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Old Women's Management of their Resources

Feminist research acknowledges the subjective influences that a researcher has on their project and for this reason I am giving you some information about myself.

Age is not a popular topic and one which feminists have not been anxious to embrace. Some years ago I was a member SROW, the Society for Research on Women in New Zealand.

This organisation was set up in 1996 in response to the lack of information on the lives of women. In those days we really didn't count and the country showed little concern for the needs of women, we were taken for granted.

If you wanted the state to provide childcare facilities for working mothers or better education and employment opportunities for girls and women then hard facts, actual data had to be collected.

Encouraged by the emerging Women's Movement, a small group of women in Wellington set up an organisation to meet this need.

The founders of SROW (the society for Research on New Zealand Women) were mostly young mothers busy at home with children. They found time to raise funds to organise and carry out vital research on a voluntary basis, starting first in the local community and eventually on a nation wide basis.

For over thirty years SROW volunteers produced books and papers on all aspects of women's lives.

Our final publication in 1999 was "Towards Retirement, Women's Views: a small report on women's preparation and planning for retirement." I was involved with all aspects of this small local study. Unsurprisingly, our interim report was called "Glory Boxes

and Flat Access”. The women respondents were preparing for a future with a limited income and possible disability.

At that time there was more than the usual doom and gloom about the state provision of old age pensions. Benefits had been cut and women who supported families on their own were too busy keeping a roof over their heads, food on the table and education for their children to spare time or money to worry about retirement.

SROW researchers were ageing and our energies depleted. We disbanded and donated our funds to the New Horizon’s Trust for Women which funds research on women and grants for second chance education. However my interest in the ageing process had been fired so at sixty-seven I decided to return to university to study women and ageing.

Although my tertiary education had been in other fields I was accepted by Women’s Studies on the basis of my involvement in the Invercargill Women’s Collective, Women’s Electoral Lobby and SROW and the Women’s Studies Association. I enrolled in their stage three economics paper. What a revelation! A lot of my life made sense when I studied economics from a feminist perspective.

My Master’s thesis completed in 2002 was an analysis of the quality of life of older women. Now I am embarking on another research adventure, this time with women over seventy-five. I am a part-time student only, as I need time for my family, a large garden, voluntary work with the Citizen’s Advice Bureau and singing in a couple of community choirs.

Introduction

Demographics show that not only are we ageing as a population, but based on mortality statistics for the period 2004-2006 we are

living longer as individuals. The life expectancy for a woman in New Zealand today is 82.2 years (MSD 2008 Social Report).

What changes will this lengthened lifespan bring? We do not have a use by date stamped on our bottoms as one of my interviewees exclaimed. How then do we plan for old age especially after seventy-five? What are our resources and how do we manage them? What strategies do we use to cope with the perceived “problems of ageing”? I want to highlight some problems which are biological and some which are socially constructed.

Our resources are primarily financial and material, one’s health, social connectedness and the experiences of a lifetime. Severally and together they will determine our well-being in old age. In 1996 Susan St John, a New Zealand economist put it more succinctly.

“The wealth that a woman has in her retirement is the person that she is, her life experiences, her education and her ability to be interested in the world.”

Our problems, what are they? Are they in any way different from the challenges we faced earlier in life? Many of us have, at one time or the other dealt with low incomes, shocks to our health and bodily changes. We have coped with shifting house, transport hassles, marital discord and the loss of significant others. Some of us have survived violence and abuse so what is different for the aged?

The accepted wisdom is that we have worn out, our material resources have dwindled and we are no longer productive; nevertheless we are still consumers, especially of care. Those who are uncharitable perceive us as burdens on society. Where have these ideas come from?

Economic circumstances

Material wealth represented by money and possessions, particularly a house and a car, is not the sole arbiter of the quality of life an older woman may enjoy, but it underpins much of her daily living by providing access to interests and activities, healthcare and social contacts. The fact that poverty in old age is associated with gender has been well established, Estes et al (1995) Arber and Ginn (1995, 1999) Else and St John (1998). The 2007 Social Report: indicators of Well-being in New Zealand links loneliness to poverty. Figures for 2006 graphically show the difference between the experience of loneliness for those in the \$70,000 and over a year bracket and those on \$20,000 or less. Experiencing loneliness declines as your income rises and women were more likely to report loneliness than men. New Zealand superannuation for single persons living alone in 2007 was about \$17,000 annually before tax but not including any disability allowances. Being unable to afford outings and entertainment and too embarrassed to encourage visitors, women on low incomes can easily become isolated.

Historically women have been largely segregated in poorly paid occupations, whose value has been determined by the fact that work done by women, was seen by a patriarchal society, as less worthy than that of male occupations. Such inequality is reflected in the unpaid or poorly paid work of caregivers, mainly women, who provide savings for the state by caring for both young and old. Casual and part-time work, limited access to employment, years out of the paid work force bringing up families, care giving siblings and elders, sole parenting, and divorce all contribute to the prospect of an insecure and meager retirement income. It is difficult to save when you are poor.

Various studies have shown how women's patterns of saving, the value of their accumulated wealth, and the financial advice they were given differed from that for men. (Else and St John, 1998: Cooke et al., 1999: Infometrics, 2000: Gee et al. 2002) The

average savings of a woman is less than the average man's at all ages. Gee et al. (2002) confirm that divorced women with caregiving responsibilities are less likely to be saving for retirement, independent of personal income. They also found that one in every ten married women was relying solely on someone else (usually a husband) to make financial provision on her behalf, and that poor health leading to reduced income lowered the capacity to make financial provision for retirement.

Here are some of the responses from women in my 2002 study in relation to their financial strategies to prepare for retirement:

Financial Preparations

“My husband paid into a pension fund”, “My husband arranged super”, “My husband took care of the finances”

“Super schemes were only available for the bosses.”

“No super schemes were available in industry until the Labour Government in the seventies, and that was dismantled by Muldoon.”

“Paid into National Provident Fund, but not until I was 52.”

“I joined a super fund attached to employment, but too late for a significant payout.”

“Bought two rental properties ten years before retirement by which time they were paid off.”

“Purchased a small property with inherited funds for rental which gave income from 1992-98 when I became eligible for National Superannuation. This precluded me from being eligible for the 55 + benefit after redundancy.”

Managing financial resources copes with some problems of age , but there are others of a social nature.

Ageing and Ageism

Ageing is part of the human condition and literature is full of its unavoidable ills. There are few positive qualities accorded to age. We give lip service to dignity, respect and wisdom, but prefer to look the other way.

There are biological, psychological and social theories of age. Gerontology thrives on them and the present frontrunner is the new “positive ageing” paradigm which is replacing the older one of “disengagement.”

The ills of old age may be alleviated by healthy living and “Ageing in place”. A positive attitude, productivity and resilience in old age are stressed as a model for today’s aged. This is ageing in a climate which promotes competition in the market and individual achievement. Perhaps the next Olympics will offer a gold medal in Ageing.

Positive ageing sounds great, but tends to overlook the reality of ageing bodies and diminished assets. This is not to deny diversity in women’s experience of ageing: there is perhaps greater heterogeneity among the aged than in any other age group within a society. This is because the passage of time allows for more experiences and what it is clear from feminist, post-modern or critical theory frameworks is that one size does not fit all. Besides race, gender, social class and cohort differences, the sheer accumulation of experience in varied life courses and practices makes universal theories of ageing problematic. Never-the-less ageism pervades our western society.

Old age has been systematically associated with debility, weakness, loss of power and dependency. Dependency in the old appears negative, but dependency in the young is accepted. Old age is linked with medical pathology, illness, disease and with non-productivity.

Forget wisdom and experience, it is the perceived problems of ageing which receive the most attention. The old are characterized as non producers regardless of their contribution of unpaid voluntary work to society. Governments worry about the tax burden of an ageing population, and the looming costs of retirement. The market however sees an opportunity the aged are paying consumers. The retirement industry is booming. It is not just villages for the aged, residential facilities and hospitals, but leisure style tours and youthful makeovers.

A culture preoccupied with youth and health may define age as an abnormal condition; in this context certain behaviours appropriate for one group, the young, are considered inappropriate for the old. I see everyday examples of this in the common instances of dressing and sexual activity. If she adopts a young fashion an older woman is considered “mutton dressed up as lamb”. If she takes a young lover she is deviant. In this case the woman experiences the double censure of sexism and ageism. It confirms the contradictory relationship between the subjective sense of inner youthfulness and the exterior process of biological ageing.

If a woman is perceived as old and frail she may be ignored or discarded as useless. Such negative images do a disservice to older women. In 1970 Simone de Beauvoir had this to say about it.

“As men see it, a woman’s purpose in life is to be an erotic object, when she grows old and ugly she loses the place allotted to her in society: she becomes a monstrum that excites revulsion and even dread”.

I take issue with de Beauvoir’s use of ugly, but after all she is stressing a male view, the male gaze.

Strategies to Disguise Age

Technology and pharmacology have given us the tools to hide the physical signs of age and our obsession with a culture of youth and beauty has reached new heights. This week an American plastic surgeon was reported as saying that even in a time of economic belt tightening, beauty remained a top priority for many and that botox, the wonder drug, was still in demand mainly as an anti ageing treatment.

Medicine in the twenty-first century has provided the means to hide age even more effectively and expensively. A lucrative industry built on the need to eliminate the natural signs of ageing provides pills, potions, injections and cosmetic surgery designed to remove wrinkles, to resculpt our baggy bodies, to elevate sagging muscles, to tone up skin and disguise its discolouration.

Dyes and implants are available to restore hair to youthful vibrancy and never ending regimes of diet and exercise promote, not just good health, but the illusion of youth.

The pervasive imagery of the beauty industry has invaded old age. The appearance of youth must be maintained at all costs and the naturally changing contours of the female body are resisted. No more saggy bulges, no more wrinkles, Everything can be fixed with botox, and a nip and a tuck. Hey presto, your seventy year old is only middle aged!

This miraculously recontoured, dentally corrected, meticulously manicured, painted and fashionable end product of the current television makeovers is a good model for the dream of modern ageing. A triumph of the anti-ageing brigade, she is ripe for the attentions of a booming retirement industry. ‘Successful Ageing’ has parodied youth.

Why, you may well ask, should I criticize such procedures if they create feelings of self esteem and happiness? What is wrong with the current rash of television “makeovers” however temporary they

may be? Surely these too are strategies for overcoming the effects of ageing. The contemporary focus on creating positive images of ageing is not simply an attack on the negative presentation of age. It may indeed provide a means by which some old women will actually improve their well-being. However I am reminded of what Germaine Greer had to say in 1991.

A grown woman should not have to masquerade as a young girl in order to remain in the land of the living.

My objections to this masquerade are that it reinforces some aspects of ageism, avoids reality and promotes fear of a natural process. Moreover it suggests that such strategies for disguising age are available to everyone, although at a cost, a cost beyond the means of most women.

The images presented by market forces constitute a double-edged sword which, while promoting a positive image of age, ignores the realities of maintaining ageing bodies and their intimations of death. It also raises ethical issues.

What is the opportunity cost of hiding the signs of age? What philanthropic endeavors could otherwise have been supported? Perhaps the money might have been better saved for the medical emergencies that come with ageing bodies, or to assist a younger generation with housing or the payment of student loans.

The media representations of old women are governed by what is newsworthy so what we get is at opposite ends of the spectrum, victims and heroes. Headlines on the one hand of elderly women, mugged on pension day, abused by money grubbing family members, cheated by con artists, murdered or dying in a council flat left unfound for months: on the other hand there are grannies breaking records, bungy jumping, repelling house invaders, climbing mountains and living to one hundred with faculties unimpaired. A mother's day television programme featured "Glam

Grans”. Four expensively coiffeured, beautifully dressed ladies, slim and elegant bubbled effusively about their well organised lives which still found time for grandchildren. Good on them, but hardly a realistic representation of grannies!

These are the exceptions that make the headlines. Most of us live unremarkable lives and manage our resources as best we can, aware of our mortality and the march of time, wanting independence but acknowledging that we can’t always go it alone.

Old Women’s Vulnerability in age

If we have time I would like to consider some examples of the vulnerability of older women to abuse and neglect and the problem of sleep.

Elder abuse and neglect is a problem often swept under the table. It is not “sexy”. While it is recognised internationally it is difficult to quantify and define. According to one research report (MSD 2006), the lack of uniform reporting laws hinders both the older people themselves and others including professionals from doing so. Older people are reluctant to report abuse or neglect whether within the family or within a residential setting, they fear that the consequences may worsen their situation. Abuse may be physical, psychological or financial and experienced in both domestic and institutional settings. It was estimated that between 2 and 5 per cent of New Zealanders over sixty five years of age may have experienced abuse or neglect and were likely to have been frail and dependent. Adult children followed by spouses were the most likely perpetrators on the care of others.

Two recent examples reported in the media come to mind. In a rest home a woman was gagged to stop her talking when it happened to annoy her caregiver. By chance her situation was seen through a window and photographed by a workman. The images on television were horrifying. Her caregiver was dismissed and now faces prosecution. This private facility was closed down, but there

are more rest homes, staffed in many cases, by poorly paid and untrained staff.

A lot of men fail to get on with their future mother-in-law, but few take to stealing from her while she is ill in a rest home. One young man who was subsequently jailed for fraud took advantage of his partner's access to her mother's credit card and over a period of four months withdrew \$60,800 to feed his gambling addiction. The money was lost.

I would also like to tell you Millie's story. Millie was a strong positive woman who worked in nursing and hospitality well into her seventies. She was incensed by the experiences of two older friends who had been cheated financially by their families and left to linger in rest homes at the state's expense. She wished that some action could have been taken, never imagining that she might find herself in the same a position. However in her eighties she had emergency heart surgery and gave power of attorney to her son.

The outcome of the story was that she was persuaded to sell her retirement unit to provide her son with a no interest loan so that he and his partner could shift north to a better climate for their child and purchase a larger house. The agreement was that Millie would live with them, but also pay board. The son also required a larger car to accommodate his mother. This she paid for. Her household possessions, which were in better condition than her son's, were freighted north at her expense. It did not take long before the arrangement broke down. Millie was subjected to many petty indignities, verbal abuse and privations and told that she was no longer welcome. Having left behind her friends and familiar surroundings, and no longer owning assets, since her son and partner insisted that the car and the money from the sale of her house were gifts, not loans, she felt betrayed and abandoned.

Fortunately she had some extended family in another city and with their help was able to rent a small very basic flat attached to a rest

home. She sought legal advice and her son's power of attorney was revoked. After two and a half stressful years of playing legal tag, thanks to the son's intransigence, judicial mediation ruled in her favour. The lawyer's bill for 17,000 dollars was to be paid by the son. Millie only asked for \$20,000 of the original \$136,000 loaned and arranged for the balance to remain with her son until her death when it would go to her grandchildren and the heart foundation. Millie's health has suffered greatly and she is now in residential care, but as she told me.

"I am not a lemon, but I had to see the case through. It was not just for me but a matter of justice for other old women".

Before concluding I would like to mention a study by Sara Arber and Jenny Hislop (2003) which crosses both gender, social and health domains, This illustrates a problem faced by older women and some of the management strategies they use with varied levels of success.

Sleep in Old Age

The patterning of sleep in later life is moderated by physiological and psycho-social factors. The sleep of the old is lighter and more fragmented with frequent and prolonged awakenings as the amount of slow wave or deep sleep declines. There are differences for men and women. Both experience periodic limb jerks, cramps and urogenital problems requiring frequent trips to the toilet. Men have more obstructive respiratory disturbances and lighter sleep, while women have more deep restorative sleep, but more arthritic pain. This has a major impact on the sleep quality for both the sufferer and their partner, all of which threatens the harmony of the double bed and leaves the couple sleep deprived. The management tactic of single beds or separate rooms left some families concerned that the couple were about to divorce, such was the symbolism of the

double bed. Goodness knows what they would have made of LAT 'living apart together'!

The management of sleep disturbance in the social context of a relationship requires sensitive negotiation, not always possible when one partner is a night time care-giver responsible for the physical, sexual and emotional needs of the other. Florence looked after her husband who suffered with dementia for ten years,

“I mean I never stopped, I never slept really and that was my worst time for sleep. I kept a diary all the time he was ill and one night I got up 25 times. In the morning I was absolutely exhausted.”

In another case, after a heart attack, the relationship changed from 'husband-wife to mother-child and a naughty child at that. Some women lay awake worrying about their husband's laboured breathing. Some realised that the man they loved was no longer there, but were unwilling to place him in a home, "I couldn't live with myself" All of these scenarios required strategies other than a hot bath, warm milk drink a good book or a sleeping pill.

Returning to the reality that we do not know our "use by date" or what other events face us as we age here are some unexpected life events that changed the course of retirement for some of the women in my earlier study.

Unexpected Life Events

"I have no actual time for retirement as am caring for an ailing partner."

Our loss of capital during the final years of working ruined plans."

"My money was lost from a retirement fund----insurance company that lost heavily on the market."

"No preparation. Had five children, hard then and hard now"

"No preparation. A stroke cut short my plans."

“Have lived longer than anticipated, so savings have disappeared.”

“I have no actual time for retirement as am caring for an ailing partner.”

“I coped well for the first ten years, but now things have changed.”

Conclusion

The key comment from this is “things have changed”. Inflation has devalued savings, many finance companies have collapsed, (I think the current total is 26) local rates have increased. The cost of spectacles, medical and dental care, hearing aids and rents have soared. Petrol, power and basic food items have become luxuries for some pensioners and many old women are left in or at the edges of poverty. House maintenance, insurance, the replacement of whiteware or other technology becomes problematic. For those who are mortgage free there is the possibility of taking out a reverse mortgage at exorbitant rates of accumulating interest. This leaves little in the way of assets to transfer to the younger generation who currently struggle to follow the New Zealand tradition of home ownership.

For women over 75 the old economy of a vegetable garden may be beyond them, or impossible in a retirement apartment. Other measures suggested by women may already have been implemented. They may have become customers of the op shop, have cancelled magazines, eating out, entertainments or holidays. Heating may have been reduced thus risking health in our poorly insulated homes. The increased cost of transport, public or private, will have limited outings to friends and family. Toll calls will be avoided. Isolation may result.

The Ministry of Social Development’s 2007 social report states that the experience of loneliness declines as income rises. People with incomes of \$20,000 or less reported higher rates of loneliness than those on higher incomes. Many older women are in this low

income bracket. Those who are housebound are reliant on the telephone, neighbours, family, friends and community volunteers for the maintenance of their social contacts. Some links to the outside world are kept by listening to talkback radio in the small hours. Television offers entertainment, but how will the transition from analogue to digital be managed financially? How will obsolete technology be replaced? Outings to clubs, hobby groups and community events are still possible with the support of family and friends. However reliance on others is a strategy usually sparingly employed and often resisted.

Future generations of old women may benefit from the success of the movement for pay equity driven by our feminist agenda. Kiwi Saver the new government retirement savings scheme may assist many, but arguably, its benefits are more likely to accrue to full-time workers rather than to those women who are in casual or part-time employment or on a benefit. History has a habit of repeating itself and there is no guarantee that New Zealand Super will remain universal, or at the present levels (65%-72% of the average weekly wage net of tax and annually adjusted by the percentage movement in the consumer price index) or that the age of eligibility will not be raised.

It is important to record the successful and unsuccessful strategies of the present cohort of old women. We may learn from them.

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