I had. And Marara was quite over it and up and about by the time I had him. And that would be the only time I put my faith

into action. I believe that God did it."

Mirth, 49, believed that she and her husband had a ministry. God was her answer to every problem. She said:-

"I can't see any other answer except that people change their attitudes .... I'm still going back to Almighty God. I see Christ as the answer to everything. I mean, I've been through so much in my life; many things I know about and have lived in and suffered, and I just know that for the truth. It is plain hard work living as a Christian. But it's a joyful thing. It's not a drudgery, which I see so much of in the world...."

"God provided for us. Like I said earlier about receiving money in the mail from people we didn't even know. Coming home and finding groceries. I came home one day and there must have been about \$100 worth of meat left in our deep freeze. And vegetables left every week for about two years. And we had people living in our home. One person lived here for four and a half months. And then we had another four people who lived here for quite a long period of time and they were not particularly financial, so really I have to say God met the need. It was Him."

"We would get a cheque from the A.S.B. signed by the Manager, so there was no way of tracing that. I went down to the mailbox and there was \$50 left in an envelope. We went to Church one day and somebody else handed us an envelope with \$100 in it. Just out of the abundance of the heart."

"We do find that people we have ministered to want to give back to us, because of what God has provided to us through our ministry, and we have to tell them to give it to others."

Miriam, 66, and her husband found new occupations in their retirement through their Church:-

"Well, my husband hasn't retired, really. He's still very busy. Mostly it's voluntary work he's doing in the Church. They had a scheme that started, that they would work and the work would go to the Church. They would paint houses and the person that they painted for would make a donation to the Church funds."

"Another thing I do, I go to the Opp. Shop down here every Monday. There is always mending or washing to bring home and that sort of thing. So the Church work has lately been my main interest."

Becky, her husband, and his Church had had the strangest ongoing battle I came across. Somehow the marriage had survived it. Let her tell the story:-

"Now I was brought up Anglican and of course my husband and all his family were Catholics. But I was staunch at my Church."

"Well, they went and pinched my eldest girl. Got her christened and I never found out about it for a long time. So when Denise was born I took her all the way over to Whatawhiwhi and had her christened. Vance, I took him right down to Mohaka and had him christened, then Paul I brought to Kaitaia. When it came to Max I had him christened, too. But after I was gone to hospital they took Paul and had him re-christened. Poor old Paul."

"The Priest went along to school and told them that all the Church of England were going to hell, you see. So anyway, I got hold of the priest and said to him, 'You know, there won't be any room in hell for Church of England, for it will be full of priests like you that tell children things like that!'"

Religious faith was still strong in the Far North among approximately half of the women I interviewed. For those with strong religious convictions their faith seemed to be the main way through which they contributed to the community.

#### SUMMARY.

Schools ran third to families and medical services as important institutions in the lives of Far Northern women. The considerable emphasis placed on schools and education may have stemmed in part from having seven trained teachers within the sample. It was also a fact that schools and schooling were important to many women because of their children.

Some of the women in the sample showed a considerable respect for learning. They had made sacrifices to give their children educational opportunities. Others among the younger women were working hard at correspondence or extramural studies.

In the view of some of my sample, country children are educationally disadvantaged because of long school bus runs, poor school equipment, and a narrow range of subjects at secondary level.

Employment and employment-related issues were not as important to these women as I had expected. The large number of women on some kind of benefit helped to account for the fact that only fifteen of the sample were in paid employment. Twelve of these worked full-time and the others part-time. Surprisingly only one young woman collected the Unemployment Benefit. One of the married women in this group was also looking for work. Thus employment was an issue within the 16 - 25 age group.

Contrary to what one might expect, the majority of women in full-time employment were married. Most worked because of economic pressures. It is therefore hardly surprising that some of them expressed strain over sustaining both the mother-of-the-family and the wage worker roles. Their comments showed that the motherhood role was regarded as the primary one.

Maori women spoke with feeling about problems associated with owning Maori land. Some Pakeha women talked of working with their husbands in land-based interprises. One woman, who had known very little about her husband's farming business, told me of being exploited by men after his death.

Some of the Maori women were deeply involved in community affairs. The sample may not have been typical in that leading members of the Maori Women's Welfare League had referred each other through the sampling method. Nevertheless, the degree of community involvement shown by these women was impressive.

Several Pakeha women in the sample were also very active within the community. A majority of the sample belonged to some organization.

Slightly less than half of the sample said that religion played an important part in their lives. Fourteen others had some religious benefits. Thirteen were not much interested in religion. Involvement within a church was the main community activity of some of the Pakeha women.

CHAPTER 9.WOMEN AND THE HEALTH SERVICES.

Because the material in this Chapter cuts across the subject matter planned for several other Chapters, its placement has been a problem. Health problems and medical services were second only in importance to family matters as themes discussed by the women I interviewed. Therefore it may have seemed logical to place this Chapter after the one that dealt with family themes. But because I believe that social services, including the health services, can only be judged in the context of history, geography and prevailing belief systems, I thought it was important to look at these matters through the eyes of women I interviewed before looking at health issues.

Women's health-related issues will be discussed first in this Chapter. A discussion on ways in which family illnesses are dealt with will follow. Other aspects of health care to be discussed are the effects of distance, followed by mental health and social health problems. Finally, I want to look briefly at some 'Maori' health problems.

Table 17 shows that women's own health problems and those of their children accounted for a good proportion of the crises and problems faced by women in the sample. That being so, it is not surprising that general practitioners and the resources of Kaitaia Hospital were two of the most commonly used sources of help.

TABLE 17.PROBLEMS EXPERIENCED BY 50 WOMEN.

| <u>Type of Problem</u>                        | <u>Frequency</u> | <u>Rating</u> |
|---|------------------|---------------|
| Own Health Problems                           | 23               | 1             |
| Financial Problems                            | 17 )             | 2 =           |
| Death of a Family Member                      | 17 )             |               |
| Children's Health Problems                    | 15               | 4             |
| Unemployment and Employment                   | 13               | 5             |
| Housing                                       | 12               | 6             |
| Isolation                                     | 11               | 7             |
| Cost of Transport                             | 10 )             | 8 =           |
| Loneliness and Aloneness                      | 10 )             |               |
| Mental Illness                                | 10 )             |               |
| Marriage Adjustments                          | 9 )              | 11 =          |
| Difficult Relationships with<br>Parents       | 9 )              |               |
| Homesickness while away from<br>the Far North | 8                | 13            |

TABLE 18.MOST COMMONLY USED SOURCES OF HELP.

| <u>Source</u>   | <u>Frequency</u> | <u>Rating</u> |
|---|------------------|---------------|
| General Practitioners                                     | 32               | 1             |
| Family Resources  | 30               | 2             |
| Kaitaia Hospital<br>(Including Medical Social<br>Workers) | 21               | 3             |
| Supportive Friends  | 13               | 4             |

### Women and Their Personal Health Problems.

Writing this section brought home to me how dangerous it still is to be a woman. Old graveyards illustrate clearly how dangerous child-bearing often was in the past but I had assumed that most of the dangers associated with pregnancy and birth no longer existed. The experiences of some of my sample showed me that female health matters can still endanger the lives and happiness of women. Modern medicine has not settled all the 'female' issues. Some of the old ones are still important and others have arisen because of modern medical practices.

Because these matters are so central to the well-being of women, I am considering the "female health issues" that arose from the survey first.

### Contraception and Pregnancy:

Contraception was still a problem in the Far North. Annette, 16, talked about this subject from a teenage point of view.

"For women, I suppose it's really hard, with babies and everything. Also I've got a feeling that unmarried mothers are getting pretty bad up here. I've seen quite a few and they're mostly girls around my own age. And so I think that something should be done about that because there are so many of them and a lot of them are my friends, and I think, "When is it going to be my turn?" I think a lot of them don't worry about contraception and really they should be shown how much a baby at their age would mean. Giving up a lot of other things at their age, you know.....I don't know how to go about it or anything, but perhaps to tell them about contraception if they feel they must go out with boys and all that. You know, have sex and that, and to at least take the right precautions. I wish parents would understand that, because to tell the truth I don't know many virgins in my friends. Kids are growing up

faster, younger, nowadays and they're scared about parents finding out about them being on the pill and so they won't go on it for fear of what their parents will say and so they get pregnant. I just wish the parents would understand that to have their daughter on the pill is much better than having a pregnant daughter."

"Perhaps it's the girls 12 and 13 that just don't understand. I think parents should realize themselves that that is what they should explain to their children. It must be somebody's job to tell the parents what's happening."

Doreen, 22, who had lived in the Far North for two years, also commented on the number of unmarried mothers she saw around her. She said:-

"Contraception must be a problem up here with the number of solo mothers around. I know that some of the doctors up here aren't that free about who they give them to. At least in the bigger centres they have got Family Planning Clinics which are pretty helpful places to go to. I haven't much faith in the doctors up here. They sort of shove you a packet of pills and whether they suit or not they don't really bother to find out."

Beryl, 19, was one of those unmarried mothers the other two spoke of. She explained how it was that she had become pregnant:-

"No, I wasn't on the pill at the time I became pregnant. The ironic thing about it was that I went to a doctor to go on the pill and I had to wait until after my next period before I could take it and it never came. It was too late. And that's why he asked me if I would like an abortion because he knew I had gone in the previous week to go on the pill. That

was the only thing I thought about for a month. But then my friend talked me out of it.....I'm glad I didn't."

Kathleen, 23, who was married, had been taken off the pill for health reasons. She still felt uncertain as to what other options she had over contraception, as this quotation shows:-

"Contraception has been a problem. I've found that nothing agrees with me. I'm not allowed the pill, full stop. I went to him one day for a prescription and he said, 'I'm taking you off these.' And I asked why and he said, 'It's not very good for you. I want you to come back and see me in about three weeks.' And I hadn't realized how sick I'd been. I'd been feeling sick the whole time and I'd got used to it and hadn't realized. We tried some other things but they didn't work either, so after that it was just up to us."

"When I was going to the doctor and wanting information he wasn't all that helpful so I sort of came away knowing nothing. I thought I was going a bit crazy up there but I wasn't. I sort of feel that if there was a Family Planning Clinic that's what they deal in so they know what you're about. You probably wouldn't be afraid to ask so many questions."

Older married women hadn't necessarily solved all the problems associated with contraception, either. Nancy, 33, talked about what had happened to her after she and her husband had decided that two children were enough for them:

"Well, Nat and I decided that with my age, (I was nearly 30 when I had Terry), and his headaches, we only wanted two children.

Dr. Graham said we would discuss it when Terry was one year old."

"I thought he would send Nat in. You know, they

were doing vasectomies right, left and centre. And he said; 'I'll ring up the hospital and make an appointment for you.' I said, 'You wouldn't consider Nat?' and he said, 'No, I wouldn't touch him with a 40 foot pole. He's not the right nature.' He said I'd probably have to wait a year or more. Then, three weeks later, they rang up and said they wanted me in for my tubal ligation. I nearly died. I wasn't prepared for it. I must say from the time they rang until I went in I had peculiar feelings towards Nat. It was going to be permanent and nobody had talked about it with us. We didn't have anybody to talk to. When I came out of this all I did was cry and it went on and on all that week. See, there is nobody to talk to about that." "And that's one thing I'd like to see. I'd like to have counselling for people undergoing surgery, because, while doctors are very good, they don't really know your feelings."

Isobel, 54, was the mother of five children and was a trained nurse. However, her nursing knowledge hadn't sheltered her from problems with contraception and associated health matters. Here is her story taken up from after the birth of her fourth child.

"Now, after eighteen months on the pill I began to realize that it must be that that was making me have all these peculiar ups and downs and mood swings. I went to the G.P. and I said, 'Look, I don't know what's happening to me but I don't feel normal.' 'Oh,' he said, 'It's psychological.' So I thought well, this is funny! So I stuck it out for another six months and then I said, 'If it's psychological you can put me down the line, because I'm not normal....' "

"So Owen had a vasectomy. I got pregnant again six months after. After that they put in an I.U.D. and I had a flare up with cystitis.

They had to remove it and I was quite ill at that stage of the game. I ended up in National Women's....I sort of came right there for a while, then an infection of the uterus flared up. That's when they decided on a hysterectomy."

In all, seven women spoke about the problems and failure of contraception. When one considers the traumatic effect an unwanted pregnancy can have on the life of a woman, this 14% of the sample seems a significant enough reason for me to consider that inadequate or insufficient contraception is a problem if women are meant to take charge of their own lives. This is one area where women in the Far North are sometimes at a disadvantage because they do not have a Family Planning Clinic or self-help health groups such as women have in some cities. This makes women here dependent upon the knowledge and sympathy of G.P.s', who, being mostly male, possibly don't realize the full implications of contraceptive success or failure upon women. Or they may know and don't care because of their religious or philosophical beliefs, which their patients may know nothing about.

#### Childbirth.

Having become pregnant, some women found that pregnancy and childbirth were not necessarily straight forward, either.

I will begin my discussion with Beryl, who had pregnancy problems that were dealt with successfully by a woman doctor.

"My doctor was really good. When I went in for my first examination I suppose I would have been a bit selfconscious if it had been a man, but being a woman it was just an everyday thing for her and me as well. I had to go to hospital and rest a couple of times because I was carrying a big baby. I wasn't allowed to walk around too much and I wasn't allowed to do too much work."

"The hospital was really good. They knew I

was solo. When they weren't busy, like during their morning teas, they used to come and sit by my bed and talk to me. Or if someone wasn't in at nights, especially when it's only meant to be husbands at nights, the nurses or sister would come over and talk to me. They were really good."

Compare her experiences to Lorna's first pregnancy and miscarriage at sixteen. Lorna said, "I was looking forward to having the baby. I thought having that baby I could at least get my love from the baby. In what little way that child could give it."

QUESTION:

"You went into hospital?"

ANSWER:

"I lost it at the father's home. I couldn't get into hospital. It happened very suddenly. You could say it was a bad time for me. My grandfather helped me the best that he could. Looked after me."

"But I realize that after losing that, I went more naughty. I went out to get more."

Teresa, 23, gave birth to two premature babies. Her hospital experiences were also mainly good, as she told me:- "You know, the care we got there was so great from most of the sisters. I only struck one I didn't like. It was only her coarseness, her roughness. You know, the others were so tentative, and I think they were aware of how lost you felt. Every time they cleaned the incubator, if he was to be lifted out they let me know so that I could hold him. When it was time for feeding they always asked me if I wanted to be there, even though he was only being tube fed. They still made the effort to keep me involved. But this particular one, she didn't really care whether I was there or not."  
"I'd never consider having a baby out of hospital

with my record, I'm afraid."

Karla, 23, was a tiny girl, under 5ft. tall. She had a difficult childbirth. Here is her story as she told it:-

"I had X-rays and that to see if I was big enough and the doctors reassured me. And then, when the time came I mustn't have been big enough.....I can't really remember much of the pain. They gave me injections in my pelvis to make it less painful. The other doctor came in and she tried forceps and they said, 'No good! We'll prep for a caesar.' So they prepared me and then they tried one more time. And then she was born, but I can't remember any of that. I was right out. Dr.Graham broke my waters at 7.30 on Monday morning and she was born on Wednesday. Two and a half days."

"Well, when she was born she had completely opaque eyes, brilliant blue. And then Dr.Graham came to see Ray and I together as soon as I came to and was thinking clearly. And he said had I had a virus in the first three months of pregnancy and I said no I hadn't. And they sent me to Whangarei to the children's eye specialist there."

"He explained what had happened and why it had happened. The forceps had pressed down on the cornea and pushed it out of shape and filled it with blood. She will probably have scars there for the rest of her life."

"The only really bad experience I've had was her birth but it wasn't anyone's fault. It's just the circumstances, just something that happened. We were really lucky, really. She could have been born paralysed."

Laura, 27, also had a pregnancy and birth experience that completely changed her life:-

"Three years ago I was pregnant and I lost the baby three quarters of the way through. I had to go and have like an abortion but the foetus

was already dead. And I can't have any more children."

QUESTION:

"What happened?"

ANSWER:

"Well, I was pretty happy and everything was going along fine. Then one day I started bleeding and I went to the doctor. So he put me in hospital for bed rest. Then they brought down the foetal heart monitor and that was really horrible because they couldn't hear anything. They did more tests that proved the baby was dead. And Dr. Hill wanted to induce labour but there was no way I was going through that. Then Dr. Graham saved the day. He suggested what was, I suppose, like a cur-ette, and that was that. And they took it away and it had been dead for a long time, since about twelve weeks. That really shook me. How could the doctor not know?"

Una, 35, was pregnant at the time of the interview. She wanted to experience a home birth for this, her third child. She said:-

"I think that it takes a strong woman, after the conditioning that we have had, to accept the responsibility for a home birth. The thing I was thinking, you could go for the actual essentials to a hospital, then as soon as you were fine and the baby was fine, you went home, which could be 12-24 hours after the baby was born. But if you do that, you cut yourself loose from the whole medical thing. They don't want to know you. If you have the home birth thing you are totally on your own. At the moment it doesn't seem that you can combine those two options. I think that patients are being used as a pawn, between the homebirth and the hospital situation."

Isobel, a nurse, had a solution to offer here:-

"There is a lot I would like to see changed in the area of obstetrics. For me, the ideal would be to work on a caseload system, where the midwife has so many cases. And one midwife is involved with the ante-natal period, and the delivery, and the follow up afterwards. So that you are not getting this terrible confusion of morning staff saying one thing, and the afternoon another and the night staff something else..... There is unnecessary emotional trauma and it can be avoided. It really can."

"And I don't see what's wrong with home delivery for a girl who has studied the subject and has the courage of her convictions. Because I've seen the difference of a home delivery against a hospital. Having done them I know which one I would prefer. You know, the safety factor is the strong one, so the next best thing is to use the caseload system, where the midwife will go with her to the unit for the delivery, and her midwife will go home at an appropriate time after the delivery and continue the care at home. And the thing is that they must pay the midwife comparable to the hospital."

"I think the sad thing is that women are being undermined about things that they can handle, in actual fact, but they are talked out of it."

Unfortunately women such as Isobel have had little power to change systems. Nevertheless, things have changed considerably in this field in the twenty years since I had my last child. Many of these changes have made life more comfortable for the mothers. It is essential that interested and knowledgeable women continue to monitor changes and press for other changes without compromising the safety of the mother or the child. Many male doctors are too closely tied into the scientific and high technological aspects of obstetrics to remember the human issues that

are so important to the mother when she is giving birth.

Other Illnesses.

Not all the complaints my women suffered were attributable to their sex. Carmen, 23, had had both kneecaps removed. When I asked what happened, this was her reply:-

"Sport. Too many falls. I did a lot of athletics when I was young - long jump, high jump, long distances. I played a lot of netball. And I went bike riding."

"I actually damaged the kneecaps through falls. Eventually the back of the kneecaps disintegrated until there was just nothing left, so I had to have them taken out. They used to lock on me and my feet used to ache, so I was glad to get rid of them."

QUESTION:

"Did you have a lot of physiotherapy to get the movement back?"

ANSWER:

"I should have but because we had the shop I didn't have much time - that's with the second one - and with the first one there was no physio here at the time, so I did a lot of it myself. I've only myself to blame if they are not what they should be, because I had the opportunity to do it - you know, to go."

Carmen's experience is included to show how staff changes and shortages can adversely affect patients in the Far North.

Nola, 35, had also had knee problems. Her extract highlights the feelings of helplessness that patients can experience in hospital. She also commented adversely on the care that old people received in Kaitaia Hospital.

"I had an unexpected knee injury and was put into hospital for three weeks. Feeling as though I was really in an institution, with no control over my own body was the hardest thing I've ever experienced."

"I was upset to see the way they treated me compared to an old lady next to me. That I got good treatment and this old lady was just a nobody. They would come to me and be nice, and here was this lady who had wet her bed right next to me. And then they'd just forget her and she was lying in a wet bed. It was just pitiful, really. And I started to think about people more....."

"Here they are, they have full control over you, and I think it's a bit of a cheek not to let you know everything. But because you are there, in an institution, you feel you can't say, 'Hey, what is going on?' They give you the impression that you are not to treat them like that."

Comment has already been made about the way women's physical problems can be brushed off as being 'all in the mine.' Nicola, 36, experienced this attitude:-

"I was in a tremendous amount of pain. It had affected my menstrual cycle and I went to doctors who said, 'Well, take this tablet and that tablet. And of course it's your situation. It's stress, and the rest of it.' Actually it was a locum who sent me to a specialist, who did his thing and could feel lumps inside the uterus. The pain was actually caused by growths in my bowel."

QUESTION:

"How long did this go on?"

ANSWER:

"Oh, it must have been about nine months. I think this is what happens with women's health problems. I think he felt it was because of my marriage break-up. I'd always had a history of menstrual problems, so I guess it was 'here she comes again' sort of style."

Una, 35, had the opposite experience, in that what she thought was largely emotional was diagnosed by

her G.P. as rheumatic fever. I have included her experiences to show that not all doctors brush off women's health problems.

"Actually, I did go to a G.P. and diagnosed myself as needing an anti-depressant. And then I went to a second G.P. He put up with the diagnosis of it being allergy. So he said, 'Well, I think it may not necessarily be allergy, but I'll give you these pills and if it is, it will go away and if it's not you'll be back within ten days.' And I was. And I went for a blood test and over that period I had swelling of the joints.....He taught me a lot about diagnosing myself. If he had come on heavy and said, 'I think you need a blood test. People don't go lethargic for months with an allergy,' I wouldn't have learned anything. He did teach me that you can't diagnose yourself and that there are situations that are physically based and serious physically. I've got this image of myself as being a hypochondriac and winger, and I usually am, but then something serious comes along and I don't take it seriously."

#### Family Health Problems.

My women suffered not only from being ill themselves; they also suffered on behalf of their children. Conversely, their children's suffering was sometimes lessened or made worse in direct ratio to the knowledge and assertiveness of the mothers. The next two quotations are intended to illustrate this point. Both of these young women are Maori. Both have fairly limited incomes. Teresa lived in Kaitaia and Rima in an isolated country area. Teresa, 23, was talking about coping with her premature babies, when she said:-

"I think the only hostility I felt was towards one doctor. We took him to the emergency doctor that night. He examined him and pushed and probed and had the little fellow screaming. He

told me it looked like a hernia, so leave it till Monday."

"On Sunday Dr. Field was on, so we took him. Dr. Field was very careful in the way he examined him and he said straight out that it wasn't a hernia. He didn't know what it was but he said, 'Why muck around. Take him straight up to the hospital.' On Sunday afternoon they operated - they thought it might be a bowel blockage but they found he had appendicitis that had gone gangrenous. And they told us that if we had waited until Monday he would have been dead. If we hadn't persisted - if we'd waited - he would have died on us."

Rima, 28, was an Auckland girl who had moved with her husband back to his people. She recognized that she was ill-equipped for the change in life-style.

QUESTION:

"Have you had any difficulties with the children's health since you have been here?"

ANSWER:

"Well, the baby, when we first moved here, she had a convulsion. She'd never had one before. She was in hospital for a week. Then the boy was cut with a chainsaw. He slipped on a plank and cut his arm. He's got the use of his thumb and first finger back. He has to work on the last three fingers."

"If anything happens the only time you can get a doctor is Monday and Thursday. The baby and the boy were taken to hospital by ambulance. We had to go to the neighbours to ring up."

"We didn't have a car when the little girl was burned. She had just started walking then. She must have been just over a year old and she got burned one night at 10 o'clock. We had no car so we couldn't do anything that night. The next day I knew the Public Health Nurse was coming. When she saw it she took us to the doctor and

brought us back in her car. It made me think about things. I talked to the doctor and the ambulance driver about first aid classes and they said they had them every two years out here."

"Living up here away from the doctors, when things happen and the car doesn't go and you havn't a phone, I think women need to know what to do. We need help to teach us to manage."

The little girl was badly scarred on her neck, arm and shoulder. The nine year old boy was possibly maimed for life. These children were paying a heavy price for their parents' poverty, distance disadvantage and lack of knowledge.

Shona, 28, had another comment to make on life and health here. She said:-

"The thing that I find hard is that the ones going to school keep coming home with head lice. I suppose they've had it 4 - 5 times since we've been here and we never had it until we came. And if they get a bite or something and they scratch it, it goes all yucky. They never had that before, I suppose it's because of the climate."

This comment shows that some health issues in the Far North are different to those experienced in other parts of New Zealand. Possibly Shona's comment about climatic difference may partly explain these issues. Possibly also rural poverty and poor supplies of household water help account for the problems she mentioned.

Perhaps the way that women assume a monitoring and care-providing role over the health of the extended family can bear a little more emphasis. A few experiences that illustrate this follow:-

Mere, 27, said,

"About three years ago my father retired and went through quite a traumatic period of about eighteen months. He's only just started to

come right.....I think the doctors put it down to depression after having retired and they would give him valium. In the end I had to go to the doctor and say, 'He's just not coping. He's just like a zombie. It's not treating the need - it's treating the symptom. So stop the valium and tell him how to best cope.' If my father had known I had gone to see his doctor, he would never have spoken to me again."

Nancy, 33, said, "When I finally got her (mother-in-law) to the doctor, she had breast cancer. It was inoperable. She told me she'd noticed this little thing three weeks before. Three friends of hers told us that she'd showed them eighteen months before. How they didn't push her along to the doctor, I don't know. The husband didn't know. She was in and out of hospital for ten months before she died."

Tue, 47, told me, "Lena (daughter) had rheumatic fever. She was in hospital eight weeks. I found the hospital really good. I've never had anything to growl about as far as the hospital and doctors are concerned. Even when I was looking after that old man, Sam's uncle. I looked after him until he died. Well, he died in hospital, but I had him most of the time."

#### Distance Disadvantage.

People in the Far North can suffer from two different aspects of distance disadvantage. The first is being distant from Kaitaia and its medical facilities. Lydia, 52, explained something of this when she said:-

"Distance, transport - I think these are the two major problems further up North. When I was in hospital there was a lady from Te Hapua who was an asthmatic, too. I think she's worse

than me, actually, She had to come from Te Hapua right here to Kaitaia to seek medical aid. It must be over sixty miles and the roads are not the best. And it's the same out at Whatuwhiwi. It's the same for all the outlying areas."

Fear of accidents to members of their family can also be an additional burden on isolated women. Phoebe, 54, experienced this fear:

"Eric slipped while out the back on a teatree stake and it ran up his legs and scrotum. He passed out and lay in the river for a while. I worry about him working out the back, particularly with the chainsaw."

Phoebe's isolation was intensified by her inability to drive a car. Driving is a necessary skill for country women. But rural poverty can make owning and running a vehicle an impossible luxury. Bessie, 63, was in this category:

"Well, I've this neuralgia and he says I'm stuck with it. I've got to go to the doctor every three months for a check up. That's why I have to ask if I can get a lift from the various people. Of course, I don't like to ask people for a lift if I can help it, but sometimes I've got to. When it comes on it's really bad, you know, because sometimes I can't bear to touch my whole face."

In these situations neighbouring women, with or without nursing training, may come to the rescue. Nana Ngaio had such women where she lived:

"The doctor called Opal to come and she showed Opal how to do it. She's just learned these things. She's quick to pick up, eh - well, she easy tells you if you've gone down. She comes and takes your pulse. She's never been a nurse, but it's marvellous how she can do it, how she

knows. Soon as she comes in the door up there, if I'm sick, she says, 'Out, pack up!' She comes in and picks up my bag I got ready and out in the van and away she goes down. She just puts the mattress in the back of the van, takes your arm, and away we go."

Elsie's community also had a good samaritan - this time a trained nurse, "Shauna, who also lives here, is absolutely marvellous. She will drop everything, be there at the drop of a hat in the middle of the night, any old time at all."

Sometimes our local services do remarkably well, distance and all notwithstanding. Katherine, 58, told me about one such occasion:-

"My son was rotary slashing at the back of the farm and the slasher threw a piece of wire into his back. He drove the tractor home in pain. They operated at 10.30 p.m. It was a 4 - 5 hour operation to get the wire from his spleen and stop the internal bleeding. They just saved his life. He was lucky to be here, where quick help was available, rather than in Auckland, where you have to wait for a long time. It was lucky that my husband was here and was able to take him to the doctor straight away."

That the indomitable Nana Ngaio was alive at all to feature in my tales of the Far North was a miracle of modern medicine and a credit to the emergency transport services, as the next extract shows:-

"I've got two new valves. That's what happens to me. I got a clot over here, eh. Numbs the whole body. Just can't walk. Blood stops. I stop here and they took me to Kaitaia and when I got to Kaitaia the doctor had a look and I'm on a little plane - just one pilot and me and the sister. They took us an hour to go from Kaitaia to Mangere and took us about a couple of minutes, I think from there to Greenlane, and

I was on the table straight away."

These experiences illustrate how essential it is to have good ambulance and emergency transport services available in the Far North.

The second aspect of the distance problem is isolation from some specialist medical services. Some of the women I interviewed talked about this.

Pearl, 42, worked in a doctor's surgery. Here is what she told me:

"Distance and cost make it difficult for the elderly and the family with a lot of children. I notice the decline in people. They want to go. You make their appointments to go. They either don't turn up or say they can't afford to go. In the elderly it's just the travel. If you have a nose problem or a throat problem it's not just a case of once then finish. You have to go back again. You know, if you have to take a child down and the Mum can't drive, Dad will have to take the time off work to take them down. If they are lucky enough to get an early appointment they would come home but it would cost them in the range of \$70 - \$80 to take the child down there and you get nothing back. Not a cent. And the elderly, if they have no vehicle they have to go by bus. There is no bus connection back to Kaitia so they have to stay overnight. That's a lot of money. I don't feel that we should be penalized this way. I don't blame the doctor because there is only one doctor."

Others in the sample had experiences which confirmed Pearl's analysis. One woman had to take her son to Auckland to have epilepsy diagnosed. Another with ear problems had to travel over two hundred miles to and from Whangarei at least twice a year for treatment. Because of long waiting lists in Whangarei, a third woman had travelled the 400 miles return trip to Auckland at least

three times in the three months before she talked to me, to have a detached retina treated.

Having to travel either 100 or 200 miles to specialist services can add considerably to the strain caused by injury or illness. It can also increase expenses for the patient, as Pearl's experience showed. There is no easy answer to this problem because of the cost of specialist services. My intention in drawing these distance problems to notice is to illustrate that rural people can suffer additional stress and expense in health matters over and above those experienced in cities. Now that there is a drive to cut costs, country people will bear the brunt of economies when medical facilities are closed.

#### Mental Health Problems.

Ten of the fifty women I interviewed told me of various mental health problems they had suffered. A further four talked of handling relatives with mental health problems. The youngest of these who talked about their own mental health was Yvonne, 17, who described the despair which led to her taking an overdose. She was talking about a period in her life when she was a State Ward in foster homes.

"Well, I think what would happen was I would go to family, I would get attached and it would end. I was having a lot of trouble with being in so many places. People would say to me, 'Golly, you've been in a lot of places. Why hasn't it worked out?' And they think it's my fault but what they don't understand is that I would like to see one of their children be put in or live with these people that I lived with for a week.....And I tried telling people, but it was no good. They'd say to me, 'But you have to make it work.' And I just gave up. That's when I really started to hate people."

#### QUESTION:

"What made you not give up?"

#### ANSWER:

"I don't know. I really don't know. I think it was determination. I hate losing. I did give up though, for

a while. I even tried the easy way out. But it didn't work. That's the silliest thing I've ever done. I was in the Family Home and that's when I really gave up. But after I tried it I think that's when I really started to pick myself up."

Laura, 27, told me how she had become depressed after losing her baby:-

"After losing the baby I sort of went to the doctor a few times when I got cheesed off with everything. But I seemed to get pushed aside and I thought it was easier to cope with it by myself. I went to the doctor and told him I was really depressed. All you get is tablets. That's not the kind of help I wanted. So I turned to my friends."

"When I went back to him with my throat, I told him I had a job and he said, 'That's what you've wanted all along.' Well! If he had said that to me in the first place I might have done something. But to give me pills! I didn't find that any help whatsoever."

Nicola had suffered from post-natal depression:-  
 "After my second child I had a very severe post-natal depression. That was quite hard to handle at the time because I didn't know what had happened to me and I had no support. My husband was not able to understand that these things happen to women, and I was actually lucky, very, with my G.P. when I finally collapsed. I just collapsed one night into a shivering mess on the floor. That was how it manifested itself. And he was very good. He was supportive. He said to my husband, 'Look, she's doing too much. It's something that happens to women. You've got to get up more and help with the baby.' "

I have already introduced some of the other women who suffered from stress or depressions. The most serious sufferer was Elsie, 71, who had suffered several serious breakdowns when she was younger, for which she had been hospitalized. Some of the other women who knew they had been depressed, such as Bessie, had not sought medical help for their condition, but had struggled through that phase of their lives.

Another group of women had coped with mental health problems with relatives. Naomi, 29, was one of these. She told me:-

"The biggest health problem I've had so far was when Mum had a nervous breakdown about four years ago. Even though she'd had other breakdowns when we were kids, it was the fact that we were told that she was schizophrenic and paranoid, and that no matter what we did it wouldn't make any difference. And she was so hard to handle. It was so hard to get her to hospital for treatment and then, when I did, the rest of the family said she shouldn't be in hospital."

"I feel that was as much as I've got a lot of time for my doctor, that for psychiatric things there was definitely a lack of understanding. Like I say, with Mum I was just told of her condition and I was supposed to accept it."

Maria, 52, had had an ongoing problem with one of her daughters:-

"Betty's illness has been a problem. When I went down to Auckland I could see that she was very pale and thin. And I said to her, 'You'd better come home for a while.' So, when she came home, that's when it all happened. I didn't really know what to do. The family weren't much help because they were more frightened of her than anything. They thought that having a nervous breakdown or

mental breakdown was something that doesn't happen."

"She doesn't want to take the pills. Even the last dose, she won't take them until I more or less force her to. It's been very hard to get her to a doctor. She didn't want to go out of the house to the doctors in Kaitaia. She just didn't want to sit there and wait for him."

"I wouldn't mind paying, even if we went without things, if he would come up when I ring up. If he would come and see me at the house instead of us going all the way into Kaitaia and spending the whole day in town when you are not well or the family is not well."

Phoebe, 54, had a son who was not well:-

"Norman was a big problem. His behaviour became very difficult. He was argumentative. You couldn't win with him. I rang the psychiatrist and she was away. The Whangarei Hospital was no help. I felt helpless."

"They made an appointment in Whangarei to see her as a family unit three weeks later. She said he was over-active and gave him some tablets to sleep. Then he got terrible to his father. He was ranting and raving. He went to Auckland, then we got a phone call from our brother-in-law that he was suicidal. Then the other son rang to say he was at the Police station. He could hear noises, people following him and chasing him, so he went to Auckland Hospital, then, as a Carrington Outpatient, then they sent him back to Dr. Woods in Whangarei."

There is no psychiatric unit at Kaitaia Hospital, so all voluntary patients must be admitted to the psychiatric unit in Whangarei. Committed patients usually are sent to one of the Auckland hospitals. Trying to get

treatment for family members over such long distances imposes even more strain on families at an already stressful time.

Alcohol and Drug Problems.

Only one woman, Isobel, 54, admitted to a personal drinking problem. Isobel said:-

"The last two years have been the worst because I couldn't see an end in sight at all to the teenage problems. I began to realize I was having more to drink. It got to be two drinks. I thought, 'My God! I'm a potential alcoholic!' I began to realize that this was what was happening to me, and it was only because I've got the gut playing up that I stopped. I can understand why women drink. I really can, because it takes the edge off."

Three women talked of husbands who had drunk heavily at one stage, and another three talked of family members whom they considered alcoholic.

Helena, 17, spoke of both her father and her brother. "Dad is an alcoholic, too. He never goes out looking for parties like some people up there do. They just go out looking for parties and annoying people. Dad drinks at home. He drinks by himself."

"My brother, the older one, he drinks a lot too. The doctor told him down in Auckland that he had a weak liver and kidneys and he has got to give up drinking or else he will die. And he says, 'Tough' and he carried on drinking. But he really got sick lately and he had to stop the drink."

"It's hard up there for an alki. All the people drink, even the young people."

Nancy, 33, also had two heavy drinkers in her extended family:

"My mother is now a sherry drinker. You know,

that doesn't help. We've got the same problem with Nat's father, but he's always been like that. He's had a liquor problem for years."

Rachel, 41, and her family had been through hell with her husband's alcoholism.

"His drinking became worse. He would say, 'I'm going away for something,' and wouldn't come home for hours and I really resented that. From 30 - 40 years every argument was over drink. About eight years ago things were really in a bad way. It just got worse and worse and worse until finally I left home last year. I knew it was ruining our children's lives. It was ruining the whole goodness of our lives. He would take to Sandra, the one he loved the best. I had to tear Sandra away from him for fear he would really injure her. He hated me."

"I talked to the doctors about it and I think they thought I was just exaggerating the problem. I was terribly depressed. I went again to see our doctor, who was a close personal friend of ours. I knew he didn't believe me. He had never seen Brian drunk. Then my oldest daughter came home and said, 'You know, Dr. Graham doesn't think Dad drinks! He said, 'Your father doesn't drink gin like that, does he?' She said, 'I laughed and said, Does he ever!' He admits to drinking a bottle of gin in a night, and it would be neat out of the bottle, and the bottle could be anywhere - under the cushion, in the bathroom, in the toilet, in the golf bag. Anywhere!"

"So he talked to Brian, so Brian decided he would do something about it. Well, that's what he told me. That would be even harder. You know, you wish they would just drink themselves to death. Just anything to get rid of them. He was nasty. He'd cause fights with the kids. He'd pick on

them. There was nothing I could do right. We all ended up trying to please this one, stupid, crazy drunk. It was incredible when I think about it."

Mirth's husband was also a recovered alcoholic. Mirth said:-

"To live with an alcoholic situation, unless they have lived with it, there's no real understanding of the destitution of heart that a woman, especially, goes through when she is tied to the home and the children and she has no outlet. It's a destitution of the heart and there does not appear to be any answer for it. I think it was eight years, maybe nine, before I realized that if I didn't go I was going to break and then I knew the children would have neither father or mother. So I knew at that stage it was necessary for me to go, which I did. We were apart nearly three years."

Listening to these two women made me realize the terrible burden an alcoholic husband can impose upon a family. The way that a wife can be torn between her husband and children really came home to me.

Because there is a belief in the Far North that drinking too much is a Maori problem, I point out that Nancy, Rachel, and Mirth and their husbands and families were all Pakeha. One of the differences between Maori and Pakeha drinking seems to be that Pakehas often drink in Clubs or their own homes, where over-consumption is not so noticeable.

Two Maori women spoke of the problem alcohol can be in Maori families. Lola, 41, said that her husband drank heavily at times:

"A lot of trouble is caused through drink and that is the gist of the whole problem. Absolutely. I'm a radical here. I could get a bomb and blow up all the breweries. People say, 'Well, they

would start making sly grog, moonshine, whatever! I say we could soon cope with that lot. We may be able to channel people into something else. This is one of the problems a Maori has."

Tui spoke about alcohol use within the community, particularly among women. She said:-

"I think Maori women have a different life style even to what it was ten years ago. Perhaps it's just going along with the men but I think more Maori women are drinkers. I've noticed, in the short time I've been at the Forestry Nursery, that 100% of those women are drinkers. I don't think there are many families in the county where both parents aren't drinkers, and I'm talking about Maori families, too. A cousin of mine, we thought she was going to die last year. She was terribly sick. Liver problems. And as far back as I can remember she has been a heavy drinker."

Abuse of alcohol has been a recurring theme throughout the interviews in this section. From the evidence of the women who had personal experience of alcohol problems, I think it would be fair to say that our Far Northern community does have a problem with alcohol abuse.

From alcohol I want to move on to speak of other illegal drugs. Not one of the sample mentioned having any personal problem with drugs other than alcohol. Two women spoke of dealing with the family members who were involved with drugs.

Rachel, 41, whose husband was a recovered alcoholic, was one of these. She said:-

"I got a report that my daughter was smoking marijuana and I tackled her about that. And she said, 'Oh, yes, about once a month.' And I said, 'Your father probably says he drinks

about once a month. How often really?' And she said, 'A bit more than that. It gives me a neat feeling and I feel better and I'm happier. It's not like getting drunk like Dad.' Brian took her side. It was a real bad time and I fought like hell. It was alright when he was just upsetting us all but when he started to encourage our daughter into that sort of thing, that made me pull all stoppers out. I would have shot him. But I was lucky then because Dr. Graham talked to Leanne, which was really good. She really respects and likes him, so that was mighty."

Vera, 44, had tried to care for a family member who seems to have been an addict.

"My husband and I looked after an addict and we had to use every ounce of strength. His family had turned him out and he came to us for help. My husband was really good. He looked after him at night and I looked after him in the day time. We couldn't seem to get anyone else to help us. The facilities at Kaitaia were nil. The hospital and the doctors couldn't help. Each day we'd take him to the doctor and try and get some help. He was withdrawing from his drugs. We'd take him to get stuff for him, then when we got home he wouldn't take them. He'd hide them everywhere, all over the house; under mattresses, under mats. In the end we couldn't help him any more. He couldn't take any food at all. So we got hold of a Psychiatrist in Whangarei and we had to take him down to the hospital there. We had to take him there because he had hepatitis."

Some of the young women talked about drugs being available in the community, especially among young people. Extracts from some of their interviews follow.

Kirsty, 19, said:-

"The kids at school, they go down town on Friday nights, just sneak off and have what's going. You see it happening and you just can't believe it. You sit in your car and you know they are only young kids, 13 - 14 year olds, you know, taking the stuff....."

"Once I went out to a party and it was carrying on there. They were just sitting down carrying on. And I said to Barry, 'I'm going,' So we left because I just couldn't stand it."

Inez, 22, said:-

"I think drugs are going to be a hell of a problem soon. People are scared to say anything to anybody else. But, you know, it's not really hard to see who dabbles in it. People selling drugs, - you can tell who they are. An extra \$100 or \$1,000 or whatever. It's the people who have come back, you know. They've been away and they know what it's all about and they know what to do and how to go about it."

Kathleen, 23, told me of her experience with a big-time marijuana grower who was later jailed for his activities. She said:-

"Willie and I met a guy - really nice. A fabulous guy. He came to our place, to Mum's and Dad's, when we were married, and things like that. But he's in jail now. It was a really big operation but we never suspected it. He had a motor bike and a landrover and he kept telling Willie what hunks he got. We thought he was talking through his head. Nobody earns that kind of money. But he was and we found out afterwards why. For taking the risk. And it was happening right under our noses and we didn't know. But he was nice, that guy, and really lonely."

From what these women said, and from my own knowledge, drugs are certainly being handed around among our young people. And marijuana is being grown widely here. Some big hauls have been made, but not recently. Because we meet the victims, the addicts and those who have suffered bad trips, we know that hard stuff is available, at least at times. After all, ours is a long coast-line with sheltered harbours and there are a considerable number of fishermen and yacht owners. But my interviews and my own experience tell me that our major drug problems are caused by the legal drugs, especially alcohol and tobacco. The burden alcohol places on family life, as well as on our medical services, is incalculable.

#### Maori Health Problems.

The Maori women whom I interviewed were divided on whether there was a 'Maori health problem.'

Tui, 47, married to a Pakeha, was quite definite in rejecting the 'Maori problem' label:-

"I think some of the 'Maori problems' have a lot to do with catching up as regards to standards of living... I get conflicting ideas of what's coming across because when they tend to treat the problem as a 'Maori problem,' I think it's not only a Maori problem. It's a people one, on the whole."

But several of the women I interviewed considered that there were 'Maori Health Problems', as such. I will quote from two of them, both Maori.

Lola, 41, said, "A lot of our children in schools are suffering because of health problems - ears, sores, their diet. They come to school and they haven't got the right diet because they have too many pies and fish and chips for tea. A lot of Maori mothers do not know the nutritional value of food."

Pearl, 42, said:-

"The Maori people have a lot of ear problems, and I don't know why it is. Because I can even remember as a kid myself, I had ear problems all the time. And the nose is another area. And I

don't know why we have a lot of what they call 'school sores.' Perhaps it's something lacking in the food. I don't know. Because for sure we do eat a different style of food. Then we Maori people tend to be very close. We like body contact. Even as children, two will sleep together. Then I wonder if it is lack of knowledge to pick up things like ears. A mum can't see why a weeping ear is so serious that she has to go to Whangarei and spend all that money, you know. Just a weeping ear."

There is no way that any reasonable conclusion on this matter can be reached on the flimsy evidence available here. All I can do is to point out that Maori families often do fall into the working class or unemployed groups, where income is generally low. Many have inadequate housing. Maori girls often leave school early so they may be disadvantaged educationally. These are all factors pointing to the 'Maori Health Problem' having a class rather than an ethnic basis.

On the other hand, Pearl has pointed out that there are cultural differences between the two races that may also have some bearing on community health problems.

It therefore seems sensible, on the basis of little evidence available in this Chapter, to assume that the so-called 'Maori Health Problems', do have an economic and class basis, but that the matter may be further complicated by cultural differences.

#### Summary.

Personal and family health problems were among the most important and numerous problems faced by women in the Far North. General Practitioners and Kaitaia Hospital were essential sources of help.

Health problems to do with fertility control and reproduction were important to young and middle-aged women. Seven women talked of contraceptive failures and problems, showing that this can still be a source of anxiety. Some

women commented upon the lack of a Family Planning Service in the Far North. Several also commented upon the failure of their doctors to fully explain fertility control procedures to them.

Pregnancy and giving birth had not been straightforward for everyone. One girl spoke favourably about having a woman doctor at such a time. Two women talked about the desirability of having a home birth option for normal deliveries. The overall impression obtained from this section was the need for women to demand that human values must be considered during the whole pregnancy and birth process.

When family health problems were discussed, the need for mothers to be reasonably knowledgeable and assertive, to enable them to cope with children's health crisis was highlighted. Rural poverty and its effects on the health of children were touched upon here.

Two aspects of distance disadvantage were discussed. The first aspect dealt with the difficulties faced by people without transport living in remote areas of the country. Two comments showed how local women, with or without previous medical training, can help out in these situations. Several of the stories showed the need for good ambulance and emergency services.

The second aspect of distance disadvantage has to do with extra stress and expense that distance from specialist facilities can impose upon Far Northerners. Both disadvantages especially effect the young, the old and the poor.

Ten women in the sample spoke of personal mental health problems. Four women also talked about the difficulties of coping with mentally ill relatives when most psychiatric facilities are in the cities.

From alcohol abuse problems, I moved on to look at the depth of personal experience the survey revealed with other drug problems. The extracts revealed that this type of drug abuse was centred on young people. Four women had personal experience of drug abusers.

The discussion of Maori health issues was brief because

few women mentioned the topic. On the evidence that was presented it appeared that Maori health problems had an economic, class basis, probably complicated by cultural practices. No doubt distance disadvantage also added to what could be called 'Maori Health Problems.' On the whole, I agree with one of my interviewees that there is little medical justification for treating 'Maori Health' as a separate health issue. There may be a case to be made for separatism on cultural grounds.

CHAPTER 10.OTHER CRISES AND PROBLEMS.

One of the aims of this research was to find out if the problems actually experienced by the women in my sample were the ones that social workers and other 'experts' expected them to be. It was my opinion that each social worker believes that the needs serviced by her employing agency are the central needs of the community. Members of the general public probably believe that the community group which makes the loudest noise about its needs also has the greatest needs. At different times there has been considerable publicity in the Far North, and sometimes further afield, about such issues as the lack of specialist medical services, the level of unemployment, the incidence of violent crime, the gang problem, and alcohol and drug abuse. Were these the health and social issues that most affected the lives of Far Northern women?

I asked each woman I interviewed to tell me about the crises and problems that she and her immediate family had experienced over the years 1972 - 1982. If the interviewee had been in the district for a lesser period of time, then I asked her to cover the period she had been in the Far North. The combined answers to these questions have already been presented in Table 17, which appears at the beginning of Chapter 9.

In addition I asked each woman to list the issues that she believed to be the main ones affecting women living in the North. Their combined perceptions of important community and health problems provided the material for Table 19. A comparison of Table 17 and Table 19 has enabled me to check women's perceptions of problems against the problems actually experienced by fifty women.

It is interesting that there is a considerable degree of correlation between items in Tables 17 and 19, though the wording in each may be different. Table 17 shows the way that I categorised the problems women experienced, while Table 19 uses the wording given by the women

themselves. But some categories that were experienced as problems in Table 17 don't appear in the list of perceived problems in Table 17. It is these correlations and omissions I want to consider here.

TABLE 19:

WHAT FIFTY WOMEN SAW AS THE MAJOR SOCIAL  
PROBLEMS AFFECTING THEM.

| <u>Type of Problem</u>              | <u>Frequency</u> | <u>Rating</u> |
|-------------------------------------|------------------|---------------|
| Unemployment                        | 26               | 1             |
| Isolation                           | 24               | 2             |
| Cost of Living                      | 16               | 3             |
| Distance from Cities                | 13               | 4 =           |
| Lack of Public Transport            | 13               |               |
| Rural Poverty                       | 12               | 6.            |
| Lack of Specialist Medical Services | 11               | 7             |
| Shortage of Rental Accommodation    | 11               |               |
| Lack of Support for Women           | 11               |               |
| Alcohol Abuse                       | 10               | 10 =          |
| Lack of Social Life                 | 10               |               |

Health Difficulties.

Health difficulties of their own or of their children were clearly what the greatest number of women in my sample identified as problems or crises. The interesting point is that these same women did not see health as a community problem except as far as specialist medical services were concerned. I conclude from this that a certain number of health problems of women and children are taken for granted by the community as a normal part of life. My second conclusion is that we have reasonably adequate facilities to cope with most health problems so failure to cope does not become a community concern. Only problems requiring referral to Whangarei or Auckland were

seen as community problems, because of the inconvenience and extra expense they caused. These were also the health issues that men were likely to be aware of as they might be required to provide the transport and/or meet travelling and accommodation expenses.

Mental illness, which was experienced by one-fifth of the sample, did not feature among the conceptions of community problems except, perhaps, in the 'Lack of Support for Women' item. Once again, it is not easy to account for the omission of mental health problems from Table 19. Was mental illness not recognized or was it taken for granted as the natural state of women? Were the women looking at what they saw as the background causes of stress and strain? Most likely mental illness was seen as a sign of individual weakness and therefore not discussed as a community problem. Indeed, several of the women who recognized that they had gone through a period of depression had not sought medical treatment or other help for their condition, which may have been unrecognized by other people.

One-fifth of the sample saw alcohol abuse as a recognizable community problem. Seven women in the sample had someone with an alcohol problem within their extended family. Therefore alcohol abuse was somewhat over-emphasized as a community problem, while depressive illness in women was ignored. Depression was presumably seen as a sign of individual weakness in women but alcohol abuse wasn't necessarily seen that way. Depressive illness had been experienced by women, often in the solitude of their homes, while the alcohol problems that the women talked about had spilled over out of the home, or had disrupted the home, and thus had been more easily identifiable as a community problem. Also, men were more involved in the alcohol abuse than they were in the depressive illness syndrome, which helped to make the alcohol issue more public.

#### Unemployment.

Twenty-six women saw unemployment as the number one social problem of the Far North, but it was experienced as

a personal difficulty by half that number - 13. The age range of my sample no doubt helped to account for this discrepancy. There were some women who would not be looking for jobs themselves, but they would be aware of the employment problems that young people, especially young women, were facing. This also was a problem that spread out of the home into the community.

#### Lack of Money.

The fact that women living in the Far North are often short of money came through quite clearly in both tables. Seventeen women had experienced financial troubles. Sixteen saw the cost of living as a problem. Twelve were more specific in that they defined the problem as rural poverty, a problem of the country districts rather than of Kaitia.

I was interested to look at the degree of poverty revealed by my sample and at where the poverty occurred.

In order to do this I will present two Tables. Table 20 shows the family income levels of the women I interviewed in 1982. Table 21 is the Social Welfare Profile using 10% sample 1981 census data.

I am assuming that the primary cause of differences shown in the tables was not the interval of one year between the census sampling in 1981 and my survey taken in 1982.

TABLE 20. INDIVIDUAL AND FAMILY INCOME LEVELS IN THE 1982 SAMPLE:

| <u>Income</u>    | <u>Frequency</u> | <u>%</u>    |
|------------------|------------------|-------------|
| 0 - 1,999        | 2                | 4           |
| 2 - 3,999        | 6                | 12          |
| 4 - 5,999        | 9                | 18          |
| 6 - 7,999        | 9                | 18          |
| 8 - 9,999        | 2                | 4           |
| 10 -11,999       | 4                | 8           |
| 12 -13,999       | 1                | 2           |
| 14 -15,999       | 4                | 8           |
| 16 -17,999       | 3                | 6           |
| 18 -19,999       | 2                | 4           |
| 20 -24,999       | 5                | 10          |
| 25 -000 and over | 2                | 4           |
| Unspecified      | <u>1</u>         | <u>2</u>    |
| Total            | <u>50</u>        | <u>100%</u> |

TABLE 21.

SOCIAL WELFARE DEPARTMENT PROFILE  
USING 10% SAMPLE 1981 CENSUS DATA.

| <u>Total Household Income</u> | <u>Kaitaia District</u> | <u>National</u> |
|-------------------------------|-------------------------|-----------------|
| £ 0 - 9,999                   | 38.1%                   | 26.5%           |
| £10,000 - 24,999              | 38.7%                   | 42.6%           |
| £25,000 - and over            | 12.0%                   | 17.1%           |
| Unspecified                   | 11.2%                   | 13.7%           |

These tables tell the story quite clearly. The 1982 survey of fifty women showed 56% of the sample of individuals and combined households had incomes less than £10,000. In the 1981 Census sample of Kaitaia households the percentage in the under £10,000 category was 38.1%. For the National sample the equivalent percentage was 26.5%.

Because of the small size of my sample I can't generalise as compared to the other samples. All I can safely do is to point out that on the evidence of the tables it is not surprising that 17% of my sample had suffered from financial stress. When one also takes into account the hidden costs which affect people living in rural districts, the plight of these living in the Far North is made even plainer.

Ann Gillies, of the Economic Division of the Ministry of Agriculture and Fisheries, wrote about hidden costs in 1979.<sup>1</sup>

"For example," she wrote "rural shops and business firms often have to make toll calls to contact clients or to order materials. Rural people have to make toll calls for trade and professional services, including medical services. Commodities sold locally have an extra charge to cover the cost of transport (e.g. 5c extra on each pint of milk). On back-country metal roads, vehicles depreciate rapidly, while being a vital necessity where there is no alternative means of transport and long distance travel is a fact of life. Only some rural households can claim

vehicles as business expenses."

Whether or not we feel poor depends in part on our needs, as well as on how much those around us in a similar situation have, because that sets our expectations. It also depends on the number of responsibilities we have to meet from our available income. Bearing these points in mind, I have decided to divide the women who spoke of financial stress or had low income into different groups, depending on the source of their income, so as to have a look at their total situation. The main sources of income are shown in Table 22.

TABLE 22. INCOME SOURCE.

| <u>Major Source of Income</u>      | <u>Frequency</u> |                |
|------------------------------------|------------------|----------------|
| Husband's Wage, Salary or Business | 15               |                |
| Own Wage, Salary or Business       | 8                |                |
| Farm or Horticulture               | 5                |                |
| Two Salaries                       | 3                |                |
| Parents                            | 2                |                |
| Investments                        | 1                |                |
| Superannuation                     | 8                | } 16 or<br>32% |
| Widow's Benefit                    | 4                |                |
| Domestic Purposes Benefit          | 3                |                |
| Unemployment Benefit               | 1                |                |
|                                    | <u>50</u>        |                |

SINGLE WOMEN NOT SOLO PARENTS.

This group included two young women who were still financially dependent upon their parents.

Lucy, 17, lived in the country with her parents and other members of her family. She had enough to eat, clothes and security. Although she had little money, she also had few responsibilities. She wished she had a job but basically she accepted her situation.

Helena, 18, was a school girl boarding with relatives

in Kaitaia. Her main needs were also being met. She had no responsibilities except to work for educational qualifications. She did not feel sorry for herself.

The only complaint about money made by a single girl was that made by Kirsty, about how her savings had dwindled when she was unemployed, forcing her to go on the unemployment benefit until she found work.

Nor did the young married women with no children complain of lack of money. Therefore I assume that single women and married women without children did not suffer from undue financial stress.

#### The Beneficiaries.

Whether or not the beneficiaries were able to manage seemed to depend on whether they had children to keep and where each lived. For instance, Annette, 16, who was unemployed, did not complain of poverty. She was living with her parents near Kaitaia and she had no-one financially dependent on her. On the other hand Beryl, 19, a solo mother, who was sharing a tiny house in the country with her grandmother and her child, did talk of deprivation in the past and present.

As her main complaint about her situation in 1982 was about transport problems, I will quote her later in the section on transport problems.

Lorna, 26, on D.P.B. and living in a state house in Kaitaia, wasn't too badly off, except, as she said:-

"I do miss the meat we had on the farm and the vegies that I hardly get. I've no car to get watercress and puha. But my grandfather helps by sending them sometimes. When I was at the flat I did have a garden; my first attempt at growing anything. If I stay here, I'll have a garden."

Maria, 52, left a widow with five young children, had known hard times. She lived on her own land in an old house many miles from Kaitaia. She told me:-

"I kind of managed on my pension and the family allowance. Later I did a bit of sewing for

people and I made a few pies for the hotel. Once I went to the Social Welfare and I came out crying. He says to me that I don't qualify for anything. He says to sell the land and I would have money. And I thought to myself that I didn't want to sell, so I just struggled on and pulled through it." "The thing that would have been most help was money. A little more money."

Stella, 55, another widow, had lived in Kaitaia when her husband died. She talked of her struggle to rear her children and cope with their teenage escapades on her own:-

"I gave up working as soon as I became a widow. I had five still going to school, so I thought I'd better be home every night. So I had to give up the job and go on a pension. It was a struggle but I made ends meet. And I was there to welcome these children every day and night and see them off."

"I have found finance rather tight at times. Now I will give you an example. My son bought a car on H.P. The naughty boy then sold it and took off to Australia. And that was the hardest time I had, to find that extra \$2,000. It was the hardest time I can think of. I went to the Bank Manager for that \$2,000. Why he gave it to me, I don't know. The only thing I had as security was my benefit and my house. The mortgage didn't worry me. I just automatically paid that, but when you know you must budget to pay the extra \$2,000, it was terrible. I could hardly sleep. And then he offered me some money from Australia, and with some of my widow's benefit, too, we managed to pay it back."

Felicity, 61, and also a widow, lived in Kaitaia. She too, had recently had to help a son with his debts. This is what she told me:-

"Graham went on his own, but he is no good with bookwork. I do all his bookwork, all his accounts and everything else. You see, if you can't read, you can't spell and you can't do much. It's been his downfall all the time. He's a very hard worker."

"In the post cutting business it used to drive me around the bend. He'd come home, no pay, and we still had to struggle along. Graham had to cash one of his insurance policies in just to keep us going, because just on my pension, by the time you pay rent and that, you're not too flushed with money, are you? Now he's in a regular job."

Bessie, 63, had had big financial problems all her married life, with a partially disabled, foreign-born husband. She made no bones about it:-

"I think money has been the biggest problem. My husband was on a very low income. That's why I live here (in the country). There's a lot of things you can do without money, but you've got to help yourself too. You can live by your own efforts here but you can't do that in Auckland. Some of them that are used to that, they'll die, they'll never survive up here. They can't go without butter and things. With me, if you haven't got butter, you go without. Or you can use stale butter."

"I think that if they had better housing up here, it would be a Godsend, because that's the only thing. If you have lights and a fridge to keep the food in. Power, though, is a big outgo on the income."

Nana Ngaio lived over 100 kilometres from Kaitaia. She had to struggle to live.

QUESTION:

"What would be the disadvantages of living up here?"

Nana Ngaio:-

"It's just the distance up here and the money, and more money. Well, I pay, I don't know how much I pay, for the flat. And then the power has got to be paid, the hot water system has got to be paid and then I pay for the kids to do my garden."

"When I was sick I was miserable. Then I find out I havn't got money to pay for this, I havn't got money to pay for that, you know. I mean to say, I have to buy a new nightie, I have to have new pyjama. I got to buy this, I got to buy that. End up I got nothing, eh."

"Life's very hard, you know, for sick people. It costs about \$60 alone for a taxi to come. \$45.00 on a local car. Pills I need. Every fortnight I have to go and have my blood tested. Social Welfare won't help. They wouldn't even help with machine over there, (a ventolin inhaler). If it wasn't for that machine I'd be in and out, in and out of hospital."

QUESTION:

Did you have to pay for that machine?

ANSWER:

"Paid for everything. A hundred and fifty dollars. I got it from Dunedin."

So if you are a beneficiary, you live in the country and cannot afford to run a car, life can be difficult. If you are sick and have dependents, it's harder still. In the past, when it was possible to 'live off the land,' this may have compensated. Now that the fishing grounds are over-fished by commercial fishermen, shellfish beds are in danger of pollution, and permits are needed to hunt on the Forestry and other Crown Land, 'living off the land' is not so easy, even if you own some of that land.

It was also interesting to see that two women in the sample, both widows, assumed responsibility for the debts of working sons, even though their means were limited.

Landowners.

Some land owners, not necessarily small scale ones, were suffering financial stress in 1982. Vera, a farmer's wife, talked about 'alternative-life stylers', as small land owners who "worried about having enough money just to keep alive, to survive."

But even owners of 'economic units' (a farm that should return a comfortable living), weren't all finding money easy to come by, even in 1982. Shona, 28, and the mother of four, had a limited income, even though she and her husband owned over 1,000 acres. She said:-

"Money is a problem. I think that the cost of living up here is expensive. The shopping is limited. We've got enough grocery stores but they are very expensive and the vegetables are very, very expensive up here."

Phoebe, 54, another farmer's wife, was desperate for money. She said:-

"We have no money. The farm income barely keeps us. It's an uneconomic unit. My husband can't get any work.....It has strained our marriage. You know the old saying; when the wolf is at the back door, love flies out the window."

Katherine, 58, the wife of another farmer, said, "Money has always been a problem. There has been little cash. I've always had to make do. The house and the clothes come last. My daughter makes my clothes because I'm the wrong shape."

We have already heard in Chapter 8 from Mirth and how she and her family lived on support from their Church and community when their developing orchard provided no income.

So, quite often landowners were not prosperous. Even when the farm may have been paying, the household expenses may come last, as Katherine commented. Farm necessities are bought on a monthly account with stock firms and are tax deductable. There may be little cash available for household items and clothing when the farmer holds the

purse strings. A farmer's wife may have very little money of her own, apart from the Family Benefit.

Ownership of land can be a curse when it is not bringing in an adequate income, as in the past it has been almost impossible to obtain a benefit while owning a sizeable piece of land. Farmers alone seem to suffer the irony of working many hours a day yet still being unable to make a liveable income, sometimes because of the high proportion of farm income which must be spent in debt repayment.

#### Wage and Salary Earners.

Wage and salary earners also had their financial problems, especially if they were buying a house. Owning their own home was the dream of young couples here, as elsewhere in New Zealand. With thirty of the sample of fifty already in their own houses, it was a realisable dream. But sacrifices had to be made to achieve home ownership.

For some, such as Teresa, 23, who already had two children and was expecting her third, the housing situation seemed hopeless.

"We just can't afford to rent privately and, of course, my husband has been declared bankrupt. He tried going on his own. It would have been okay if, when he finished a job, people would pay cash for the job, but it wasn't happening. Before he knew where he was, we were down the road."

"So we can't apply for a loan as he is ineligible. They won't even consider giving it to the wife. Private rental is so expensive up here it's out of the question. It's well out of our reach of affording to live. We tried to get a State rental from the Housing Corporation and they told us we're alright as we were. (Living with her parents.) We weren't that needy. I was annoyed because the youngest one sleeps with us. It was okay when he was smaller but now he's much bigger and it's becoming a very difficult

situation."

"We are sort of in a corner and can't go anywhere. So we have to ride the time out and just cope with it as best we can."

Karla, also 23, married and with one child, talked of financial stress. "This couple lived in their own home. She said:-

"The cost of living is a problem up here. The retailers seem to put extra on everything because we are so far away from the main stores, like the big department stores, where things are a lot cheaper."

"Clothes and things like that are all dearer up here. Food and milk too. We only have one car and Ray uses that. He works all day Saturday and sometimes half a day on Sunday. He leaves at 6.25 a.m. each morning and gets home long after Lisa has gone to bed. It's 26 miles to travel each way every day and that's a lot of petrol. It costs us \$45.00 per week because Ray does 9 - 10 trips a week."

Mere, 27, who lived in her own house in the country, was going back to work for a while to help financially. She said, "Initially I didn't like the idea, but we're in a jam. We just bought the new house and there are bills to be paid. I'm a perfectly capable person. I'm perfectly capable of going out working and I feel the girls are settled in themselves."

Some of Rima's money problems were caused by the difficulty her husband had finding employment. They lived in a fairly isolated rural area. Rima said:-

"Well, work is quite a big problem up here in the North. Well, first thing he started cutting posts up at the Forestry but there were problems so he decided to sell out. So he was out of a job again. He's got no real steady employment up here. This present job means he has to live away from home during the week and come home at weekends."

"I don't know if we can afford to get a telephone on here. You need the 'phone in the country. I don't know what he's earning and how long he'll be there. It's different here from the family place. Here we have power to pay and the rent to pay, so I don't know if we can afford the 'phone."

Earlier, we learned of the price her children have paid for their parents' poverty.

Tui, 47, and the mother of ten, spoke of the financial pressure forcing her out to work.

"I get tired very quickly and I suppose that's understandable with the work I'm doing up here at the Nursery. It's hard work, but it's work and you've got to have it. We've got to face the fact that most families are two income families. So any parents of young families have to consider leaving the families to go to work. And that's going to alter the whole way of life, isn't it? Because the mother's not at home. I don't think it's going to affect my children now, at their ages, but if I had been going to work when they were little, I'm sure it would have. It's easy to say mothers should be staying home but they need the money."

"The only way I can see to make the mothers stay home with their families is to give the fathers, the breadwinners, a bigger income."

Isobel, 54, also spoke of financial pressures as they raised their five children:-

"I think that money had been the underlying problem, especially in the early stages. Owen doesn't like the feeling he owes....."

"I was just over fifty and decided I was going to retire. Initially it was hard. It took me about three months to unwind. Then I got involved with croquet and meals-on-wheels, and

learning to play bridge. I was really enjoying it. Then the bottom fell out of Owen's business and he started to worry about money. So I said, 'Right! We can't wait for pennies to fall from heaven.' So I went back working."

"That's why I think it's so important for girls to have the opportunities to qualify because you never know when you're going to need them to fall back on."

Using the income graphs plus the statements of the women I interviewed, I believe that I am justified in saying that the Far North is a region of comparative poverty for women.

Table 22 showed that the majority of the women in my sample were dependent financially, either on husbands (20) or on the Government (16). Only eight supported themselves, and possibly their families. Three couples had two incomes coming into the family.

The fact that so many women were dependent upon Government support accounted in part for low income levels. Nevertheless beneficiaries did not have the lowest incomes within the sample; four of the families dependent upon the land admitted to having incomes below the benefit income level.

Another point is that low income had a circular effect in either causing or intensifying other problems these women experienced. The link with female unemployment, particularly of young women, is obvious. Educational deprivation, which some of my women saw in our local schools, has links with youth unemployment and the low income levels of women.

There are other links between low income, isolation and the cost of transport problems. These factors in turn combine to make ongoing education difficult and most vocational training a major exercise. There may also be links between poverty, mental health, and alcohol abuse problems.

### Transport.

Transport issues appeared in both Tables 17 and 19. They were experienced as an additional cost and this was linked to the lack of public transport, which was seen as a problem.

Beryl, 19, a solo mother with a baby, spoke about her transport problems thus:-

"There is a real lack of transport. There is a bus every Tuesday and Thursday. It comes up here for the shoppers at 10 a.m. then comes back at 2.p.m. So that's the only time we get out. If you've got a baby you can't walk to Kaitaia (about 12 miles.) You just stay here and that's that."

Karla, 23, who has already told something of the cost of running a car to work every day in Kaitaia, also talked about her problem of being home with a baby and having no car because her husband had taken it to work.

"There are all the big trucks. They use it for the main road taking the logs down. You have got all the logging trucks, you have got all the cattle trucks. Mangonui Transport is just up the road and they just rattle over these hills. It wouldn't be so bad if it was a clear road and not so hilly, but it's really dangerous. There are no footpaths and you just have to walk on the blind corners and the blind hills and with a pushchair. It's so scary."

These extracts show that transport can be a problem for young women with small children. I have already discussed it as a component of the distance from medical services problems, particularly as it affected elderly women.

### Housing.

Twelve women talked of having difficulties with housing. Eleven women recognized that shortage of rental housing was a community problem. Possibly this is an

indication that there is little surplus cash in our community to invest in rental accommodation.

The housing shortage has probably been intensified by our recent rise in population levels. People who retire into the Far North may have money to build their own homes as Greta and her husband did. But young people who came to small farms or blocks of land without a house have helped to place a strain on the housing resources of the districts.

TABLE 23: TYPES OF HOUSING

| <u>Type</u>                           | <u>Frequency</u> |
|---------------------------------------|------------------|
| Own Home                              | 30               |
| Rented House / Flat                   | 7                |
| Living with Parents                   | 5                |
| State House / Local Body House / Flat | 3                |
| With Other Relatives                  | 3                |
| House Tied to Job                     | 2                |
|                                       | <u>50</u>        |

Table 21 shows that the majority of the women in my study lived in their own homes. The shortage of suitable rural accommodation places pressure on young couples to buy or build their own home as soon as possible. In the light of facts such as these, it was not surprising that the majority of full-time women wage workers in my sample were married women with children.

### Conclusion.

The evidence presented in this chapter challenges the commonly held belief that rural poverty does not exist in New Zealand.

Rural poverty is an acknowledged problem in many countries, including the U.S.A. (Martinez - Brawley, 1981)<sup>2</sup>. But conditions were thought to be different in New Zealand. Farming was seen as a prosperous enterprise, despite the

fact that the main unit of production is the family farm, in which much of the labour input is supplied by the often unpaid and unacknowledged work of women and children. Those who couldn't make a living in the country moved to where jobs were available.

Contrary to common belief, some degree of rural poverty has always existed in rural New Zealand, safely beyond the ken of tourists and journalists. It was present among the Maori population until the demand for labour drew them into the cities in the 1940's and fifties. Within my lifetime, and no doubt before that, too, there have been the old, the disabled, and widows with dependent children, who remained in isolated pockets when the young and able-bodied moved away to find work. Some of these lived in poverty.

But changes in economic and settlement patterns had occurred in the 1970's, some of the results of which were evident by 1982. Unskilled workers were no longer sure of being absorbed into employment in cities and towns. Many Maori unemployed took advantage of both the provisions of the welfare state and the ownership of their remaining tribal lands to return to their home districts. Those tribal lands enabled a significant number of the Maori population to function as a reserve army of labour.

A movement "back to the land" also occurred among Pakeha New Zealanders in the 1970's. 'Alternative lifestyles' were a part of this movement. Other people bought "stepping-stone" units, or small blocks of land to develop as horticultural enterprises. In nearly every case the economic viability of such enterprises was dependent upon off-farm income being available.

During the land boom years of the 1970's and early 1980's, farm prices skyrocketed, even in the Far North. Farmers took advantage of cheap Government money and subsidized prices for produce to borrow more money to buy economic units than was warranted by the returns from production. Such people saw themselves as capitalist entrepreneurs rather than as the "grace-and-favour" tenants of the State or the financial institutions that

they in fact were. Both State and private financial institutions facilitated this heavy borrowing.

Thus in 1982 cracks were already visible in the Far Northern economy, even though they may not have been noticed by business people in Kaitaia. With so much of the Far Northern economy, including the agricultural sector, being dependent upon Government money, this district would prove to be more vulnerable than most to further economic downturns or changes in Government policies and priorities.

#### Women's Relationship Problems.

Besides having to cope with structural economic problems inherent in a capitalist state, women also face problems within family systems.

Evidence has already been presented to show that life in the Far North is very family orientated. Women's domestic roles predominate. Because family relationships are so central to their lives, successful relationships are often the main reward available to women in return for a life-time of work in the service of other people. Unsuccessful relationships or a sudden end to successful relationships through death can result in emotional, health and economic problems.

The consequences of broken or disturbed relationships appeared several times in Table 17, in items such as Death of a Family Member (17), Loneliness and Aloneness (10), Marriage Adjustments (9), and Difficult Child - Parent Relationships (9).

No categories resembling these appeared on Table 19. Their absence leads me to believe that the pain of broken relationships must be borne in private and therefore was not generally seen as a community problem. The disapproval of solo mothers, which was expressed by six women, was the only obvious acknowledgement of the way broken or incomplete relationships can effect the community.

#### Death of a Family Member.

A death obviously brings a relationship to a close.

This was the most often mentioned relationship crisis, on a frequency level with financial problems.

Several young women spoke of the death of grandparents as having been traumatic.

Kathleen, 23, was one of these. She said:-

"He died very suddenly. I think it was a crisis time for all concerned. None of us expected it. We thought he would go on for ever and ever."

I suppose that the death of a grandparent is the first time that many young people face the fact of ultimate death.

Another young woman who talked of a grandfather's death was Mere, 27. Mere was married to a Pakeha. She seemed European in everything but her appearance. This was one time when a Maori influence showed. She said:-

"The death of my grandfather was traumatic. I was close to my grandfather. It was my faith in God and the atmosphere on the marae that helped me get over it. That is very good for bereavement. You eat, sleep, everything there for three days and I was there with my children. You are not only getting used to the fact that he is physically dead, but emotionally you are not alone because you have all these people who display their grief openly, letting you know that they feel it as much as you do. That is the most wonderful thing about a death on the marae. I have been to European funerals where it has been so cold. You go home and you take your grief home with you. You deal with it by yourself, whereas on a marae you've got your big family."

Several women talked of the death of their mothers or mothers-in-law. Obviously the deaths of a mother can trigger off a real emotional crisis. For Dee, 30, her mother's death brought deep-seated fear and guilt to the surface. Dee said:-

"Before then, I had thought it would be the best thing for her to die, because she was in an unhappy marriage and she drank too much. In fact, I'd say she was in the early stages of alcoholism. And there was nothing she could do to get over it. She had very high blood pressure and when she died she actually died of a heart attack. But it was the way that she lived that broke me up. Before she died I was always having lots of problems with her, really, just with her marriage, dealing with the problems she had inside. She could talk to me, but she could never get her act together to get off the booze. But in a way I thought the best thing for her would be for her to die."

"I loved her very much and I still miss her terribly but I think it would have been horrible to see her deteriorate further, because it would have happened to her. As it was, when she did die she still looked lovely. She wasn't a derelict old bag, you know. She looked after herself. She looked nice, she had a job but she was just unhappy. It was her second marriage. My father had died when I was four years old, I think, so that's long passed."

"I had a certain amount of guilt, you understand, thinking before that it would be better for her to die. It makes me think back to when I was a child and I used to lie in bed at night and I couldn't stop myself thinking or imagining that Mum and Dad had been killed in an accident or something like that. And then, when my father died, I used to think it was because I used to think that. Not that I wanted them to die; it just used to happen and I would cry and cry and have all the feelings that they had died. Probably when Mum died it triggered off all sorts of things I'd thought worked out."

QUESTION:

"How did you work through your grief and guilt?"

ANSWER:

"Oh, I cried and cried and I talked to my husband and my brother and sister and a friend. And I was still feeling pretty painful about Mum's death about six months after she died, which I think is quite a long time. I never tried to suppress it at all and every time there was something that came up, I'd talk it out."

The death of her mother-in-law from breast cancer had placed a considerable strain on Nancy, 33, and her husband. She told me:-

"It's quite strange because she was in and out of hospital for ten months before she died. And the day she died Nat didn't shed a tear. He still hasn't. That's quite incredible. I said to him, 'Just let it go and get it out of you.' And he said, 'No, the time when I really felt it was when I first found out, and when I found the treatment wasn't going to do any good.' You see, that was the time he was in hospital with very bad headaches. It all co-incided about the same time."

"We've had a terrible time trying to cope with Nat's father since."

As you can see, some of the women were able to express their emotions very well. Pearl, 42, was another one of those. She said:-

"It was terrible when mother died. My mother and I were terribly close. Probably being the youngest and the others had grown up and gone away from home. She lived with us for about eight years. In the latter part of her illness she had to go to hospital and we spent all our time there. Frank was marvellous, and, of course, the kids also. I guess Mum was like a mother to

them, really. That would be one of the times when my daughter had a lot of problems. She was so uncanny. We were so close, you know. We were all there when she passed away."

"And when she passed away, Frank and them brought her body home and moved everything out of the house into the bedrooms. We had about 150 people there, and yet it was beautiful."

"My daughter was the one it seemed to affect most. It hung over her. At school she used to cry. She would visit Mum's grave every day and we couldn't get rid of Mum's clothes. She didn't want anyone wearing them. In fact, it was only just last year that we disposed of them."

"When we come to the anniversary of Mum's death we always take her flowers. We also talk as if Mum was still with us. Even the children do. We have her walking stick here and when I can't reach anything, I say, 'Well, Mum, get that down!' sort of thing. Even the kids are the same. I don't know whether it's good or not."

Possibly the hardest deaths to accept are those of young people, because they die out of turn. Lola, 41, lost one of her children through an accident. She told me:-

"I lost my boy in 1976. At the time, of course, I had my mother living with us. I was very fortunate that I had my mother living with me and the support of my people as a whole. I think this helped a lot. I didn't turn to them. I believe they came to me; sought me. But no matter how many people come to you with that loving support, no-one really knows the feeling. Someone so close."

"My husband is a very quiet man. It had a bit of effect on him, I do believe, It's difficult to explain. Even after a couple of years my husband would come out with a few things, like

saying, 'If Heemi was alive we would be doing this,' or 'Heemi would be doing that.' Just out of the blue. I think it must have had some effect for him to react that way."

Bessie, 63, talked of the death of her husband, and of that of her grandchild:-

"I lost a grandchild that was living in Auckland. That was a great shock. He was a blue boy - blue baby. He was born like that. They brought him back; buried him in the cemetery here. It was a great shock to me."

Others expressed shock over the death of relatives not quite so close. That some of these deaths had made a major impact in the lives of the women I interviewed was a surprise to me.

The accidental death of her brother-in-law was one of the stresses that led to Annette leaving her job. She told the story this way:-

"The 'phone rang and Dad answered it this time. It was Gwen, and Dad looked very upset, you know. He just changed colour completely and I said, 'What's wrong?' and he said, 'My little girl's husband drowned.' "

"You know, it was a shock. We couldn't realize it. Someone we actually knew very close to us had died. We couldn't believe it. You know, I went into Gwen's house and I kept looking around, waiting for Matt."

Rima, 28, had already told me how her brother-in-law's death had changed life for her and her family. She was one who was not very articulate.

"Well, his brother wasn't old, eh. He was only in his thirteens when he died. Everytime he came down to Auckland he couldn't stay there over-long, say a week if you were lucky, because he couldn't cope with the air down there. Asthma, you know.

"It's been very bad for our relationship. It hasn't settled down even yet."

Naomi, 29, also talked of her brother-in-law's death because of the effect it had on her husband. She said:-

"John's death was a crisis to me as well as to him. But that's where my friends were good. I could talk that one out, so I suppose it blew over for me fairly quickly, but the repercussions came from Graham's non-acceptance. He found it hard to cope."

The death of a husband before his time is also a great shock because that loss can completely alter a woman's life. All the widows talked about this. Some of them have already been quoted. Stella, 55, was one who told me of her loss:-

"He lost his balance and I accused him of being drunk. He came in after work and I could see him staggering along the street. When he came in I just laid into him, you know. It was so early in the day to be in that condition. He said to me that he was sick, then he held on to me and I felt his hands and they were cold. One of my daughters was with me. She did her training as an enrolled nurse and she just looked into his eyes and they were only pin points." "He went straight into hospital here and after lumbar punctures he was flown down to Auckland. He died of a massive brain tumour."

"The biggest crisis, I think, is losing a husband. I think if it wasn't for my Mum - she was such a down-to-earth Mum - that I wouldn't know if I could have coped without her. And my family support - aunties, sisters and cousins - because I have a very loving family. Otherwise I think I would have gone to pieces because it was so sudden."

Ongoing Relationship Problems.

Some of the women I interviewed had other, ongoing relationship problems. The most-likely-to-be-ongoing relationship difficulty was that with parents. One cannot divorce a parent.

The women I interviewed spoke most often about their relationships with their mothers.

One who didn't talk about her mother was Kirsty, 19. She said, "I can't stand my father. I think I'm at the stage where I can really see what he's like and the way he used to treat us, and things like that."

Beryl, 19, and brought up by her grandmother, didn't get on with either of her parents, as she told me:-

"So we hardly see anything of each other and when we do see each other we don't say much. That's probably why - because we clash. She hasn't much to do with my life, really. Just like Mum, I don't get on with my father either. The same thing, the same reason."

Inez's reaction against her mother was understandable when you remember the manner in which she learned of her parenthood. She said, "It turned me against everything. Not my Dad. I always think of him as my Dad and always will, but against my mother, who hadn't told me. It really upset everything. Mother couldn't talk to me."

Lorna, another brought up by her grandmother, hadn't made friends with her mother, either. Lorna told me:-

"My mother was my grandparents' daughter. The oldest one. As a matter of fact, when we were young I ended up calling her my sister until I was ten, then I found out she was my Mum. My mother and I never got on well, either.....She treats me as if I'm a whore. I feel as if she is (doing it), you know. And I think, well, she wasn't any better. I always wonder why she gave us away. When she comes back she always pushes us around - well, she pushes me around as if I'm a child, but I'm a woman. And we have fights."

Nancy's relationship problems were with both her parents:-

"I've had an ongoing problem with my parents. It sounds awful but really it's been very hard. It's very strained and it just seems to go on and on. I can't see them changing in any way. They live together. They've never left each other. There's never been any violence or anything, but just strained. No communication at all.

"I've tried and tried to talk to them. I've had them both here together and tried. I've done my best. There is nothing I can do any more."

Una, 35, didn't get on with her mother, either. She said:-

"I think that I should mention that a visit from my mother coincided with this house hassle, and visits from my mother are always a time of crisis, full of tension, and I think her presence had a lot to do with the undermining of my confidence. The family dynamic has to change and I think we're all under strain when mother's around. Maybe it's because I've got this strained relationship and the kids pick it up and maybe they do things to make it worse."

Nicola, 36, also didn't get on with her mother:-

"My mother and I have never really got on. I'll put it this way. I can understand her better now. She did some dreadful things to me but I've come to terms with that. But she's a very, very strange lady, is my mother. My father died when I was twelve and she brought up a family of five on the widow's benefit. I think that was why, when I was having doubts before I married, that she was so insistent that I couldn't break it off at that stage."

"She was under a lot of stress when we were growing

up and that's why now I can understand why she behaved like she did. As a child it was very difficult to handle but she was under a lot of stress and it wasn't easy for her at all."

I have already discussed the fact that bad or broken relationships with mothers was the main factor in common experienced by the five young women who had been unhappy in childhood or adolescence. It may be worth pointing out that both Una and Nicola had experienced a broken marriage. Perhaps a part of the importance of relationships with parents, especially mothers, is because that relationship sets the pattern for future relationships.

Nine women also spoke of the difficulties each was having adjusting to her marriage. These were women who were still in marriage, not women who had already separated.

Teresa, 23, said:-

"I don't think we've actually totally settled into our marriage. I agree my husband and I have totally different values. He just lives from day to day but I am more long term and I tend to plan. Because we are different sometimes our attitudes conflict. Also he's a very sporty person and the pressures of sport have caused some problems. It's the time commitment to sport, particularly football. There are two nights a week training, then the Saturday game, then the after sport function. I found that was our main area of conflict and he couldn't understand why I started getting fed up with the whole thing, because it was poaching on time and everything. There have been times when I have thought about breaking up but I think a lot of it is the pressure and the fact that we are living with my parents."

Karla, 23, was also finding her marriage less than totally satisfactory. She gave me some of the reasons

for the way she felt.

"I couldn't really lean on Ray because he used to lean on his parents a lot before he got married and I took over a lot of their jobs. And then, when anything went wrong or anything like that, I had to deal with it. And Mum and Dad helped us that way, through me..... I've tried to train him but it hasn't really worked out. Mostly it's been Mum and Dad that's helped me....."

Mere, 27, and her husband had made many of their adjustments in the two years they had lived together before they married. She told me how the relationship had developed.

"Then it got more serious. We got to thinking this is not just a passing fancy. I didn't fancy running off with somebody else and neither did he. So we talked of marriage and we thought, 'Right, we'll get married in our own good time.' As it happened it was about two years after we started living together. And during that time we had all sorts of problems."

"I did leave after about eighteen months because I felt there was too much drinking and hoochaaring around. I felt as though someone would get killed in a car.....I stayed away for a fortnight and I thought 'He's going to have to come and get me,' which he did."

"That was the beginning of a more institutionalised relationship, with rules over money.....And then, of course, he wanted children. I said there was no way I was going to have a child out of wedlock."

"I always thank God we had that time together. We did a lot of things together. I doubt whether we would have come through as unscathed as we have without it. It's a very traumatic time for young couples when the children start coming along."

Dee, 30, who married at 16½, had just worked through a major crisis in her marriage. She told me:-

"Well, I would say that all the major crises have been to do with my marriage. Wanting to leave when things got too tough. And feeling that there is no way that the differences could possibly be worked out. But I think that's why I didn't ever leave was because I had nowhere to go. I had no money and the children didn't really want to leave their home and so I stayed and worked things out."

"Well, I wanted to have counselling but he wouldn't agree to that. That last time I said, 'You've never wanted to have counselling. You say to me we should work it out, so how about we have a good whack and work it out.' So we spent about three days talking and talking. While we were working it out I still hadn't decided if I would stay. It wasn't until the end, when everything came out, that I felt, "well, I can stay," and I wanted to. Before it was just a patch-up so I never really felt convinced that that was what I wanted to do." "This time I did have a choice. I'd arranged somewhere to live. So it's good to know that I had the opportunity and chose not to do it."

Nancy, 33, who had struggled with non-communicating parents all her life, spoke of her husband and their problems in adjusting to each other:-

"He's a workaholic. That's how he is. I can accept it now, but it's hard. You know, I'm an average person and he's a perfectionist. While I like things to be clean and tidy and hygienic, I don't go overboard about being a perfectionist. But I must admit I'm a bit that way myself now and it doesn't worry me. But it's been hard on the children, because you know what children are like. Toys around and

chipping things. This bothers him. They are O.K. now they are a little bit older but it's made me nervous and worried and on edge all the time, making sure things are up to scratch. Now it's easy, but it hasn't always been."

Nola, 35, went to a counsellor. She said:-

"We did have a problem through his work interfering with the time he spent at home. And I rang up a counsellor and we went down and had a chat with him. I think he sort of shocked us more than anything. I got a fright. He said that if you're not happy you've got choices. I didn't think it would be quite as hard as that, really. He really laid it on the line. I think we discovered we could sort it out ourselves because we can talk to each other. I guess we've got to know each other better in the last few years instead of playing little games."

Una, 35, also had gone to a Marriage Counsellor for help. She said:-

"The first thing we did during that first crisis when we came up here was that I thought we needed counselling, because I felt that we weren't communicating. And we saw a Counsellor on three or four occasions. Well, I'd had counselling before and I didn't feel that the quality of this counselling was all that terrific, but I felt that it was important that I'd made the move and that we were both positive enough to go ahead and do something about it. I guess that with a third person there it did help in terms of working out that the relationship was O.K."

Lola, 41, had not sought counselling. She preferred to continue the way things were:-

"No-one's marriage is perfect. You have your ups-and-downs in your married life. My husband

and I have different standards in life. It is always a hassle. The more so, I think, when you are bringing children up. There were arguments, of course. I try to be understanding. I think they just eventually work themselves out. But I'm always aware of children that are brought up in a double standard home. I find that children who come from a background such as this are either emotionally unstable or very mixed up, anyway. But I never went outside for help."

Isobel, 54, and her husband, had always worked things out for themselves, too.

"In our situations Owen has always been the dominant person but I've allowed that to happen. He's the disciplinarian, I'm the soft one. I've been able to come through it but I wonder would I have survived if I'd stopped working altogether?"

"But we've worked it through together. I think it's because we've known that there's only been the two of us that we've had to get on and work it through. Out of that, maybe, has come this extra strength that we've got now. Because it certainly hasn't been easy. The first time we took a holiday together was when they were at College. And I think that you need this. Maybe this is why a lot of them are cracking. Because they don't have time to get themselves together because of this constant pressure of kids and social pressures."

### Isolation, Loneliness and Aloneness.

Loneliness and aloneness are not the same as isolation. Isolation is a geographical fact with which we must learn to cope or leave the Far North.

Loneliness and aloneness may or may not be connected with isolation. Being so far away from friends and family outside of the Far North may be part of the loneliness.

So many living in an out-of-the-way corner of our region. But aloneness may come from feelings inside of a person. We have already looked at Yvonne, one person I interviewed who suffered from this sense of aloneness. However, Yvonne was not the only woman I interviewed who felt this way.

Laura, 27, explained that her feeling of personal aloneness was one of her reasons for taking a job:-

"I think I feel isolated personally, isolated and a bit unaccepted. I'm not fitting into the role; unaccepted by women my own age, unaccepted by women older, even ten years older. I think that they think that you should have two or three children and you should be happy at home, ministering to your husband's needs .....I don't fit in. I suppose I could if I tried, but I don't want to. I don't think that would be me."

I see Laura's emotional isolation as being partly cultural, as was that of Felicity, a Pakeha widow, living in the street full of Maori families. Laura was a graduate from the City. Children would have been her passport to being 'normal' and accepted, as she realized. When they were denied to her, she had to seek other roads to fulfilment and a niche in her society. No doubt she was more conscious of her situation than other people were. Yet some women born and bred here and with their families around them still feel alone.

Bessie was one of these, possibly because her marriage to a Pacific Islander had set her apart.

Elsie, 71, had always felt different and alone. This urge to lead a different life to that of those about her still bothered her. She said:-

"You see, I'm longing to go overseas. I've saved up and I've thought about it ever since I can remember. It means a great deal to me, but if I go I will have to go on my own. There always seems to be something like that. My

husband can't go with me. It would be so lovely to have someone to plan with, to talk over things, whether it's travelling or painting a picture or something like that."

Beryl's feelings of loneliness stemmed from the fact that she was a 19 year old solo mother parted from friends of her own age, many of whom had left the district. She was also isolated by lack of public transport.

Teresa's aloneness had come when she left the North and her supportive family to live in her husband's district. She said, "I was so totally isolated in Hamilton. I had nobody to connect up to." It seems to me that Teresa, a very wise young woman, found the key factor in this problem of aloneness with her comment, "I had no-one to connect up to."

For women, who are socialized to be part of a family and community, this sense of not 'belonging' can be a heavy burden. There is often a shortage of like-minded people 'to connect up to' in a district such as this, where distances are great. The intellectual and cultural watershed may be limited too.

The chances for a housebound woman to find a kindred spirit in a district such as the Far North may be limited. It is factors such as these that can make country life too difficult for some women to bear.

### Conclusions and Summary.

The problems experienced by the women I interviewed, (Those shown in Table 17), may be divided into broad, interlocking groups which I shall call health, community and women's issues. No hard and fast lines can be drawn, because matters such as mental illness and alcohol and drug abuse can cross all the boundaries. Health problems were dealt with in Chapter 9. This present chapter was concerned with community and women's issues.

One of my interests in this chapter was to find what correlation there was between the actual problems women experienced and what the women I interviewed perceived as

community problems. My conclusions are much the same as feminist writers had led me to expect. Matters that affected the whole community, such as poverty, unemployment, transport problems and alcohol abuse, were perceived as community problems, even though they may have been experienced by a comparatively small number of women. Other matters, such as personal health, the health problems of children, and family relationships problems, were not seen as community problems. The reasons for this are, I think, that there are generally reasonably satisfactory means of dealing with many of the health issues, and that most of the other problems were contained within the family. This resulted in some problems women face remaining 'invisible.'

Financial stress was both a perceived and experienced problem for the women in my sample. Two Tables, one showing the income levels of the sample and the other a D.S.W. Table showing a profile of average income levels in Kaitaia area and nationally, showed that:-

- (a) average income levels within the Kaitaia D.S.W. district tended to be lower than national average income levels, and,
- (b) the income levels of the women in my sample were lower than the average income levels in the Kaitaia Social Welfare district.

I believe that low income levels in the Far North are affected still further by 'hidden' costs such as transport costs, toll calls and wear and tear on vehicles.

A majority of the women in the sample were dependent financially either upon husbands (20) or on benefits paid by central Government (16). This fact helped to account for low income levels.

The main groups suffering from financial stress were:-

- (a) beneficiaries who lived out of Kaitaia, had dependents and/or suffered ill-health,
- (b) some of the families engaged in land-based activities, and,
- (c) wage and salary earners buying their homes.

There were observable links between such factors as isolation, low incomes and transport costs.

Housing was a problem in part because of a shortage of rental housing in the Far North. Population growth since the 1976 census had helped to escalate housing needs.

These facts led me to question the commonly held belief that there is no problem of rural poverty in New Zealand, or if there is such a problem, it only concerns rural Maori people. It is my belief that national and international capitalist forces have created a problem of rural poverty in the Far North and that this problem may well increase in severity in the future.

The survey showed that relationship problems were commonly experienced by women in my sample. This was hardly surprizing in view of the central importance of family relationships and family roles within their lives.

The main problems in this category were death, difficult child-parent relationships and marriage adjustment problems. Except for a few cases, women worked these difficulties out within the family or learned to live with them. This is probably why relationship problems did not feature in the list of perceived problems.

CHAPTER 11.HOW WOMEN USED THE COMMUNITY SERVICES.

It was an important part of my original aim to identify which community services women used in dealing with the problems and crises each faced. My original intention was to consider the health and social services, which social workers would usually think of as support services. The women I interviewed widened my view somewhat by bringing in a whole range of people and organizations that I had not originally considered. While I believe that I must show the whole range of supports used, I do not want to become bogged down by too many considerations beyond the normal range of community support services. Having said that, I will still maintain that it may be salutary for professional social workers and counsellors to realize that there are a wide range of people within the local, provincial and national orbit who may serve as supports at times. It is also essential for social workers to know the extent of the sexist attitudes which rural women may encounter at present in their dealings with small-town lawyers and businessmen.

Also included in this chapter are the ratings individual women placed upon the support they had received. At the conclusion of each interview I asked each woman to suggest ways in which the support services in the Far North could be improved, so I will finish Chapter 11 by discussing their suggestions.

Table 24 shows the complete list of helpful support services used by the women in my sample. The items at the end of the Table were mentioned by one person only.

Some items were fairly difficult to categorize, possibly because of my use of open-ended questions in the interview. For example, if Ministers of Religion, Churches and their Fellowship and their own Faith and Prayers, were all placed together and called Religious Resources, then the combined total of ten would place this item as the fifth most important numerically on the list. The way I have expressed these items retains the wording given by the women themselves, which seemed important to me.

TABLE 24. THE FULL RANGE OF HELPFUL SUPPORT SERVICES USED.

| <u>Source.</u>                                      | <u>Frequency.</u> |
|---|-------------------|
| General Practitioners                               | 32                |
| Family Resources                                    | 30                |
| Kaitaia Hospital (Including Medical Social Workers) | 21                |
| Supportive Friends                                  | 13                |
| Public Health Nurses                                | 8                 |
| School Teachers                                     | 7                 |
| Neighbours  | 6                 |
| Department of Social Welfare                        | 6                 |
| Labour Department                                   | 6                 |
| Husbands  | 6                 |
| Whangarei Specialists and Hospital                  | 6                 |
| Auckland Hospitals and Specialists                  | 4                 |
| Counsellors   | 4                 |
| Community Organizations                             | 4                 |
| Plunket Nurse                                       | 4                 |
| Ministers of Religion                               | 4                 |
| Churches  | 3                 |
| Own Faith and Prayer                                | 3                 |
| Own Inner Resources                                 | 3                 |
| Social Workers (Unspecified)                        | 2                 |
| The Returned Services Association                   | 2                 |
| Lawyers   | 2                 |
| Maori Affairs - Whangarei or Wellington             | 2                 |
| Books and Library                                   | 2                 |
| The Housing Corporation                             | 2                 |
| Politicians   | 2                 |
| Northland Community College                         | 2                 |
| A.C.C.  |                   |
| Alcoholics Anonymous                                |                   |
| Good Work Colleagues                                |                   |
| A Bank Manager                                      |                   |
| Sir Graham Latimer                                  |                   |
| The Police  |                   |
| A Community Care Course                             |                   |
| The Law Society                                     |                   |
| Tribal Funds  |                   |
| Boarding School                                     |                   |
| A District Nurse                                    |                   |
| Meals on Wheels                                     |                   |

} = 10

Women tended to list employing agencies rather than professional groupings such as doctors, nurses or social workers. In keeping their categorization, I have perhaps blurred the importance of professional groupings under the Kaitaia Hospital heading.

This arrangement has also hidden the importance of the social work profession within their employing agencies. This is unfortunate because social workers and counsellors were important. The number of women on benefits showed that these at least relied upon the income maintenance role of the D.S.W.

As far as personal dealings with individual social workers was concerned, the combined medical/psychiatric social work staff at Kaitaia Hospital received the most numerous mention. Given the leading role medical services played in supporting these women, that is not surprising. Usually the help given by medical social workers was part of a team effort. Six women were helped by the D.S.W., four by counsellors and a further two by unspecified social workers. If these were all added together the combined total would place professional social workers and counsellors about equal with Kaitaia Hospital in third equal or fourth place.

This must mean that, in our various agencies, social workers are important sources of support for Far North women, surpassed only by medical and family resources.

Having made these explanatory remarks I want to look at the more important support resources listed on Table 24.

#### Medical Resources:-

Medical resources were the most frequently used support services. Women had turned to medical resources to solve the individual and family health problems which headed the list of Problems Experienced.

It may be surprising for some people living outside the Far North to see Whangarei and Auckland medical resources appearing on such a list. Their being mentioned must be seen as confirmation of the distances some of our people have to travel for medical treatment.

It has already been mentioned that one of the women I

interviewed worked in a doctor's surgery. Pearl was in a position to comment on some of the reasons that drew patients there. She said:-

"I think the medical services up here are terrific. I do feel, though, that mothers sometimes come to the doctor far too much for trivial matters. One or two or three times a week. And when I say trivial things, I mean the start of a cold, or that the child may have been sick once, or have a mosquito bite. It's always, 'We must go to the doctor.' "

Pearl's comment confirmed the statements made in Chapter 2 about the extent to which New Zealand women have been medicalised. On the evidence of her observations, some Far Northern women have been socialized to seek the answer to any health problem, no matter how mild, in the doctor's surgery. As a result of this conditioning they had lost confidence in their own ability to deal with minor medical problems. I think it also follows that young women have also lost confidence in the medical knowledge of older women or of Public Health Nurses, whose advice would have been available to them free-of-charge.

Pearl also indicated that there might be reasons other than strictly medical ones for the popularity of her doctor's surgery. She said:-

"I feel our surgery is more than just a doctor's surgery. People - I do miss them when I'm not working. The old people, the young people - I feel I can relate to them. They want to talk to someone and they can tell you about their problems and they feel so much happier. At one stage, after working for Gordon, (a doctor), I thought I'd love to be a social worker but I think I would take it too much to heart. After I first started working there I could never sleep at night because I would be thinking how I could do something for that one, you know....."

"There are a lot who don't seek (other) help. I went to work the other morning at about a quarter

past eight and there was a lady there waiting to talk to me. And I mean, I'm no-one. And, gosh, she had to talk to me about her problems."

There were, then, reasons other than purely medical ones that brought people to that surgery. In that case the woman who worked in the office was a part of the team, though I doubt if she was paid for her unofficial counselling. Quite possibly the fact that she was a Maori in an agency open to the public helped draw Maori people to talk to her.

Pearl also talked about what she saw as the main limitation upon the services the G.P.s' could provide.

"It's time. You know the doctor would fear if he can't hurry that patient because he has got so much to bring out. And also the person concerned can feel they don't want to hold him up, yet they want to ask him things. It is time. Also there are a lot more pressures recently in the marriage problems area. Why it is, I don't know."

In 1982, when the interviewing was done, money was not a factor which would limit visits to a G.P., as charges were generally low in Kaitaia. Add together the suggestion that mothers had lost confidence in their own abilities to monitor family health with the fact that doctors felt pressed for time, and one gains a picture of General Practitioners who were almost as much victims of their own professional success as their women patients were.

Sarah and Isobel threw further light on the reasons why a doctor's surgery might be thought of as an acceptable source of help in the Far North. They were talking about possibilities and difficulties in setting up other sources of support.

Sarah said, "You would have to educate people to use other services. How to go about using them. A lot of the services that are available, people don't know how to go about using them. You know, in a lot of cases help is available but people don't know it's there. You have got

to be in the main street, somewhere that is very visible and accessible."

Isobel told me, "I got involved with trying to get a Citizens' Advice Bureau off the ground. And it didn't work. We wondered if it was the locality and the fear of gossip thing. The building was too out on its own, so that coming to it at certain times was obvious. It needs to be somewhere where activities are going on, ordinary, everyday activities. Not just problem centred."

That fear of harmful gossip can be a real problem in small towns and rural districts as illustrated by the fact that seven women I interviewed had suffered from gossip. It is one of the strengths of the doctor's surgery that people can reasonably believe that their problems will be treated confidentially.

Another reason for the popularity of the doctor's surgery was the local attitude mentioned by Nicola and Irene in Chapter 7. Both of them commented on a general reluctance shown by local women to look for help outside of the family circle. You may remember that Nicola said, "It's almost a conditioning, especially among the women up here, that you solve your own problems or you put up with it."

Perhaps one of the acceptable exemptions from this conditioning is the doctor's surgery. Going for medical help is acceptable, possibly because male doctors are so much a part of the patriarchal, capitalist network. If my surmise is true, this would be one reason for so many problems being defined as health problems, so that women can be directed into the ideologically 'safe' control of medical men.

The fact that Public Health Nurses had not played a greater role as community supports surprized me, as I have seen them as front line community and medical workers. Obviously they were important, but not so important as I had expected. Possibly their rating was the result of two facts, one being the lower status of nurses, (usually female), as compared to doctors, (often male). The other factor limiting their usefulness to women might be a Health Department directive to spend a considerable portion of their time

within schools, thus keeping them out of competition with either General Practitioners or Plunket Nurses.

Family Resources:-

If Husbands(6) were added to other Family Resources, then this category would have been larger than the General Practitioners category. However, the combined total of General Practitioners and Kaitia Hospital would still be numerically the most important means of support.

The reason for husbands being included as a separate category is that some women spoke of a husband as a separate entity, apart from other family members. This may have been due to the fact that some women did not have a wide family circle within the Far North. The reason may also have been that in these six cases husbands provided a special kind of support. My questioning did not clarify this issue.

In Chapter 7 I wrote about the ways in which 17 women within my sample spoke about the issues of personal freedom and independence, usually within the context of marriage and a family. While husbands and families did place limitations upon the independent actions of some women, they were also a primary source of support. In this role they may have given more overall satisfaction than medical resources because only two sets of parents appeared on the list of harmful agents (Table 26).

Supportive Friends:-

Friends, usually female, were rated highly, in fourth place. Because we have not looked at how women living in the Far North support other women, except in the medical field, I would like to look briefly at the kinds of support friends provided.

Annette, 16, rated a girlfriend a little older than herself as her best support in her struggle to achieve some independence. She explained it this way:-

"I saw Miss Yuretich (Dean of Girls) but even then I couldn't explain to her what I wanted. Then Susan said, 'Well, try for a job. If you get it, it may help.' So I did, and it did

help. Mum was really good when she understood that a job was what I wanted. It gave me my independence and things were a lot easier after that. Everyone was happy."

Laura, 27, had moved here with her husband. Neither were locals. She rated her main supports as her friends and her husband: "I put my friends first because my two closest friends both work now. But one didn't when she first came here and I can see how they've managed. They're very much like me in the way of education and I can see what it's done for them (extra-mural study and a job)."

Naomi, 29, was a local girl who had had trouble within her family. Fortunately women friends had come to her support:-

"Well, a girlfriend came on the worst day with Mum whilst it was bad (Mum's mental health problem). Her family offered for us to go up there and spend the day, just to help time pass. It wasn't me reaching out. They saw what was going on, they were there at the time and they cared. And then, with the marriage break-up, it was someone else seeing what was going on in my mind and bringing it to the fore and making me realize. It wasn't me reaching out. Friends have been very good to me. They've been very supportive."

Dee, 30, was another woman who had moved into this district after her marriage. She also rated the support of her friends very highly.

QUESTION:

"What support would you say has been the most helpful to you?"

ANSWER:

"I would say my friends to talk to and get support from. I also listen to them and it's sometimes through other people's lives and problems that we realize we are not in such a difficult situation

as them. I think that has been a very important thing for me since I've been up here, because there are so many things in marriage, so many problems, and some of the things can be resolved if you've got support from other women and you can understand. It just makes it that much easier that you are not coping on your own."

Joan, 34, an Australian married to a locally born man, also rated her friend highly: "Having a good friend to talk to. I think that's been the biggest help, source of comfort and counsel."

Nola, 35, mentioned one thing that can happen if women friends become too close. She had had a close friend until her husband became jealous:-

"When we first came here I did tend to use a friend to talk about personal little problems. Now I don't talk to her so much. Charles has pointed out to me that he should be the one. I can understand that now - why he'd get annoyed if I went and talked about something to a woman friend. It was quite a big problem to him, that I chose to go and talk to somebody else."

The embargo against taking family problems outside of the nuclear family unit can be very strictly enforced at times.

Nicola, 36, had also moved into the North. Her friends had given her support and practical help when her marriage broke up:-

"Friends helped me through this. Teena rang her brother in Auckland, who was a lawyer, and told him what had happened and he was horrified (at the legal advice she had been given)."

"I guess probably the support I've had from friends has been the best help. Particularly one woman friend who had gone through a very similar thing. She and I think very much alike. She understood what I'm talking about - this lack of confidence

and helplessness. This feeling of not being able to make a decision."

Rachel, 41, had also moved to the Far North after her marriage. When her problems with an alcoholic husband reached crisis point, the person she turned to was Kate. She said:-

"Yes, it was Kate the whole way through. I've been very lucky in my choice of friends. I know the ones to turn to. I know that Kate loves me but I know her loving me would never stop her telling me the truth about myself in my situation.....She knew that what I was talking about was true. She would be one of the few people that did believe me at one stage. I trusted her implicitly. She would be my closest friend."

Greta, 74, has already told us of how friends and neighbours, as well as family, supported her after her husband's death.

If the women from whom I have just quoted are to be believed, supportive friends are especially important to women who have moved into this district and therefore do not have a local family network to call on. In Naomi's case her mother's ill-health disrupted the family network. Sixteen year old Annette was in the process of trying to distance herself to some extent from her birth family and used her friend for support while doing this.

We have already seen how the older women in the pensioner flats supported each other. Apart from them, most of the women who mentioned the help of supportive friends were in younger age groups.

While supportive women friends were very useful to at least twelve of the women in my sample, they usually did not provide the primary means of support. Family resources and the medical profession provided this in the majority of cases.

Possibly the attitudes which worked against many

women looking to agencies outside of the extended family and the medical profession also prevented more women turning to women friends for support.

Research done by Brown and Harris in Britain, (1978)<sup>1</sup> showed that the lack of a close, intimate, confiding relationship was a predisposing factor to the development of depression in women. This relationship could be with a husband or boyfriend, parent or girlfriend, so long as the nature of the relationship was deep and confiding.

The need for such a relationship means that medical practitioners can seldom provide the kind of emotional support that will guard a woman from falling into a depressed state. Relationships with husbands, relatives and friends can provide this protection. Thus the patriarchal, capitalist influences which direct women to medical surgeries and clinics for many non-medical problems could be undermining the mental health of some women.

#### School Teachers:-

School teachers were almost as important as Public Health Nurses as a means of support. After digesting this rather surprising fact, I decided to look a little more closely at the type of help they had provided.

My first discovery was that the women who had received this support fell into two groups; young women who had been helped at school and mothers who had been given help with their children.

Annette was one of those in the first group. She said:-  
 "In a way, the Dean was pretty good. I knew we weren't terribly good to her but a lot of kids like her because she's a very good teacher. Perhaps she sort of listened to me, too. It may not have been the advice I wanted, but she listened to me. I had to get it off my chest, so if anyone listens I consider that a help."

Beryl, 19, appreciated the help she had received in choosing an occupation: "The Careers Advisor was really good. She didn't push us into anything. She gave us alternatives,

options, and we chose if we wanted to. If we didn't want to do any of them, we didn't have to. We chose to do the course and we did it, so it was pretty good."

On the whole the help that the parents received was the sort that could reasonably be expected from teachers. Irene found a good school with a good headmaster, Felicity was appreciative of the help a special class teacher had given her son and Norma had some help from a Dean with her difficult son.

The help given to Bessie was in a different category:-

"I never got Family Benefit for my children until 1973. I told the Headmaster - you know how some kids have got to be in school uniforms if they're going to secondary? Well, my boy couldn't go, because I didn't have any money to get him ready, so I went to see Mr. Brownlie. He couldn't believe it. I think he got in touch with Wellington. He tried to get them to back pay but we only got it for one year back. Most of my kids were grown up by then. There were only the three youngest."

In this case a school Headmaster took over the advocate role that the social worker who was visiting Bessie's home had failed to assume.

Bessie's experience demonstrated the potentially powerful position that teachers can assume in rural communities. Unlike social workers and doctors, who are usually grouped together in rural towns, country school teachers often live in the small villages that their schools serve. While their primary responsibility is undoubtedly towards their pupils, country teachers are in a position where they can assume other roles, as Mr. Brownlie did.

The experiences of the women I have mentioned show that even when teachers are only carrying out their teaching and guidance roles reasonably well, the fact that their children are being helped could have a beneficial spin-off for mothers. Table 25 shows that three women found school headmasters of little or no help in dealing with problems

with children.

TABLE 25.

COMMUNITY SERVICES OF LITTLE OR NO HELP.

| <u>Ranking</u> | <u>Agency</u>                       | <u>Frequency</u> |  |
|----------------|-------------------------------------|------------------|--|
| 1              | General Practitioners Generally     | 6                | } Combined<br>Medical<br>Practition-<br>ers. |
|                | G.P.'s Over Contraception           | 3                |  |
|                | G.P.'s Duty Doctor                  | 3                |  |
| 2              | Kaitaia Hospital                    | 6                |  |
| 3              | Maori Affairs Dept.- Kaitaia Office | 4                |  |
| 4 =            | Lawyers                             | 3                |  |
|                | Labour Department                   | 3                |  |
|                | Headmasters                         | 3                |  |
| 7              | Psychiatric Ward, Whangarei         | 2                |  |

In this section I intend to discuss why the community services listed in Table 25 were considered to be unsatisfactory.

The Medical Services:-

A. General Practitioners

Besides being the most important community support service, medical services also had the greatest failure rate, using failure to satisfy the female client as the basis of judgement.

Here I would like to decide if poor treatment was the reason for the failure or if the main reason was the inappropriate expectations of the patient.

We already know about some of these failures to satisfy expectations. For instance we know that Teresa, 23, was unhappy about the way a duty doctor treated her baby in an emergency. Laura has told us that when she was depressed on her own at home, the anti-depressants that were offered were not the type of help she wanted. Mere has told us about the way she protested to her father's G.P., who, she believed, kept him on tranquilisers for too long. Naomi has told us that her G.P. did not explain her mother's mental health

problems adequately. We already know that Nicola was treated for nine months by her G.P. for stress-related problems, until a locum sent her to a specialist who diagnosed uterine and bowel growths which required surgical removal. Rachel had great difficulty persuading her G.P. to believe that her husband was an alcoholic.

Now I want to look at the other examples of treatment that patients considered unsatisfactory.

Irene talked about taking her daughter to a G.P. - "One Christmas day I took her to a G.P. (with a high temperature). He gave her no real examination except that he felt her glands and said there was nothing to do for her except rest. So I got her home and brought her fever down myself, using warm saline baths." (Her daughter had glandular fever.)

Vera could get no help from G.P.s for her young male drug addict. She said, "We went to doctors in town and they couldn't do anything for us."

Isobel talked again about the way that she was made to feel over contraception problems. She said, "When I was trying to work out this pill business I got very angry because it was insinuated that it was a psychological thing and I objected to that, and I still object. Sometimes you get the feeling that maybe they think it's all in your head."

Nita, 80, spoke of the trouble she had getting a G.P. to attend to a fellow-pensioner flat tenant. I asked her, "Do you believe that the doctors are reasonably good about coming when they are called?" Nita replied, "Well, this particular doctor for Sue Braithwaite wasn't. Because a nurse had rung from here the day before, and he didn't come. And when I rang him at 7 p.m. the woman said, 'Well, he's gone out now. You will have to get the duty doctor.' Well, the duty doctor wasn't her doctor and he was busy. I was getting a bit fed up when at 8 or so he hadn't come yet. So I rang again but he didn't come until midnight and she was almost out by then. And so she was put into hospital and she only lived a fortnight. But she hadn't been well, anyway."

As I have stated in Table 25, three of the complaints were about contraception problems. A further three of the unsatisfactory episodes concerned duty doctors. Two of these duty doctor complaints had or could have had serious consequences. In the glandular fever case there are grounds for debate as to the correct treatment for the complaint.

All the other complaints were about treatment of what could be termed neurotic or social disorders. In none of these cases can I see that the women acted inappropriately in turning to a G.P. for help. All these matters are considered to be within the province of doctors. In 1982 we did not have any other local resources for either drug addiction or alcoholism. Nor do we have any alternative methods of obtaining contraceptive advice.

In two cases physical problems were wrongly judged to have a psychological basis. In both cases wrong treatment that continued for months endangered the lives and health of female patients. In another two cases depressive illnesses were inappropriately treated with drugs rather than counselling. All four cases support feminist complaints about the way doctors treat patients whom they judge to be neurotic. A similar judgement can be made about the cases involving alcoholism and drug addiction. Either the doctors involved made wrong judgements about the seriousness of the situations or they did not know how to deal with situations which are commonly thought of as coming within the medical orbit and for which there were no alternative resources available within the Far Northern community.

In fact, some of these women judged their G.P.'s very leniently in saying that they were of little or no help. On several occasions the treatment given, the delayed treatment, or the lack of treatment was either harmful or potentially harmful. In every case women, as guardians of the family health, bore a considerable emotional burden both because of their own inability to handle the situations on their own and because of the treatment they or members of their families received from General Practitioners.

Because it seems appropriate to discuss the two main medical resources, General Practitioners and Kaitaia Hospital

together, I shall introduce another Table at this point. Table 26 lists agencies which my interviewees considered had done them, or someone close to them, harm. While G.P.'s did not feature on this list, Kaitaia Hospital did.

TABLE 26.

HARMFUL AGENCIES

| <u>Agency</u>              | <u>Frequency</u> |     |
|----------------------------|------------------|-----|
| Kaitaia Hospital           |                  |     |
| - For Old People           | 2                | } 3 |
| - Others                   | 1                |     |
| Lawyers                    | 2                |     |
| Parents                    | 2                |     |
| D.S.W. - Social Workers    | 1                | } 2 |
| Family Home Foster Parents | 1                |     |
| Police                     | 1                |     |
| Dishonest Tradesmen        | 1                |     |
| A Bank Manager             | 1                |     |
| A Boyfriend's Family       | 1                |     |
| Gossip                     | 1                |     |
| The County Council         | 1                |     |

If the six cases in Table 25 are added to the three cases in Table 26, nine women mentioned unsatisfactory experiences with medical staff at Kaitaia Hospital. As this is a disconcertingly high figure for a district that shows considerable pride in its hospital, I want to look more closely at the nature of the complaints made about the care given there. I intend to first look at the six complaints about services that were little or no help.

You will probably remember Karla, 23, who had a long labour which terminated in a forceps delivery, as a result of which her baby's eyes were damaged. While Karla had negative feelings towards her doctor and the hospital services, she did not blame anyone, probably because the specialist in Whangarei and her own G.P. took the trouble

to explain to her what had happened.

Laura, 27, felt that the medical officer's suggestion to induce labour to deliver a dead foetus was unnecessarily cruel. Fortunately her own G.P. intervened to avert this.

Nancy, 33, believed that the hospital services had not explained her husband's headaches adequately or treated them seriously enough. She said:-

"I took him to the hospital, (from the Airport). And he'd brought a letter back with him from Auckland hospital. When we were walking down the corridor our doctor arrived and he opened the letter up, though it wasn't for him, anyway. And he said, 'That's good, and a bit of physio and a bit of this and that.' And you know, to this day Nat has had no physio. There was something wrong with the back of his neck at that time. They never mentioned it at the hospital and I felt I could not go and say to them, 'You didn't say anything.' I kind of got the feeling that mainly they thought that people who got headaches were neurotic."

Nola, 35, has already told us that she believed that she was not treated on an adult to adult level when she was a patient in hospital.

Isobel, a nurse herself, had a similar complaint to Nola's. She said, "I don't like being a patient. I think it's possibly better now because the patients are more informed. I think a lot more can be done in that area, mind you. I wasn't informed enough. I got more information as a patient in National Women's than I did here, strangely enough. I know how it feels, not to be informed."

Greta also felt badly that neither she nor her husband were told of his lung cancer by the hospital. She said:-

"Two years before (he died) he went into Kaitaia Hospital. They kept him in ten days and went over him thoroughly and ended up saying he had a slight attack of angina. X-Rayed him and all that, and never said a word to him. In fact,

he said to them as he was leaving, 'Have I got cancer?' And the doctor said, 'No, I don't think so but I'll go and have a look.' And he went away and came back and said 'No, but I would advise you to give up smoking.' "

"And Doctor Graham said afterwards, 'I can never understand why they didn't tell you up in hospital, because it would have given you a few years to have gone over things and know that he really did have cancer of the lung, you see.' "

Three women believed that the treatment they or others they knew had received from the hospital services was harmful to the patient. You may remember the way that Nola felt about the lack of care given to an old woman in the same room as herself. She believed that lack of care was harmful to the old woman.

Judith also had some complaints about the way her old mother had been handled. She said:-

"There was just one particular person, when we went up to the hospital. There were two or three of us that used to go up regularly and feed our mothers and this one particular person they were all apprehensive about. And yet you wouldn't want to say anything lest it was taken out on your own people. There was once I nearly reported it but then you think again. They could give it back."

These two comments paint a sorry picture not only of lack of care for old people but of the possibility of actual harm being caused to them.

Irene and her husband were much more outspoken in their condemnation of the way he had been treated by the hospital casualty services. Here is the story:-

"Rex trod on a piece of bamboo and it had gone into his foot, and he said, 'There's something in it. I wish you'd explore because I feel there is something in there.' And they said no."

"In less than a week there was all this pus coming out and his foot swelled up. We put on our own compresses and stuff. He went back to the doctor, and he said, 'No, there's nothing in there.' Then, a little less than a week later, his foot swelled up again and he said he'd like to have his foot X-Rayed. And they said there was nothing that showed up on the X-Ray."

"So he went home and that night he was having spasms and chills, and his body was shaking. He was in great pain and the foot swelled up to ten times the size. And he said, 'That's it! I've had enough! I want a local and I want it done soon.' And they said he'd have to wait for 1 - 2 months for a special appointment. He had to fight them in order to have them give him a local. And they found that he had 2 or 3 pieces of bamboo in his foot and each piece was about a half inch long."

A ratio of nine somewhat dissatisfied to the very dissatisfied patients to twenty-one satisfied patients seems to me to be an uncomfortable result. Nearly 43% of the contacts with the hospital had some element of uselessness or failure in them. The matters that these women talked about ranged from fairly minor to quite serious. Overall, the main complaint is of a failure to listen to patients or patient's relatives.

It is also serious that on some occasions the medical staff conveyed the impression that neither they or their decisions were to be questioned. Such professional arrogance can rob patients of control over their own bodies and lives.

Three of the women quoted in this section were in hospital because of obstetrical or gynaecological problems. The fact that an experienced general nurse felt that she was left in the dark about her condition and treatment confirms how helpless those without a medical background must

have felt when information was not given to them by medical staff.

All hospital patients are in a comparatively powerless situation. It follows that hospital staff have power and control over their patients. One of the main complaints made by feminist writers from whom I quoted in Chapter 2 was that many women felt that they had no power over their lives. A belief that they were not listened to and feelings of not having control over their situations are the main feelings to come through the anecdotes that I have quoted.

When it has come to discussing and assessing the support given by G.P.'s and Kaitaia Hospital I have had some conflict of loyalties. Having been attached to the Hospital and having worked with the doctors involved in both the Hospital and town for several years, I have felt some loyalty to medical staff. I also know from first-hand experience some of the problems that medical personnel can face. Most of all, I know that they are humans, not gods, and that humans can make mistakes.

However, I have also undertaken to make a fair assessment of the support and care given to the women, or to members of their families, from a feminist point of view. From that angle I can see that one of the most important support systems within the community has failed too many people. In fact, dissatisfaction was expressed with nearly 38% of contacts with G.P.'s. A profession that has taken more and more aspects of the lives of women under its supervision has not been able to deliver the services that it should have in the Far North.

The complaints that feminists made against the medical profession - of over-medicalisation, of failure to listen, of loss of control by the patient, of treating physical complaints as being of psychological origin, of lack of consideration and responsibility over contraception and childbirth, in which doctors have a state-enforced monopoly, of a poor standard of treatment in mental health conditions - have all been proved to be true, in some instances at least.

Of course medical men do not bear all the blame for the fact that sometimes they have feet of clay. Society in

general, backed by the powers of the State, has conspired to bring about the situation in which women have been disabled and male doctors have been placed in a sometimes impossible position. The difficulties of their situation become more apparent in a rural and small town situation, where each doctor is expected to cope with a wide range of situations, often without adequate specialist back-up.

However, nothing that can be said in mitigation makes the failures of medical personnel any more bearable for the individual women, who must cope, in one capacity or another, with the results of medical failure, with doctors' lack of listening skills and with medical arrogance.

Before closing this section I want to deal briefly with the two charges of uselessness brought against the Psychiatric Services in Whangarei.

Both Phoebe and Maria had experienced problems when adult offspring became psychiatrically disturbed.

Phoebe rang the Psychiatric Ward on Christmas Day about her son. The ward was full, so whoever spoke to her felt unable to do anything. The doctor who knew her son was on holiday. An appointment was made for the family to see this doctor three weeks later. In the interval her son's condition deteriorated. Eventually he was admitted to Carrington Hospital in Auckland.

Maria's daughter was taken to Whangarei Hospital by other members of the family while Maria was on holiday in Australia. The psychiatric staff were unable to hold the daughter, as it was an open, voluntary ward. The daughter walked out of hospital, taking herself and her problems right back to the family.

These two cases are fairly mild examples of the problems Far Northern families can face when a family member becomes psychiatrically disturbed. The psychiatric facilities in Kaitaia are provided by G.P.'s, some of whom are reluctant to deal with florid psychiatric problems, and one part-time psychiatric social worker. Kaitaia Hospital is reluctant to admit psychiatric cases into its general wards but will co-operate in sending cases southwards.

Whangarei Hospital has a 16 bed, open ward to cater

for a Northland population of approximately 100,000. There are two full-time psychiatrists who travel to satellite hospitals to hold outpatients' clinics. One is held fortnightly at Kaitaia Hospital. The last time I enquired the waiting time to attend this clinic was three months. Part-time medical staff are employed in Whangarei if they are available.

Getting a patient to Auckland often involves Police intervention or a battle to gain co-operation from doctors, (G.P.'s or hospital staff), who do not want to be responsible for signing committal papers for people who live in the same district as themselves. Sometimes family members make themselves responsible for taking relations the 200 miles to Auckland.

The Far North is not the only part of Northland where psychiatric services are inadequate. It is merely the most remote part of the province.

Such totally inadequate services as these I have outlined place heavy responsibilities on G.P.'s, the part-time psychiatric social worker, Public Health Nurses, and families. In conditions such as these there is a great need to provide community education to help women support other women suffering from psychological stress.

#### Other Useless Agencies:

##### 1. The Maori Affairs Department.

Few women had a good word to say for the Kaitaia Office of the Maori Affairs Department. Only the offices in Whangarei or Wellington were deemed to be helpful. I will quote some of the stories that illustrate their dissatisfaction.

Carmen and her husband had used the Maori Affairs Department to borrow money to buy their business. She explained:-

"With Maori Affairs you have to push. You've got to sit on their backs and push them all the way. And you are wasting your time dealing with this lot up here. We dealt with Whangarei and Wellington."

Mere, 27, was married to a Pakeha. When they wanted to build:-

"We put an application through the Maori Affairs Department. And they hummed and hawed and said you've got to do this and that. So we did everything we were told to do and we had an option of six weeks on the place and as the six weeks came up there was still no word about the loan. We went back to the owner, who agreed to extend it for another six weeks and then we went back to Maori Affairs. And our file was still sitting on a desk here. And by this time we had lost our eligibility. Walter was earning too much."

"The next time we tried the Housing Corp."

Rima, 28, was a Maori married to a Maori. She said, "Well, we went to see the Maori Affairs Community Officer. And he did nothing about it. Said he couldn't do anything unless all the children signed the papers."

Lola, 41, had numerous dealings with Government Departments in the course of helping to set up Trusts and Work Schemes. She said:-

"If we don't get satisfaction with any Government Department within our own section here in Kaitia, naturally we go to the next office, which is Whangarei or Wellington. This all takes time and can be very frustrating for the people involved. I know there is a couple living in a house now - I couldn't bear it. I imagine the Health Inspector would condemn their living conditions because the septic tank water and their drinking water all get mixed up, you see, and we've had to go to the Maori Affairs Department and found a lot of hassles there."

Tui, 47, told me about when she and her family had been living in terrible housing conditions.

I asked, "Who helped you?"

Tui replied, "Myself. I went to Maori Affairs to

apply for a loan and he asked me how much Maori blood my husband had. And I said 'None'. And he said 'That's the finish.' It's altered now but it didn't matter then that I was a Maori. The breadwinner, the husband, had to have Maori in him."

"So I wrote to Whangarei and they rang me up and told me that was the policy over housing at that time and there was nothing they could do about it."

"Matiu Rata was Minister of Maori Affairs at that time, so I wrote to him. I wrote it all out - the place we were living in and the kids and the money that was coming into the house. And I think I did more good writing to Matiu Rata than I would have done going through the channels up here. Well, he wrote back and said he would review our position. And he wrote back again in three weeks and said they'd had a big meeting. So they passed something that wiped that part of the policy, so that it didn't matter if the breadwinner was Pakeha, so long as one of you was Maori. You had to have at least one-eighth Maori blood to qualify, as it is now. He said to go ahead and apply again and I did. And I got it, too....."

"If you can't get anything from here, go to the top. They're only doing their jobs here; what they're told to do, so it's no use chewing their tails. You've got to go to the top."

For Nana Ngaio, 65, the matter was simple. The Maori Affairs Department represented Pakeha interests. She said:-

"The ones that come back here to live, they've got the Maori Affairs house. The ones that have been living here all the years, well, ask the Maori Affairs for a house for them, over and over, and they never buy it. They say they haven't got their title, the title of their section."

"Not for us Maori people. Look, they're grabbing all the land here now."

"The fellow with the oyster farm went mental. He went to Oakley, so the Maori Affairs comes around and took it off him. He sold it to the Maori Affairs. Now the whole harbour there is Maori Affairs."

Many of the frustrations of which these women spoke seem to have been caused by over-centralisation, which made it impossible for officers in Kaitaia to make decisions or give answers.

2. The Department of Social Welfare:

In all, the Department of Social Welfare was judged <sup>useless</sup> by one woman and found to be harmful by two.

Maria could obtain no additional financial support for herself and her children after she was widowed because she owned a farm, which she was unable to work, but wanted to keep for her children.

Yvonne, 17, an ex-State Ward, believed she and other children had been harmed by unsuitable Family Home foster parents. She said:-

"The people that ran it were very unfair. A lot of the other kids were too scared to do anything. I took it for a while. I saw a lot of kids being mistreated so I went to the Welfare one day and told them what was going on. And they looked into it and these people lost their job."

Felicity, 61, had taken over caring for her granddaughter when her daughter's marriage broke up. She said:-

"And her husband went straight to the head man at Welfare and he told him to take the baby. That's a horrible thing to do, eh? He stole the baby out of the house. I didn't realize it until about 10 minutes after. We thought they were down here in the kitchen until we heard his car drive away."

"Just without a word, like that, because he (the

director) said. When I said, 'Why didn't you ask me?' and he said, 'You wouldn't have let the baby come.' I said, 'I wouldn't have any say. You're the baby's father.' I was only looking after the child. I couldn't have stopped him. If only he had used his common sense instead of upsetting everybody like that, you know. It's a hard life."

Six people had good experiences with the D.S.W. and three didn't. A ratio of 1 in 2 having unsatisfactory experiences is even worse than the dissatisfaction expressed with the medical services. In fairness, though, I must point out that Maria's failure to get more money was probably the result of departmental policy rather than because of hard-heartedness on the part of local department representatives.

One of the worse cases against the D.S.W., to my mind, was made out by Bessie, who did not actually charge the Department with neglect. Yet a headmaster had to fight a battle on her behalf to get Family Benefit for her, when a D.S.W. social worker called upon her quite regularly.

### 3. Lawyers and Businessmen:

While lawyers cannot be called a social service, it is important for social workers and women to know that lawyers did not rate highly in this survey.

Two women were satisfied with their services, three found them of little help and two found them actually harmful. Here are some of the complaints:-

Maria has already told us how her lawyer wouldn't listen to her after her husband's death. She continues here with her chronicle of misfortunes:

"No, I never got a fair deal from the lawyer. I never got a fair deal from the Bank Manager. When you are a woman they seem to push you aside, especially if they know you are not educated in any way. They can't be bothered with you and maybe they think I never had the money to pay them.

God knows."

"I wrote to the Law Society and they said they would look into it. And they wrote to the lawyer and the lawyer wrote and said it was my fault. I think he said it was some carelessness that it happened, meaning that I signed (the power of attorney for her brother.) I do remember that the lawyer put a cross on the paper and that I signed it but I didn't really realize that that was to give my brother sole right to sign the cheques. He didn't explain that to me."

"And now it's handed over to the Police. The money has just disappeared out of the estate and now the detective is looking into it."

Nicola, 36, had a harmful experience with a local lawyer when she separated. She said:-

"I went to see a lawyer to see what my legal position was. He gave me very bad advice. He told me that I would have no chance of getting custody of the children. Then I found out he did the Court work for my husband's lawyer. And he wanted to get together with this lawyer and work out an agreement. Then my friend put me in touch with a lawyer in Auckland. I rang this lawyer in Auckland. He just said that I had been treated very badly and given very bad advice. He said he would take the case. So I travelled to Auckland and put it into his hands. And what happened was quite amicable. He wrote to my husband's lawyers and I think everybody ended up very happy with what happened. I get a \$35,000 settlement (instead of \$10,000 suggested by the Kaitaia lawyer,) plus \$30 per week maintenance for the children, and I was quite happy with that."

These were the two worst cases I was told about. Others, however, were less than happy with their lawyer's performance.

Mere, 27, talked of her experiences with a lawyer while negotiating with the Housing Corporation for a loan. She said:-

"Look, we paid the lawyer \$500, and as far as I can see he would be incompetent. I had to tell him what to do. I actually wanted not to pay him but he drew up the agreement, so we did. And we got the money."

#### Women Helping Other Women:

In many instances the sex of helpers was not specifically mentioned. Nevertheless I believed that it is important to note here that this survey showed that a network of women helping other women in both semi-formal and informal ways, existed in the Far North. Some of the women I mentioned were a part of this network, as I was myself.

There follows a list of some of the helping activities that these women were engaged in.

Dee had undergone some training and was doing some marriage counselling; Irene worked with young people in schools, using drama and art techniques; Pearl and Lorna both acted as unofficial counsellors; Mirth ministered through her Church group; Isobel supported mothers through her job; Lydia worked with Maori children and young people; Tui was training to be a Maori Warden and Stella and Becky both worked with Maori women through the Maori Women's Welfare League and Te Kohanga Reo; Peg was a driving force in several women's organizations that serve to bring Far Northern women together.

Because of my use of the snowballing technique I did not myself select women whom I knew to be involved in community work. On the other hand those who gave me names may have selected women whom they knew to be involved in community activities.

The important point is that there is a network of women in the Far North who work to help other women, and in some instances, men as well. Possibly Maori women have a better record here than Pakeha women do. Certainly some of the Maori women I interviewed were very community orientated.

This helping network of women is an important community

asset in the Far North. It's existence confirms the statement quoted from Bev James in Chapter 2, that women are providers of welfare both within the family and in the wider sense.

Suggested Ways of Improving the Services:

Table 27 gives the suggestions provided by the women I interviewed for improving community services for women. Not every one had ideas. As these ideas were expressed in a number of ways, I have grouped them under what seemed to me to be the main headings.

TABLE 27.

| <u>MAIN SUGGESTIONS FOR IMPROVEMENT</u> |  |                     |
|---|--|---------------------|
|   | <u>Groupings</u>   | <u>Frequency</u>    |
| 1                                       | *Improve Education Services to:<br>Make it more practical<br>Provide more vocational training<br>Provide more courses<br>Make teenagers more independent   | 13                  |
| 2                                       | *Improve training for parenthood and<br>back-up services for young mothers   | 7                   |
| 3.                                      | *Provide more information to the public,<br>especially about community services<br>available   | 6                   |
| 4                                       | *Limit or abolish the dole   | 5                   |
| 5                                       | *Improve family planning facilities  | 4                   |
| 6                                       | *Provide more community support for women  | 4                   |
| 7                                       | *Make more money available through the<br>D.S.W. in cases of genuine need,<br>*Discourage mothers with young children<br>from working<br>*Provide more Human Development and Human<br>Relationship courses | 2<br><br>2<br><br>2 |

Item 1 showed both the considerable faith the women I interviewed had in the ability of education services to cure social ills and their concerns about the ways that secondary education, especially, was functioning in 1982. Possibly the fact that 7 of my sample were trained teachers and a further 2 were uncertificated teachers helped account for the belief in the power of education. There is also a fairly widespread belief among many conservative and liberal people that good educational services can give young people of both sexes, all races and economic backgrounds, an equal start in life.

Many of the women in the sample did not see that a covert function of our education system is to prepare young people for unequal positions in adult life. Some of them did, however, blame the education system for conditioning young people for a life-time<sup>of</sup> dependency upon the State. That they disapproved of that conditioning is shown by their desire to make teenagers more independent and the desire five women expressed to limit or abolish the dole.

Two young women were among those who advocated limiting or abolishing the dole. Helena, 18 years old and Maori, was one of them. Her ideas have a community-orientated tone that was different to the usual individualistic view expressed. She said:-

"They think it's cool and heavy to finish school. And they know they have got it easy because they have got the dole coming to them. If I was Prime Minister I'd have the dole cut completely. And I'd have the age of education put up."

"You know the employment schemes they have around the country? I'd have more of those because they give our grandparents a job to be useful. They were teaching young kids up at Te Hapua how to make kits and that made them feel really good. You could see it, every time you went in."

"If I had a group of young people who were drop-outs and they couldn't get a job, I'd have them working for the old people at a reasonable rate, with the threat that if they did anything wrong

they wouldn't get paid. I'm cruel."

It is also apparent that at least seven of these women saw today's parents as being under stress and as sometimes failing to perform the task of parenting adequately. They suggested improving matters by more training for parenthood, (usually in the schools), and improved back-up services for young mothers. Two women, one of whom had worked outside the home for most of her married life, thought that the mothers of young children should be discouraged from taking paid employment.

The item about providing more public information on the services available in the Far North sounds simple, but to continue to do this can be quite difficult, as such information needs to be regularly updated. Since the survey was completed, one women's group, (WAG. or Women and Agriculture), has compiled and printed such a register. It remains to be seen if it can be kept up-to-date.

What Table 27 illustrates, I think, is that on the whole women share prevailing community attitudes along with their menfolk. The difference between men and women here is that women do have more knowledge of at least some of the areas of greatest strain upon other women. Their concern about youth unemployment is reflected in a feeling of unease about the way secondary schools and training schemes are preparing young people for prevailing conditions.

Yet, there seems to me to be a contradiction in the ways some women wanted to deal with the situation. On the one hand they wanted to make young women independent of the unemployment benefit. Yet some of them expected that women should give up this independence once they became mothers because motherhood was the primary role. To my mind these attitudes continue to place women in a double-bind situation. No-one suggested that childcare services should be provided to help women who wanted to combine both the motherhood and the wage worker role.

In my sample many of the women in employment were married and were also mothers. Several spoke of the strain of combining both roles but said that economic pressures

made it necessary for them to work outside of the home. A few women within the sample wanted to ignore economic realities and demands for equal opportunity by making it impossible for women with children to gain paid employment.

Some of these women quite clearly held different beliefs and attitudes to mine. Yet we did have some common meeting grounds. I can sympathize with their desire to make young women more independent and I do agree that mothers of young children deserve much more community support than they get. Like six of these women, I agree that there is a real need to provide more information and links within this community. Like some of them I believe also that women need more support, including an improvement in family planning facilities.

Above all, quite a few of us would have agreed with the idea of the community working together to improve conditions for women wherever possible.

But apart from reforming the education system and abolishing the dole, there were few suggestions that attacked the status quo. It astounded me how these women basically accepted the way that things are.

Young Annette expressed this fatalism when we were talking about youth unemployment. She said:-

"There's not much you can do. Everything is getting computerised, bigger and better. The jobs are either there or they are not."

QUESTION:

"Is the Government able to do anything?  
Annette - "I don't think so. When they have their elections and they're arguing for votes they say they can make employment better. But I don't think it's going to make the place any better.....We're always going to have an unemployment crisis. There's nothing we can do about it."

The Adequacy of the Present Services:

The next question that must be asked and answered is about the extent to which the services available in 1982 met

the needs of women in the Far North.

### Meeting Medical Needs.

The medical services provided a large and important part of the community support services available to women in the Far North. There were, however, gaps in the services and these gaps were in areas that are important to women. Some of the gaps included:-

1. A lack of effective family planning services.
2. A lack of knowledge about and effective support in dealing with alcohol and drug related problems.  
This latter gap may be already filled by public committees which have been formed since 1982, and the appointment of a full time Dependency officer, jointly funded by the Area Health Board and Presbyterian Support Services.
3. Insufficient psychiatric services, both at a local level and throughout Northland.
4. Insufficient support for the mothers of young children. This is not necessarily a medical need, but much of what support there already is, such as by G.P.'s, Plunket Nurses, Health Nurses and the facilities of Kaitaia Hospital, is given by medically trained personnel.

None of these gaps needs filling by expensive, highly technological machinery, for they are all in people-orientated areas. It is interesting to note that the gap which may have already been plugged is in a high-profile, public area where possibly more males than females need help.

In addition to these four gaps, the services already provided were too often marred by lack of communication skills in members of the medical professions, especially doctors. Some women also complained of arrogance that made staff within Kaitaia Hospital appear unwilling to discuss health matters with patients and family members.

There was also evidence that women had not been given the necessary confidence, knowledge and skills to deal with simple health matters themselves.

### Meeting Social and Community Problems.

In this area there was a considerable gap between the problems experienced by the women I interviewed and the services available to meet their needs. To a considerable degree this was due to community ambivalence about what the "proper" role of a woman should be.

In the past the worst problems of poverty within the Far North, Whangaroa County and the Hokianga have been kept at bay by government money. This money, in the form of benefits, was particularly important for sixteen of the women in my sample. Young people, especially, were often dependent on job creation schemes or work created by government agencies, such as the Forest Service. Some of the people on the land had lower incomes than beneficiaries. Quite a few of these people, too, were dependent upon government money for development and living expenses, provided at low interest rates through the Rural Bank, and through subsidies. This money, at least, was put into production, though possibly not always in ways best suited to overseas markets.

It would be fair to say that this inflow of government money made it possible for many people to continue to live in the Far North, but did little to solve the problem of a lack of real economic growth within the district. While improved education facilities might prepare young women better to find jobs outside of the Far North, they would do little to improve the interlocking problems of local unemployment, poor housing and costly transport within the district.

In this district, where average incomes were lower than the national average, there were a few facilities in 1982 to help women to cope with their budgeting problems, unless they got badly into debt, when a family might be assigned a voluntary budgeter.

In a district such as this, the provision of low cost budgeting service seems every bit as important to me as legal aid services. Probably the only way to maintain it would be through the D.S.W. It should be noted, however, that the record of the D.S.W. in dealing with individual

women clients in my sample was not good.

It also appeared in 1982 that there was a definite need for some local representation from the Housing Corporation. Because there was no representative closer than Whangarei, local housing needs tended to go unnoticed and unlisted, as people believed it was useless even to apply in the system then in use. This has since been rectified to some extent, I believe.

What dealings the women I interviewed had with both the legal system and the financial system showed that there was considerable prejudice shown in these fields against women. Besides the complaints against lawyers, several women spoke of problems in dealing with banks. Nicola got little help in investing her money wisely, for instance.

Maria believed that she had been harmed by a Bank Manager who considered her to be an ignorant, uneducated woman. Becky said of her dealings with one Bank Manager; "He gave me the impression that I was only a Maori, you know, just another. And I said to him that the Maori people are as good as the white people."

This record was not nearly good enough. It highlights the need for financial advice from some other sources for women, as I have already suggested.

Becky's comment about racial prejudice opened a door on a whole big problem area within the Far North that few people attempted to deal with. How could they, when the problem wasn't even recognized publicly?

#### Solving Relationship Problems.

The biggest shortfall between needs felt and services provided was probably in the support services for women in their family roles and relationships. This was surprising in view of the importance the community placed on family roles. Although extended family support services still exist in the Far North and played an important role in supporting women, older women were not always available within the family circle to support and advise younger women. This gap was widened by the fact that quite a few women no longer actively belonged to Church groups, so they

could not or did not want to rely upon ministers of religion for counselling. Although some family counselling was available through the Hospital Board, it was not enough to meet all the needs. There was some indication in the survey that some women looked to medical practitioners to supply counselling services but that doctors did not always have the time or experience to do this.

The women I interviewed suggested several ways of making good this deficiency. One suggestion was that Public Health Nurses and Plunket Nurses should be given some training in counselling, as they were likely to be among the first to perceive stress in the women with whom they are in contact.

The provision of more counselling services also needs to be considered. In the past I have been rather sceptical about whether these should be provided under the umbrella of the medical services. Now I see that many women would feel more confident about using counselling services attached to medical services. When G.P.'s are unable or unwilling to provide counselling themselves, I can see that referral to an associated counsellor could be a logical step to take. My reservation is that the counsellor must be able to function independently of medical control.

For this to be a success, diagnosis of the problem must be accurate. I can recall only one woman saying that her stress-related problems were unnoticed by her G.P. Naomi said:-

"I found myself physically sick and it was more mental and it probably should have been recognized. But it was my problem in a way that I didn't open up. If I had told him I was having marital problems, and I still couldn't cope with Mum's condition, then it probably would have been alright. But I'm not one to talk."

Rather than complaining that their stress related problems went unnoticed, as Naomi did, other women I interviewed were more inclined to complain that genuine physical problems were wrongly diagnosed as being due to stress.

Another complaint was that stress related problems were inappropriately treated with pills, when other treatment (counselling) would have been more appropriate.

The whole business of diagnosis is fraught with problems, especially for the doctor on whom the responsibility for diagnosis must rest. Having had women sent to me for counselling who later proved quite seriously ill, I am aware of some of the problems which can only be adequately solved if there is a considerable degree of respect between doctor and counsellor.

Another approach, which I personally favour because it gives women the power to deal with some of their own situations, is for women to provide more support for each other from within their own group resources. As I have already indicated, there was already quite a strong formal support network of women supporting women. Few, if any, of the women involved would have considered themselves feminists, yet they did provide support for other women. Perhaps labels aren't always important in human relationships.

CHAPTER 12IMPLICATIONS AND CONCLUSIONS

Years ago I began with the proposition that the needs of women living in the Far North of New Zealand were not being met adequately by the existing health and social services. That proposition must now be re-examined in the light of what I have learned since I made it. After doing that I want to look at social work lessons that have emerged from my research. I also want to examine the position of rural social workers, particularly women, in the light of the lessons learned from this research. In conclusion I intend to look at the ways improvements can be made to the position of Far Northern women, as well as in the delivery of support services to them.

I realize with hindsight that the propositions with which I began was naive. It's naivety arose in part from the pragmatic, eclectic position many social workers assume until something forces them to look at their basic beliefs and to rationalise their professional situation. Most of the time the demanding day-to-day life of a social worker, who may also be a wife, parent and, possibly, a partner in another business, leaves little time to develop a consistent theoretical framework. Many rural social workers have never had the luxury of being full-time social work students, so their theoretical baggage may consist of bits and pieces of theory gathered from this short course and that seminar and cobbled together in a theoretical patchwork. Thus it was with me.

Now I realize that the opening proposition arose more from assumptions about social provisions than from the type of socialism that I believe in. For a social worker who assumes the social provisions stance, the argument is over how the Welfare State can be organized so that it works more efficiently. In other words, if a need is identified and proven, then the appropriate answer should soon be forthcoming through the Welfare State. I am not sure that the question for whom the need exists is always asked. To me

this approach concerns itself with symptoms rather than with the underlying causes of social distress. Unless the welfare system is frequently overhauled, the social provisions approach can lead to an uneven and often outdated structure.

More analysis from a socialist-feminist perspective soon made me realize that such a happy outcome as simply solving a problem is unlikely. Rather, the dilemma of women in general becomes highlighted. The realization grows that the needs of women living anywhere in New Zealand are unlikely to be met in full by existing health and social services. For one thing, there are conflicting opinions about what the roles and needs of women should be, along a scale of social beliefs from the position expressed by the saying, "a woman, a dog and a walnut tree, the more you beat 'em the better they be," through to lesbian feminism. So general agreement on the needs of women would be impossible. Perhaps more important is the fact that meeting the needs of women is never the prime objective of social services. Rather they are organized so as to meet the needs of the controlling interests within our society. These controlling interests are usually male and class related. Thus the purpose of such services is often to guide and discipline women in the performance of whatever social duty is considered most important at that time, rather than to meet the personal needs of women. I have already discussed how conflicting demands can impose pressures on women. Whatever role or combination of roles each chooses, the bottom line of this social contract can be disappointing.

Rural women face additional limitations to their freedom of choice. Geographical isolation can impose financial and social difficulties beyond those faced by city women. In fact, some of these extra limitations are faced by rural men as well as women. The Far North has been under-developed and forgotten for most of the period of European settlement. Its riches have been exploited in one form or another to benefit city and overseas financial interests, leaving little to provide local prosperity. Some see this under-development as being the main charm of the district, and would

fight development tooth and nail because development has often been equated with exploitation. Yet if the alternative is poverty and stagnation, that is not an acceptable course for the majority of people within the district.

I have already written about the silent economic and ideological battle that is being fought within the Far North and the Hokianga. A reverse population flow into the Far North has brought both Maori and Pakeha into the district since 1976, to attempt a different life-style to that of the urban wage worker. My impression is that these attempts are at present being crushed as newly strengthened "market forces" bringing wage workers who have tried to escape that life to heel.

Because of comparatively low population numbers and isolation from the seats of power, country districts such as the Far North must struggle to gain and retain social services. For instance, during the years when populations flowed into the cities, many small country schools were closed. The reversal of the population drift has not led to the re-opening of these schools. Instead, children are taken by bus to bigger, sometimes overcrowded schools, where teachers have more chance of promotion and higher salary scales. Decisions about opening and closing country schools are made 200 miles away in Auckland, where representatives from country wards are easily outvoted. The final irony in this process was the proposal early in 1985 to charge the parents of children who must travel long distances by bus for a service most of them never wanted in the first place. Most country parents and children would have preferred to retain the small country schools.

What growth there has been in rural social services has mainly been in the administration of services that are intended to alleviate unemployment and social distress. Recently a new building costing eight hundred thousand dollars rose in Kaitaia to house the Department of Social Welfare. Statistics showing unemployment and dependence upon the income support services of the state have led to improved services to administer these social ills rather than to regional development projects which, if properly planned

and implemented, would cure some unemployment. Either way taxpayer money is spent. Needless to say the citizens of the Far North were not given a choice as to how that eight hundred thousand dollars should be spent. Instead many citizens of the Far North have been busily raising money within the region to enable St. Johns to buy new vehicles so that ambulance services can be maintained even in the more remote parts of our district. Note that the residents of the Far North are themselves working to provide much of this essential health service. The new building is being erected to meet the needs of public servants, including social workers, rather than to meet the needs of the people in the Far North.

These examples have been given to illustrate my point that meeting the needs of people, let alone women living in the district, is seldom the main consideration behind many of the health and social services provided by the Welfare State.

The Extent to Which Services in the Far North Meet the Expressed Needs of Women:

If my proposition about the real purpose of social and medical services is accepted, it is logical to expect them to meet the needs of women only in so far as women meet the expectations of the dominant interests in society. Unfortunately these expectations are not constant, so that they change as the needs of the capitalist system change. That is one problem for women. Then, if women express other needs, such as a desire for independence and control over their own lives, beyond what our society generally regards as acceptable, those needs are unlikely to be met or they may be achieved only with great personal difficulty.

How Far did this Prove to be the Situation in the Far North?

Table 17, (Problems Experienced) at the beginning of Chapter 9, reflected the situation of Far Northern women. Some of the problems expressed in that Table are general to all New Zealand women. Others, such as the cost of transport, isolation, and homesickness on leaving the North, are

specific to remote country districts. Others again, such as financial stress, unemployment, and inadequate housing, are experienced throughout the country but they have a sharper edge in the Far North because it is an economically poor and exploited area.

Given the extent to which women rely on the medical services to support themselves and their families, the fact that over one third of the women I interviewed had found little satisfaction at one time or another for themselves or their families through these medical services is serious. So is the fairly poor record of the Department of Social Welfare in its dealings with individual women, which this research revealed.

Some of the areas of expertise in which the medical services were found wanting did indeed place limitations on women's power to control their own lives. If women are not adequately informed by medical personnel then they cannot make informed decisions about their own health or that of their families. Control over fertility is particularly important if women are to be in charge of their own lives.

Having some degree of control over one's financial situation is also important to women who seek to control their own lives. In fact over thirty per cent of the women in the sample relied upon the D.S.W. for an income.

The right to equal education opportunities has been a cornerstone of the New Zealand Welfare State. Yet some of the women I interviewed said that country children in general, and Maori children in particular, did not have equal education opportunities in the Far North. This is a serious deficiency in the delivery of a state service.

Those women who were attempting to continue their tertiary education through several institutions expressed quite clearly, I think, the difficulties country women face in achieving their educational goals. Educational qualifications are one route to financial independence, so educational disadvantage can result in limited chances for developing independence.

Some Maori women expressed the view that the Maori Affairs Department in Kaitaia had hindered rather than helped

them to achieve their goals. This was a serious charge in view of the generally disadvantaged position many Maori people face.

Because women are forced to use the services of lawyers in such matters as separation and control of property, the way that women who seek the help of lawyers are treated can have considerable effect on their personal and financial independence. Some of the experiences women in my sample related showed that the attitude of male lawyers has lagged behind the changes that had been made in the law. Those reactionary attitudes were an impediment on several occasions to individual women in gaining control over important aspects of their lives.

Few women within the sample had dealings with businessmen. Some of those who had become involved in business activities had experienced sexual and racial discrimination.

Such community attitudes do place limitations on what women are able to do. Una, 35, spoke about the situation of women in the North when she said, "It's very much a conforming, sexist sort of operation here. Like when they're setting up a separate 'Lightning' garage for the girls in the P.E.P. They can't work in the workshops in case they hear rude words. I mean, that's ridiculous! I think that what they really don't want is for the girls to learn to use a monkey wrench, so they put them in the other shed and they can play cards or get drunk - anything so long as they don't learn something that might be male. But it's not discussed in those terms. They'd discuss it in terms of toilet facilities and protecting them."

I believe I have shown that the present services in the Far North do not adequately meet the needs of women. Sadly they do not even meet the needs of women who are performing such generally acceptable female roles as mothers and care givers for the aged. Isobel and others saw that young mothers were not given sufficient community support. Elsie expressed some of the stresses felt by women caring for elderly relatives.

As well, these services do function in important ways to prevent women gaining independence and control over their

own lives. The situation is probably rather worse in the Far North than it is in New Zealand cities.

### Some of the Implications this Research has for Social Workers

While most of the points I will make here will not be new to social workers, a few of them may be.

#### 1. Rural Districts

A rural district is not the same as a city and cannot be treated like a city with a smaller population. The Far North has a different economic base. Distance scales are different. Attitudes are often different and unique. I believe that it is the duty of social service planners to know and understand some of these differences.

#### 2. Social and Racial Diversity

The Far North has a high degree of cultural and racial diversity that is unusual in New Zealand's rural districts.

On the outskirts of Kaitaia are signboards welcoming visitors. While that is not unusual, the wording of the welcome is:

Haere Mai,  
Dobrø Dosli,  
Welcome,  
To Kaitaia.

My sample showed, I believe, that the Far North is even more culturally diverse than the welcoming notice indicates.

#### 3. Racial Prejudice

Far Northerners, particularly Pakehas, like to believe that their district differs from cities like Auckland in that there is no racial prejudice. Unfortunately my research did not support this view. Maori women whom I interviewed showed quite clearly that there is a considerable degree of prejudice against Maori people. Felicity, a Pakeha, showed us that in a situation where they are the dominant group, Far Northern Maori people can display quite

open hostility to Pakehas.

I believe that no community can begin to combat racial prejudice until its citizens admit that it does exist. Therefore, revealing the existence of racial tensions can be a constructive step to combating racism.

4. Expanding Population.

Contrary to what many social planners believe, not all rural areas of New Zealand are facing declining populations. The Mangonui County population has shown a steady increase since 1976. It was the second fastest growing rural area in 1981. The newly released census figures for 1985 show that this growth has continued. The population increase of the County was 14.6%, while that of the Borough was 5.6%.

This population increase has had and will continue to have social effects. With a growing population on the East Coast, school rolls have already increased markedly. At the other end of the age range, social services will need to cater for growing numbers of old people, especially widows such as Greta. Statistics tell us that as yet our elderly population is not above the national average but if the East Coast of the Mangonui County continues its popularity as a retirement area this situation will change.

I have already indicated that Department of Social Welfare and Labour Department services have extended over the last ten years to cope with both growing population and increasing unemployment. At the same time the extra-mural and outpatient facilities of Kaitiā Hospital have expanded but there has been a reduction in the number of beds available within the Hospital to cope with our increasing population.

Since the Second World War population has declined in most parts of rural New Zealand. Planners need to note that the trend of rural population decline has been reversed in the Far North, Mid-North, and Bay of Plenty areas in the last ten years.

5. Rural Poverty and Unemployment.

Population growth has not automatically brought about

economic growth in the Far North. There has been growth in tourism, forestry, horticulture and farming, but a good deal of this depended on the availability of comparatively cheap Government money through the Rural Bank, and Maori Affairs Department. Supplementary minimum prices paid to farmers maintained land prices and rural industry for a few years. Such growth was very vulnerable to changes of Government policy.

Northland's rate of unemployment is amongst the highest in New Zealand and has so been for quite a few years. A significant amount of employment over the past few years was deliberately created through P.E.P. schemes and the Forestry Service. Large amounts of Government money have also come into the area through Department of Social Welfare benefits. Quite a considerable proportion of the population lived a borderline existence financially in 1982.

I have already discussed other problems that both cause and are caused by lack of money within the district. Isolation, poor roads, substandard housing and some chronic health problems are part of the poverty syndrome. Social problems such as alcohol and drug abuse can be linked with the poverty cycle. Brown and Harris (1978)<sup>1</sup> showed that mental ill health was more common in women from poor, working class families than it was among women of other classes.

It ~~was~~<sup>is</sup> necessary for social workers to understand the economic status of an area and to realize the effects that lack of money can have upon women.

#### 6. Population Movements In and Out of the Far North.

Although the population has expanded within the last ten years, many young people leave the district, either temporarily or permanently. Almost all young people wanting tertiary education or special training must leave the Far North for a time, at least. This can be a traumatic experience for young people who have grown up in a secure, if undemanding, environment. While some of these young people may return, perhaps with their tertiary training completed, others will not.

At the same time there is a flow of other people, whose training has been completed, into the district to fill jobs in schools, public service offices, banks and Kaitaia Hospital. Some of the young women who come will marry local men and make their homes in the Far North.

These women quite often contribute considerably to the Far Northern community but they may also have special support needs.

#### 7. The Importance of Families in the Far North.

Marriage was the common state for women within my sample. This makes being single uncomfortable for women past their early twenties.

In this family-orientated life style, family health needs and family relationships create problem areas in women's lives. Extended families also provided one of the main means of support for women.

It appeared that within my sample those women who did not have extended family support were more vulnerable to stress-related problems. A supportive husband or good women friends were important to these women in particular.

Women without extended family support may need a little more support from the helping professions, especially while their children are young.

#### 8. The Importance of the Health Services in Supporting Rural Women.

Along with family resources, the health services were a primary means of support for Far Northern women. Having a competent and reliable doctor was important to these women.

There was a definite attitude among some older women that women should be able to cope on their own and keep their problems within the family circle. Doctors were the one acceptable alternative.

The medical profession has laid claims to expertise in a wide range of behavioural and inter-relationship matters, besides the usual physical health problems. Country G.P.'s and small town hospitals may be called upon to perform equally well in all these fields. Given

these circumstances, it was perhaps inevitable that the medical profession should fail to satisfy some of their clients. I was surprised, however, to find that medical personnel had left women feeling dissatisfied with the outcome of approximately 40% of consultations.

The situation I have outlined cannot continue long-term. Indeed, since my survey was completed several alternative therapists have established themselves within this community. However, there are areas of the health field, such as contraception and childbirth, where registered medical practitioners have a state-enforced monopoly. These are obviously health areas of great importance to women. They are also areas where a considerable degree of expressed dissatisfaction verified at least some of the things that feminists have been saying about the medical services for years.

Medical social workers and counsellors have an obvious role to play in some areas where doctors did not give full satisfaction. The areas I have in mind include mental health, drug and alcohol abuse, and inter-personal relationships. These are health areas in which some G.P.'s did not feel particularly at home. My concern is that the roles that social workers and counsellors are expected to play are often not made clear to any of the people involved; employees, doctors or clients. Nor is it always made clear how such often poorly paid, poorly supported and poorly trained people as rural social workers are to be able to improve on the services previously supplied by medical personnel.

9. The Existence of Informal Support Networks Among Women.

Not all of the supporting was done by doctors, nurses, close family members or professional social workers. School teachers, ministers, friends and neighbours all played their part. The role of supportive friends proved very important for some women, especially those who did not have extended family support. My research showed quite clearly that a voluntary or sometimes semi-official network exists in our community amongst women. Recipients of this help were mainly other women,

children and teenagers. Sometimes the helpers were members of a church group or an organization such as the Maori Women's Welfare League. At other times women within a small community learned necessary skills and provided an invaluable voluntary community service. Paid support services within the Far North could not continue to function adequately without the back-up of these informal and semi-formal networks provided by local women.

10. Services Which Were Non-Supportive to Women.

The weakest links shown by my 1982 research were the Kaitaia office of the Maori Affairs Department, local lawyers and bank managers. Lawyers and bank managers seemed to be the local bastions of the patriarchal society. I suspect that the Kaitaia office of the Maori Affairs Department was, to some degree at least, hamstrung by governmental and departmental policies.

11. Crises and Problems.

If my survey is typical, the problems a community makes the most fuss about are not necessarily those that cause women the greatest trouble. For instance, since 1982 there has been considerable publicity within the Far Northern community about the use of illegal drugs among young people. Several of the young women I interviewed did recognise drug-use among young people as an up-and-coming problem. Nevertheless, use of illegal drugs was not the most important of the drug-related issues to surface in my survey. Alcohol was a more important drug issue. Lack of money when their children were dependent, as well as personal and family health worries, were more important to women than any of the drug-related issues.

How to focus attention on the real issues affecting women and how to get any positive action taken about them even if and when they are recognized, is a very real community problem. The matters I have mentioned as being important are unlikely to provide publicity or political mileage for anyone.

12. The Economic Dependence of Women in the Far North.

The economic situation of Far Northern women is

important enough to be mentioned again here. It is very significant for social workers.

To recapitulate, twenty-one of the women in my survey were financially dependent on their husbands. (I include in this group the couple who lived on the return on their investments). A further sixteen were dependent on benefits from the State. Two young women depended upon their parents for financial support. That left a small group of eleven women who earned a living of their own or combined their wages with those of their husbands.

Any social worker or counsellor dealing with women in the Far North would need to be aware of the large degree of financial dependence among the female inhabitants, for it has considerable bearing on many decisions that may be made. It also demonstrates quite clearly that the patriarchal nature of Far Northern society is firmly based on the economically dependent state of many women.

#### The Increasing Importance of Salaried Social Workers and Counsellors Within the Far Northern Community:

The fact that social workers and counsellors were an important means of support for women was apparent in my survey. I want to discuss this point in somewhat greater detail because I believe that an important change in the way supportive services are delivered to the Far Northern community has taken place over the last twelve years.

In 1974, when I joined the social work staff of the Department of Social Welfare in Kaitaia, the D.S.W. social workers and the two Maori Affairs community officers were the only paid social workers in the Far North. Ministers of religion provided some counselling services.

At some time after 1974, Kaitaia Hospital appointed a part-time medical social worker. Somewhere about the same time Kaitaia College also appointed a school guidance counsellor.

In 1977 the Northland Hospital Board appointed two part-time psychiatric social workers, one to work in

Whangarei, the other to cover the Mid and Far Northern areas in twenty hours a week. Five hours of that time could be spent making the return trip between Whangarei and Kaitaia if the need arose!

About two years later the Northern position became a full-time one. Around the same time a Rehabilitation Officer was appointed to work from a base at Kaitaia Hospital. Somewhat later, and after considerable pressure from the community, a probation officer took up a position in Kaitaia. A second part-time medical social worker had also begun work at the Kaitaia Hospital.

Simultaneously counselling services were expanding. At first a family counsellor employed by the Hospital Board travelled fortnightly from Whangarei to Kaitaia to act as court conciliator and do other family counselling work. As the demand for his services increased, this man trained two part-time assistants in Kaitaia.

While this expansion of services was taking place in Kaitaia, a similar expansion was taking place throughout most of Northland. Eventually the one full-time psychiatric social work position for the Mid and Far North was divided into three positions, with the Far Northern one becoming a combined social work/counselling job. This position involved some deft juggling of hats. When the counselling load in the Far North was seen as too heavy, an extra counselling dimension was added to one of the existing hospital social work positions.

Over the same period the social work staff of the Department of Social Welfare increased by two.

To account for this increase in staffing, a need for all these people must have been recognized. What is not always clear is who recognized the need and why social workers and counsellors were seen as the appropriate answer to these needs.

The psychiatric social worker, family counsellors and rehabilitation officer all work to some extent under the umbrella of the medical services. It can therefore be assumed that either these people do work that was previously attempted by doctors and nurses or that the medical field

has been expanded to cover the work that these people do. For instance, family counsellors working under the medical umbrella appear to have taken over some of the counselling once done by ministers of religion.

Thus the social work / counselling field has widened beyond the needs likely to have been created by the population growth over the same period of 1974-1986. That population increase has led to an increase of only two D.S.W. social workers.

This increase in the numbers of counsellors and social workers must mean that they will play an increasingly important part in the lives of the inhabitants of the Far North. Doubtless many of the clients they see will be women. What concerns me is the fact that the roles these helpers are expected to play are not always clear. In the past appointees to some positions have been left to define their own positions. Another reason for my concern is that quite a few of the people appointed to these positions in rural areas have had little or no experience or social work training at the time of their appointment. Therefore they may have had no training in seeing themselves or their clients as a part of their cultural, social and family environment. They may have less ability to understand the effects these factors have on behaviour and illness than the doctors who have been to some extent the subjects of my earlier criticism. It seems to me that the potential these untrained people, or poorly trained people, have for inflicting emotional harm on women clients may be as great or greater than that of doctors.

Certainly the experiences of four of the women I interviewed illustrate some of the effects that social work policies and the attitudes of social workers can have on the lives of women.

Yvonne's adoptive placement with apparently secure, white, middle-class parents no doubt seemed suitable to the social worker making the placement, even though the parents already had a child of their own. The failure of that adoption permanently marked this young woman. Her experience reinforces the lesson that adoptions have not always

been as successful as groups within the community would have us believe.

Maria's attempts to hold onto their inheritance of land for her children condemned them to a life of poverty while they were growing up. It is difficult for me to understand the logic of a policy that denied Maria anything but the barest minimum of economic support when the land was bringing in little or no income. No doubt their father could have avoided the situation that his children were to face had he known he was likely to die at 50. This knowledge would have given him time to make more cunning estate arrangements. I cannot understand why his wife and children should have been so heavily penalised because of his sudden death.

Bessie, a Maori and New Zealander, was denied all financial assistance from the State because of her marriage to a Pacific Islander. Once again this policy penalised helpless children who were in no way responsible for their parentage.

Felicity was the victim of man-made policy decisions all her life. She was another adopted child to whom adoption had not brought happiness. To escape from an unhappy home she made an unhappy marriage. Her escape from that situation was gained at the cost of leaving her children behind. Then, in later life, she was caught in a custody wrangle between her daughter and son-in-law. It was the advice of a senior social worker in Kaitaia that led to her grand-daughter's being kidnapped from the home of her grandmother.

The experiences of these women illustrates the need for women to have more input into the social policy decisions that can have such drastic effects on their lives and those of their children. Their experiences also reinforced my belief that all social workers and counsellors need to be carefully trained and able to assess the effects that their attitudes and decisions are likely to have on the lives of the women and children with whom they are dealing. Social workers also need to learn to deal with the bureaucratic jungle in appropriate ways if they are to help themselves

and their clients beyond the local level.

It cannot be assumed that social workers with training and experience will always be appointed to rural positions. My first social work appointment was as a trained social worker because of my teaching qualifications and experience, plus one year's experience as a social science cadet when I first left school. Others are appointed with fewer academic qualifications and less relevant experience. Apart from the odd in-service short course, I had no further training except on-the-job experience. I have had to struggle for years to educate myself as a social worker and counsellor. To me, it seems very wrong that the initiative to gain social work education should be left entirely to the practitioner.

This need for adequate training for people involved in social-work-type employment has become more acute as increasing numbers are appointed to a variety of positions within rural districts such as the Far North. My desire is not to keep people from varied backgrounds out of social work but to ensure that their employing agency has an obligation to provide on-going training once the appointment has been made.

#### Training and Qualifications for Rural Social Workers:

This subject is obviously of relevance to me. One of the main motives behind my undertaking this thesis was to gain a social work qualification so that I would be eligible for a senior position in the Hospital social work field.

There are additional grounds for the inclusion of this topic here. Since 1982 three of the women I interviewed, who were then helping women on a voluntary basis, have moved into paid helping positions. Two of these women have become social worker/counsellors and the third has trained for the ministry of her church. All three of these women were in their thirties or older when they moved into paid work in these fields and all were married and were rearing children, so they all have experience in the Far North behind them. Only the minister had to attend a specific

training course before being appointed to a job.

A brief look at training available for rural social workers, as well as at their chances of gaining formal social work qualifications, is therefore justified both by increasing importance of social workers in the rural scene and the current involvement of others within my sample in this field. Oddly enough, this topic is no longer of central importance to me, as I have withdrawn from active social work. The pressures of trying to combine full-time employment plus family and farm commitments, as well as completing this thesis, became too much for me, so that I was forced to give up some of the load. One reason for my resigning from my social work position was that I felt trapped in a dead-end occupation in a place where there was little chance of gaining promotion or being able to widen my horizons. This situation is only too common for married women living in isolated rural districts.

There is sometimes a strange paradox in the position of rural social workers in that it may be easier in country districts to obtain a job because trained social workers may not want to move into an area that is isolated. But once a woman has obtained the job, that may well be as far as she will ever progress unless she is able to uproot herself, and possibly her family also, to move to a University Centre long enough to gain professional qualifications. It is only now, too late for me, that it is becoming possible for a rural-based social worker to complete qualifications extramurally. The women in my sample who were studying extramurally illustrated the difficulties of completing an extramural study qualification. But at least the possibility will be there in the future.

Without that possibility of gaining qualifications and having a career structure, everyone involved is a loser. The woman social worker is clearly a loser in that she may spend years in diligent, selfless work for which she receives nothing but a very basic wage. The employing agency also loses if people must move away for training or promotion or if an experienced person leaves a job. But the possibility of making an appointment on a lower wage scale

may ease the pain for the employing agency. Most of all, the clients or patients lose if a social worker is not able to utilise all her abilities in giving them the very best service possible. They also lose when experienced people drop out of employment, to be replaced by yet another semi-trained or unqualified person.

My experience tells me that women clients are the people most likely to suffer from partly trained social workers. Everyone has firm ideas on the roles women should play in society. Untrained and inexperienced social workers are less likely to have examined their own belief systems, so they are most likely to try to force their own ideas on women clients.

Female social workers in the Far North face the same problems as females working in most fields. Qualifications are often out of reach and chances of promotion may be non-existent. In fairness, it needs to be said that some men who choose to remain in rural districts face similar problems; they must either uproot families whose members are happy where they are or forego chances of promotion. A system that requires such sacrifices from family members is a cruel one but it is also a deeply entrenched part of the capitalist system.

#### Can the Position of Women Living in the Far North be Improved?

Even as things are, the position of women living here has its strengths as its weaknesses. One of the things that I have tried to do in this thesis is to analyse what both are. Of course, what one woman sees as support may be a frustration to another.

Una, 35, a city-reared woman who had lived in the Far North for two years, saw some of the good as well as the bad points, as the following extract shows:-

"I think that women here who have worked out a relationship with their farming husbands have got a lot more freedom to do things when the children are young because the farm is home, so they haven't got that tie of half-past three.

And in the town I don't think that a lot of women realize the tremendous freedom that they've got, given that they are in Kaitaia. Because you've got no distance to travel. Everything is in walking distance and if you've got the ability to set up a network there seems to be a lot of childminding among neighbours and friends who don't necessarily do anything else."

"I'm just thinking about a few people. One's a teacher. She's been able to get relieving work. And she's built a garage. She's bought a spinning wheel and she's doing her own sort of cottage industry."

"Plus she's organizing things in the community; craft mornings and what have you. I think that because of the smallness of the community she can do all these sorts of things, whereas if it was a suburb there would probably be more professional people who would be taking over."

So there are possibilities for women living in the Far North to use the situation to their own advantages. This theme could be developed further, I think, to encourage women to work together to achieve some economic independence. Some development has taken place already. A co-operative craft outlet has been set up in Kaitaia. A co-operatively owned and managed clothing factory has provided some employment for women for several years. Another woman has begun a weaving business which is providing goods to tourist shops throughout the North Island. These activities show that there are possibilities for further development. Even more could be done with encouragement from other women, local bodies and local and national business interests.

A part of the problem to be overcome is that most developments require action at two levels; the local and further afield, where many decisions affecting the Far North are made. There is often a vast gap between under-

standings and interests at the local level compared to Whangarei, Auckland, or Wellington. Having accurate information about the Far North, its peoples and their problems, is one weapon Far Northern people can use in their frequent battles to protect or improve the interests of their region.

Given the entrenched conservatism of some people within the Far North, change at a local level is not always easy, either. But some rural characteristics can be helpful in achieving an agreed-upon aim. The Far Northern tradition of sturdy self-sufficiency can be used to motivate people to complete surprisingly big and complicated projects.

While it can be important to gain some understanding for the Far Northern situation at the provincial and national level, probably the most important gains for local women can be made by improving local communication. The current (1986) rural crisis is showing - once again - that women, meeting together, talking together, exchanging information and supporting each other can be a force for good within the whole community. These activities can go a long way towards solving those problems of isolation, loneliness and aloneness that I have written about.

Therefore I do believe that the general position of Far Northern women can be improved, once it is understood by enough people.

#### How Can Better Support Services be Provided for Far Northern Women?

There are several possible ways of dealing with the problem of improving support services. Some require action at <sup>the</sup> two levels I have already spoken about - the local and further afield.

One approach would be to provide information about gaps and weak areas in the support services to the agencies themselves at both a local and national level. It is sometimes also possible to change the attitudes of local practitioners. While this may bring some improvement, local people are often hamstrung by the policies of their organizations. People who, for most practical purposes, work as

a single entity or who are low in the institutional hierarchy, may not themselves have such simple support services as the help of a receptionist or typist, so they may be unable to improve their service delivery. Sometimes the helpers themselves can be assisted by pressure from women's groups applied at management level.

My oft-repeated pleas for improving the training and qualifications of social workers and counsellors who are already in employment is an example of this approach. The main limitations of this technique is that it often involves dealing with people and structures beyond the Far Northern boundaries. The hope is that a snowballing effect may gain momentum.

Another, more long-term, approach would be to concentrate on improving the training of new practitioners into the helping professions. This line of attack would work only where new entrants into a helping job do receive formal training before their appointment. The aim here would be to gain respect for and consideration of the needs and problems of rural women. Indeed, this approach is being taken both by individual women and the organizations they work through. Their efforts deserve the support of other women at a time when it is becoming increasingly difficult for rural people to gain a sympathetic hearing at the national level.

The main limitation of this approach is that rural women need more support now, in their own generation.

A third, also rather long-term approach, is in the field of social policy. Laws, rules and practices have to be changed at a national level so that changes flow out to places such as the Far North. We know that policy changes do occur. Bessie regained her citizenship and Tui got her housing loan in spite of having married a Pakeha.

This is a battle that has to be fought at every level by all the means at our disposal. Unless rural women can combine in a campaign with other groups and interests, their chances of successfully altering policy decreases as rural industries become less important to the nation as a whole. In a situation such as this I believe it is foolish not to utilize any help that men and their organizations

can give to advance the interests of rural women. With so many men in power positions, policy changes cannot be gained unless men, too, change their attitudes.

The fourth and final approach of working among women at a local level is the one into which I have channelled much of my energies over recent years. This approach aims to provide information, change attitudes and increase the skills of women in the community. We have the resources within our own community to teach such skills as child rearing and first aid. Women's health groups can encourage the users of the medical services to accept greater responsibility for their own physical and mental health. Women can learn to be more assertive so that they can demand better service from all the helping agencies, as well as from business agencies.

Success can sometimes bring quite rapid change, which may be small scale but is nevertheless significant.

But overall it must be accepted that change at any level is unpredictable and often out of our hands. It is easier to be an historian and chronicle change rather than to be an activist attempting to bring it about.

#### Conclusion:

At least some of the conclusions I have arrived at could have been reached without long term research. Other experienced rural female social workers could probably have reported many of the same points that I have laboriously revealed through research.

It is even worse, from my point of view, that some of my material is probably already out-of-date. Changes have taken place over the years between 1982 and 1987. At least some of the circumstances which have delayed the completion of this thesis have been beyond my control.

Do these points negate the worth of my work? I hope not.

This work should first be seen as an attempt to make the lives and problems of a range of rural women visible to the society in which they live. If we looked at the lists of names of Far Northern dignitaries and office holders, we

might be tempted to believe that the absence of female names meant that women residents had few thoughts or interests outside of the family circle. I hope that the material I have presented has shown that this is not true. As I have struggled to piece this material together I have been humbled by the combined wisdom and varied abilities of the women I interviewed. I hope that I have been able to convey some of this to my readers.

If I have been successful in my task I will have shown that women are very much a part of this community even if they do not feature prominently when Queen's Birthday honours are handed out. Their main problems, I believe, are society's problems. Their main needs are often important needs of the wider society, too; needs such as more money, more employment for themselves and their families and a better transport system to bring increased prosperity to this isolated district. None of these needs calls for an increase in the social services as they are defined in the narrow sense. While social services are important in our community, so are health and educational services. Women do need more help than is available when something goes wrong with family relationships but sympathetic and skilled help with family planning and child care is just as important.

In other words, it seems to me that improved economic conditions and the breakdown of Far Northern isolation would do more to improve the lot of Far Northern women than would the provision of extra personnel to administer to the social ills caused by poverty and isolation.

My work is also an attempt to portray country life as it is to our urban masters, many of whom until recently saw a countryside inhabited by large-scale farmers driving 'big, flash cars', or happy-go-lucky Maori people living off social welfare benefits supplemented by the fruits of the land and sea. My view, as seen through the eyes of local women, is a more accurate one.

Because I interviewed members of the public rather than social workers, the views I have expressed about the rural social work situation are often mine alone. From the

beginning of this thesis I made it clear that I was the 51st Far Northern female resident to be a part of this study.

Despite the wide view of community support systems and social policy that I have taken in this thesis, I acknowledge that social workers and their attitudes were often important for the women I interviewed. The importance of the State income maintenance system for women living in the Far North was all too obvious. The experiences of four of the women I interviewed also showed the effects that social work policies and social worker attitudes can have on rural women.

For reasons which I have already outlined, I believe that adequate training is essential to protect female and child clients, as well as the social work practitioners themselves.

More adequate training for rural social workers might also ensure that increased research would be carried out on different aspects of New Zealand rural society. Some of this research might then be written from a rural point of view, which is something that has been lacking in New Zealand social work writing in the past. Even if quite small insights are gained from research, each new insight is a bonus for the whole social work profession.

Thus I hope that my research has not been altogether useless, even though it has revealed no earth-shattering truths. My account of the difficulties that I have met along the way in completing this project have been included in the hope that the path of any other rural-based social worker who attempts a research project will be made considerably shorter and smoother than my path has been.

The fact that I have had so little institutional support from any source is, I think, in itself a commentary upon the importance institutions place upon grass-roots, consumer comments upon the services they provide. It seems doubly difficult for rural women to provide any input.

In the main the help I have had has come from rural women in the Far Northern community. I believe that those of us who have been involved in this project at the local

level have gained something from that co-operative effort.

If those who read this work gain some clearer understanding of the situations of women living in the Far North it will have served its purpose.

APPENDIX 1Article Showing the Results of Over-Medicalisation

The following article, which was printed on the front page of the N.Z. Herald of 6 May 1983, illustrates a male doctor's reaction to women who have been over-medicalised. It was headed:-

## 'Nuisance Patients Mostly Female'

About 10 per cent of doctor's patients fall into the nuisance category and are the bane of a general practitioner's life, according to Dr. J. Ried. Such patients, whom he termed "hospital hobos," suffered no demonstrable illness, he told the annual conference of general practitioners in Dunedin. The patients were aged between 23 and 65, the majority were female, and all patients had a high incidence of stress, said Dr. Ried, a Dunedin general practitioner. Many of them were either living alone or had marital problems. Many were "non-copers" who used their alleged illness as a reason for not coping. Many had developed a sick role and attempted to communicate with their doctors through their illness. The irony was that many did not want to be cured, Dr. Ried said. His estimate of 10 per cent was based on discussion with other general practitioners. Dr. Ried added "Such patients, although they are suffering from semi-psychological problems, are often most offended if they are referred to a psychiatrist."

I regard this letter as a blatant example of the "blaming the victim" syndrome.

APPENDIX 2A Breakdown of the Stratification Used for the Selection  
of Interviewees.

Initially, statistical tables from the 1976 and 1981 census returns for the geographical area of the research were used to assist with formulating the type of respondent to be included in the survey.

Mangonui County

County Ridings:

|                 |         |           |        |
|-----------------|---------|-----------|--------|
| East Coast      | Kaitaia | Lake Ohia | Awanui |
| Victoria Valley | Ahipara | Houhora   | Oruru  |

Total of 8 Ridings - Select 4 from each Riding = 32.  
 Altogether from County - 32. Pakeha - 20. Maori - 12.

| Maori Age Range |           | Pakeha Age Range |           |
|-----------------|-----------|------------------|-----------|
| 15 - 19 years   | 2         | 15 - 19 years    | 2         |
| 20 - 24         | 1         | 20 - 24          | 2         |
| 25 - 34         | 2         | 25 - 34          | 4         |
| 35 - 44         | 2         | 35 - 44          | 4         |
| 45 - 64         | 3         | 45 - 64          | 5         |
| 65+             | 2         | 65+              | 3         |
|                 | <u>12</u> |                  | <u>20</u> |

Kaitaia Borough

Altogether - 18. Pakeha - 13. Maori - 5.

| Maori Age Range |          | Pakeha Age Range |           |
|-----------------|----------|------------------|-----------|
| 15 - 19 years   | 1        | 15 - 19 years    | 1         |
| 20 - 24         | 1        | 20 - 24          | 1         |
| 25 - 34         | 1        | 25 - 34          | 3         |
| 35 - 44         | 1        | 35 - 44          | 2         |
| 45+             | 1        | 45 - 64          | 4         |
|                 |          | 65+              | 2         |
|                 | <u>5</u> |                  | <u>13</u> |

APPENDIX 3 (a)Introductory Speech

Hello (Tena Koe),

I am Ann McIntyre. I work as a social worker at Kaitaia Hospital. As well I am doing a research project through Massey University on the problems faced by women living in the Far North. Besides the crises and problems women living here face, I would like to know how each woman I interview has gone about dealing with these situations and what help she has had in doing this.

Your name was given to me by.....as being a woman who would be prepared to be interviewed. The interview will take at least an hour. Maybe more. The first part will be a questionnaire. Then I will ask you a series of questions along the lines that I have already indicated. My questions and your answers will be recorded on tape if you are willing to do this.

The information that you provide will be used in two ways. One of these will be to feed it back into the community in a completely confidential way so that you cannot be identified. This should help us all to learn more about the needs of women living in the Far North.

As well, I intend to use this material to write a thesis for Massey University. Once again your name will not be used and identifying material will be kept to a minimum in writing this thesis. I am very happy to answer any questions you may have about this. I will be grateful if you will take part, but you do not have to if you do not want to.

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The Questionnaire (Appendix 3b)

There were 25 questions in all, which I helped the respondent to complete. To keep some of the answers within an acceptable range I had cards typed with multiple choice answers. The respondent chose the one that most nearly described her situation. The material on the cards follows after the main questions.

APPENDIX 3 (b)Far North Community Research Project  
Introductory Questionnaire

1. Could you tell me your age in years? \_\_\_\_\_
2. What is your marital status? See card A :
3. What racial group do you belong to? See card B :
4. How many children have you had? \_\_\_\_\_
- (a) What ages? \_\_\_\_\_
- (b) How many living with you?
- (c) Do you have any other children living in your home? If so, explain why?  
\_\_\_\_\_
5. Were you born in New Zealand? \_\_\_\_\_
- (a) Where were you born? \_\_\_\_\_
- (b) How long have you lived in New Zealand? \_\_\_\_\_
- (c) How long have you lived in the Far North? \_\_\_\_\_
6. Where else have you lived in New Zealand? \_\_\_\_\_
7. Has this been your permanent address for the last 5 years? \_\_\_\_\_
- (a) If NO, how many times have you shifted in the last 5 years? \_\_\_\_\_
8. How many miles from Kaitaia is your home? \_\_\_\_\_
9. How do you like living in the Far North? See card C:
- If DISLIKE where would you prefer to live? Why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What do you see as advantages, if any, of living in rural areas?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



21. We do not wish to know exact amounts but could you look at this card and tell me which group your total annual household income falls into?  
See card K :

22. Could you list any sports and recreation clubs you belong to? (e.g. netball etc.) Please state name, frequency of attendance, and if office held.

23. Could you list any civic organisations you belong to? (e.g. P.T.A., Jaycees etc.). Please state name, frequency of attendance, and if office held.

24. Could you list any cultural clubs or societies you belong to? (e.g. Drama, Rose Society etc.) Please state name, frequency of attendance, and if office held.

25. Are there other recreational activities that occupy your time?  
(e.g. Knitting, art, music etc.)

- CARD A: Marital Status: (0) Single  
 (1) Married  
 (2) Widowed  
 (3) Divorced  
 (4) Separated  
 (5) Defacto
- CARD B: Race: (0) European  
 (1) Maori  
 (2) Pacific Islander  
 (3) Other (Specify)
- CARD C: Living in North: (0) Dislike very much  
 (1) Dislike  
 (2) Neutral  
 (3) Like  
 (4) Like very much
- CARD D: Occupation: (0) Employer of labour  
 (1) Self employed  
 (2) Wage or salary earner  
 (3) Seasonal worker  
 (4) Student  
 (5) Homemaker  
 (6) Unemployed  
 (7) Retired  
 (8) Not working through illness or accident.
- CARD E: Income: (0) Salary, wages  
 (1) Business, farming, sales etc.  
 (2) Interest, dividends, shares, property etc.  
 (3) Annuities: e.g. Superannuation or insurance.  
 (4) Benefit/ State payments: e.g. N.S., Sickness, U.B.  
 (5) Boarders  
 (6) Spouse or parents for support  
 (7) Other (Specify)



CARD J:

- 19 (a) General Health  
 19 (b) Choice and use of food  
 19 (c) Choice and use of alcohol  
 19 (d) Friendship and social life  
 19 (e) Sexual life e.g. Contraception

0.Considerable    1.Some Effort    2.None    3.Object

|                                       | 0.Considerable | 1.Some Effort | 2.None | 3.Object |
|---------------------------------------|----------------|---------------|--------|----------|
| 19 (a) General Health                 |                |               |        |          |
| 19 (b) Choice and use of food         |                |               |        |          |
| 19 (c) Choice and use of alcohol      |                |               |        |          |
| 19 (d) Friendship and social life     |                |               |        |          |
| 19 (e) Sexual life e.g. Contraception |                |               |        |          |

CARD K:

Income Scale:

- (0)            0 - 1,999  
 (1)        2,000 - 3,999  
 (2)        4,000 - 5,999  
 (3)        6,000 - 7,999  
 (4)        8,000 - 9,999  
 (5)        10,000 -11,999  
 (6)        12,000 -13,999  
 (7)        14,000 -15,999  
 (8)        16,000-17,999  
 (9)        18,000-19,999  
 (10)       20,000-24,999  
 (11)       25,000-29,999  
 (12)       30,000+

APPENDIX 3 (c)Interview Questions

1. May I first ask you to give me a brief autobiography? That is, tell me about the main things that have happened in your life and what you have done so far.
2. Now I'd like to know what your present state of health is.
3. I'd also like to understand what your experience of health, family and personal problems has been over the last 10 years, or since you came to the Far North if you have been here less than 10 years. Could you tell me first what has been the biggest crisis you have had to face?
4. Now I'd like you to tell me how you went about dealing with this crisis. Who did you consult? What help was offered. Who did you phone? Who came?
5. What other action did you take?
6. What were the effects on yourself? Your family? Your health?
7. What is another crisis you or your family had to face?
8. How did you go about dealing with this crisis etc?
9. Have there been any other serious problems in your life?
10. Have there been any ongoing problems that may not have become crises but were nevertheless there?
11. What are the sources of help you feel have been most helpful to you?

12. What sources do you feel were less helpful?
13. Has anyone actually been harmful? In what way?
14. Can you think of anything that would have been helpful but wasn't there?
15. What do you think are the biggest problems facing women living in the Far North?
16. What do you think could be done to:
  - (a) Prevent these problems occurring?
  - (b) Prepare women and their families to meet these problems?
17. How can other people best help?

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