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Social Policy Evaluation and Research Unit

In Focus

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The Wellbeing of New Zealand Families and Whānau: Demographic Underpinnings[1]

About *In Focus*

Superu's *In Focus* series is designed to inform and stimulate debate on specific social issues faced by New Zealanders. We draw on current policy, practice and research to fully explore all sides of the issue.

The family and the demographic transition

Since the end of the 18th century the world has gone through demographic changes that have affected every aspect of its societies, economies and populations. This 'demographic transition' is arguably the most cataclysmic set of changes to strike humankind since people first evolved. It affects both family life and the population as a whole. In this review we do not simply summarise what is known about the family of today and its antecedents; we also provide the context behind the central research question:

Whether or not the demographic transition and concomitant family changes have irrevocably altered the way that families perform their roles and are able to carry out their functions.

As we will argue below, these functions are fundamental for the survival and wellbeing of the wider society. Wellbeing is both a determinant and a consequence of the population's demographic underpinnings.

Other factors affect the demographic underpinnings of families; some are demographic in nature (such as geographic mobility), but others are due more to changes, sometimes short term, in the policy environment and the way the market is organised. This review focuses largely on the demographic factors.

As Māori and Pākehā comprised more than 90 percent of the population until the 1970s, the first part of this history looks only at family changes among these two groups. After 1976 we broaden our horizon to include Asian and Pasifika. Space and the limited availability of relevant data do not permit us to look at other minority groups, but the diversity of their family forms and structures is significant for the wider New Zealand society.

This InFocus is mainly a reprint of Chapter Two of the Families and Whānau Status Report 2013 and is written by Ian Pool, Janet Skeats and Natalie Jackson. Additional graphs and tables from the same report are also included.

1 Unless otherwise specified, the text here and the supporting evidence come from the book Pool, I., Dharmalingam, A., & Sceats, J. (2007). Auckland. As its bibliography shows (pp. 421–446), it summarises and refers to many other New Zealand studies in support of points it is arguing. Over most of the remainder of this article, no further reference is made to that book, but we do refer to it occasionally, as Pool et al (2007) when some statement seems technical or potentially contentious.

The demographic transition

The demographic transition has involved a four-stage shift, from high to low rates of both fertility and mortality, with two different intermediate stages between these.

The transition began with an initial phase of high fertility and high mortality, which almost cancelled each other out. This produced slow and fluctuating growth because of elevated death rates due largely to epidemics. It ended with levels of fertility and mortality that were extremely low and again almost cancelled each other out. Fertility levels are typically at or below replacement (seen as 2.1 births per woman). 'Replacement' means a birth to replace each adult in a couple, and a small margin (in a low-mortality society) to allow for child deaths.

Fertility in this report is defined, according to social science usage, as live births. (In health studies, the term relates to conceptions and gestation.) The Pākehā population has experienced the classic demographic transition and Māori a delayed transition.

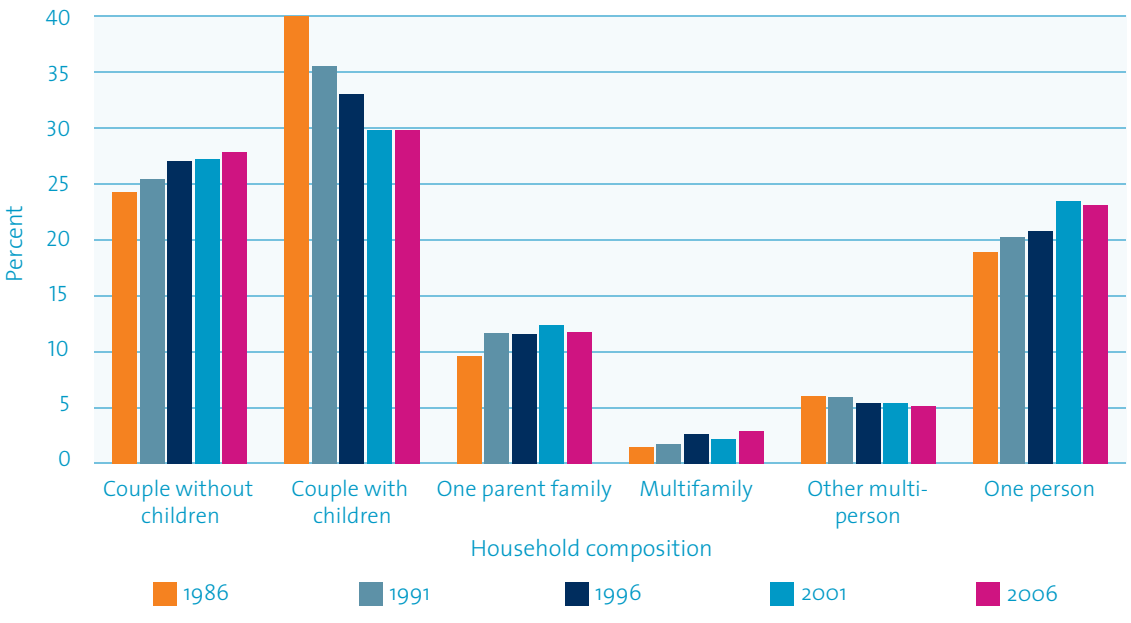
Between its start and finish, the transition passed through two intermediate stages: the first of these was a stage when mortality declined and population growth accelerated; the next stage was when fertility declined and population growth decelerated.

When mortality levels are high, the force of the death rates falls on the child population and survival through childhood ages is low. When mortality is low, almost all the deaths are among the elderly. This is the situation we know today in New Zealand.

When fertility is high and mortality declining, both the family and the population have high numbers of young dependents. For Māori this was as recently as the 1950s and 1960s, while for Pākehā this was the situation in the 1870s. It affected family life, but was somewhat mitigated for the population as a whole by large numbers of single adult male immigrants. The return to higher fertility by Pākehā in the baby-boomer years increased family and population dependency ratios; that is, young and old in relation to the working-age population (the baby boom was very much a Pākehā phenomenon). The ratios rose to levels we will not see again until the population well and truly ages in the middle of this century. These differences have a significant impact on family structures, as well as on the structure of the population as a whole.

A demographic transition has thus unrolled, at different times, for every New Zealand cultural group. All the major groups (that is, Pākehā, Māori and Pasifika) are well into the last stage. This is also true for recent migrants, apart from some of the smaller groups. This is not surprising, as most recent arrivals have come from societies where fertility is also around replacement level.

Figure 1_Distribution of households, by household composition, 1986–2006



Source: Statistics New Zealand

Household composition: Statistics New Zealand (1998) 1996 Census: Families and Households, Table 1; Statistics New Zealand (2002) 2001 Census of Population and Dwellings: National Summary, Table 36; Statistics New Zealand (2006) 2006 Census, Classification Counts, Table 55.

Other types of demographic change

Families are affected by other demographic changes beyond fertility and mortality. Three are of significance here:

- the so-called mobility transition, which covers all movements from short-term workforce migrations to the diasporas (that is, internationally scattered populations) we are witnessing today
- the industrial labour force's sectoral transformation and its concomitants (examples include changing percentages of youth undertaking tertiary education, and shifts in female labour-force participation)
- the increasingly multicultural family life in New Zealand, both within families and in society as a whole.

When we look at the effects of diasporas on families, we should not forget that diasporas go in two directions. We talk a lot about emigration from New Zealand, but need to remember that immigration to New Zealand is a result of other countries' diasporas (such as South Africa). These encompass all populations entering New Zealand since pre-historic times.

Some inflows are so recent that they strongly affect family structures and dynamics. One only has to think of Pasifika, who are now mainly born in New Zealand, but whose age and family structures still carry the effect of their immigration in the 1970s and 1980s. In contrast, the Asian inflows, where family migrations often involve older members, are more recent. Yet their childbearing is later and their family and age structures older.

Even in the inter-war years, the structures and dynamics of most Pākehā families were still strongly affected by the massive inflows of families in the family-centred Vogel migration policies. (Julius Vogel enacted the Immigration and Public Works Act in 1870.) There were also inflows in later years (the early 1900s, and the early 1970s). Like the Vogel scheme, the Dutch migrant scheme after World War II was also family-centred.

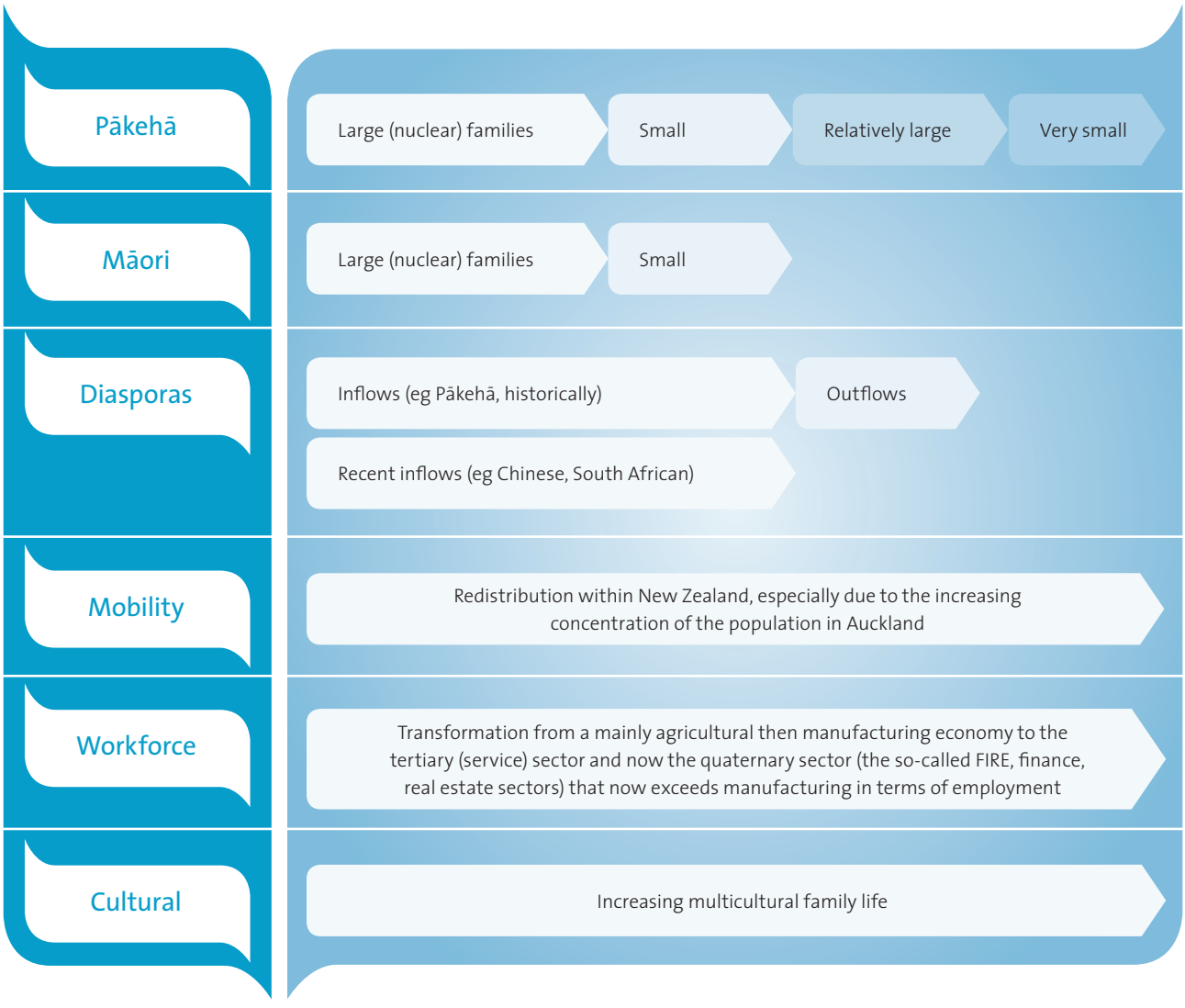
New Zealand is in the fortunate position of being able to chart all these inflows – not only their volumes, but where migrants came from. Thus we know the streams that make up our cultural mixture, which includes a rich tapestry of religion and nationality as well as ethnicity.

These opening remarks highlight the fact that family structures and dynamics drive the demographic transition. But, equally, the unfolding of the demographic transition has had major impacts on family life. Demographic changes are tangible and measurable – unlike the values, mores and norms that are also significant elements of family life. Whether norms, values and mores adapt to meet changing demography, however, or drive the demographic changes, is a moot point beyond the scope of this review.

Drivers of family transitions

The remainder of this report focuses on the family transitions that drove and were affected by demographic, mobility, workforce and cultural transitions. The central elements of these are shown in Figure 1.

Figure 2_Drivers of family transitions



The New Zealand family/whānau, population and society

The family or whānau in Aotearoa New Zealand in 2013 inherits two long-term mega trends that are almost polar in direction and implications. The first constitutes the continuities in family life that we feel familiar with, and which shape our values. The second trend shows the emerging patterns that are delivering to many 'the shock of the new'.

Continuities in New Zealand family life

The modern New Zealand family fulfils roles and functions that families have always carried out for society and the economy. Through the processes of family formation (entering one or more unions; family planning and childbearing; leaving one or more unions), the family is the main determinant of a population's size and structure. New Zealand sees itself as a migrant society. Yet natural increase (that is, births minus deaths) has outrun net migration as a factor of growth in every census period, except for the earliest post-Waitangi period: 1840–1875.[2] Socially, economically and demographically, no other institution has a more important place in society. The roles and functions the family performs, and the processes of family formation and dissolution, are the continuities in our story.

Some aspects of family life that seem to have suddenly appeared among the radical changes of the last few decades have antecedents far back in history. Sex before marriage and pre-marital conception are often viewed as factors of the modern family, yet both were commonplace in Māori and Pākehā traditional life.

This review is not the place to describe the family across history in Europe, Asia and Polynesia, from where most New Zealanders and their ancestors have come; but we will make brief mention of 'the family' in New Zealand's history. This is because the Aotearoa family of today is very much the great-great-grandchild of the 19th century Māori or Pākehā family/whānau. There are, of course, major differences, but there are also major continuities.

There are still people living among us, born in the first two or three decades of the 20th century, whose parents were children during the major changes of the 19th century. For Māori, these changes included the trauma of the New Zealand Wars and the Native Land Court. Both took the territory in which their whānau and hapū had lived for perhaps 500 years. For Pākehā, who might have arrived as family migrants under the Vogel schemes of the early 1870s, changes included leaving behind generations of family associations.

The family notices pages of today's newspapers show the rich variety of family histories among people, overwhelmingly old people, whose deaths are recorded there. The features are often there to see – how many children, mokopuna, grand-mokopuna, even great- and great-great-mokopuna they leave behind, where those descendants live and their ethnic, religious or cultural attributes. But the back-stories to those notices reflect the reality of family life: the differences in family support systems and networks these listings imply. Were their children retired and living in Queensland, or living near them? How many children or grandchildren might have shared the responsibility of looking after Grandma or Grandpa? Were they in London or Wellington? Were there step-children and grandchildren? Was Grandma or Grandpa involved in looking after the mokopuna?

2 This figure includes estimates of Māori natural increase as well as counts of Pākehā natural increase and migration. Māori estimates are by Ian Pool, added to the official figures that exclude vital Māori data until after 1913.

Post-1970s: unique trends

While the 21st century family of Aotearoa is cradled by history, it has undergone unprecedented shifts since the 1970s, in common with other developed nations. Because of this recent revolution we will spend much of this review looking at the five decades from the 1970s. These will continue to fashion patterns of family life, the society, the economy and the population for the foreseeable future.

A review of the recent past, and especially its unique elements with regard to families in Aotearoa, presents some difficulties. A major problem is that popular understanding of recent trends often confounds high-profile behaviours with those that have a lower profile, at least in the public's mind.

An example is the decline in family size. This has remained at a low level continuously since the 1970s and has major implications for society, but it does not attract much attention or provoke debate.

The changes that have a high profile tend to cluster around family forms such as marriage, separation, divorce, ex-nuptial conception and/or birth and teenage childbearing, The two latter aspects are often further confounded in public perception. Ex-nuptial birth means births outside of marriage, the majority of which today are to mothers in their thirties. Teenage childbearing means births to teenagers, and today concerns less than 3 percent of all teenagers. All of these family forms have occurred historically, so present-day behaviours are simply echoes of the past, rather than being historically unique. They have their antecedents among the continuities noted above.

Attitudes and values vs reality

These shifts in forms are nevertheless important in that they may be contrary to prevailing attitudes about family life. The attitudes, in turn, are framed according to values that dominate at any one time, but typically become accepted eventually by the wider society. The problem is that values and mores themselves go through mutations as underlying attitudes shift. In any case they can also be relatively permeable.

An example is that, over the centuries, "the Church [of England] held that children born to couples who married were legitimate whether or not their birth took place after their parents' marriage". In contrast, the more Calvinist of the Presbyterians were rigid and less accepting of premarital conception, often forcing the mother to have an ex-nuptial birth. Thus 19th century England and Scotland had very different ex-nuptial birth rates.[3] We stress that, while changes in family forms have some implications for the functions and roles families perform, they are not pre-conditions for their achievement.

Attitudes to early childbearing

An area around which attitudes have shifted over time is early childbearing (say under 25 years), especially teenage childbearing.

In developed countries the minimum age at marriage is now about 16 years or higher, but this was not always the case. Conception, the corollary to early exposure to sex and thus the risk of conception (within or outside marriage), is very much a demographic behaviour. But whether it is considered desirable or not depends on the values operating at any period. As shifts back and forth from early to later childbearing have been a major factor of Pākehā family life, it is necessary to develop this point further.

As recently as the early 1970s, relatively young childbearing by both Māori and Pākehā was very much the norm. Incidence rates were more than double what they are today. For Māori, early childbearing seems to have followed tradition, and may reflect an indigenous model that favours early childbearing.[4]

3 Wrigley, A. (1981). 'Marriage, Fertility and Population Growth in 18th Century England'. In R. Outhwaite (Ed), *Studies in the Social History of Marriage* (pp. 137–185). London; Pool et al (2007): 66.

4 Johnstone, K. (2011). 'Indigenous Fertility Transitions in Developed Countries'. *New Zealand Population Review, Special Edition, Festschrift for Ian Pool* (T. Kukutai and N. Jackson, Eds), 37: 105–124.

For Pākehā, the early childbearing baby boom from 1943–45 until the 1970s contrasted with older childbearing, which was the norm from the 1880s until World War II. From early colonial settlement until the 1880s, however, early childbearing had been a Pākehā norm. But this represented a break with long tradition in the British Isles, including at the time Pākehā were first migrating to New Zealand in large numbers.

The acceptability of early conception depends not on its overall demographic, biomedical or social desirability, but on how the outcomes fit the values of society at the time. In the baby boom, the pregnant teenage woman was often rushed into marriage and had a birth in the first few months of marriage, or she did not marry but clandestinely adopted out her baby. Both these options accorded with the latent if not the manifest societal values of the period.

Civil unions have already formalised and legitimised longer-term cohabitation, once derided as 'living in sin'. Recent legislative changes relating to same-sex marriage have legitimised forms of unions that have always been present. These unions were clandestine in the past because they were illegal, and their participants were often subject to extreme sanctions. The debate around this is the most recent manifestation of society deciding whether or not to accommodate in a de jure way new, but existing, de facto family forms.

Recent changes in family structures

In contrast to the high-profile changes, some recent trends have a lower profile and tend to be historically new to family life. Yet they all have far more fundamental and radical implications for family life, especially its functions and roles. This is because they cluster around family structures, size (especially the number of children a woman will have) and the age at which a woman bears children. Other trends are the shifts in patterns of geographic proximity of couples to the wider family through job mobility and diasporas, and the increasing multicultural nature of families. This last change occurs because recent migrant streams have enriched the variety of family forms and structures seen in New Zealand, and because more and more New Zealand couples are in bi- or multi-cultural relationships.

The rest of this review addresses these issues. It is essentially chronological. The historical sections focus on how the demography of family life has changed, and how this in turn has affected societal, economic and population trends. For the period since 1976 the review looks at both the high- and low-profile changes. It recognises that the manifest, high-profile changes are the ones that confront our systems of values – sometimes offending the values systems of large segments of the population. We also look at how more latent trends may have long-term effects as they shift the structural foundations. These are the foundations on which the capacities of families to perform their functions for the wider society are built.

These structural changes have been very radical, so they require particularly careful interpretation. They are without historical precedent, so policy-makers have no models on which to formulate social policy strategies to meet the new challenges. The changes have not been transitory.

The most important shift – the decline in family size to around replacement – has persisted for 40 years. This is far longer than the New Zealand baby boom, which lasted from about 1943 to 1973 – only 30 years.

Yet the baby boom still dominates our thinking on social policy. We tend to forget that it was the so-termed 'baby bust' that changed the population structures by decreasing the proportions at younger ages. The baby bust refers to the rapid decline in fertility rates over the 1970s. To reinforce this point further, the consequent trend for lower fertility rates has lasted longer than the baby boom did.

The popular perception that ageing is because of improved survivorship at old ages is also not entirely correct. As a cause of population ageing it is surpassed by the actual numbers born during the baby bust. (Birth numbers refer to the product of births per woman times the number of women at reproductive age.) There are two real drivers of baby-boom ageing. The first is the ratio between the numbers born during both the baby boom and the baby bust. The second is the very high proportions of these cohorts surviving childhood and adult ages to reach retirement. Less important are any further improvements in survivorship at old age.

There are now momentum effects coming from what families do as probably their most central function: reproduction. As a result of many families doing this at any one time, en masse they produce birth cohorts (that is, people born about the same time) of varying sizes. These cohorts flow sequentially through each life-cycle stage, an inexorable and thus deterministic process – the cohort flows cannot be turned around as they age, and their size is changed only by migration, and eventually by death. As the cohorts pass through each life-cycle stage this affects age structures: the numbers at each age group and its size relative to other age groups. In turn, this process has an impact on policy and markets, and on demand for services. For example, the demand for schooling is caused directly by the size of cohorts at childhood ages; the size of future birth cohorts is a direct result not just of fertility rates but of the number of men and women reaching parenting ages; the size of cohorts at old age, and thus population ageing, is not just dependent on how many people survive long enough to reach those ages, but how many were born 65 or more years ago.[5]

5 Pool, I. (2009). 'Age-Structural Transitions in Industrialized Countries'. In S. Tuljapurkar, N. Ogawa, & A. Gauthier (Eds), *Ageing in Advanced Industrialized Countries: Riding the Age-Waves – Volume 3* (pp. 3–22). Dordrecht, Netherlands.

The family, its roles and functions, and some definitions

Any review of the family and whānau is obliged to start with a series of truisms:

1. That the family is the most basic unit in society. Today we tend to see it as a unit of social organisation, performing the roles we will mention next. But it is also society's most basic economic unit. The family is the basic unit of consumption, and of savings and investment, without which the core economy would not exist. It is also in many contexts a unit of production: the family-owned and operated dairy farm is (or has been) a good example in the New Zealand context. As Diane Macunovich says, the population operating through mechanisms which are centred in the family, drives the economy:

   Sometimes we lose sight of the fact that an economy is just people – working, playing, eating, sleeping, loving, learning, and dying – because of our tendency to focus on mergers, acquisitions, IPOs, dot coms, and the stock market. But what would happen to stock prices if the population were suddenly halved – or doubled? An economy is ultimately a mechanism for satisfying the wants of a population, and its performance in the long run will be a direct function of that population – its size and composition... Population change may be neither a necessary nor a sufficient condition for the events discussed. Nevertheless, it keeps emerging as a theme, as an undercurrent running through many of the baffling changes [the United States] experienced as a society and an economy during the twentieth century and even earlier. Perhaps demographic change tends to be omitted from economic models precisely because it is so ubiquitous: we take it for granted.[6]

   The corollary to this first truism is that, unless families maintain certain minimal standards of wellbeing, they will not be a viable economic unit in terms of consumption, savings, investment and production. The wider economy will be at risk if this happens.

2. That the family performs a series of functions essential for the wider society:

   a. It ensures the replacement, demographically, of each adult generation through childbearing.

   b. It enables the socialisation and integration of each new generation through childrearing.

   c. It is the primary unit of transfers and exchanges of material and other factors of wellbeing through its intra-family support systems and networks. The family in turn depends on networks and support systems, of which those it builds and maintains itself are the most important.

   d. It is the most basic collective unit in the society and thus ensures that the society maintains its cohesion.

3. That the capacity to perform these functions comes from attributes that are demographic in nature. These include family size, age distribution of family members, age at childbearing, geographic mobility and workforce histories. Changes in the family, particularly its size, are a fundamental cause of societal and economic change. Charting demographic change and patterns also allows the researcher to deal with issues of wellbeing, for wellbeing is both a determinant and a consequence of the demographic underpinnings.

6 Macunovich, D. (2002). *Birth Quake: The baby boom and its aftershocks* (p. ix). Chicago University Press, Chicago.

4. That the social and demographic profiles of families and whānau/fono vary between New Zealand's different cultural groups. As is true in all societies, the use of the word 'family' is extensive. One meaning refers to a nuclear unit of parents and their children – biological, adopted or blended and reconstituted (where the parents have left a first union and started another). The meanings range to include extended family – that is, grandparents, uncles, aunts, cousins and beyond. In New Zealand we call the Māori extended family whānau, and the Pasifika family fono.[7] Both Māori and Pasifika families frequently operate on a day-to-day basis as extended units. Yet many Pākehā also have extended families that may be very interactive, and some Asian groups are disproportionately made up of multigenerational, co-residing family units.

   It will be clear that most aspects of marriage, reproduction and the family will be governed by core, common values. This is true in both a bicultural society (New Zealand until the 1970s) and a multicultural one (New Zealand since then). But these values will be interpreted differently, especially for the forms of families and the wider structures encompassed in the word whānau.

   The word whānau is more than a way of describing the formal demographic structures of units. It incorporates a values system that favours whanaungatanga,[8] or a sense of shared family experience.[9] For the sake of efficiency we will refer here to families, but stress that the word can encompass whānau and fono. Also, many persons who are neither Māori nor Pasifika may have daily experiences of units that are driven by whanaungatanga values. Here we will mainly be focusing on nuclear family units and on households.

5. That beyond the nuclear/extended/whānau/fono differences, there are also differences in the living arrangements of families. Statistics New Zealand distinguishes between two arrangements. One is a family, which they see very much as a nuclear unit. The other is a household in which one or more of these units, in various mixtures (by generation; by type of relationship; by size; by number of sub-units), may live together. While there are cultural differences in the prevalence of households with more than one unit, this situation again spans all ethnic groups.

6. That families and households vary in the way they locate when a new family is formed. This means where they live when a couple or individual sets up a new family that is separate from the one in which they were brought up. At one extreme is neo-location. An example is the type of unit the immigrant Pākehā settlers established when they left kith and kin to come to New Zealand. Another is the type of unit that very much typified the Pākehā baby boom and produced the prototypical suburbs – the so-called 'Nappy Valleys'. Other cultures take a different approach, with a young couple joining one partner's parents – which one they join often depends on cultural values. The recent economic downturn has seen more couple-parent shared households in a wide variety of forms, including couples who are LATs (living-apart-togethers). These people are separate as if single, yet intermittently sharing the house of either her or his or both parents. In 1995, about 20 percent of women aged 20 to 24 years were LATs, and a further 27 percent were cohabiting.[10]

7 Te Aka Online Dictionary.

8 Refer Chapter 10 Towards Whānau Wellbeing for further discussion of these issues.

9 Te Aka Online Dictionary.

10 Dharmalingam, A., Pool, I., Sceats, J., & Mackay, R. (2004). *Patterns of Family Formation and Change in New Zealand* (p. 19). Wellington.

7. That views about family forms, structures, roles and functions are among the most firmly held and widely debated. This is because of the importance of the family for society and the economy, and because almost everyone has some experience of family life. But the interplay between what is empirically observable and what enters the policy debate is often moulded by personal values and interpretations. These do not necessarily fit with what is actually occurring in the wider society.

8. Finally, some aspects of family life follow deterministic paths. For example, a first marriage must precede a second one and there cannot be a divorce until a couple has married. A further example is that someone cannot be a solo parent until he or she has had at least one child. This determinism has further impact today, when typically first birth is at older ages. This means, for example, that solo parenting most commonly occurs among persons who are at older child-rearing ages. This is also why popular perceptions about solo-parenting rates at young ages are misinformed.

Table 1_Families with dependent children, by family type, 1976–2006

	1976	1981	1986	1991	1996	2001	2006
	Number						
Two-parent family	398,772	380,886	363,489	339,681	346,086	339,159	370,809
One-parent resident	46,296	62,280	82,632	110,055	126,585	140,178	145,032
Mother only	39,153	52,938	71,388	92,028	107,394	117,018	120,996
Father only	7,143	9,342	11,244	18,024	19,191	23,163	24,036
Total families	**445,068**	**443,166**	**446,121**	**449,736**	**472,671**	**479,337**	**515,841**
	Percent						
Two-parent family	89.6	85.9	81.5	75.5	73.2	70.8	71.9
One-parent resident	10.4	14.1	18.5	24.5	26.8	29.2	28.1
Mother only	8.8	11.9	16.0	20.5	22.7	24.4	23.5
Father only	1.6	2.1	2.5	4.0	4.1	4.8	4.7
Total families	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: The Social Report (2010)

Note: The census definition of a dependent child has changed over time. From 1996, a dependent child is a person in a family aged less than 18 years who is not in fulltime employment. For earlier years, a dependent child is a person in a family, aged under 16 years or aged 16–18 years and still at school.

A history of the New Zealand family

Historical trends: Analytical issues

It is useful to take 1876 as a reference date for the history of the New Zealand family and then divide the subsequent period into four: 1876 to 1900; 1900 to 1946; 1946 to 1976; and 1976 to the present.[11] Each section discusses the following issues:

- family formation
- housing the family
- family dynamics
- family material wellbeing
- family diversification
- rural–urban differences
- transitional differences
- the socio-political context.

Family formation

This is the most basic determinant of family structure (factors such as size and age distribution) and it significantly affects how families function. The key factors in family formation are fertility, marriage and other types of union formation, and contraception and other means of family limitation and child spacing. Other factors are the mortality of family members, in terms of both child survivorship and adult deaths that dissolve unions. Child survivorship is important, for childhood deaths played a major role in Māori family life until after World War II. Fifty percent of Māori girls born in the 1890s would not have passed their seventh birthday, whereas today most not only reach adulthood, but survive to retirement. In the 21st century, the issues of survival and longevity have, as for Pākehā, shifted to elderly family members.

Housing the family

Housing issues include tenure, type of dwelling and where couples live, either in new locations, or with their parents. There are also the effects of diasporas. The inflows are those that saw young 19th century Pākehā couples separated from their families in Europe as they set up in New Zealand. The outflows are seen today as younger people migrate overseas, leaving their parents and families behind.

Family dynamics

These are affected by shifts in gender differences in education, labour-force participation and child-rearing responsibilities.

Family material wellbeing

This is sustained by work, income and economic factors.

Family diversification

This is illustrated by the family structures characterising people from different birthplaces and ethnic groups, and by cross-national and inter-ethnic family formation. For recent decades there are data on some aspects of other types of diversification, such as same-sex unions.

Rural–urban differences

These are not just in family formation rates, but also in terms of the ensuing structures (especially of age and occupation, both of which affect family support systems).

11 For more details on both data and trends, for Māori and Pākehā, see Pool et al (2007): Chapter Three. Fragmentary population level data are available before that date, but become systematic only then and only for Pākehā. But it seems that, for civilian Pākehā who were not goldminers, family patterns before then resembled those later: early and almost universal marriage for women, and large families. Māori family sizes were smaller as they were still being affected by newly introduced pathogens, but by century's end, as natural resistance to disease grew, this changed.

Transitional differences

When introducing this review, we noted that there were at least two demographic transitions: a 'classical' one represented by Pākehā, and a 'delayed' one represented by Māori. A more detailed analysis shows that:

- Pākehā went through a transition that was a subset of the classical or West European model, but typified settler societies. This means significantly higher fertility than in Europe and a rapid fertility decline starting in the late 19th century, followed by a more extreme baby boom. Now there is maintenance of sub-replacement fertility at higher levels (just on 2.0 births per woman) than is true in much of Europe.
- Māori have experienced a delayed transition that fits a model seen in other indigenous minority populations.[12]
- The European demographers refer to a 'second demographic transition'; a subdivision of the fertility transition into two distinct stages. The first involves a fall in fertility to replacement level or below. The second involves the maintenance of fertility at super-low levels as the result of late childbearing and diminished levels of partnering. This two-stage model addresses the drivers of very low fertility, exemplified in the 'low-fertility trap' theory outlined by a number of European writers. Pākehā, Māori and Pasifika represent at the high end of fertility regimes in developed countries, so the dialogue on the 'second transition' is – at least presently – of limited application in the New Zealand context.[13]

The socio-political context

This is the environment in which these changes have occurred.

Historical trends 1876 to 1900

Both Māori and Pākehā families are covered in this review, but in this first period we focus on Pākehā. This is because what information we have suggests that Māori family structures and forms remained relatively unchanged over that period, although there were improvements in child survivorship and thus age structures within Māori families.

The fragmentary data available for Pākehā suggest that family sizes were large in the period dating from the first stages of colonisation in 1840, and certainly from the onset of mass immigration. The first major inflow, however, circa 1860, was disproportionately composed of men joining the gold rushes, many of whom moved on to the next strike, wherever that was heralded. This situation greatly affected sex ratios (higher masculinity: there were more men) into the 20th century.

Better data are available from the 1870s. This coincided with the second large immigration wave which was much more family-oriented, under the schemes enacted in Julius Vogel's Immigration and Public Works Act 1870. The schemes effectively populated New Zealand with Pākehā immigrants, who soon 'swamped' Māori.[14] From the mid-1870s, however, swamping came not from immigration, but from natural increase (much higher birth than death rates), at which these Pākehā colonists excelled. By contrast, Māori mortality rates were then so high that rates of natural increase were negative.

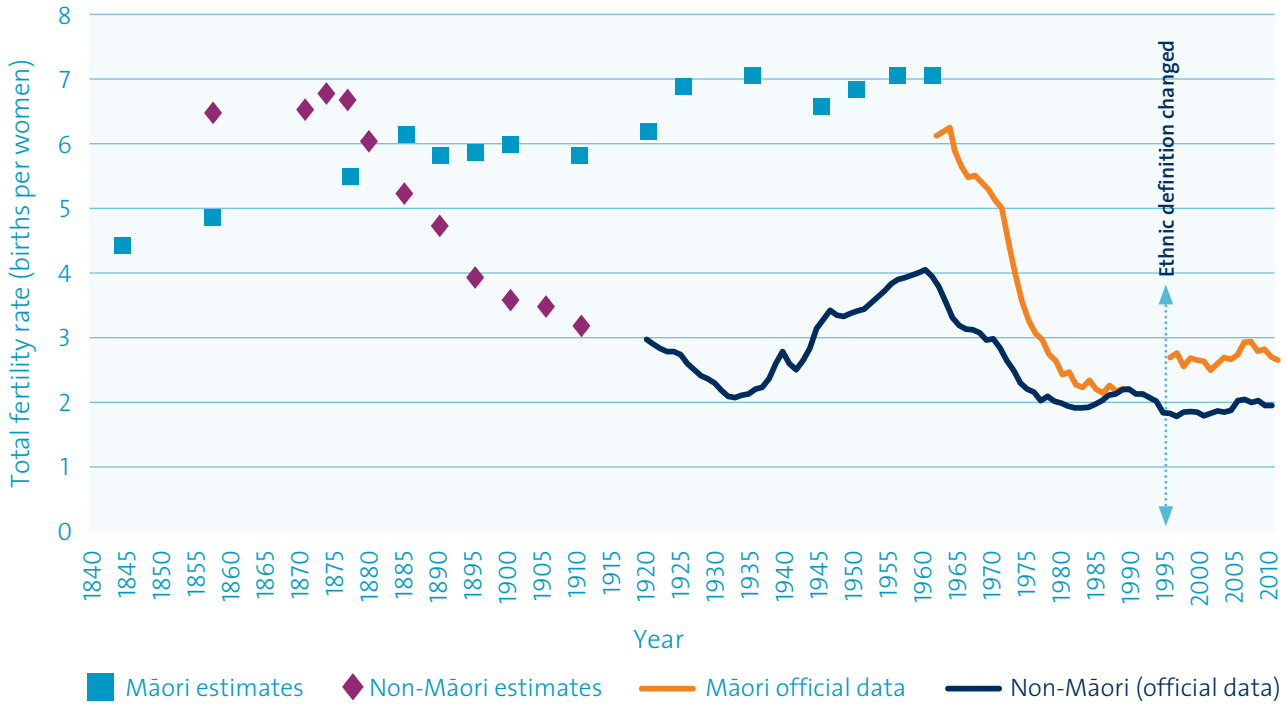
12 Johnstone, K. (2011). Ibid.

13 Van der Kaa, D. (1987). 'Europe's Second Demographic Transition'. *Population Bulletin*. Population Reference Bureau, Washington DC; Lesthaeghe, R. (1991). 'The Second Demographic Transition in Western Countries: An interpretation'. Interuniversity Working Papers in Demography, Brussels; Lutz, W. (2007). 'The Future of Human Reproduction: Will birth rates continue to decline or recover?' *Ageing Horizons. Oxford University Institute of Ageing, Special Issue on Fertility Decline*, 7: 15–21; Coleman, D. (2007). 'The Road to Low Fertility'. Ageing Horizons, ibid: 7–14 www.ageing.ox.ac.uk/ageinghorizons/

14 Belich, J. (1996). *Making Peoples: A history of the New Zealanders from first settlement until the 1880s*. Passim, Auckland.

Until about 1880, Pākehā fertility rates were very high, at 7.0 live births per woman, and almost 9.0 per married woman. Elsewhere, we have called this 'hyper-fertility', which is close to biological extremes. This can be seen in Figure 2, which graphs total fertility rates (TFR) for Māori and Pākehā. The reason Pākehā fertility was so high was that marriage among Pākehā was almost universal and occurred at relatively early ages. The age of marriage was not as young as it would become in the baby boom, however, which can also be seen in Figure 2.

Figure 3_Total fertility rates, 1840–2012, for Māori and non-Māori

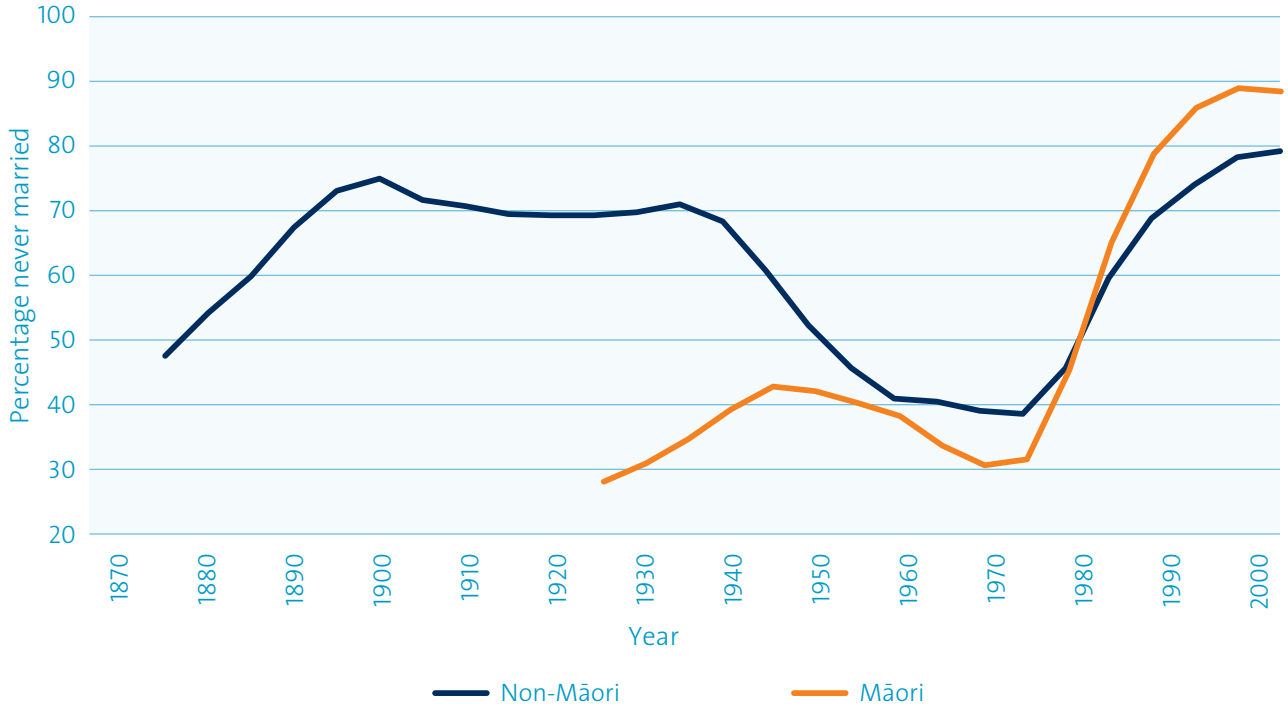


Source: Pool et al. (2007). The New Zealand Family from 1840 – A Demographic History. Auckland; Auckland University Press.
(Data updated from Statistics New Zealand/Inforshare, 2002 onwards)

Figure 3 graphs the percentage of people at each census who were never married at 20 to 24 years of age. In the 1870s only a minority at that age were still single – most were already married. This differed greatly from what occurred in the British Isles. There, a significant minority of women remained celibate, marriage was at later ages and fertility was much lower (around 5.0 births per woman at the time of settlement). Even at its peak (1801 to 1825), English fertility has only been around 6.0 since the Reformation. English rates were higher in the 19th century than Scottish or Irish.

The settlers were not drawn selectively from regions in the 'Mother Country' with higher fertility. If anything, given the importance of south-eastern England and Scotland as source areas, they came from low-fertility regions. The high masculinity rates were also not a reason for high fertility. New Zealand regions with the highest masculinity ratios had the lowest fertility and high masculinity rates persisted well after fertility levels dropped. It was not just elevated levels of Pākehā fertility that were critical. Child survivorship levels were also very high – perhaps the highest in the world at that time. Eighty-five percent of Pākehā children born alive would reach the age of five years. In sum, Pākehā reproduction was very efficient.

Figure 4_Percentage of women never married at age-group 20–24 years, Māori and non-Māori, 1876-2001



Source: Pool et al. (2007). The New Zealand Family from 1840 - A Demographic History. Auckland; Auckland University Press.

By 1900 Pākehā had gone through a rapid fertility decrease, from 7.0 down to 3.0 births per woman (as shown in Figure 2). The immediate cause of this decline in fertility had little to do with contraception, as modern methods had not yet been developed. Pākehā women were late learning about the emerging barrier methods which had started being used in Europe (largely for reasons of distance). Undoubtedly, there were major changes in patterns of abstinence within marriage. These included avoiding intercourse for a long period after a birth, or terminating sex altogether. Detailed analyses of mortality data indicate that women did not widely resort to abortion.

The proximate causes of fertility decline in New Zealand were overwhelmingly due to radical shifts in marriage patterns. Between the 1870s and 1900 a significant minority of women remained celibate and those who did marry, married late. These are similar to patterns found in Europe. This trend shows up dramatically in Figure 3.

The indirect determinants of this change are less precisely documented, but rest with the high levels of childhood survivorship already achieved by the 1870s. Recognising that most of their offspring would reach adulthood, couples became disposed to reduce family size. Major shifts in the availability of employment for women at that time also played a major role. They had always contributed to the family workforce, but normally without pay. The advent of dairying from the 1880s, for example, saw the rise of the dairy maid, who was typically single and financially independent; while the dairy factories were mechanised, milking was not.

The fertility declines that followed had a feedback effect on childhood mortality rates. The decline in childhood mortality occurred through several mechanisms: less overcrowding and sharing of beds; more family income per child, and thus improved nutrition; and dramatic declines in childhood deaths through injury. This was also affected by a shift from care by older siblings to parents, as shown in the dramatic decrease in childhood accidental death rates between 1876 and 1901.[15]

Through force of circumstances, Pākehā settler families were typically neo-local in residence, although anecdotally genealogists report many cases where grandparents and other relatives joined the colonists. Nevertheless, neo-location plus rural settlement led to "a minimally organised society … people severed from their associations in metropolitan society". Contrary to nostalgia, they were lacking community support networks. It was also a very transient society, and this mobility affected support networks.[16]

The polar opposite to this was Māori family life. Displacement through land loss and mobility from the need to seek casual work were disruptive features. But most Māori were in kāinga where extended kin lived as whānau. Many kāinga had been lived in for generations; others were recent and a result of government stabilisation policies. The important issue for the present study is that these sites have often survived until today and become the location for multigenerational Māori families.

Māori family sizes were affected by lower fertility than Pākehā: 5.0 to 6.0 births per woman in the late 19th century. The reasons for lower fertility were biomedical, not social. Culturally, Māori women followed custom. Most married, and at young ages, often after a tomo (arranged betrothal), or a trial relationship.[17] Māori customs relating to pre-marital relationships were liberal, as was the case elsewhere in eastern Polynesia. In Aotearoa, as in Tahiti and the Cook Islands, the missionaries had limited impact on traditions.

The factors favouring fertility were counteracted by venereal disease, which was introduced by Pākehā and, as is normally the case in such circumstances, took on a virulent form. The Māori population was also ravaged by other introduced diseases and malnutrition, all of which negatively affect reproduction.

Historical trends: 1900 to 1946

This second period can be dealt with more summarily. Both Māori and Pākehā were affected by two signal events that collapsed into one another: World War I and the 1918 influenza pandemic. The 'flu had a peculiar age–sex selectivity with the greatest impact on young men, who, of course, had also suffered high death rates in World War I.[18] The net result was that marriages were broken up by widow- and widower-hood: some 12 percent in the case of Māori from the 'flu alone.

By 1900 Pākehā New Zealand was 50 percent urban, so the locus of family formation was moving to the boroughs and towns and away from the farm. As milking machines were installed, dairy maids were no longer needed on farms in such great numbers and they moved off into the emerging manufacturing and tertiary industries (such as retail and clerical work). But sanctions, even regulations, in teaching and other public sector jobs forbade women from combining marriage and paid employment. So for some women, celibacy and childlessness with an independent source of income became the career choice.

The first available data on housing tenure show that the majority of Pākehā households in 1916 were owner-occupied, with or without a mortgage. The percentage was higher, however, in rural (58 percent) than in urban (47 percent) New Zealand. By 1926, the figure was 62 percent, but it dropped in the 1930s Depression (49 percent) and again during World War II (56 percent).

15 Pool et al (2007): Chapter Three, citing Pool, I., & Cheung, J. (2005). 'Why Were New Zealand's Levels of Life-Expectation so High at the Dawn of the Twentieth Century'. Genus, LXVI(2): 9–33; and Pool, I., & Cheung J. (2003). 'A Cohort History of Mortality in New Zealand'. *New Zealand Population Review*, 29(2): 107–138.

16 Fairburn, M. (1989). *The Ideal Society and its Enemies* (pp. 130–131). Auckland. 191.

17 Te Aka Online Dictionary.

18 Dunstan, K., Howard, A., Cheung, J., Didham, R., & Boddington, B. (2006). *A History of Survival in New Zealand*, Statistics New Zealand, Wellington, gives authoritative data for each birth cohort.

Pākehā fertility continued to drift slowly downwards through this period. By 1935–36 the TFR briefly touched exact replacement: 2.0 to 2.1 births per woman. In a less extreme way than some European populations, Pākehā New Zealand was exposed to the first shocks of below-replacement fertility. This was a rate low enough to excite a moral panic among both conservatives and would-be eugenicists, who became concerned about the decline of the 'white races'. Both groups saw barrier methods of contraception as inherently evil.

The situation resulted in parliamentary concern and a commission of inquiry under Dr McMillan. This formulated a compassionate response: universal family benefits so families had no need to avoid childbearing. The proximate causes of low fertility remained late marriage and, among a minority, celibacy. Barrier methods of contraception were also improving and having some impact.

Despite deep concern about abortion, which in the public mind was confounded with contraception, the McMillan Committee's estimate gave an abortion rate that was not exceptionally high. The less direct causes of fertility decline related to the Depression: poorer singles avoided marriage. Those among them who had been engaging in pre-marital intercourse and conceived, however, rushed to marriage, so that birth rates in the early months of marriage went up. Married couples who had already had one or more births avoided increasing the sizes of their families.

Also showing up on Figures 2 and 3 above is the short-lived spurt of Pākehā births at the outbreak of World War II, as the troops left to go overseas and couples rushed to marry before departure.

From 1943, as troops started to return home, permanently or on furlough, incipient trends that were to become the baby boom were evident. Even in 1939–40, and certainly by 1943, the age at marriage for women was dropping. Older sisters married the men they had put off marrying in the Depression, while younger sisters married their soldier boyfriends.

This family-building pattern picked up at the end of the War, when reuniting couples resuming normal relationships had children. Some of these people had delayed marriage because of the Depression and the War, and others were in new relationships. Women at both older and younger reproductive ages joined in. This was almost a baby boom overture, but from 1946–47 peacetime conditions set in and the baby boom symphony had truly entered its first movement.

For Māori this was a period in which many aspects of family life remained largely unchanged. The lingering effects of the biomedical constraints noted above had decreased, and Māori fertility rates increased gradually to reach high levels (Figure 2).

The effect of the universal family benefit

World War II had an effect on family sizes, but another factor totally confounded the official statistics. In 1946 and 1947, births from as far back as the 1930s were registered as births of those years, so that the children could obtain the newly introduced universal family benefit. Māori were equally eligible for the wide range of welfare measures in the 1938 Social Security Act, but the bureaucratic processes involved thwarted many applicants. Fortunately, officials recorded correct dates for the late birth registrations in 1946. The unadjusted crude birth rate for that year was 57 per 1,000, a rate that would be biologically improbable. The adjusted rate, eliminating the artefact of late registration but allowing for the troops-returning effect, was 49 per 1,000 – about as high as rates can go. The rate in the two adjacent years (when troops were also returning but in smaller numbers) was 46, again a realistic rate only about one or two points per 1,000 above the norm for that period.[19]

19 Pool, I. (1977). *The Māori Population of New Zealand*, 1769–1971: Table 4.2. Auckland.

Historical trends: 1946 to 1976

High fertility – the baby boom

The period 1946 to 1976 covers the baby boom, which ran from 1943 to 1973. Or, if we accept the idea that there was an 'overture' before the boom, then it ran from 1947 to1973. New Zealand's baby boom lasted 26 to 30 years, and was entirely a Pākehā phenomenon. Pākehā fertility rose and then eventually declined, whereas Māori fertility was high before and during the (Pākehā) baby-boom era, but began to decline near the end of it.

The baby boom was extremely important demographically for two reasons. Firstly, the Pākehā baby boom and the subsequent baby bust have together introduced extreme fluctuations into both the population and family-age structures. The flows coming from the large baby-boom birth cohorts will affect all aspects of our economy and society into the 2040s. Almost as many babies were born in 1969 as in 2009, when the total New Zealand population was almost 60 percent larger than it was in the latter part of the baby boom. Structural ageing – the growing percentage at old age – is mainly the result of the rapid fertility decline which followed the baby boom, not the baby boomers themselves. The baby bust resulted in smaller proportions at younger ages, causing the proportions at older ages to increase – well before the 'boomers' began arriving at those ages (the first did not reach 65 years of age until 2008).

Secondly, the era has developed its own persona that affects all views about social processes. For example, the 'baby boomers' have become a generation whose spectre hangs over us with respect to the ageing of the population. But there is another side to that spectre: many commentators hark back to the baby boom when they talk about the 'good old days'. These mythical times were when families were tightly knit and pathologies largely absent. They contrast this, implicitly at least, with the present, when the family is alleged to be breaking down and social pathologies such as family violence abound. These commentators forget that the period was aberrant because:

- this 'iconic period' lasted a shorter time than the low fertility eras before and after it (the baby boom was a 30-year period not only of higher fertility but also of younger childbearing, either side of which were over half a century of lower fertility and an older age of childbearing)
- the spacing of births (the duration between them) was very short during the baby boom, but it has become longer since (and probably was before)
- the high propensity to marry – for women it was almost universal – was at levels last seen in the 1870s before a fertility decline began
- the very young age of marriage and rapid childbearing were closely linked. Over 90 percent of women not only married, but had a first pregnancy and then quickly went on to a second. Neither before nor since has such intensive parity progression been evident. This was the first generation of early-marrying women who also had access to free high-quality obstetric care and hospitalisation. Perinatal and maternal death rates have declined since, but for both Māori and Pākehā these were already low in the baby boom. As Figure 3 shows, at the 1961 and 1971 censuses, the proportions of women never married at 20 to 24 years were well below even the figures for the 1874 and 1878 censuses – the era of hyper-fertility.

The New Zealand and American experiences

Unfortunately, to add to the urban myths typical of this era, the character of New Zealand's baby boom has not been defined according to the New Zealand experience. Through the power of marketing and the derivative nature of much of our culture, it has been defined around the American baby boom, yet ours was very different. As a result it has, and will continue to have, very different consequences for all aspects of policy and planning. Our boom was longer than the American one, fertility rates were higher – the Pākehā TFR exceeded 4.0 births per woman at its peak – and birth spacing was shorter. Pākehā women were more likely than their American counterparts to go on to a third or fourth birth. These were often deemed a 'surprise child', or an 'afterthought', when the first two were already approaching teen ages. Some couples had even larger numbers of children, bringing the TFR up to 4.0.

Moreover, the turbulence the baby boom injected into family and overall age structures has been more pronounced than that which the Americans experienced. This is because our boom was bi-modal (that is, it had two peaks). Well over 60,000 births were recorded in 1960 to 1963 and again in 1969 to 1972, of whom 7,000 to 8,000 were Māori. Numbers of births – the most important metric for all planning and policy – climbed to the first peak, dipped, climbed again and then dropped rapidly. This is an important point for policy development, because the baby boom was technically defined in terms of the birth rate per woman, not the actual number of births. It is the number of births, however, which gives rise to future demand – such as for schooling – and laterfor supply, as in labour market entrants.

Positives and negatives of the baby boom

The Pākehā baby boom was the great era also of neo-localisation (young couples moving to their own dwellings), assisted by welfare-state policies. Young couples in urban areas were more able than any generation before them to set up their own homes. This was due to state rentals and low-interest mortgages, offered in particular by the State Advances Corporation. In 1966, 70 percent of all Pākehā dwellings were owner-occupied, 71 percent in urban New Zealand.

There were other positive and negative aspects of the baby boom. A positive feature was the way that couples were supported financially through a meaningful family benefit. Part-way through the baby boom, legislation was passed allowing families to capitalise on this for each child and direct the money to a down payment on a house (capitalising meant a lump-sum payment in advance to cover each child until 16 years, instead of a monthly allowance over the 16 years). Conservatives at the time and since have seen this as a pro-natalist measure, but, in fact, it correlated over time with a decrease in fertility.[20]

This was also an era in which the gender division of labour was marked – in some ways it might be seen as one in which there was a short-term reversal of the march towards gender equality.

Given that early pregnancy and rapid progression to a subsequent child occurred at very young ages, the chances of women completing their education and working for some reasonable period were limited. Typically, women worked briefly then left the paid labour force. But childbearing was often over by 25 years, and intensive child rearing by 40 to 45 years of age. Many of these women were therefore able to re-enter the labour force in their late 30s, 40s and 50s when their children had left home. This occurred in the 1970s and 1980s, after the baby boom was over.[21] If they returned to work early their offspring were sometimes labelled negatively as 'latch-key' children.

Later patterns of marriage breakdown

These patterns of early marriage and childbearing sowed the seeds for later increases in conjugal breakdown. Both early marriage and early conception (whether pre- or post-marital) were linked to the rapid increase in divorce seen well after the baby boom had passed. True cohort analyses and other exhaustive studies have shown this clearly. Couples who had conceived and married 20 to 30 years earlier drove the conjugal breakdown statistics in the 1980s and 1990s.

Changes in divorce laws were not the cause, as they merely recognised the pressures that were already there. The laws worked by liberalising the conditions under which a divorce could occur, shortening the period of separation and, eventually, attempting to allocate marital property more fairly. The related issue of the Domestic Purposes Benefit (1973), to aid solo parents with dependent children, simply brought support for them into line with that for widowed parents. Widows' benefits had been first legislated for in 1911 by the Liberal Government. They were then extended in various measures, including for deserted wives by the Labour Government, between 1935 and 1949.

20 Pool et al (2007): 202.

21 Davies, L., with N. Jackson. (1993). *Women's Labour Force Participation: The past 100 years, A Women's Suffrage centenary project*. Wellington.

Māori did not go through a baby boom, and from the late 1960s their fertility was starting to drop from the very high levels achieved in the 1950s and early 1960s. Māori rates of natural increase at 4 percent per annum reached biological maxima, achieved by very few other national populations. This level was due to high fertility but, by world standards, also to low mortality. In common with other high-fertility populations, Māori also went through a slight burst of high fertility before the onset of decline. The decrease really gained momentum only in the 1970s, so we will return to the issue later.

Major changes for Māori

Māori families were also undergoing major structural changes in this period. The most obvious was the rural exodus, which was extremely rapid in comparison with other populations urbanising before the 1970s. Its direct effects on Māori whānau and hapū have been described by the anthropologist Ngapare Hopa as the "torn whariki (tissue)".[22]

Undoubtedly, this migration had many negative effects, but it also had some positive ones. At the same time, Māori material wellbeing, as measured by health, housing, education and income, improved rapidly. The overall policy objective, spelt out by leading government officials of the day, was to ensure that Māori could have access to economic areas where employment was growing, particularly in manufacturing.

In the words of Noel Woods (a senior official in the Department of Labour in the 1960s): "It would appear imperative that overseas migration should not hinder or substitute for Māori migration."[23] This was why successive governments supported these policies of the 1950s and 1960s and implemented a range of incentive measures, such as support for housing, and Māori apprenticeship schemes.

Parenthetically, similar policies with similar objectives, applied to New Zealand's Polynesian territories, brought in large waves of Pasifika migrants in the 1950s and 1960s. In subsequent decades there were fewer systematic, as against sector-specific, attempts to bring about convergence with Pākehā. For both Māori and Pasifika, economic restructuring policies introduced in the late 1980s and early 1990s undermined to a great extent the gains made 20 years or so earlier.

By the early 1970s, a far more latent effect on Māori family structures came from the improved wellbeing achieved in the baby boom era, particularly for Māori health. Māori early childhood survivorship improved significantly. It went from 86 percent reaching age five years for the cohorts born about 1945 to 92 percent by around 1970. In comparison, 97 percent of Pākehā children would have reached five years around 1945, increasing to 98 percent by about 1970.

Until 1945, 16 to 17 percent of Māori were aged zero to four years; by 1961 this had increased to 20 percent. Conversely, the survival rates of older people were declining. While 10 percent were over 60 years in the 1890s, this was down to around 5 percent in 1945, and to just 3 percent by 1961. A similar age-structural change – the Māori population becoming younger – would have been seen within whānau. The intergenerational dynamics of the Māori population and families thus changed dramatically in that period.

22 Hopa, N. (1996). 'The Torn Whariki'. In A. Smith & N. Taylor (Eds), *Supporting Children and Parents Through Family Change* (pp. 53–60). Dunedin.

23 Hunn, J. (1961). Report on the Department of Māori Affairs, Wellington; Woods, N. (1960). 'Immigration and the Labour Force', Industrial Development Conference, June, Background paper # 26, Wellington.

New Zealand's contraceptive revolutions[24]

A major change in contraceptive technology is an issue that reaches on from the latter part of the baby boom, the 1960s and 1970s. From about 1960, contraception became efficient and effective as 'the pill' became available. This was followed a decade later by less invasive methods of sterilisation, permitting couples and women to adopt more reliable reproductive regulation strategies. These included improved timing, by being able to avoid a pregnancy until they decided to conceive, while simultaneously being exposed to intercourse from early adulthood onwards; better spacing between pregnancies; and, with sterilisation, more certain means of limiting family size.

This technological advance has, however, had other unforeseen consequences. While contraceptive technologies now give relatively secure protection from conception, the inverse – the decision to conceive – is far less guaranteed. This issue has become more apparent as generations who had avoided and delayed conception from their teen ages into their 30s look to start their families.

The advent of the contraceptive pill around the time of the first peak of the New Zealand baby boom (1961) completely changed the means used to achieve family-formation strategies. It is untrue to say that the pill produced low fertility. As we have shown earlier, by the 1890s and through to World War I, this was achieved without modern contraceptive technologies, although the condom and other barrier methods did have some impact. The first barrier methods, plus coitus interruptus and similar techniques, were adopted in what is termed the first contraceptive revolution. These methods were already in use by the baby boom, at first early in marriage to delay first conception, and later in the reproductive span to attempt to terminate childbearing. According to family planning pioneer Dr Margaret Sparrow, however, the condoms available in the baby boom were of inferior quality and often perished during shipping from the northern hemisphere.[25]

It was the pill that brought about the second contraceptive revolution. The third revolution, particularly tubal ligations and male sterilisation, but also the new generations of more user-friendly and safer condoms, will be discussed later, as these options only became available on a mass scale in the 1970s.

About the same time, at the start of the 1960s, a modern intra-uterine device began to be used in mass family-planning programmes in the Third World. It was also used in developed countries, but less frequently than the pill. The pill was subject to pharmaceutical patent regulations and thus its wider use in poorer countries depended initially on the financial capacity of consumers. In New Zealand this cost constraint was reduced by Health Ministry subsidies – although initially there was some resistance to its prescription to young and unmarried women.

The pill had two levels of demographic and social impact of importance to this review. At a micro-level, it allowed couples a far more efficient way not only to delay or limit births, but also to space them. The second contraceptive revolution was thus a significant step forward in terms of contraceptive efficiency and effectiveness. Its impact at the level of popular culture was to change attitudes about all aspects of fertility regulation. This opened the way for acceptance of the third revolution. The use of modern methods of contraception became the norm for couples not only in developed countries, but across most of the world. This was a macro-level cultural shift, initiated by the pill and carried forward in the third contraceptive revolution. It may have altered what until then had been the complete interaction of marriage and procreation. As we discuss below, these two vital family functions have now become virtually separate.[26]

24 This draws heavily on Pool, I., Dickson, J., Dharmalingam, A., Hillcoat-Nalletamby, S., Johnstone, K., & Roberts, H. (1999). *New Zealand's Contraceptive Revolutions*. Hamilton.

25 Discussed in greater detail in Pool et al (2007): 196 and Pool et al (1999): 86.

26 This was first predicted, as far as we know, by Santow, G. (1989). 'A Sequence of Events in Fertility and Family Formation', International Union for the Scientific Study of Population: International Population Conference, Delhi, Liege: V 3, 217–229.

The family of today (1970s to the present)

The exact end of the baby boom and the start of the most recent period are difficult to calibrate. The 1976 census is a useful point of reference simply because it provides us with data. But the baby boom probably finished about two or three years earlier, while the 1971 census was still in the baby boom. It may be useful to remember that the baby boom and the baby bust periods overlapped by several years. The key issues here relate to how the continuities in the recent period sit alongside trends that are historically unique. There are no models from which to project and plan policy responses to these trends. One thing is certain: that the period between the early 1970s and 2013 has seen major changes in family life.

Some observers see the family as 'breaking down' taking the wider society with it, while others see the family as under pressure.[27] In both cases, the causes are either endogenous (coming from actions on the part of the family), or exogenous (from forces external to the family). The endogenous causes typically take the form of the changes in family form noted earlier. These lead some people to conclude that the family, by changing form (marriage versus cohabitation, divorce, ex-nuptial childbearing, same-sex marriage), is the author of its own decline. People who pursue this argument give less attention to the accompanying structural changes, such as family size.

Our argument takes a different direction. What we will show is that the structural changes have been major, and affect the capacity of families to carry out the functions they have previously performed on the part of society. Family structures form the architecture on which support networks are built, and these are themselves props for family life. But these internal structural changes have occurred at the same time as external drivers have shifted. These shifts have come from both the policy environment and market factors, and they have removed many of the props families could previously draw on to sustain their basic requirements.

Some of the trends are fundamental to all of family life, and through it to the wider society: we will examine these trends in the next section of this review. The criterion for assessing whether or not they can be rated 'fundamental' is their impact on family support networks. Without support networks, and props that are exogenous to it, the family cannot adequately perform its roles.

The 'fundamental' trends share one further attribute: they have a surprisingly low profile. They occur all around us and most people recognise this when it is pointed out. But these trends are less evident in public discourse, and their consequences are generally not widely discussed.

Three of the structural changes to be covered in the next section of this review – ageing; the diaspora, particularly to Australia; and inflows of immigrants – do receive more attention, but their implications for family life and the functions of the family get less exposure than more immediate economic consequences. The housing market in Auckland, for example, gets a far higher coverage in the press than more fundamental, long-term issues.

27 Morgan, P. (2004). *Family Matters: Family breakdown and its consequences in New Zealand*. Wellington.

Factors of family formation driving radical shifts in family structures

Rapid fertility decline – the baby bust

In the 1970s both main population groups went through a rapid decline – the 'baby bust'. As Figure 2 above shows, Pākehā TFRs since then have been close to replacement, while Māori have been above that but well below 3.0 births per woman. That said, Māori rate series for this period are difficult to compute because of major definitional changes in the 1990s in both their numerators (births) and their denominators (population), and the two sets of definitions have not yet been perfectly reconciled.

In this prolonged period of low fertility, now approaching a half-century since the TFR began to fall, New Zealand's rate has hovered around replacement – generally slightly below. This is a historical first. While replacement fertility rates occurred for a year or so during the Great Depression of the 1930s, a long period of this sort has never occurred before. But it fits with what is occurring across the developed countries and even in some recently and rapidly industrialising countries (Singapore, China, Hong Kong, Taiwan and South Korea). That said, New Zealand rates are not as low as those in most other developed countries. The United States and Iceland hover around the New Zealand level, as do France, Ireland, England and Wales, and several Scandinavian countries. But most developed countries, including Australia, fall below this, and much lower rates are found elsewhere in Europe and Japan.[28]

Within New Zealand, there are differences by ethnicity, as the data in Table 1 show for 2006. Nevertheless, the picture is fairly clear. Asian and Pākehā populations have lower fertility and delayed childbearing; Māori and Pasifika have different reproductive regimes: higher fertility rates and younger ages of childbearing. These results are affected by definitional changes noted above, and ethnic time series are difficult to compute. But a detailed analysis suggests that Māori regimes are gradually converging towards those of Pākehā, with small decreases in rates at younger ages and increases at older ages.[29] Both Māori and Pasifika rates have declined since the 1980s.

Table 2_Fertility indicators for major ethnic groups, 2006

	Māori	Pasifika	Asian	Pākehā	Total
TFR	2.78	2.95	1.52	1.92	2.5
% TFR < 25 years	40	31	13	22	25
% TFR 30+ years	34	42	58	52	49

Source: Statistics New Zealand. Births based on ethnicity of the mother. Multiple count enumeration.

28 These cross-national rates are published annually by Statistics New Zealand, and in further detail by OECD and in the United Nations Demographic Yearbook.

29 Pool et al (2007): Table 8.2.

The shift to later childbearing

Accompanying this trend has been yet another historic first – the shift to delayed childbearing alluded to above. As recently as 1970, the maternal age for childbearing was still peaking at 20 to 24 years; today it is 30 to 34 years. Since 2002, fertility rates at 30 to 34 years have exceeded those at 25 to 29 years. Historically, the modal age for childbearing was 25 to 29 years, except during the baby boom, when the mode was 20 to 24 years.

This late childbearing shows up in Table 2 which, for selected years, gives two indices. The first is the number of children a woman would bear between 30 years of age and the end of her reproductive span. The second is the ratio between very early childbearing (teenage) and late childbearing (35 to 39 years). As noted earlier, the baby bust occurred during the 1970s. Comparative data for the mid-point of the actual baby-bust period, 1976, are also provided. The year 1976 is very useful in another way: the census that year provides data on the state of families at the end of the baby boom, which, by some measures, came in about 1973; censuses from 1981 on began to reflect the baby bust and from 1986 the new regimes of childbearing shown in Table 2 for 2011.[30]

Late childbearing has always occurred. The previous section referred to the 'surprise births' of the baby boom, and these occurred even in the inter-war years when fertility dipped down towards replacement. At that time, a significant minority of Pākehā women never married and never had children; some married and had only two births or fewer. But there were also those with large families – three to six children – some of whom would be born late in their mother's reproductive life. Birth control strategies in those days focused on limitation, in part because the available technologies only allowed that, so abstention from sex after a particular birth-order baby had been born was not uncommon. But the situation is totally different today: the birth to an older mother is normally a first birth. Couples have successfully employed the available efficient methods of contraception to bring about this delay.

Table 3_Childbearing late in the reproductive span (1) and ratio of teenage to late 30s (35 to 39 years) age-specific rates (2), 1971 and 2011 compared with 1976, total and Māori populations

	Total fertility rate 30+ Years (1)*		Ratio, rate 15–19: rate 35–39 (2)	
	Total	Māori	Total	Māori
1971	0.8	1.5	1.7	1.6
2011	1.0	0.9	0.4	1.0
(1976)	(0.5)	(0.7)	(2.2)	(2.7)

* = Sum age-specific rates, 30+ years = Number of children per woman born from 30–49 years.

30 Pool et al (2007): Chapters Five to Seven; for a detailed analysis about the baby boom and its demise, see Pool, I. (2007). 'The Baby Boom in New Zealand and Other Western Developed Countries'. Journal of Population Research, 24(2): 141–161.

The data for the total population mainly represent Pākehā trends. They show a clear increase in late childbearing, plus a major decrease in the ratio between teenage and late childbearing. For Māori, the trends are more complex: late childbearing has decreased. This is a function of the rapid limitation of Māori family sizes, achieved by declines in births at older ages and by fewer total births per mother, and fewer mothers reaching higher parities (four or more).[31] Yet there has also been an upward shift in parenting, so that the force of later childbearing is now almost equal to that at teenage years.

Data for the mid-point of the baby-bust period, 1976, show that for both Pākehā and Māori there was a hiatus due to the shifts that were taking place. Many couples were adopting family-building strategies that meant that they were no longer giving birth at young ages, but were delaying their childbearing. These births would occur some years later when they reached 30 years and over. The data in Table 2 show that those who were giving birth in 1976 still represented the old regime and were more likely to have them at younger ages. The importance of this hiatus is that it occurred when the Christchurch Longitudinal Survey was being initiated.[32] The results of this have played a major role in the formulation of social policy. Thus, the cohort being followed by that survey represents the older, not the emerging regime. That older regime, with its early conception and marriage, played a significant role in marital dynamics, including marriage breakdown in the 1980s and 1990s.

There is another side to delayed childbearing: difficulties conceiving when people decide to have a child at an older age. This has led to the development of a range of assisted reproduction techniques (ARTs), of which IVF is one of the better known. There are few data on this issue for New Zealand. But in the early 2000s, European data suggest that perhaps 1.6 percent of all births came from the use of these techniques. A side effect that is far more than an urban myth is the incidence of multiple births. These are not only caused by ARTs. New Zealand's levels of multiple births are about 16 per 1,000 live births, a figure which is higher than that for France (which has very good records).[33]

Late childbearing has been accompanied by delayed age at first marriage and increases in the probability of never marrying formally. This means that although younger men and women are being exposed to intercourse, they are less likely to cohabit. This is a new trend. Pre-marital intercourse has always occurred, at least among a minority of couples. But in the inter-war years when fertility was very low, marriage was also delayed. A small proportion of young people did have intercourse, and, in those days of inefficient contraception, some fell pregnant ex-nuptially.

Today, only a very small proportion of first unions involve marriage, so those marrying at younger ages (below 26 or 27 years) constitute a self-selected subset of couples starting unions. If cohabiting couples conceive, whether by accident or design, they may decide to marry, but more commonly they will have the birth ex-nuptially (see below). They may still decide to marry later, even after they have the number of children they wish, or even when they are at post-reproductive ages.

Late childbearing is not universal. As a result, family-formation strategies are polarising between the relatively small minority of women still giving birth before age 25 years, and the much higher proportion giving birth between 30 and 39 years. In 2011, New Zealand women on average had borne 0.5 children before age 25, but 1.0 between ages 30 and 39. This contrasts with the situation in 1971 where the figures were totally opposite – 1.4 children by age 25, and 0.7 from 30 to 39 years.

31 In demographic usage, which we follow here, parity relates to live births; in medical usage it refers to pregnancies.

32 Fergusson, D. (1998). 'The Christchurch Health and Development Study: An overview and some key findings'. SPJNZ, 10: 154–175.

33 Pool et al (2007): 323–326.

Fertility differentials are opening up with social segmentation within Māori and Pākehā society increasingly coming from labour-force participation, combined with education and income. A particularly sensitive indicator is the level of childlessness among women aged 30 to 34 years. Levels are much higher for women who work full-time, regardless of occupation, compared with those who work part-time or who are outside the paid labour force. Levels are highest among full-time professional and managerial women. These women, both Māori and Pākehā, tend to cluster in central city areas, such as Auckland and Wellington.

TFRs are therefore lowest there, while levels of childlessness at 30 to 34 years are highest. For Māori in the Auckland metropolitan area, there is a similarly marked difference between Auckland Central and the North Shore, and South Auckland.[34]

Associated with these shifts has been a radical decline in rates of teenage childbearing, as shown in Table 3. In 2011, less than 3 percent of teenage women gave birth (26 per 1,000). Yet the 'urban myth' of high levels of teenage childbearing prevails. It is still regularly confounded with ex-nuptial childbearing and has a high negative profile. (Ex-nuptial childbearing today is highest at 30–34 years.) The decline in teenage childbearing has been associated with a radical decrease in the proportions of women who conceive ex-nuptially but marry quickly after conception. This was the modal response back around 1970. Most teenage childbearing now occurs at the older ages of 18 and 19 years.

Table 4_Teenage (15–19 years) fertility rates (per 1,000)

	Total	Māori
Peak teenage (1971–72)	69	134
2011	26	63
2011/1971–72	0.4	0.5

These changes in reproductive strategies have been due mainly to the new contraceptive technologies. To a far lesser extent they are due to abortion, following law changes in 1977 and 1978. The pill continues to be a major efficient method of contraception, especially for the timing of the first pregnancy and for spacing. It is joined today by sterilisation – the normal means of family limitation. New greatly improved condoms play an increasing role, especially among the young and others who are not exposed to regular intercourse. Their role as a preventive measure against sexually transmitted diseases, including HIV/AIDS, has also become significant. Again, this is particularly among those having sex irregularly or with people they do not know well. A number of other methods including 'morning-after pills', injectables and various forms of IUDs are also used.

The role of induced abortion

Abortion plays a minor but significant role as a back-up when unintended pregnancy occurs. Induced abortion became a notifiable procedure in 1976. Rates then fell dramatically immediately following the passage of the Contraception, Sterilisation and Abortion Act in 1977, and many women went to Australia to obtain terminations. This situation continued until 1981.[35] Rates have increased over time, especially for women conceiving at young ages. But since 1996 New Zealand's general abortion rate has fluctuated within a narrow range. Our data are probably more complete than those available for some other jurisdictions as there is little indication of terminations occurring illegally and thus outside the notification system. The data suggest that rates in New Zealand are similar to those of a number of other developed countries. Abortion is also sometimes used when counter-indications are found about the viability of the foetus or the long-term health or impairment risks of the child, should it be born alive.

34 Pool et al (2007): 333.

35 Sceats, J. (1988). *Abortion in a Low-Fertility Country: New Zealand, a case study.* Unpublished PhD thesis, University of London.

Abortion ratios (abortions/abortions + stillbirths + live births) seem to be much higher for New Zealand's Asian population than for other ethnic groups, but there are two confounding factors.[36] First, the ratio is computed for 'known pregnancies', but reflects changes in the denominator (number of pregnancies) as much as in the numerator (number of abortions). The abortion rate, for which we have no ethnic-specific data, is a more accurate measure. Secondly, the Asian female population includes many students, far in excess of the resident Asian population, who may have been among the numerators (that is, have had abortions), but were not in the denominators (women at risk).

Changing attitudes to adoption

A further confounding effect came from major changes in attitudes towards adoption. From the early 1970s, increasing numbers of young mothers decided not to give up their newborn babies for adoption. The reduction in babies available for adoption has often been mistakenly attributed to abortion. But work by Janet Sceats on the 1970s and 1980s, and later work by Sceats and Angelique Parr (1995) found that there is now more financial and social support for a woman to continue with the pregnancy and keep the baby.[37]

The rise in conjugal mobility

Another aspect of change in family formation has come about through conjugal 'mobility'. Rates for this – as measured by rates of divorce, separation and termination of consensual unions, and by reconstituted families – seem to have increased. Unfortunately, the only hard data available are on the termination of registered marriage, and these rates have plateaued or decreased, after a rapid increase until about 1990. This trend was determined primarily by a past history of high levels of first conception and marriage at young ages, and the more recent divorce law reforms which responded to demand. But these data are not as meaningful as they might seem.

Not only are marriage rates decreasing, but those marrying are doing so increasingly at older and older ages, frequently by transforming a consensual union into a marriage. Ironically, those remaining with the same partner increase the termination rates for the consensual unions they have left, in converting them to a formal marriage. For divorce and separation, data are needed for real cohorts – on individuals who marry and later separate or divorce. The only direct sources are the surveys on New Zealand women carried out in 1995 and 2001 by the Population Studies Centre (PSC) at the University of Waikato (now the National Institute of Demographic and Economic Analysis – NIDEA). Official data sources do give separation and divorce data for cohorts. But the results are again confounded, this time by people who marry in New Zealand but separate overseas, and by those who have married elsewhere and separate in New Zealand.[38]

Blended families on the increase

Separation (or divorce) often leads to the formation of another blended or reconstituted family. There are few data on these forms of union except from the surveys just noted. As in the case of sole parenting (discussed below), the blended family is increasing in prevalence, but is still not very common. It involves about 18 percent of all mothers. Most such families were 'partially blended' (16 percent) rather than fully blended (3 percent).[39] From the standpoint of family functions, blending clearly has both advantages and disadvantages. It reconstitutes a family and may ideally extend the size of support networks. The disadvantages, however, are the pressures this may put on the newly constituted family unit.

36 Statistics New Zealand, Population Mythbusters. For Asians the ratio was 397, to 248 overall; among teenagers it was Asian 740, 478 overall. Pākehā teenagers (526) were second to Asians, Pasifika, 390 and Māori 312.

37 Sceats, J., & Parr, A. (1995, June). *Induced Abortion: National trends and a regional perspective*. Paper presented to Abortion Providers' Conference, Wellington. (Published as a discussion paper, Health and Disability Analysis Unit, Midland Health, Hamilton.)

38 Dharmalingam et al (2004).

39 Dharmalingam et al (2004): Chapters 3 and 6.

The results of changes in family age distributions

The age distribution of family members has changed significantly. Parents are older on average, but the percentage of extended family members at older ages has also increased because of the twin effects of lower fertility and improved survivorship and longevity.

These trends affect, or are affected by, all aspects of family functioning. The function of replacement has declined, although from another perspective it could be said to be becoming more efficient.[40] Certainly, as most children born alive will now reach adulthood, and maternal and peri-natal mortality rates have declined, there are efficiency gains. These free women for other forms of production.

The shifts in age patterns of reproduction have a range of implications, beginning with medical events (pregnancy and childbirth). The shifts also interact with parental career development, whether for both parents in a two-parent family, or for a solo parent. Work–life balance has become more pressured. This is a factor that has major implications for the timing of first births and equally major implications for whether there will be a second.

Perhaps most importantly, the child-rearing function is changing because there has been a decrease in the size of support systems. Parents rearing first and second children are now much older. They will have fewer children and they themselves will on average have fewer siblings – aunts and uncles for their children. Support systems have thus decreased in size. Ironically, however, child support is increasingly coming from grandparents. Older members are living longer and in better health than was true historically, although many of them are also working longer than in the past.

Ageing in the family is a double-edged sword. On the one hand, grandparents are increasingly giving family support, both monetary and in the provision of services such as childcare, meeting children after school, and so on. On the other hand, as the grandparents age further, they have more need for support systems themselves, including physical care and advocacy when faced with administrative structures in health and residential care. This support may be increasingly difficult to find within the smaller family that has succeeded them. Remember that the current elderly are the parents of the baby boom, and thus have on average more children to call on than either their own parents had, or their children will have.

According to a new genre of research, national transfer accounts (NTA), these intergenerational effects are very important. In many countries (but not New Zealand) analyses show that intergenerational, intra-family supports, in kind (such as unpaid childcare) and materially (loans or advances for major capital projects, for example), far surpass inter-family tax-based supports (public policy-generated). Where non-monetary supports can be translated into monetised values, the intra-family supports are even greater. The supports are in two directions – from younger family members to older, and from older to younger, depending on capacity (physical, material and financial). In a number of countries (such as Japan) the flows from older to middle-aged family members exceed those from middle-aged to older members. But the transfers may well go in the other direction as dependency increases in the older generation.

40 MacInnes, J., & Pérez, J. (2005). *The Reproductive Revolution and the Sociology of Reproduction*. Paper presented at the XXV Conference of the International Union for the Scientific Study of Population (IUSSP), Session 94, Tours.

Echoes of the past

We have focused on the new aspects of New Zealand family life, but our society has also inherited from the past. The most important echo of the past is that most New Zealand families of today continue to perform the major functions that the family has always taken on, and with the same degree of care and diligence. They may have fewer children and be having them at older ages, but they try to raise their children in ways families always have. They try to imbue the children with similar ambitions, aims, values and objectives to those their parents had for them.

At the same time, they may face greater demands to support elderly family members than was the case for past generations of families. This is in spite of universal superannuation for all those over age 65 years – an important prop for a high proportion of the elderly. A critical issue is that these functions are now often achieved without some of the props that families of the past had at their disposal – uppermost among them being large families, typically living nearby.

Four other 'echo' features of family life are often incorrectly seen as being new. They are generally viewed as undesirable trends, and have a particularly high profile. The trends are:

- teenage parenting
- ex-nuptial conception
- sole parenting
- working mothers.

Teenage pregnancy

This is a high-profile subject in the media, yet the fact that levels are less than half what they were in the 1970s is never mentioned.

Ex-nuptial conception

Ex-nuptial conception is a far-from-modern phenomenon. As Table 4 indicates, what is new is a major upward shift in the age of ex-nuptial childbearing. This shift is primarily a function of delayed marriage and childbearing (which increases the 'risk' of an ex-nuptial birth at older ages), and the increasing separation of marriage and procreation. Historically, whichever occurred first (conception or marriage) was a pre-condition for the other. But today, couples marry for a wide range of reasons, often after they have had one or more children. Consequently, this has altered both the levels of ex-nuptial childbearing, which no longer attracts the shame it once did, and the age of parents having ex-nuptial births. This has shifted from the teens and early 20s to the late 20s and 30s.

By 2012 the highest ex-nuptial rate was at 30 to 34 years. Some view these trends as contributing to decreased fertility, yet the evidence is confused at best. A review of populations with low fertility shows that in some with very low fertility (Mediterranean Europe), marriage before childbearing is the norm. In others with higher fertility (Scandinavia, France and New Zealand), not only is the average age at marriage older, but high proportions of women who have already born children are not married.

Table 5_Age distribution (%) of ex-nuptial childbearing, 1978 and 2003

	Under 20 years	20-29 years*	30+ years	Total
1978	44	47	9	100
2003	15	52	33	100

* There was a shift within this age group from the lower to the higher 5-year age group. In 1978, 72 percent of ex-nuptial births were to women aged <25 years; in 2003 it was 62 percent at 25+.

Sole parenting

This has also always been a feature of family life, historically involving widowhood. Increasingly, the reason has become separation and divorce. Just on two-thirds of sole-parent occupiers in 2006 had been married or in a civil union.[41] Sole-parent occupiers in 2006 had a median age of 43 years, slightly older than their two-parent household counterparts. It is important to stress that sole parenting is a situation, not a status: people move into and out of sole parenting.

Despite media and political commentary implying that we know a lot about the topic, it is very complex and we have few New Zealand data to look at it. The only population-based sources are the surveys on New Zealand women by the Population Studies Centre in 1995 and 2001. There do seem to have been increases in the incidence of sole parenting among all women who have ever been mothers. Life-table analyses suggest that the cumulative probability of being a solo mother increases with age, from one in five mothers aged less than 25 years to almost one in two by age 50. This varies by birth cohort of the mother, being more common among younger cohorts. Sole parents, however, do not remain in this situation forever: after five years as solo mothers, 60 percent will have entered another union.

The PSC study found that reasons for both entering and leaving sole parenthood were complex, but most showed weak relationships when other factors were considered. One factor that does seem to be important is whether the prior union was a marriage or cohabitation. This confirms other data from that study which show that cohabitation is less stable than marriage.[42]

Working mothers

Women have always worked, whether in the household, on a family farm or production unit, or in the formal paid workforce outside the home. What has changed is the way that contribution is now formally acknowledged. More important for most families is the fact that women now typically work some distance from the home through most of their child-rearing years.

Working mothers now include an increasing number of solo mothers. In 2006, wages and salaries accounted for 50 percent of income sources for sole parents (household occupiers), up from 46.5 percent in 2001. The Domestic Purposes Benefit (DPB) accounted for only one-third of income sources, down from 42 percent in 2001.[43] Both situations pose major issues of work–family life balance and childcare. They are of particular salience for sole parents, who must single-handedly juggle work hours with school hours.

41 Hutt, R. (2012). 'New Zealand's Sole Parents and their Marital Status: Updating the last decade'. *New Zealand Population Review*, 38: 77–93. At the 2006 census, 13 percent of sole-parent occupiers were widowed, 20.4 percent were separated, 23.8 percent were divorced and 8.2 percent were still married (not officially separated).

42 Dharmalingam et al (2004): Chapter 5.

43 Hutt (2012), ibid.

Props for family support in the early years of the 21st century

The props on which families have depended in order to fulfil their functions for the wider society have been broadly categorised in two ways. They are either endogenous (intra-family, often cross-generational) or exogenous (support from outside, most typically through the transfers generated by public policy measures, and the forces exerted by markets).

Endogenous factors

The endogenous forces that have most effect are the structural changes noted above.

Size of family and age of parenting

The decrease in the size of families and the increase in the ages of parents have two principal effects. The trend to smaller families is placing pressure on child-rearing, but also on other support systems the family has traditionally afforded. There will be fewer descendants to look after the elderly and the inter-generational durations have altered significantly. By contrast, many of the elderly today are likely to have had larger families and to have come from larger families themselves, and thus potentially have a wider support network.

The following example models the latent but very important effect on family networks of increases in the age at first (and later) childbearing. It is included here purely for illustrative purposes as the data are now somewhat dated.[44]

The modal age for first childbearing for baby-boom mothers (let us call them 'grandmothers') was 20 to 24 years. We will reference their relationships with the subsequent generations down a female line. This means that grandmothers, who were childbearing in the baby boom (say 1960s), are about 20 to 24 years older on average than their own daughters. The daughters were childbearing in the baby bust (late 1980s to 1990s). Modally these daughters had their children at perhaps 28 to 35 years, but increasingly at older ages – as we have shown, the late 30s is not uncommon. So the age gap between a grandmother and her grandchildren could be 48 to 60 years, if the daughter was at a modal age for childbearing for her generation; 55 to 65 years if the daughter delayed. Under this pattern, many grandparents may be able to provide childcare and other support for young grandchildren.

Let us now assume that for any parent the peak ages for child-rearing costs are the youth ages (15 to 24 years). The daughters will be in their mid-to-late 50s when the grandchildren are 15 to 24 years, and the grandmothers in their late 70s or into their 80s if the daughters delayed childbearing. The increasing generation gap may place some daughters in a severe 'sandwich situation': facing peak costs for the grandchildren, but also perhaps increasing need for support from the grandmother. The daughters are likely to have fewer siblings to share this, and will also be saving for their own retirement.

Diaspora and mobility effects

Families are highly mobile both within New Zealand and overseas, with couples living far from where they may have been raised or where their parents are. The effects of this on support systems are marked for all families. This is true whether they are New Zealand-born couples living overseas with older family members back home, or migrants who have obligations to family in Asia and the Pacific, for example. The particular issues for Māori are the whanaungatanga and hapū obligations, such as maintenance of marae and attendance at and assistance with hāngi and tangi.

Multicultural family structures

A further effect of growing mobility and interactions with increasingly wider ranges of people, living in different countries, is that more and more families face obligations in performing family functions that may place competing claims on them. These may vary from jurisdiction to jurisdiction. Some of these are so formal that they are subject to international treaties relating to the rights of children and to the access of parents to children, and may be accorded different legal statuses in different countries. Other obligations may involve more informal or culturally sanctioned issues of family functioning.

44 Sceats, J. (1988). 'Implications of Changes in New Zealand Family Formation and Household Structure'. In C. Crothers & R. Bedford (Eds), *The Business of Population*. The New Zealand Demographic Society, Wellington.

Socio-economic effects

Families have varying levels of access to education, income and material wealth, such as housing. These all affect their wellbeing. While there is an endogenous dimension to this, exogenous factors (such as the availability of employment and minimum wage regulations) also exert a strong influence.

Exogenous factors

Exogenous factors are extremely complex and are typically seen as the subject of public policy measures, but are only a part of the reality faced by families. Some of the changes in exogenous public policy props have involved changes to welfare-state measures: universal family benefits, low-interest State Advances-type housing loans and free GP visits. Others are a result of modern life becoming more complex: for example, the additional expenses of school uniforms, stationery and field trips faced by children in the public education system. Families have other costs when members have to travel away for care in the high-quality tertiary hospitals that, appropriately, have taken over functions that in the past were carried out closer to home in local secondary facilities. Even something as worthwhile as legislated safer car seats for children involves costs which families in the past did not face.

Market forces

Market forces are also important and cannot be ignored. One example is price increases to meet a company's obligations to shareholders rather than to consumers and employees. Another is bank housing-loan policies whose 'available income' principles may prevent those with student loans taking out a mortgage. A further example is the retail pricing of junk food compared to food with a higher nutritional value.

The neo-liberal arguments favouring casualisation, contracting, outsourcing and labour-market flexibility typically result in extra pressures on families. These include increased hours of work, unemployment and lower wages, or disrupted family life. Lack of tenure and certainty may reduce the eligibility of young couples who would otherwise seek a mortgage and home ownership. The cost of childcare, both pre-school and after school (or school holidays), can absorb much of one parent's earnings. Career development can be impeded by conflicting family responsibilities. That even a two-child family today needs a double income to succeed makes these pressures more intense. Unsurprisingly, home ownership rates are dropping, especially for would be first time owner-occupiers in major urban areas.

Pressures on the labour force

Even more fundamental have been the shift-shares in the sectoral distribution of gross domestic product (GDP) and thus the labour force. The tertiary (service) sector has long been dominant in New Zealand and other developed countries, but recently what is called the quaternary sector has become very important: the so-called financial and real estate (FIRE) sector noted earlier in Figure 1. This sector has demanded a young, highly skilled, typically newly graduated, labour force, which has clustered in cities that are major financial centres. In New Zealand this has been Auckland and Wellington; Wellington also attracts a parallel workforce, with similar skills, into the public service. That said, there is a disjunction between unemployment, especially in lower-skilled jobs, whatever the sector, and recruitment into the FIRE and public service sectors. Many New Zealanders in these sectors have joined the diaspora and sought employment overseas.

There are other factors beyond the labour force and population-geographic ramifications of this change. The career demands are probably more severe in these sectors than in some others –education and training to enter them is prolonged, and this is followed by a struggle up the career ladder. These constraints are particularly important for work–life balance and are implicated in the increasing delays in family-building, especially for women. As we have shown, TFRs in central Auckland and Wellington are very low – in fact they resemble those in the low-fertility regions of Europe.

Every policy is a population policy

Essentially, the family is buffeted by these factors, often as unintended consequences of policy or by market concerns that seem to be distant from the day-to-day concerns of families. Demographers often say that every policy is a population policy, in that it has demographic effects. Measures taken in, say, fiscal or service ministries to resolve pressing issues or to make tax-takes more 'efficient' may have an immediate and severe impact on families.

Tax law is a very good example: GST involves a shift of progressive tax away from individuals to a flat tax paid by everyone regardless of their income level and capacity. It has had a major impact on low-income families. This was accompanied in New Zealand's case by decreases in the top rates of personal income tax, which further exacerbated inequalities in income in the community.

The family between now and 2025

This section looks at some of the factors noted above, and their likely intensification because of demographic changes between now and 2025. The debates about the future of fertility change around the developed world and the convergence of fertility patterns are relevant for New Zealand.[45] One of the questions being asked overseas is how low fertility can go below replacement. Alternatively, could levels recuperate towards replacement, and, if so, how – through policy measures? Is there a convergence, a commonality of below-replacement experience? These debates erupted in particular after a thoughtful paper by John Caldwell and Thomas Schindlmayr provoked a robust response. We have summarised that debate elsewhere and looked at its implications for New Zealand (see below, Family structures).[46]

Family forms

The diversification of family forms and living arrangements is likely to continue and may even accelerate. Sole-parent, single-sex, blended, couple-only (including 'empty nest'), LATs, and multicultural families are all likely to become more common as society and social values change. There are likely to be more people living on their own. Whether this is by choice or circumstance, these people are also still family members and may both require and provide familial support. As noted below, the children of the 'elderly' may well be in their 60s and 70s themselves – a feature already showing up for the earliest baby boomers.

Marriage and procreation may increasingly be undertaken for different, but not mutually exclusive reasons. The passage of the Marriage (Definition of Marriage) Amendment Act 2013 has probably strengthened that trend. In the debate surrounding it, proponents argued that marriage was about values such as 'love, comfort and support'. The argument that same-sex marriages are contrary to family values has also been countered.

45 Lutz, W. (2007); Coleman, D. (2007); McDonald, P. (2007). 'Low Fertility and Policy'. *Ageing Horizons, Oxford University Institute of Ageing, Special Issue on Fertility Decline*, 7: 22–27 www.ageing.ox.ac.uk/ageinghorizons/

46 Caldwell, J., & Schindlmayr, T. (2003). 'Explanation of the Fertility Crises in Modern Societies: A search for commonalities'. *Population Studies*, 57(3): 241–264; see also the responses in the next issue of *Population Studies*; summarised Pool et al (2007): 315–317.

For example, Waikato journalist Denise Irvine suggested that "same-sex couples actually are family ... someone's much-loved sons, daughters, siblings and cousins".[47] This raises debate far beyond the scope of this review: the role of marriage as a social construct and not a bio-social prerequisite to procreation. This in turn raises other questions, such as whether continuing to record data on the nuptial status of birth mothers is still relevant.[48] More immediately for this review, a high incidence of ex-nuptial births, or marital status changes such as those incorporating same-sex couples, probably have little or no demographic effects, yet socially and legally they may be very significant.

Family structures

The major changes in family structures that have already occurred, such as small family size, are unlikely to be reversed. But they may not be quite as dramatic in the future. The impact on national fertility levels of immigration by working-age adults and families may be limited. This is because inflows from some of our major migration sources are from the low-fertility countries in Europe and Asia (not just East Asia, but also southern India).

There is limited enthusiasm in New Zealand for choosing to have only one child, or no children, although these are valid options.[49] Older parenting is likely to continue and perhaps become entrenched and multigenerational. Reversal of this trend would require major socio-economic changes in areas such as education, training and the workforce, as well as in social attitudes. These might act to counteract forces that could otherwise bring fertility below replacement. This trend would be reinforced if Māori and Pasifika rates converged towards those for Pākehā – that is, downwards in level, with childbearing at older ages. There are almost no hints that rates could drop to the very low levels seen in Mediterranean Europe or East Asia. The numbers of births could decline, however, even if rates remain at high sub-replacement levels, if there is a continued diaspora among people at young working and parenting ages.

Consequences of later childbearing include the increased need for recourse to ART (assisted reproductive technologies) as women delay childbearing until the upper range of their reproductive span. This delay in having children may result in involuntary childlessness for some women and couples. In the near future there may be increasing polarisation in family structures. Given the small families of today, childlessness in the next generation may mean that some people may not become grandparents at all, and some family lines may die out. By contrast, a baby-boom mother at 21 whose daughter had a first birth in her early 20s could be a grandmother in her 40s. She could be a great-grandmother in her 60s or 70s and, if she is long-lived, a great-great-grandmother. In such families there may be wide familial support networks – so long as family members remain in New Zealand, close at hand.

Multigenerational older parenting will widen the gap between generations. While four-generation families are common today, there are likely to be fewer great-grandparents in the future. Some people may not live long enough even to see grandchildren if the gap between generations becomes 35 to 40 years. The decline in family size may be particularly poignant for Māori. They may have expectations of their old age surrounded by many mokopuna, as their parents and grandparents were, but find that there will be far fewer of them.

Family functions

Smaller families, older parenting, structural ageing resulting in more people at older ages, and widening generation spans will have serious effects on the caring capacity of families. One example is the provision of care of dependants, particularly of young children, by third parties. This is likely to increase if families continue to require two incomes to maintain an adequate standard of living. This raises the issue that one of the core family functions, the care and socialisation of the very young, is occurring more and more outside the family. Care of the elderly is also now often done outside the family, although once it was a core family function.

47 Irvine, D. (2013). 'Marriage an Institution for All New Zealanders'. *Waikato Times*, April 20: B5.

48 This was raised and debated at a seminar at the Families Commission, 26 March 2013.

49 Sceats, J. (2006). *Low Fertility and Reproductive Polarisation: The perspective from within the family.* Seminar, Sub-replacement fertility: Is this an issue for New Zealand? Institute of Policy Studies, Wellington.

The use of extended family or whānau members to provide these services may require additional support (see below). It may also need a broadening of gender roles with more men taking on the care of their children or their elderly parents. Leave to look after elderly whānau may become as much a factor in work–life balance as parental leave is now. The very old may be dependent for physical and other support on their ageing children – 90-plus-year-olds with retired 65-plus children. Pressures on the 'sandwich' generations are likely to grow. Households of unrelated persons who may share responsibilities for care of each other will perform some of the functions of families. Special needs populations who live in the community are also ageing, and they will require particular support services.

Diaspora and mobility

If current patterns of immigration and emigration continue, a number of issues affecting the family will arise. There is a continuous outflow of young New Zealanders to Australia and elsewhere at prime family-formation ages. This raises the question of whether our stock of potential parents and whānau is increasingly living overseas. Many will form unions with nationals of other countries. Some will come home with their foreign-born partners and children, and some will not, but may still consider themselves members of New Zealand families.

The New Zealand family is likely to be increasingly multicultural and not necessarily New Zealand-based. Implicit in this is a potential tension in trying to meet family obligations over physical and cultural distances. Multigenerational immigration and cross-national parenting also raises the issue of New Zealand citizenship for non-residents. They may feel they are New Zealanders but may not meet current eligibility criteria.

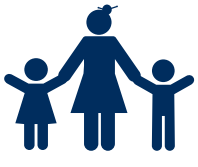
The diaspora is not limited to international migration, but also includes migration within New Zealand as the young move to areas where employment is available. In doing so, they leave behind older family or whānau in rural and provincial areas. This outflow of the young also reduces the available caring workforce which might supplement the family support system.

For Māori, the continuation of the diaspora, national and international, raises further concerns about the maintenance by whānau of factors of cultural identity such as marae, te reo and knowledge of whakapapa.

Public policy and intra-family transfers

All this raises a major issue. At present, as noted, the national transfer accounts done overseas point to the seminal importance of within-family assistance (financial or in kind) and networks. We assume that the results would also apply to New Zealand. But do the changes noted above presage the need to increase public assistance through formal, non-family support systems?

If grandparents are too elderly and frail, they may not be able to provide care for their grandchildren. With their longer life expectancy they may need to guard their financial resources, particularly if the public benefits system increases financial inputs by clients (for residential care, for example). In addition to smaller family size, the diaspora, domestic and international, will obviously reduce the physical presence element critical for some forms of intra-family transfer. Examples include care for the frail or terminally ill elderly. As the ageing of the workforce progresses, this issue will become ever more visible.



About Superu

Superu is a government agency that focuses on what works to improve the lives of families and whānau.

What we do:

- We advocate about what works to improve family and whānau wellbeing.
- We generate evidence that helps decision-makers understand complex social issues and what works to address them.
- We share evidence about what works with the people who make decisions on social services.
- We support decision-makers to use evidence to make better decisions to improve social outcomes.

We also provide independent assurance by:

- developing standards of evidence and good practice guidelines
- supporting the use of evidence and good evaluation by others in the social sector.

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Superu Level 7, 110 Featherston Street
PO Box 2839,Wellington 6140

P: 04 917 7040
W: superu.govt.nz

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