

## 4.0 Family/Whānau Functioning

This section of the report discusses participants' definitions of family/whānau and roles and responsibilities within participants' family/whānau, particularly in relation to eating. It also considers the key issues/challenges faced by families/whānau on a day-to-day basis and where health and well-being is positioned in relation to these.

### 4.1 What Constitutes Family/Whānau

#### 4.1.1 Interpretations of Family/Whānau

Participants were asked to define what constitutes family/whānau for them. In particular, they were asked who they included (and excluded) as family/whānau members and why certain people were included (or excluded).

This study found that, at an overview level, family/whānau was not determined by emotional closeness, although this was often a characteristic of relationships with people considered to be family/whānau.

The participants in this study interpreted family/whānau in two broad ways, namely **blood and marriage/partner relations** and **'adopted' family**.

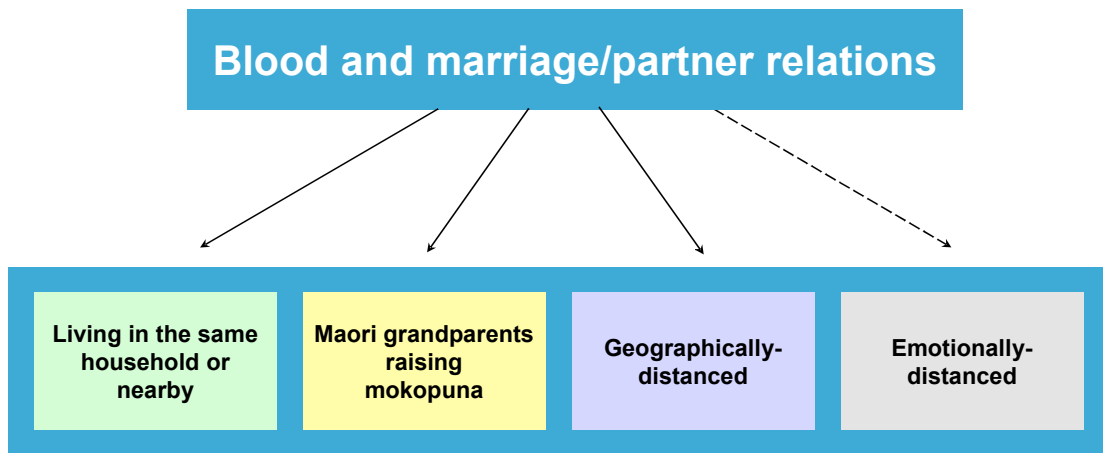
#### **Blood and Marriage/Partner Relations**<sup>16</sup>

This category refers to people who were regarded as family because they were related by blood, or through marriage or comparable partnerships (such as de facto relationships). The researchers note that same-sex partnerships and Civil Unions would also fit into this category, although examples of these relationships were not evident in the research sample.

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<sup>16</sup> Included legally adopted family members (as distinct from 'adopted' family, i.e. people who were not related by blood or marriage but who were treated as if they were family – discussed later).

In this study four types of arrangements emerged in relation to the **blood and marriage/partner relations** category, as outlined below.



**Living in the same household or nearby** - blood and marriage/partner relations tended to live in the same household, or nearby. This grouping of family/whānau typically consisted of one or two parents and children living in the same household, with the adults taking primary responsibility for the well-being of the children. Family/whānau who lived nearby tended to be the participants' parent/s and/or adult siblings.

**Māori grandparents raising mokopuna (grandchildren)** - in some Māori whānau, grandparents were bringing up their mokopuna in their homes or living with the mokopuna and his/her whānau, and played a significant role in contributing to the well-being of the household. Even when they did not live together, the grandparents still had a key role and influence on the well-being of the mokopuna and the family/whānau as a whole.

**Geographically-distanced** – people included in the blood and marriage/partner relation category did not need to be geographically close to be considered part of the family. Most Asian migrants in this study included family members in their country of origin (or elsewhere in the world) in this category.

**Emotionally-distanced** – people included in the blood and marriage/partner relation category did not need to be emotionally close to be considered part of the family/whānau.

Participants often included family/whānau members from whom they were emotionally estranged or distant in this category. These were people they chose not to have much to do with, creating distance from them as a way of managing differences (e.g. in lifestyle and values). This phenomena was evident across all cultural groups that participated in the research (i.e. Pakeha, Māori, Pacific and Asian).

Biological parents who were living apart from their children were typically considered part of the family/whānau by the children. However, adults living in the same household as these children did not regard an 'absent' parent as part of their family/whānau.

### **'Adopted' Family**

**Emotional and geographic closeness** – 'adopted' family members (usually adults) had not been legally adopted, but were regarded as part of the family/whānau by virtue of their emotional ties to the family/whānau, the mutual emotional (and sometimes financial) support provided, and the long-term nature of the relationship. This grouping included people such as close family friends and neighbours who had forged close emotional bonds with the family/whānau. Such 'adopted' family/whānau members tended to be both emotionally and geographically close, but did not typically live in the household.

*“Yeah I would consider them [referring to a close friend] almost like family ... just because of the closeness of the relationship, and I suppose circumstance. She and my wife were pregnant with our first children at the same time, and then she went through a marriage split, and we sort of helped look after her at the time.”*

### **Māori Male – Auckland**

## 4.1.2 Cultural Considerations

### Pakeha

Pakeha participants were more likely to interpret family as blood relations, and relationships arising from marriage or de facto partnerships. They were more likely to list their family members as the members of their immediate household, and to regard their other biological family members (such as their own parents and adult siblings) loosely as family, but not part of their family's innermost circle (i.e. their nuclear family).

*“In my family, first we distinguish between what we call the nuclear family, and the wider family. So we have this sense of a split. There is the four of us – two children, my wife and I and that is the nuclear family to us, and then we have my wife’s sister [she is] in Wellington, [and] my parents and we conceive of them as the wider family. It is not a matter of caring less about them but there is a sense of difference between them and the four of us ... and they [our children] are the first concern to us before my wife’s parents or mine or before my wife’s sister. So there is that centre but then it flows out from there.”*

### Pakeha Male – Wellington

There was wide variation in interpretation of family/whānau however, as some Pakeha families had close connections with ‘aunties’ and ‘uncles’ who may or may not have been related by blood or marriage. They lived close by and reciprocally shared family responsibilities such as child-minding, food preparation and general concern for each others’ well-being.

Absent parents may have been regarded as family by their biological children, but were not regarded as part of the blended family in the household the children lived in. This was noted in two Pakeha families in this study.

### Māori

The Māori concept of whānau was understood by many Māori to be fundamentally different from family. Whānau was linked to the concept of whānaungatanga (relationships) and the nature of the relationships and interactions that arise out of whakapapa (blood/kinship).

Whānau was generally described in one of two ways:

- Whakapapa whānau – this was a collective of people who were connected through whakapapa to a common ancestor
- Kaupapa whānau – this was a collective of people who shared in or were connected through a common purpose, mission or interest.

Marae were the centrepiece for whakapapa whānau, especially when they lived within their own rohe (geographic area). With the whakapapa links, whānau were also able to describe hapū (a grouping of whānau) and iwi (a grouping of hapū), and these terms were frequently used interchangeably to refer to larger or smaller groups of whakapapa whānau. Close relationships and the experience of whānaungatanga – involvement in whānau, hapū, iwi and marae activities – all contributed to what it meant to be whānau.

Kaupapa whānau were groups of people who shared a common purpose, mission or interest, and were usually not based on kinship. It comprised a group of individuals who came together as whānau for a specific purpose and generally for a certain period of time. Examples of kaupapa whānau cited by participants in this study were Te Kohanga Reo<sup>17</sup>, religious and church affiliations, and kapa haka and sports groups. At times, kaupapa whānau took precedence over iwi affiliations.

Similar to the concept of ‘adopted’ family noted previously, whānau membership could also be conferred or granted to people through a range of means such as whangai<sup>18</sup>, marriage, being brought up together, and long-standing friendships. Living within the prescribed whānau rohe, having had a long association, and having made a significant contribution, e.g. to the local marae, could also result in people being recognised as whānau.

*“My sisters. My husband, children. I go to church, so my church family, my in-laws, even extended family, cousins, aunts, uncles, mum, dad, and close friends [they are included], probably because we have been raised together, like from primary [school]. My kids know them as uncle, aunty.”*

#### **Māori Female – Auckland**

In this study, some Māori participants had a similar view of family to many Pakeha participants, subscribing to the western concept of the nuclear family (as described earlier).

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<sup>17</sup> Te Kohanga Reo is a total immersion te reo Māori whānau (family) programme for young children aged from birth to six years of age. Children participating in the programme are raised within its whānau Māori, where the language of communication is te reo Māori. [www.kohanga.ac.nz](http://www.kohanga.ac.nz)

<sup>18</sup> A whangai is a child adopted in accordance with tikanga Māori. The child is likely to be brought up by blood relations who are not his/her biological parents. In many cases, whangai know their parents, and often have contact with them.

## **Pacific Peoples**

Like Māori, Pacific participants' definitions of family often extended beyond their immediate household to include family members living nearby, such as elderly parents, and adult siblings. Such family members often spend large amounts of time in each others' homes, and meals and caregiving for children may be regularly shared.

*"I regard my family as open, whether they are in the [Pacific] Islands or overseas, up the road – I still consider them my family."*

### **Tongan Female – Wellington**

Some Pacific participants' definitions of family also encompassed social groups such as church, sports and youth groups. Typically, these groups comprised mainly Pacific peoples of diverse ethnic mix.

*"My personal perspective of family is definitely mum and dad and my siblings, and then mum's family and their families and as you say – the layers – there is a church family and league family and netball family. I guess who ever I am in contact with I consider family and [my family in] the [Pacific] Islands."*

### **Tongan Female – Wellington**

The researchers comment that for Pacific peoples, family was traditionally and intrinsically linked to one's identity. Family helped Pacific peoples to understand their place and role in society as well as providing others within Pacific society with an idea of where one belonged in terms of genealogy and family links. This study indicates that in the New Zealand context, this definition was changing as younger generations formed and maintained strong relationships with individuals and groups with whom they did not have familial ties. While genealogy and family links remained important and strong, ties with groups, e.g. churches, had strengthened because such groups upheld many traditional social and cultural values.

In this study, some Pacific participants had a similar view of family to many Pakeha and some Māori participants, subscribing to the western concept of the nuclear family (as described earlier).

## Asian Peoples

Similar to Māori and Pacific participants, Asian participants' definitions of family often extended beyond their immediate household to include family members living nearby and overseas, such as elderly parents, and adult siblings and their children.

*"My brothers, and my sisters, my wife, my kids, the extended family as well."*

### South Asian Male – Wellington

*"... my husband's brothers and there's his sister, and her husband, their two children. There is my sister and her husband and their three children."*

### Indian Female – Wellington

While embracing the immediate and extended family, some Chinese families focused attention on those living in the household (e.g. a spouse and children) because of having primary responsibility to provide for them.

*"Immediate [family] – [my] husband, myself, my three children and [my] mother ... [my extended family] would be my in-laws and my brother and sister ... Well when you marry and you do have children, you've got a family unit and [a] cluster of, shall we say little cells and those little cells would be [my] immediate responsibility."*

### Chinese Female – Auckland

Some Asian families did not include relations living overseas as family. This was because they were not immediately able to provide support to the family in New Zealand if required.

*"For me, because my parents live away [in China], my family are my wife and kids."*

### Chinese Male – Auckland

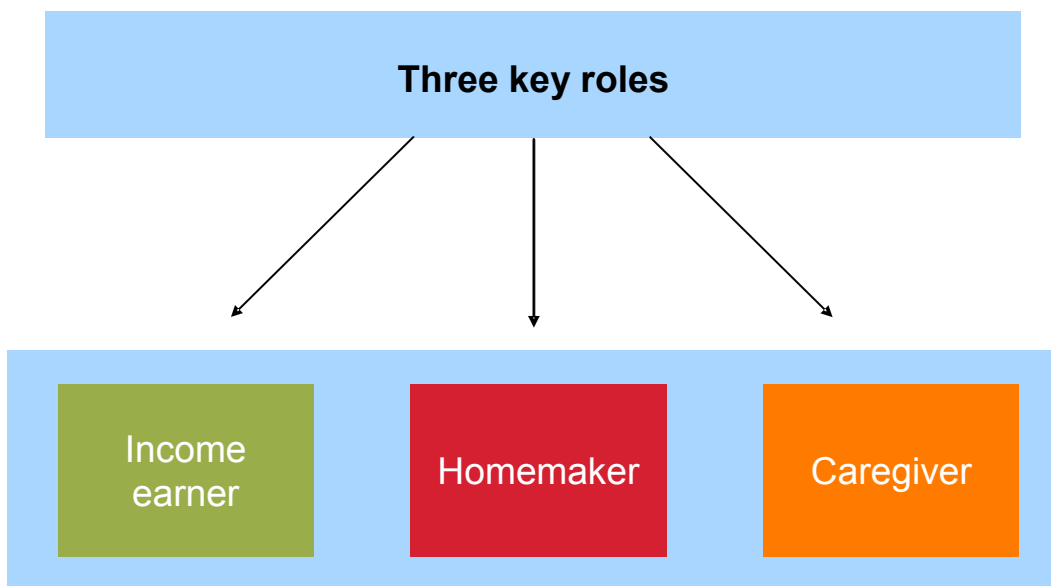
Some Asian participants included friends, neighbours and, in a few cases, colleagues, as part of their family. Where Asian migrants were socially and emotionally isolated these ties took on greater importance. For example, a divorced Indian woman considered her New Zealand friend to be family, because her friend had supported her emotionally through her divorce which had left her estranged from her ex-husband's family.

## 4.2 Family/Whānau Roles and Responsibilities

Participants were asked to talk about roles and responsibilities within their family/whānau, and to explain what factors (internal and external to the family/whānau) had determined role allocation.

### 4.2.1 Key Roles

This study identified three key adult roles that existed within families/whānau and applied across all cultural groups, as shown in the diagram below.



The income earner, homemaker and caregiver roles were not always mutually exclusive. Some income earners acted as a main caregiver, for example, a mother working part-time to fit in with the school and pre-school hours. Similarly, a homemaker almost always took on the role of primary caregiver for children in the household, with most homemakers (usually women) seeing caring for children as implicit in the homemaking role. There were few exceptions to this.

However, the homemaker role did not intersect with the income earner role. People who described themselves as homemakers in this study (usually women) were not in paid employment.

The income earner and caregiver roles could be jointly shared by the adults in a family/whānau, or could be the province of one adult. In the case of single parent households, the parent fulfilled these roles, and undertook the tasks of homemaker (although would not refer to themselves as a homemaker). Single parent households may also have derived support from adults outside the household, e.g. with grandparents providing caregiving.

In the context of family/whānau eating practices, decision-making and enforcing, in terms of what was and was not eaten by the children in the family/whānau, could be the preserve of any or all of the above roles. However, the adults who occupied the homemaker and caregiver roles (which may be one and the same role where there was a full-time homemaker) tended to have most the direct influence over what families/whānau, especially children, ate and drank and when. This was because these adults tended to take responsibility for grocery shopping and food preparation, and were on the spot making moment-to-moment decisions when children were asking for food and drinks.

### **The Income Earner Role**

The income earner role could be jointly or singly occupied by adults in the household.

Single income earner households in this study adhered to one of the following patterns:

- A two-parent household where the traditional role of income earner was held by the male – in these cases, the female partner tended to be a full-time caregiver for small children (usually including pre-schoolers) and had chosen to take up this role rather than being part of the paid workforce.

*“We’re a bit old-fashioned. It’s hard work raising children properly. It needs your one hundred percent attention.”*

#### **Pakeha Female – Gisborne**

- A two-parent household where the partner with the higher earning capacity, or greater ability to get and keep a job, was the income earner, whether they were male or female – in these households, the partner who was not working took on greater responsibility for caregiving for children, however they may have also received support from outside the household for this function (e.g. from grandparents). If the income earner was female, she also tended to take responsibility for caregiving when she was not at work.

- A one-parent household where the parent, typically the mother, took on the role of income earner – in such families/whānau the parent typically relied on childcare or support from family/whānau such as grandparents or adult siblings, and in one case a neighbour.

Dual income earner households in the research fell into three categories:

- Households where there was a main income earner – in such households the main income earner was more likely to be a male, who was working longer hours for more pay, with an augmenting income earner, who was more likely to be female, who was typically working part-time to fit in with school and pre-school hours so that she was available as a caregiver.
- Households where both parents were working full-time – such households relied heavily on paid childcare and/or family members such as grandparents to pick up much of the caregiving role.
- Households where an adult child in paid employment was contributing to the household income.

In these dual income households, the second income may have been considered essential to ease the strain on the household finances, or as a way of getting ahead financially. In terms of the latter, a second income was often used to save for a home, or for providing for non-essential but nice extras (e.g. holidays, home renovations, trips 'home' to one's country of origin), or for covering the cost of equipment and activities that supported their children's development (e.g. a computer, a school trip overseas) or allowed participation in sporting and cultural activities.

In terms of healthy eating, adults who were in the main or dual income earner role had less scope to influence healthy eating decisions by virtue of being absent from the home more of the time. While they may have held ideas about what children should be eating, it was often left to the adults in the caregiving or homemaking roles to plan for, implement, model and enforce healthy eating.

Note: In some families/whānau neither parent was in the income earner role, with the family dependent on a government benefit for income. In one whānau, the father was on a sickness benefit. While he and his partner shared the grocery shopping, the mother continued to fill the homemaking and caregiving roles, as she had when her husband was in paid work.

## The Homemaker Role

Unlike the income earner role, which could be jointly or singly occupied by adults in the household, the homemaker role was occupied by just one person. In this study, the homemaker role was usually occupied by the mother, although a couple of two-parent households had a father in this role, with the mother in paid employment.

The homemaker was responsible for the day-to-day running of the household. This included the physical and emotional care of the children, and imparting the values and behaviours that the parents wished the children to adopt.

In terms of family/whānau eating practices, preparing and cooking meals for the family/whānau were two of the key responsibilities and defining characteristics of the homemaker role. (In some households, the homemaker was responsible for providing virtually all meals consumed by the family/whānau. In others, the food preparation and cooking was shared with the father at weekends, and in a few cases on weekdays as well).

Even where homemakers were sharing the food preparation and cooking roles, they were likely to be making key decisions around what types of foods to buy, which brands to choose, and how much to spend on different food items.

Tasks encompassed by the homemaker role included:

- Providing food for household members, whether cooking or assembling meals.
- Shopping for groceries (often within a budget, where there may have been a requirement to fill stomachs as cheaply as possible where money was tight).
- Keeping a mental inventory of what was in the cupboards, and what needed to be stocked up on during the next supermarket shop.
- Planning ahead to ensure there was adequate food to provide meals and snacks for the family/whānau.
- Some homemakers saw it as part of their role to educate their family/whānau about healthy eating, and to model healthy eating behaviour to them.

Where there was no full-time homemaker, the above tasks had to be shared by the adults involved with paid work outside the home. Time scarcity on the part of these people sometimes led to healthy eating ideals becoming rapidly eroded in the name of convenience.

*“To me health and well-being is obviously eating the right foods. Staying healthy, making sure you’ve got a well balanced diet. Totally opposite to the way we eat [laughter]. We try, we try, but busy lives ...”*

**Samoa Male – Wellington**

Because homemakers were physically present in the home, they tended to have their ‘finger on the pulse’ in terms of what the family/whānau was eating and when, and were in a position to dispense snacks and monitor what the children were eating. Emotionally, homemakers tended to see the physical nourishment of their family/whānau as a key part of their role in the home. For these reasons, homemakers had the greatest direct influence over the household’s eating, and their own beliefs, practices and learned behaviour were likely to be most influential on the children’s eating.

It is important to note that while males sometimes occupied the homemaker role, they did so in a different way from females. Males in the homemaker role tended to be less detail-oriented than females, which meant that some homemaking responsibilities still fell back on to mothers, regardless of how many hours they were working in paid employment. As a by-product, mothers who were not in the homemaker role were often still making key decisions around what food got purchased and eaten by the family.

### **The Caregiver Role**

The caregiver role could be occupied by one or more people within a family/whānau. Who occupied this role could be quite fluid, and could be shaped by who was available at the time of need. Someone may have temporarily stepped into a caregiving role in times of family ill-health or crisis, or offered to fill the role on a temporary basis which then became a long-term solution.

In most households, one parent – usually the mother – occupied the caregiver role most of the time (when she was at home full-time this morphed into the homemaker role). The other parent may also have regarded themselves as a caregiver, but this tended to be in a supporting capacity, e.g. a dad in full-time work taking the children off mum’s hands at the weekend. This pattern of the mother in the main caregiving role was common across all cultural groups in this study.

In a number of Māori and Pacific families, a grandparent – usually a grandmother – occupied the caregiving role at least some of the time, whether or not the grandparent lived in the household. Grandparents who took on the caregiving role freed up mothers to enter the workforce, as the main or secondary income earner. Grandparents were typically seen as a trusted and more economical alternative to paid child-care. In the case of some Pacific families, where grandparents had their own home, they often provided daily care for several grandchildren who belonged to more than one set of parents.

In Asian families, it was common for a grandmother to come from overseas to stay with the family for an extended period to provide support, e.g. before and after the birth of a child.

Note: Grandparents also occupy caregiving roles in Pakeha families, however, this arrangement was not found among the Pakeha families in this study.

Taking on a caregiving role also allowed grandparents to love and lavish attention on their grandchildren, and to impart knowledge and values they considered important. For example:

- In some Indian families, even if the mother was at home, the grandparents played an important role in imparting cultural values and teaching the children prayers and how to speak and read their mother tongue, e.g. Hindi.
- Similar to the above also applied in many Māori and Pacific families.

Providing caregiving to grandchildren fulfilled an emotional need for grandparents as well as providing practical support to the family.

*“She’s [my mother] a back-up I think. If I need her to help out with my daughter or anything, she’s there. She’s like her [my daughter’s] second mum, my mum is. When my dad was alive, they used to spoil her ... then my dad died, so for her [my mum] it was sort of empty, so she wanted my daughter. She couldn’t sleep without her. So her and my daughter have become really close. She’s a really good companion for my daughter, or my daughter’s a really good companion for her.*

#### **Māori Female – Auckland**

Other family members may have also stepped into the caregiving role to free up parents to enter paid work, or to fulfil other roles within the family (e.g. caring for an elderly/fragile parent). In one such case, when the mother got a well-paid job out of town, her male partner assumed the role of caregiver to their three children, with help from grandparents, and adult siblings. When the mother secured a position in their home town, she and her partner agreed that he would continue in the caregiver role.

Other examples of how caregiving was provided in families included:

- In some Pacific families an adult sibling – typically the mother’s sister – took on a caregiving role.
- Older children in a household may also have sometimes acted as caregivers, as was found in a number of Māori whānau in this study<sup>19</sup>.

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<sup>19</sup> In one Māori family/whānau, the teenage daughter was placed into a caregiving role as a ‘strategy’ intended to prevent and discourage her from entering into early, unplanned motherhood herself.

- In some cases, family/whānau members shared caregiving within the family because they wanted to, were able to (because they lived in proximity to one another), or because it was simply how the family/whānau functioned.

*“Our family homestead is about five minutes away from all my brothers and sisters. We’re all in the vicinity, in the area. So that’s pretty much the focal point for our family. So I’m really lucky that my Mum’s there, my older sister and her husband and their family are there, and I can take my daughter there as well, and they can help me out.”*

### **Māori Female – Auckland**

The caregiver role was characterised by both physical care (e.g. feeding, changing nappies, and ensuring children were rested, safe and secure) and emotional care. Mothers in particular described themselves as taking the emotional temperature of individual family/whānau members and trying to keep the household on an emotional ‘even keel’. They did this by trying to meet the emotional needs of both children and partners, through solving problems and looking for solutions. (Where fathers were involved in physical caregiving, the mother often still assumed much of the emotional caregiving for the family).

The caregiver was in an influential role in relation to healthy eating. The main caregiver in the household – in this study more often the mother – was most influential in terms of what got bought and cooked. Caregivers were also on the spot when children got hungry, and needed to anticipate and respond to requests for food. In this context, addressing hunger and keeping children emotionally happy and physically content sometimes took greater priority than worrying about whether or not food was healthy. Caregivers may have used treats as a way to buy peace from children and create harmony.

When the caregiver was also the parent, household rules tended to apply when making decisions about what the children ate. However, when a caregiver such as a grandparent or family friend was caring for children in their own home, they may have followed their own preferences and household norms regarding what to feed the children. This sometimes resulted in grandparents treating their grandchildren with sweet foods or treats such as McDonalds, without the parents' knowledge or even against their wishes.

*“They can have fruit [after school] but usually they're at their nana's [place], so sometimes she takes them to McDonalds without me knowing ... I say to my Mum, 'don't give them too much before they come home' ... and she gives them junk food ... lollies, chippies, maybe takeaways – like she'll take them to the fish shop and gets hot chips but when she picks them up from school, they can go to the shop and they can choose.”*

#### **Niuean Female – Wellington**

While parents may have tried to stipulate what caregivers fed to their children when they were not around, it was an awkward arena, clouded by parental gratitude towards the caregiver, as well as some parental guilt at their own absence. Typically, parents felt grateful to caregivers for their support – whether paid or otherwise – and may have been reluctant to dictate or enforce their household's rules around what the children ate.

There was also evidence among some parents and grandparents of a general acceptance of grandparents' right to indulge their grandchildren with treats as part and parcel of grandparenthood. When a caregiver was standing in for a parent in times of ill-health or emergency, there may have been even greater relaxation of normal eating rules, with parents placing children's emotional security and happiness ahead of nutritional concerns.

*“So he [grandad] moved up here and he was the wife! [laughter]. The cooking consisted of cooking up lots of stuff – like fish fingers, chicken nuggets and sausages for tea – all in one night – and eggs ... [the kids] thought it was fantastic ... so, you know, the children were fed and they were happy – that was the most important thing.”*

#### **Pakeha Female – Wairarapa**

#### 4.2.2 Factors Determining Role Allocation

Participants were asked what factors (internal and external to their families/whānau) had determined the allocation of key roles in their family/whānau. A summary of internal and external factors appears in the table below, with discussion on each factor appearing after the table.

Internal Factors	External Factors
<ul style="list-style-type: none"> <li>■ Focus on parenting (e.g. desire to have a 'stay at home' parent)</li> </ul>	<ul style="list-style-type: none"> <li>■ Tradition</li> </ul>
<ul style="list-style-type: none"> <li>■ Costs of working exceeds pay-offs</li> </ul>	<ul style="list-style-type: none"> <li>■ Social norms</li> </ul>
<ul style="list-style-type: none"> <li>■ Specific family needs (e.g. having a special needs child)</li> </ul>	<ul style="list-style-type: none"> <li>■ Earning capacity and marketability of skills</li> </ul>
<ul style="list-style-type: none"> <li>■ Self-worth and identity issues</li> </ul>	<ul style="list-style-type: none"> <li>■ Financial pressures</li> <li>■ Cultural expectations</li> </ul>

#### Internal Factors

##### *Focus on Parenting*

In this study, some couples made a joint decision to forgo a second income in order for one parent (usually the mother) to have a greater presence in their pre-school and school-aged children's daily lives. Couples who had made an active choice for one partner not to enter into paid work, often wanted to have more involvement with their children than they perceived working outside the home would allow.

*"I don't think that values really have a price tag on them. I think that both of our girls are getting, especially with me being a 'stay at home' Mum, great values and just consistent messages."*

##### **Māori Female – Auckland**

In some cases, homemakers were seeking to ensure the emotional (rather than financial) security of their family/whānau, and particularly their children. In this way, a mother may have chosen not to take on paid work during periods when she perceived her children were particularly reliant on her emotional presence (e.g. during the teenage years).

Some homemakers perceived that their role in the home enhanced the quality of life of their family/whānau. They reasoned that they had the time to do things with and for their family that time-stretched workers did not, such as becoming involved with their children's schools.

Asian families reported that having a mother in the homemaker role helped in passing on the cultural values and practices of their country of origin. For example, teaching children to respect their elders was a key value for Asian families.

### **Costs of Working Exceeds Pay-offs**

Having a large family/whānau, e.g. three or more children, reinforced the decision to be a full-time homemaker in some families/whānau. This was because the cost of childcare and the logistics of managing different arrangements for different children, started to erode the financial gains of paid work. It was also because larger families took more time because there were more physical and emotional needs to attend to.

### **Specific Family Needs**

In some families, having a child with special needs may have precipitated the decision to remain at home, as did the desire or need to home-school children in families in remote rural locations.

*“She has some fairly mild special needs. It is not noticeable if you look at her but beyond that it actually goes into social and emotional well-being, and some social situations can almost cause [her] anxiety attacks ... so, you know – being an advocate for a child with special needs is almost a full-time job really. So, if I had a full-time job or even a part-time job, I would not have much sanity left.”*

#### **Māori Female – Auckland**

### **Self-worth and Identity Issues**

There was evidence that taking on paid work provided an important sense of self-worth for many men, in that they were providing for their family materially. In the same way, the homemaker role brought self-worth for some women because they were providing for their family emotionally and practically with their labour.

It should be noted that some women entered paid work not for financial reasons alone, but for the same psychological reasons that men did. In some cases, women whose mental health had suffered in a full-time homemaking role, had found new confidence and happiness in the paid workforce.

*“After our youngest child was born, it really took a toll on her [my wife] ... I saw her pretty much go downhill from there. When I came back [from a trip] she got an offer to go work part-time, where she is now. I said, ‘oh, awesome’. To me it was like an answer to get her out of this, and yeah it helped out for about a year or two ...”*

#### **Samoan Male – Wellington**

## **External Factors**

### ***Tradition***

Beliefs about traditional roles appeared to be enduring. Some traditional role occupation – in which the male partner was the sole income earner and the female partner stayed home to care for children – still existed across all cultural groups in this study. This pattern was more likely to be seen in households with pre-school children, and in households where there were three or more children. In such families/whānau childcare would have been expensive and eroded the financial gains made by the second income earner.

In families/whānau where the female partner was also in paid work, her earning role tended to be regarded as secondary to the male's income earning role, and often accommodated caring for children before and after school.

Where a woman with young children entered into a new relationship, this traditional role division was reinforced. Because the male was more likely to already have been in paid employment, he remained in the central income earning role. The arrival of subsequent children cemented these roles – the male as income earner and the female as the caregiver – during the children's preschool years.

*"I had two children to a previous marriage. Two of the children are biologically [my husband's]. But at that stage I was a full-time parent and when I met [my current husband] – it was natural [that I was the caregiver]."*

**Pakeha Female – Gisborne**

### ***Social Norms***

Social norms were a powerful influencer in determining role division in families/whānau. Males in this study still tended to identify with the breadwinning role. However, changing social norms were also encouraging women to pursue careers, as this became the norm among their peer group.

### ***Earning Capacity and Marketability of Skills***

The earning capacity of the adults in the household sometimes influenced whether both partners worked or which partner took up work or full-time work.

*"... at this point in time I can bring the most money in. As I said to X, she wanted to swap roles, but it is the money thing at the moment. She is looking at training to be a teacher, so once the youngest one is at school things might change a little bit."*

**Pakeha Male – Christchurch**

In addition to earning capacity, the availability of jobs that matched each adult's skills may have also influenced which partner took up the main income earner role. In some families/whānau, males who had been made redundant, who had casual work or whose employment was less stable, had been replaced as the income earner by female partners with more marketable skills.

*“So we went to [a] one worker [household]. When the kids were little, one worker and one of us at home. Financially it was more ideal for [the wife] to go back to [her] full-time job than for me to stay on a contract that was going to end in a couple of months anyway.”*

**Māori Male – Auckland**

**Financial Pressures**

Financial drivers had a large influence on how families/whānau divided the income earning and homemaking roles. Financial pressures – making ends meet, saving for a home, paying off the mortgage, saving for children's education, saving for retirement – were a reality for most families in this study, and had often influenced the mother's entry into the paid workforce, whether full-time or part-time.

Financial drivers were influencing changes in family/whānau roles across all cultural groups. However, there was anecdotal evidence from a number of families/whānau in this study that the Working For Families package had made a difference to them by reducing the pressure to work longer hours outside the home.

*“My dad used to spend a lot more time at work [than I do]. Whereas now, what is it? – Working For Families – like, I've done a lot of over time [in the past ....”*

*“If we had to make up the same amount of money, he would need so many 'over- times' .... but [with Working For Families] we've got a guaranteed amount coming in ....”*

**Pakeha Couple – Gisborne**

Examples of the difference that the Working for Families package had made included shift workers feeling financially able to choose to work fewer shifts and to spend more time with their family/whānau, and mothers choosing to remain out of the workforce longer with their babies. Some also reported that the Working for Families package had enabled them to contemplate having another child, where once this would not have felt financially viable.

### **Cultural Influences**

Pacific participants typically viewed being in paid employment as a means of financially sustaining their family and fulfilling any obligations to extended family members and church affiliations (as opposed to having a career and following career aspirations). Dual incomes had become necessary for some Pacific families, in order for them to financially sustain themselves and meet any obligations. Where females could earn more money, some were acting as the main income earner for their household. Having females in this role was acceptable to Pacific families, provided both parents felt they had a viable solution in terms of child-care and were able to maintain home and family life. In one instance, one Pacific female earned more than her husband, so it was acceptable for her to be the main income earner while the husband focused more on looking after the children and home.

#### **4.2.3 Cultural Differences**

##### **Pakeha**

Pakeha families in this study tended to adhere to traditional role division, with males tending to take the main income earner role, and women working part-time or caring full-time for children.

##### **Māori**

There was evidence of greater role fluidity among Māori whānau, with redundancy in one instance having changed traditional gender roles.

Which partner was able to get paid employment, and who was able to earn the most money, both influenced which partner took on the main income earning role. In a number of Māori whānau this role was taken by women. For example, in one Māori whānau, the mother was the main income earner and the father was the primary caregiver – who also worked in part-time employment with flexible, family friendly hours and school holidays off.

*“I work long hours. I’m normally working 7:30 [am] till 5:30 [pm] and then I get home at around 6:30 [pm]. So [my husband] is the main caregiver. So all through the kids growing up X was a ‘stay at home’ dad while I went back to work. ... he can work at home, and he’s got a good boss, who lets him. He can say, ‘I’ve got kids. I need to work at home, or I need to work shorter hours’. So it works [for us].”*

##### **Māori Female – Auckland**

Māori grandparents were often involved in caregiving within the whānau, for practical reasons and also in order to impart their values to their mokopuna. One grandmother in this study had moved in with her daughter and grandson, so that the daughter could come off the Domestic Purposes Benefit and move into paid employment. Both the grandmother and mother secured shift work, enabling both to work and care for the boy at different times. In other whānau, mokopuna lived with grandparents, or were cared for by grandparents in their home after school and during school holidays.

### **Pacific Peoples**

There was also role fluidity among Pacific families. In a number of Pacific families, both partners were working, or the female partner had moved in and out of the main income earner role at different stages.

*“For me, I’m not egotistical enough to think that a woman can’t go out to work ... we both have a goal which is looking after our kids.”*

*“... with [paid] childcare you never get to see your children ...”*

### **Samoaan/Tokelauan-Pakeha Couple – Wellington**

In facilitating this movement, Pacific families had received considerable caregiving support from grandparents. In some cases, grandparents provided caregiving support because the family could not afford to pay for childcare. In other cases, the parents paid the grandparents to care for their children. In either case, there was a clear, mutual expectation that grandparents would be involved with caregiving, and that this was desirable for all concerned (parents, grandparents and children).

This greater role fluidity may reflect changing cultural expectations among younger, often New Zealand-born or raised Pacific peoples. One young Pacific father described his relationship with his wife as a partnership of equals, in contrast to his own parents’ traditional marriage in which he believed his mother was the ‘docile’ Pacific wife.

*“My Mum was very docile and like a typical Pacific Island wife who listened and obeyed one’s husband and she wouldn’t ever step out or argue against her man.”*

### **Samoaan/Tokelauan Male – Wellington**

## **Asian Peoples**

Asian families in this study tended to adhere to traditional role division, with fathers in the income earner role, and mothers working part-time or staying at home to care for children. A number of migrant Chinese families chose to have the mother in a full-time homemaking role so that she was available to their school age children as they adjusted to New Zealand society.

Some Asian families described an abdication of responsibility on the part of the father – an attitude supported by tradition and cultural norms. For example, Indian participants reported that the typical Indian male felt it was his wife's role to take care of the house and all the responsibilities that went with it, including attending to the children's needs.

However, there was evidence in this study of traditional roles changing in a few Asian families, for example, where the male had been made redundant and his wife had taken on the income earner role.

## 4.3 Key Issues/Challenges Facing Families/Whānau

### 4.3.1 Overview

Participants were asked what kinds of issues/challenges (if any) their family/whānau faced in daily living, i.e. issues/challenges that were ‘top of mind’ and occupied their thoughts or influenced the way they lived. The purpose of this line of questioning was to find out whether, and to what extent, health and well-being issues/challenges impacted on families/whānau in daily life.

A number of issues/challenges common to many families emerged in this study, as shown below:

- Money worries
- Blended family/whānau
- Time scarcity
- Parenting
- Culture clash
- Life’s surprises

The above issues/challenges had become daily concerns because they caused ongoing problems for families/whānau, i.e. they were problems that could not be ignored and over which families/whānau may have felt they had little or no control.

### 4.3.2 Key Issues/Challenges

#### Money Worries

Money worries were common to many families/whānau in this study. However, the nature and severity of their financial issues varied. Some families/whānau were having difficulty just surviving from pay-day to pay-day. They struggled to pay regular bills – choosing to pay only those most urgent – and needed to budget carefully to put sufficient food on the table on a daily basis.

*“Bills. If something is overdue or if I have missed a payment I think, ‘how am I going to catch up that payment and what am I not going to pay this week in order for me to catch up for last week?’ I think a lot about that.”*

#### Pacific Female – Auckland

For these families/whānau, skimping on the family food budget was an achievable way of making ends meet when big bills came in. In this context, food was a ‘squeezeable’ item, where the mortgage or the power bill was not.

Other families/whānau felt they had enough money for their daily needs, but worried about money regardless. Their concerns were to do with getting ahead financially. Issues such as being able to buy their own home, help their children pay for tertiary education, and saving enough for retirement were in the forefront of their minds.

*“Like financially – that is the main thing. Trying to work for today and tomorrow ... [so] that there is enough or something there for them [our children] in the future. Yeah, I think that is the main [thing]. Wanting, hoping to own a house. Education. I think that is one of the big challenges for ourselves – the children’s future and also their education and also financially ...”*

### **Tongan Female – Christchurch**

Money worries often underpinned and intensified the other worries a family/whānau may have faced, because they increased feelings of vulnerability and inadequacy in providing for one’s family/whānau. For families/whānau struggling to make ends meet, money worries could feel overwhelming because they were ongoing, and surfaced in times of crisis such as ill-health and job loss. For example, an unplanned pregnancy had intensified one family’s ongoing low-level worries about making ends meet financially.

Within the context of family/whānau eating practices, money worries could influence the amount and nature of food available to the family/whānau. This study found that the families/whānau who were most budget conscious fell into two groups on the question of healthy eating: those that said they could not afford more healthy food (such as fruit and vegetables and lean cuts of meat); and those that said they could not afford not to eat healthily (saving money by avoiding processed and packaged foods, treat items and takeaways).

### **Blended Families/Whānau**

A number of families/whānau in which the parents had children from previous relationships expressed concerns about how children in the household were coping within the blended family/whānau. In a couple of cases, children’s emotional well-being was affected, with young children feeling keenly the loss of contact with an absent parent due to the breakdown of the parents’ relationship.

*“The girls’ father ... he’s up north somewhere. He doesn’t contact them. I notice that she [step-daughter] has his cell phone number – little things like that. I spoke to her about it. She just started crying. So that’s kind of hard, trying to explain to them – little things like that. I explain that, ‘he does love you but he’s just not good at keeping in touch’ ... I sort of wonder whether the problems we have with X [the other step-daughter] are partly because of that, or is it just the age she’s at?”*

### **Pakeha Male – Gisborne**

Parents in blended families may have been struggling with the children's emotional reaction to loss and change (such as anger, fear, sadness, and emotional outbursts). Parents may also have had to work harder at creating and maintaining emotional bonds within the blended family, and at accepting step-children and avoiding differential treatment (in relation to how they treated their biological children).

*“That was a bit of a deal and getting through to [my step-daughter] that I wasn't trying to replace her father ... to be honest, I'm probably a bit quick tempered with them – which I don't like ... I have a bit more patience with [my daughter]. I'm not sure whether it's because of her [younger] age or ... because they're not biologically mine – I'm not sure. I have to watch myself.”*

**Pakeha Male – Gisborne**

Children who had come to live in a new home as a result of a relationship breakdown may have generated parental conflict over rules and discipline, including what foods and eating behaviours were encouraged and discouraged. In one family, the step-mother described trying to instil new eating habits in a child who had been brought up in a home with different eating norms.

*“[With my step-daughter] we really had to work on it because she came from a house where they ate, I think, takeaways most nights and even when her mum cooked, there wasn't veges. So we really had to work on the whole vege thing ... we did have a stage where she was being a bit sneaky and she was hiding broccoli under shelves and under the table ... we had shelving in the dining room and I pulled it out one day so I could sweep under it, and there were ants and there was [were] these huge piles of broccoli underneath.”*

**Pakeha Female – Wairarapa**

**Time Scarcity**

Lack of time was a common issue for families/whānau in this study, although it was felt less keenly in families/whānau with a full-time homemaker. Many parents felt the pressure of having too much to do, and too little time to do it in. This was particularly strongly felt in single-parent households, and in dual income households where both parents worked full-time or hours that were not family-friendly (including shift workers and weekend workers).

Some parents felt guilty that, in not spending enough time with their children, they were failing as parents. Parents also worried that they were not spending adequate time with their partner, and felt this placed a strain on relationships and made the tasks of parenting harder. Working parents were often required to prioritise paid work over time with their children, effectively fitting 'quality' family time into after-hours.

*"I did pinpoint this to my wife, about the fact we spend more time at work than we do with our kids. If you take away the time that you are at work and the time you have on your own, you spend more time doing that than you do with your kids."*

#### **Samoaan/Tokelauan Male – Wellington**

The very real feeling of time scarcity diminished quality of life for a significant number of families/whānau in this study and, in the context of healthy eating, had a significant influence on food choices. Takeaways and packaged convenience foods were the preserve of the time-poor. Use of such foods elicited feelings of guilt, particularly when they became family diet staples. Rushed grocery shopping and lack of time for meal planning had also led to convenient food choices taking precedence over healthy ones in some instances.

*"We'll buy takeaways probably three or four times a week. It's usually my wife who will ring me before I finish work. It's only because she's spent the whole day nursing the little one and looking after the other two and she'll ask me just to pick some takeaways up on the way home from work. Before we had our last one [child] she used to be able to do everything but now she's got her hands full with all three of them."*

#### **Samoaan Male – Auckland**

### **Parenting**

The task of parenting was an ongoing issue for a number of families/whānau in this study. As parents in this study described it, parenting was not a 'state of being' but a process – as babies became children and children became adolescents, the stages and phases they went through were ever-changing, and parents often felt they were running to keep up with their growing children in terms of knowing how to best manage each ensuing phase of development.

Parents of adolescents, pre-adolescents, babies and toddlers may have particularly felt the strain of parenting day-to-day. As the need to keep children physically safe receded, and as they approached adolescence and gained in independence, the need to keep children sexually safe and out of trouble (e.g. from drugs, alcohol, and fast cars) arose. In addition to all the physical and emotional tasks of parenting, parents were aware of the need to instill their growing children with values and guidelines for how to live successfully.

For parents coping with their children's emotional, physical and developmental changes, the issue of healthy eating could become more, or less, of a concern according to what else was going on in their children's lives.

Healthy eating could become the focus of attention when children, particularly teenagers, were eating very little at home, or not at all. Concerns over the adequacy of their children's diet, both the amount and what was being eaten and, in some cases, concerns about possible eating disorders, added to the challenges of parenting.

Healthy eating became less of a focus if children were engaged in risk-taking behaviour (e.g. drugs, binge drinking and fast cars). Where this was the case, keeping them safe, having them home and getting them to eat anything – let alone whether the food was healthy – were the priorities.

## **Cultural Compromise**

### ***Asian Peoples***

The loss of traditional cultural values was a concern to some Asian families. In general, these parents were concerned that their New Zealand-raised children were picking up New Zealand culture and values, thereby diluting or threatening the parents' traditional (Asian) values. Respect towards elders, and not answering back, in particular, were values parents felt were being eroded by living in New Zealand.

Asian families may have also struggled when their teenage children started to adopt elements of the New Zealand lifestyle that were alien to their own culture. For example, the parents of one teenager were concerned her New Zealand friends were influencing her to talk of leaving their home to go flatting, something they were trying to dissuade her from.

In terms of education, Asian parents highly valued education and excelling in studies. Migrant parents particularly were concerned that their children were becoming less motivated in relation to education as they assimilated into New Zealand society.

Some Asian families responded to the perceived challenge to their cultural values by having the mother in a homemaker role, keeping a close eye on their children, monitoring their friends and activities, and imposing curfews. The families also participated in religious and other activities of their community so that the children were given a sense of their roots and culture. Some parents also put a lot of effort into teaching their children their native language.

## **Pacific Peoples**

First generation Pacificans,<sup>20</sup> who were now starting their own families, had similar concerns to some Asian participants regarding erosion of values, particularly around respect and etiquette when engaging with people on social occasions.

*“... they’ve changed I reckon. I’ve noticed it. I mean things like sitting down to eat together as a family, saying the prayer before we eat, and family time too because we all work different shifts, me, my wife and my oldest daughter. Things like that ... we don’t do that stuff as much anymore. Like saying ‘tulou’ [excuse me] if someone is in the way ... Maybe because my wife and I are really busy but we notice our kids don’t do it, unless we tell them to sit down and eat [instead of standing up to eat] or tell them to say ‘thank you’, or Mum and Dad are here. That’s why we like the kids to spend time with their grandparents, because we know they’ll teach them.”*

### **Samoan Male – Auckland**

## **Life’s Surprises**

In this study, life’s surprises included:

- the unplanned pregnancy that had created a financial strain and was the catalyst for renovating or moving to a larger house
- the death of a partner or parent
- the breakdown of a relationship that resulted in mokopuna moving in with their grandparents
- redundancy that resulted in a change of traditional roles in the family (e.g. a female partner taking on the role of income earner)
- the onset of dementia in an elderly parent had led one mother to giving up her full-time job in order to care full-time for her mother (while also caring for her own children)

These events were key challenges for participants who experienced them because they were stressors that required significant adjustments to be made to the way that families/whānau lived their lives.

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<sup>20</sup> New Zealand-born Pacific Peoples or those Pacific Peoples who move between Pacific and New Zealand cultures relatively easily.

### 4.3.3 The Place of Health and Well-being

While few people in this study questioned the theoretical importance of health and well-being per se, in practice, these issues were seldom uppermost in people's minds on a daily basis.

Generally speaking, health and well-being issues were seen as 'sleeper issues' – they tended to be taken for granted until something went wrong, at which point they became a significant and dominant issue for the family and could not be overlooked. Even where a family was dealing with chronic health problems, their ongoing nature meant that at some point their existence merged into the fabric of daily life, so that they ceased to dominate until the person's condition worsened or a fresh health crisis erupted.

The following were examples of how ongoing health and well-being issues transformed from 'sleeper issues' to being centre-stage:

- The Pakeha mother of a young baby had a back problem, in that she occasionally put her back 'out'. When she read the warning signs (the twinges) in advance, a quick trip to the chiropractor usually sorted things out. However, when she missed the warning signs, or was too busy to act on them, her back 'went out' and she was unable to physically care for her baby or manage her usual homemaker roles. When this happened, her health 'problem' took centre-stage, and the family needed to call on grandparents to take on caregiving and cooking roles.
- Some Pacific families were aware of health problems but did not prioritise them as requiring medical attention until a health problem became acute.
- Other examples included families with chronic illnesses such as asthma. It was only when there was a severe asthma attack, or an increased reliance on medication brought about by a change in weather or stress, that increased concerns about health and well-being came to the fore.
- Similarly, people awaiting minor surgery were 'just getting on with it' in the meantime, providing for their family/whānau as best they could and accepting the limitations of their condition.

In the case of emotional well-being, issues and concerns may have been pushed to the background of daily life because families did not know how to proceed or resolve them.

A few families were exceptions to this rule, with at least one parent actively concerned for their family's well-being and thinking about ways to promote and safeguard this. Where this was the case, typically a crisis or peak experience of some kind had led to a new emphasis on health and well-being. To illustrate:

- For one Pacific family, the mother's brush with post-natal depression had led to a re-evaluation of family roles, with the mother re-entering the paid workforce and the father taking on more responsibility for caregiving and cooking.
- For one Māori whānau, the death of the father had left the mother with small children to raise. This mother was very focused on her sons' health and well-being, as a means of ensuring they were able adjust to their loss and to work things through day-by-day.

A family history of chronic illness related to diet and lifestyle resulted in an emphasis on health and well-being for some families.

*"Obesity. My biggest worry is kidney failure. Dialysis. That'd be my hugest. My Dad died of it ... I sort of worry about that every day."*

#### **Māori Female – Auckland**

As discussed in the *Healthy Eating in New Zealand Families and Whānau* Report (see Section 8.0 – Audience Segmentation), some individuals were focused on health and well-being as the foundation for building a happy, resilient family/whānau and nurturing happy, healthy and successful children into adulthood.

These people had a strong sense of personal responsibility to be a good parent. Importantly, a healthy lifestyle was part of what it meant to be a good parent. They prioritised the family/whānau and children's well-being ahead of all other commitments.

*"Because of guilt. I'd feel so bad as a parent if I couldn't do that for my kids, you know. If I couldn't give them a healthy life."*

#### **Māori Female – Auckland**

*"... I think we've just made some good decisions for our family and we just make sure we keep our family in mind first, before other distracting things in life. Like outside our family, like my family that would come and I don't want something to take our focus off our family and [my husband] would like say, 'come on now, our family, our family, y'know, we come first'. Yeah, and we just both commit to it. You know [my husband] doesn't have any outside life commitments. We both don't drink. We don't smoke. Everything's pretty much about the kids for now."*

#### **Māori Female – Auckland**



The specific health and well-being concerns faced by families/whānau in this study are outlined later in this report (Section 5.2 – Health and Well-being Concerns for Families/Whānau).