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GOING UP NORTH:
UNMARRIED MOTHERS AND THE NEW ZEALAND STATE, 1950 – 1980

A THESIS PRESENTED IN PARTIAL FULFILMENT

OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF ARTS IN HISTORY

AT MASSEY UNIVERSITY

HELEN PETERS

2020

ABSTRACT

New Zealand historians have long been interested in changing attitudes and treatment towards unmarried mothers between the years 1950 to 1980. In the discourse surrounding women's sexuality and reproductive practices, unmarried mothers were perceived as a grave social threat, undermining the stability of the heteronormative, nuclear family. While the historiography of unmarried mothers' experiences within institutional "mother and baby homes" is robust, there is less research on women who managed their pregnancies within the community. "Going Up North: Unmarried Mothers and the New Zealand State, 1980 – 1950" seeks to address these gaps by interviewing women who found themselves pregnant and unmarried throughout this time period, and did not reside in an institutional home. Additionally, the provision of state services such as healthcare and financial aid are examined through a feminist lens and used to evaluate changing perceptions and attitudes towards unmarried mothers. Using feminist theory, "Going Up North" locates these changes in the rise of feminist thought, rather than commonly assumed markers such as the instigation of the Domestic Purposes Benefit. By recording the insight and experiences of unmarried mothers within the community during these crucial decades of change, we can enrich our understanding of the current history of reproductive rights in New Zealand which underwrites attitudes towards women, families and reproduction in New Zealand today.

DEDICATION

For

Angela, Anita, Belinda, Colleen, Daphne, Hope, Iris, Kirsty, Leah, Mary, Olive, Paula, Sarah, Sherry, Shirley, Sylvia, Tessa, Tracey, Trish and Vivian

with the deepest respect

ACKNOWLEDGEMENTS

My sincere gratitude to all of the women who stepped forward to share their experiences with me, whether they were used in this thesis or not. It has been a privilege to meet each and every one of you and/or hear your stories and perspectives. Without your courage and grace, this thesis could not have been written. I hope I have done you all proud.

To my supervisor, Dr. Rachael Bell, who has had the patience of a saint with a student who likes to do everything at the last minute. Your advice, intelligence and eagle eye for editing has sharpened this thesis into something infinitely better than what I had first envisioned. Thank you.

Thanks must also go to Dr. Geoff Watson, always available with a kind word of encouragement, and the History Department of Massey University, who helped to fund this research with a scholarship. Additionally, a generous scholarship from the Manawatu Graduate Women's Association allowed me to travel all over the country for interviews and was deeply appreciated. Jennifer Little, Massey University Communications Advisor, was always interested in and encouraging of this thesis, and arranged for me to be interviewed on National Radio, which resulted in the bulk of my interview subjects coming forward. I'm grateful for her support. Aggie Christianson provided helpful insight and guidance into Māori perspectives on illegitimacy and whāngai and beautiful words of encouragement.

My love and thanks to each one of my family members and friends who provided me with childcare, places to stay, and invaluable support during the course of researching and writing this thesis. A special thanks to my wonderful parents, who have invested in me so generously over the years and always believed in me, even when I didn't believe in myself; Lyn, for sharing your memories, apartment and ice-cream; Doreen, Geoff and Jenny, for supporting my efforts any way they could; and Charlotte, for your timely memes, unfailing enthusiasm and righteous indignation on behalf of unmarried mothers everywhere.

Finally, thank you to Carl, my husband, for far too many things to mention here, especially running the entire household and juggling four children and a full-time job while I was travelling, studying or writing; pushing me when I needed it; and doing all of it without complaint. You are my best friend.

I love you.

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INTRODUCTION

In the year 2017, the Right Honourable Jacinda Ardern was elected as the fortieth Prime Minister of New Zealand. Five months after being sworn in, Jacinda and her partner, to whom she was neither married nor engaged, welcomed their first child. Congratulations flooded in from dignitaries all over the globe, and proud New Zealanders were thrilled to hear of the baby's arrival. While Jacinda ran the country, her partner stayed at home and looked after their child.

However, if we were to rewind to the year 1960, things would have looked very different for Jacinda. There would have been no happy telephone calls to her parents, nobody stopping her in the street to shake her hand and share in her excitement, and certainly no congratulations. Instead, Jacinda would have been an "unmarried mother", considered to be a serious social problem indicative of slipping moral standards in New Zealand society. Like the 2,911 unmarried women who gave birth during that year, Jacinda would have been condemned for failing to remain celibate until she was married, whether she had chosen to engage in sexual activity by her own free will or not. Her options would be few. She could marry her partner, but only if he was willing; contemporary double standards meant he would not have been subjected to the same punitive actions or attitudes as Jacinda. She could have the baby and try to raise it as a solo mother, but unless her family was willing to support her financially, there were no benefits easily accessible from the state to help her. If she knew where to go and who to ask for help, she could have an illegal abortion, which meant putting her health and even her life at serious risk. Or she could go to an unmarried mother's home, perhaps even the farm or the home of complete strangers in a totally separate part of the country, where nobody would find out about her shameful situation and where she would be used for unpaid labour. This was known as "going up North", a euphemistic answer used conceal the whereabouts of an unmarried mother while she was away from home. Once the baby was born, she would more than likely adopt the child out.

Between the years 1950 and 1980, an estimated 58,000 adoptions happened in New Zealand. When informing members of the general population about the topic of this thesis, it was rare to encounter somebody who didn't have some kind of personal connection to adoption. Comments ranged from "My grandmother was in one of those homes!" to "I was adopted during that era myself." Films such as *Pieces of My Heart* (2009), which dramatized the experience of several young, unmarried New Zealand mothers during the 1960s through the process of adopting out and later attempting to reconcile with their children, and attempts by a group of women to secure an apology from the New

Zealand government for the state's role in perpetuating closed adoptions, mean that the plight of the unmarried mother in previous decades is occasionally revisited in the media.

The topic for this thesis stemmed from a family story about a great-aunt, and my own experience becoming pregnant outside of wedlock at the age of nineteen. I remember hearing stories from my mother and aunt about their father's sister, who was sent to an unmarried mother's home in the late 1930s. My aunt reflected,

> She was sent up to one of those unmarried mother's places, where the inmates were treated like slave labour. You'd scrub the kitchen floor and you'd do this and you'd do that and they were kept really busy. And the expectation was that when you left there, you went back out into the world, forgot about this child, and you got on [with] your life…too bad if you wanted to keep it, because you're not going to be able to, and they had ways and means of making sure of that…[great-aunt's] baby was two days old when she was told to go to the office to sign the adoption papers.[1]

Once she had signed the papers, my great-aunt was turned out into the street. Feeling that she could not return home at that stage, she went to stay with the family of another girl who had been at the home, who helped her to find a job and somewhere to live. My aunt said that in her later years, my great-aunt "became very, very depressed. I think she would have been in her seventies, eighties by then, and she was very depressed."[2]

This snippet of family history played in my mind when I became unexpectedly pregnant during my second year of university. The deep and debilitating grief I felt at ending this pregnancy via. abortion was not acknowledged. I was expected to "pick myself up" and carry on as if nothing had happened. I wondered how my great-aunt had coped in the aftermath of adopting her baby out. After marrying and having four children of my own, I turned again and again to the topics of abortion and closed, or forced, adoption. I read everything I could, searching for answers to the question of why society condoned such practices on one hand, but seemed to condemn women for pursuing them on the other. I discovered that while much has been written about women's experiences within unmarried

[1] Aunt, interview with author, October 3, 2019, 07:54

[2] Aunt, interview with author, October 3, 2019, 13:33

mother's homes, little has been said about how women had coped within the wider community. This led me to pursue this topic for my Master's research.

"Going Up North: Unmarried Mothers and the New Zealand State, 1950 – 1980" examines the experiences of unmarried, pregnant women outside the system of charitable homes between the years 1950 – 1980, and to what degree, if any, these women were supported by the state. The thirty years focused on were chosen because they were decades of great social change within New Zealand and the rest of the Western world. Attitudes towards sexuality were changing, contraception was becoming more readily available, and in 1973 the Domestic Purposes Benefit gave unmarried mothers financial support from the state to care for their children. However, they were also the peak years of adoption, particularly the 1960s, and the Crimes Act confirmed abortion as illegal in 1961. Oral interviews with twenty women who were unmarried mothers and managed their pregnancies within the community between 1955 and 1979 revealed a gamut of experiences, from being sent away from home and losing their careers to living at home with their parents and welcoming their babies into a supportive extended family. "Going Up North" evaluates the longitudinal changes over these decades using the lens of socialist feminism, giving us a deeper understanding of women's social status and reproductive health during this era.

Jacinda Ardern was lucky enough to find herself pregnant in an era where pregnancy is celebrated and supported in New Zealand, regardless of the mother's marital status. But it has not always been that way. It is important that we recognize and remember the countless women who were penalized, economically and socially, for what was perceived as gravely immoral conduct. With different attitudes and support, perhaps one of them may also have been Prime Minister. Instead, they were shamed and silenced. "Going Up North" is an attempt to understand this transformative period in New Zealand's reproductive history.

METHODOLOGY

"Going Up North" asks the questions: what were the experiences of women pregnant outside of wedlock in the community during the decades 1950 to 1980, and to what degree, if any, were they supported by the state? How did these experiences change over the decades? What social developments impacted on service provision and outcomes over these thirty years and to what extent can these changes be considered indicative of changes to New Zealand society as a whole? In order to answer these questions, a qualitative and feminist approach, focusing on oral history, was used.

WHY ORAL HISTORY?

Oral history is a powerful tool for feminist research, and one that was particularly appropriate for the intensely emotive and personal subject of unmarried motherhood. Oral history allows both the researcher and the respondent to participate in the creation of a meaningful narrative recognising that "meaning" is something "generated during the research process" itself.[3] For feminist researchers, this is important, as the collaborative creation of meaning allows for fluid and creative responses to questions as well as opportunities for clarification and discussion. In this way, oral history allows the researcher to access "people's ideas, thoughts, and memories in their own words rather than the words of the researcher."[4]

Oral history was chosen as the main research method for this thesis as women's experiences of unmarried mothers in the community were unlikely to be included in formal archival sources. By participating in oral history interviews with women who were unmarried mothers, this thesis was able to provide a place where their stories could be recorded and acknowledged, bringing a greater depth of understanding to the discursive areas of reproduction and sexuality by uncovering "previously neglected or misunderstood worlds of experience."[5]

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[3] Leavy, Patricia, *Oral History: Understanding Qualitative Research* (Oxford: Oxford University Press, 2011), 7

[4] Reinharz, Shulamit with Davidman, Lynn, *Feminist Methods in Social Research* (New York: Oxford University Press, 1992), 19

[5] Reinharz with Davidman, *Feminist Methods in Social Research*, 44

MEMORY AND TRAUMA

Oral histories draw on memory, which is not an infallible resource. Historian Lynn Abrams states, "The memory recovered through oral history is not always 100 per cent reliable in objective or measurable terms."[6] It is important to acknowledge that memory is open to suggestion and shaped by our life experiences. Memories are fluid, changing over time, and "will be remembered and reconstructed in different ways depending on the stage in one's life."[7] Australian historian Alistair Thomson noted in 2011:

> Consolidation through storytelling is an essential initial stage in the creation of long-term memory…although elements of the original story will reappear, the remembered account is almost never the same as the original, or indeed of any previous recounting…we perform our memories in ways that will communicate and appeal to a particular audience, and the expectations of the occasion and the audience will, in turn, influence the storytelling.[8]

Many of the women interviewed for this thesis, ranging in age from eighty-one to sixty-one at the time of interviewing, acknowledged giving differing accounts of their experiences to different people in different points at time. Details were softened or omitted, for example, when discussing the adoption of an ex-nuptial child with a future spouse as young women getting ready to marry. More often than not, the shame of being an unmarried mother during the decades between 1950 and 1980, and the expectations of "moving on" and "forgetting" their experiences, ensured the complete silence of women for many years.

The subjectivity of memory does not mean it cannot be used for research purposes. Thomson argues that because long-term memories are "consolidated and reconsolidated through storytelling, [they are] therefore a reasonably reliable historical source."[9] Although memories are highly individualised, viewed together they can create a pattern of social experience that is able to be extrapolated to the wider population. Oral history and memory connects the individual with "the social/historical context

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[6] Abrams, Lynn, *Oral History Theory: Second Edition* (New York: Routledge, 2016), 79

[7] Abrams, *Oral History Theory*, 86

[8] Thomson, Alistair, "Memory and Remembering in Oral History" in *The Oxford Handbook of Oral History*, ed. Donald A Ritchie (Oxford: Oxford University Press, 2011), 86, 88

[9] Thomson, "Memory and Remembering in Oral History", 90

in which biographies are played out" and allows us to gain a deeper and more comprehensive understanding of social phenomenon throughout history.[10] American sociologist Ron Eyerman calls such phenomenon "collective memory", which "unifies [a] group through time and over space by providing a narrative frame, a collective story, which locates the individual and [their] biography within it."[11] On a public level, collective memories are often subject to memorialisation, such as Armistice or Anzac Day services.[12] As mentioned in the Introduction, unmarried mothers and the shame and sanctions they were subject to are also present in our collective memory through the production of movies, books, media reports, and debate over what is arguably outdated abortion and adoption legislation in New Zealand. The way that unmarried mothers are portrayed through these mediums have a direct impact on the individual unmarried mother's memories, shaping the ways in which they locate their experiences within the wider narrative framework of illegitimacy.

Using long-term memories for oral history research also provides the benefits of "reflection associated with narrative."[13] Many of the women interviewed for this thesis recalled the emotion of being stigmatised as an unmarried mother, but also considered and acknowledged wider social attitudes that contributed to these attitudes when responding to the interview prompts. Age, education, and life experience allow for greater understanding of one's experiences, even if those experiences remain distressing, and can provide a wholistic narrative for the researcher to critically assess.

The majority of women interviewed for this thesis reported or demonstrated trauma-based reactions to their experiences as unmarried mothers. It is therefore important to acknowledge the impact of trauma upon memory. To many, the process of construction and reconstruction of traumatic memories would devalue their worth as historical sources, but these memories often remain very clear within the individual's interpretations of them due to their "lasting emotional salience."[14] Through his examination of Australian soldiers in Gallipoli, Thomson argues that traumatic memories are constructed in a specific way. He calls this "composure": "When we remember we also seek to

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[10] Leavy, *Oral History*, 16

[11] Eyerman, Ron, *Memory, Trauma and Identity* (Cham, Switzerland: Palgrave Macmillan, 2019), 25

[12] Eyerman, *Memory, Trauma and Identity*, 25

[13] Eyerman, *Memory, Trauma and Identity*, 34

[14] Thorne, Avril and McLean, Kate, "Telling Traumatic Events in Adolescence: A Study of Master Narrative Positioning" in *Autobiographical Memory and the Construction of a Narrative Self: Developmental and Cultural Perspectives*, eds. Robyn Fivush and Catherine Haden (New York: Psychology Press, 2003), 174

create a past we can live with, a story that deals with the raw and jagged edges of past experience and offers a comfortable and coherent narrative for the present."[15] Composure has a dual meaning in Thomson's framework, for composing traumatic memories in such a way allows the narrator to remain "composed".[16] While composure "may reduce the potent and debilitating effect of the memory of a catastrophic event…the story will never fully extinguish the suffering."[17]

Oral history can both reconfirm and challenge collective memory. By acknowledging that memory is malleable and socially as well as individually composed, we can use it as a tool for evaluating social change. The women interviewed for this thesis were generally uncomfortable sharing their experiences as unmarried mothers in the years immediately afterwards, while shame and stigma still lingered. That they stepped forward to volunteer their time and narratives for this thesis in 2019 points to the fact that unmarried mothers are considered to be much less of an "other" in society. As unmarried motherhood is now a largely accepted form of legitimate motherhood, the memories composed by the women about their experiences of unmarried motherhood are able to be shared without the silencing fear of judgement or ostracism. With careful and sensitive questioning by the oral historian, we can invoke "manifold responses, some of which are outside the dominant cultural scripts."[18] This thesis challenges the popular cultural perceptions of the unmarried mother as a promiscuous or irresponsible young woman, bent over a laundry tub in a Catholic "mother and baby" home. Instead, by relating the memories of a range of ordinary women who dealt with their pregnancies in a variety of ways, who did not always place their child for adoption, and – particularly towards the mid to late 1970s – found a measure of acceptance in wider society despite their "unmarried mother" status, we gain a greater understanding of who the unmarried mother was and how society reacted to illegitimacy. This is the power of oral history.

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[15] Thomson, Alistair, "*Anzac Memories* Revisited: Trauma, Memory and Oral History", *Oral History Review* 42:1 (2015), 23

[16] Stephens, Julie, "Our Remembered Selves: Oral History and Feminist Memory", *Oral History Review* 38:1 (2010), 82

[17] Stephens, "Our Remembered Selves", 82

[18] Stephens, "Our Remembered Selves", 83

FINDING PARTICIPANTS AND THE INTERVIEW PROCESS

Due to the highly personal and emotive nature of the topic, it was decided to advertise within the wider community and invite women who were interested to participate. This was done via an interview on New Zealand National Radio with Jesse Mulligan, which resulted in a small article in at least one regional newspaper.

From these different channels, a total of sixty-three women and one man made contact. Two of the women were New Zealand citizens living in Australia, who had been resident in the country at the time of their pregnancies. Of these women, ten did not reply to the initial follow-up email, and a further eleven were not able to be interviewed or withdrew from the study before an interview was conducted. A total of forty-two women and one man were interviewed between September and November 2019.

If the women did not wish to meet in person, telephone interviews were conducted. Additionally, some women preferred to write their experiences down instead of or ahead of being interviewed. An outline of questions was provided to assist with alignment to topics covered in the oral interviews. Women emailed these written submissions to the researcher, who then followed up with a telephone call to each respondent if they were comfortable with such an arrangement.

Of the forty-two women interviewed, twenty interviews have been selected as the case studies for this thesis, representing either particularly unique stories or ones most representative of the whole. The twenty women whose stories have been shared in this thesis have been assigned pseudonyms, and their locations within the country as well as the sex of their children and the names of their doctors, if mentioned, have been redacted in order to safeguard their privacy.

ETHICAL CONSIDERATIONS

In dealing with a subject as sensitive as unmarried motherhood, it was important to ensure that ethical guidelines were instituted and maintained in order to safeguard the emotional and mental health and the privacy of all involved in the study. The Massey University Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants was followed closely, and all research was undertaken with the approval and guidance of the Human Ethics Committee at Massey University.

Although interview subjects were engaged on a voluntary basis and had therefore demonstrated their willingness to speak about their experiences as unmarried mothers, particular care was taken to ensure that their emotional and mental health remained an utmost priority both during and after the

interview process. In-person interviews were held in a place the subject was comfortable with, such as a private interview room at a public library or, most commonly, in the subjects' own home. The interview subject could choose to have a support person present with them if they wished. A list of telephone numbers for mental health support services was provided to each subject in case they required additional support. Contact with each subject was maintained after the interview process had concluded, either via telephone or email, keeping the subjects up-to-date with the evolution of the thesis and providing an avenue for further discussion and support if it was needed.

Because the interviews dealt with deeply personal and sensitive information, care was taken not to breach the privacy of the subjects. Audio recordings, transcripts, notes and drafts of each interview were kept in a locked desktop folder, and permission slips were also kept in a secure location unable to be accessed by anybody outside the study. All paperwork containing legal names and contact details were destroyed at the conclusion of the study.

HISTORIOGRAPHY

Reproductive history has long been of great interest to New Zealand historians. Consequently, it is well studied and analysed, giving researchers a rich variety of material to work with. Three categories of historiography have been used to shape and inform this thesis: general histories of women's experiences in New Zealand society; those that deal specifically with unmarried motherhood and adoption; and international literature that has been used to contextualise the New Zealand experience within a global framework.

There are notable differences between Māori and European experiences of illegitimacy, which inform this thesis. In Māori families, the practice of whāngai allowed women who found themselves pregnant outside of wedlock the option of placing their child with family members to raise. In this way, the child's ties to their biological parents and whakapapa were maintained, and ongoing relationships were encouraged. This was in stark contrast to the way illegitimacy was viewed and reacted to in European families, which were informed by cultural systems of ideologised motherhood, stigma and shame. Unmarried mother's homes and closed adoptions were therefore the domain of primarily European women. The women who interviewed for this thesis all identified as Pākehā, or New Zealand European, suggesting that during this time period, Māori women managed their ex-nuptial pregnancies in different ways and had access to wider family support.

State intervention in adoption during the 1960s did see increasing numbers of Māori children adopted through the European court system, which is explored in Maria Haenga Collins' 2011 thesis "Belonging and Whakapapa: the Closed Stranger Adoptions of Māori Children into Pākehā Families." Collins found that the assimilationist adoption policies of New Zealand at the time did not take into account Māori cultural values and practices, often leaving the adopted child feeling like they were "walking between worlds", neither fully identifying as Māori or Pākehā.[19] The ways that Māori women navigated European systems of healthcare and adoption in relation to illegitimacy, and the impact that Māori culture had on modifying European responses to unmarried mothers, are outside the scope of this thesis, and remain areas that require further research.

[19] Collins, Maria Haenga, "Belonging and Whakapapa: the Closed Stranger Adoptions of Māori Children into Pākehā Families" (Master's thesis, Massey University, 2011), ii

GENERAL HISTORIES OF EUROPEAN WOMEN IN NEW ZEALAND

In order to gain insight into the attitudes towards and experiences of unmarried mothers between 1950 and 1980, it is essential to understand the wider historical context of women in New Zealand. Historians Barbara Brookes, Charlotte Macdonald and Margaret Tennant published their significant early text in New Zealand feminist history, *Women in History: Essays on European Women in New Zealand*, in 1986. Tennant's chapter "'Brazen-Faced Beggars of the Female Sex': Women and the Charitable Aid System, 1880 – 1920" was particularly useful for this thesis, as it contextualised the formations of moralistic attitudes towards unmarried Pākehā mothers during the late nineteenth and early twentieth centuries. Tennant argued that unmarried mothers were considered the "least deserving" of charitable aid during this time period, due to the fact that they had transgressed the high standards of moral purity women were expected to uphold.[20]

In 1992, Brookes, Macdonald and Tennant released *Women in History 2: Essays on Women in New Zealand*. Significantly, this volume sought to incorporate the experiences of Māori women. Tennant's chapter "'Magdalens and Moral Imbeciles': Women's Homes in Nineteenth Century New Zealand" followed on from "'Brazen-Faced Beggars of the Female Sex'" in exploring the ways that unmarried women were supported by charitable institutions once they found themselves pregnant. Women in these institutions were trained in domestic tasks such as laundry and cooking, skills that they would be able to channel into employment as housekeepers or marriage.[21] Hard work and religious influence were believed to reform the unmarried mother, "awaken a sense of maternal responsibility and to make the woman aware of the consequences of her sin."[22]

Tennant's work in both volumes of *Women in History* holds great resonance, as this thesis closely examines the role changing moral standards had in determining women's experiences of unmarried pregnancy. The moralistic discourse and practices surrounding unmarried mothers, established in the nineteenth century, continued to have a direct impact on the women interviewed for this study. Even if they did not go to a home, a period of absence from their communities had become the most common solution for unmarried mothers until the 1970s, in order to conceal their "shameful"

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[20] Tennant, Margaret, "'Brazen-Faced Beggars of the Female Sex': Women and the Charitable Aid System, 1880 – 1920" in *Women in History: Essays on European Women in New Zealand*, eds. Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen & Unwin, 1986), 42

[21] Tennant, Margaret, "'Magdalens and Moral Imbeciles': Women's Homes in Nineteenth Century New Zealand" in *Women in History 2: Essays on Women in New Zealand*, eds. Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Bridget Williams Books, 1992), 57

[22] Tennant, "'Magdalens and Moral Imbeciles'", 60

condition. The punitive aspects of these experiences reflect ongoing moralistic beliefs of who was "deserving" and "undeserving" of compassion and aid, not only from the state but also from society at large. These attitudes were often internalised, with many of the women interviewed for this thesis still deeply aware of and upset by the stigma they had encountered as unmarried mothers.

Feminist writer Anne Else released her edited text *Women Together: a History of Women's Organisations in New Zealand: Ngā Ropū Wāhine o te Motu* in 1993. Historian Sandra Coney's chapter on health provided an overview of how attitudes towards women's reproductive health have changed over the years. Coney reinforced Tennant's perspective that women's health issues, such as pregnancy, were bound to contemporary moral dictates: "Because it is so intertwined with notions of morality and women's role in society, women's health…is deeply affected by current social ideology."[23] Writer and historian Helen Smyth's 2000 book *Rocking the Cradle: Contraception, Sex and Politics in New Zealand* also examined how the provision of healthcare to women was impacted by moral ideologies. She documented the attitude of doctors, often considered "the guardians of health and to some degree the morals of the community", and the way contemporary morality influenced the type of care doctors provided to women.[24] This included the withholding of information, contraception and abortion, the three methods of controlling fertility and planning families available to women at the time. The relationship of the doctor to the unmarried mother is explored throughout this thesis and emerges as a critical aspect not only in what type of medical care was provided to the unmarried mother, but also how supported and emotionally resilient she felt and even whether or not she kept her baby. Additionally, "Going Up North" will argue that doctors were transmitters and enforcers of capitalist and patriarchal state values, providing another lens on the unmarried mother's experiences as targets of regulation through state bio-power.

The New Zealand government has always maintained an interest in women's reproductive health. However, the state's perceived concern for women has often been a byproduct of provisions of welfare for other members of society. Historian Brownyn Dalley's text *Family Matters: Child Welfare in Twentieth-Century New Zealand*, released in 1998, noted that when unmarried mothers secured access to the Domestic Purposes Benefit in 1973, it was a result of the state's growing interest in the safety and security of children rather than concern for a single mother struggling to raise her child/ren

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[23] Coney, Sandra, "Health Organisations" in *Women Together: a History of Women's Organisations in New Zealand: Ngā Ropū Wāhine o te Motu,* ed. Anne Else (Wellington: Daphne Brasell Associates Press and Historical Branch, Department of Internal Affairs, 1993), 241

[24] Smyth, Helen, *Rocking the Cradle: Contraception, Sex and Politics in New Zealand* (Wellington: Steele Roberts, 2000), 29

alone.[25] Historian Margaret McClure also provided this perspective in her 1998 text *A Civilised Community: A History of Social Security in New Zealand 1898 – 1998*. McClure challenged the idea that New Zealand was a "humanitarian state" and noted that while the Domestic Purposes Benefit empowered women to raise their ex-nuptial children or leave dangerous or dissatisfying marriages, the benefit rate was lower than the male wage and women often lived in poverty.[26] The administration of the benefit by the Social Welfare Department required the woman to be closely surveilled, reflecting fears about the disintegration of marriage and long-term reliance on the state for support: "The worst prospect was that teenaged mothers would continue on the benefit, perhaps for eighteen years, then with no training or employment become 'women alone' beneficiaries until reaching the age of superannuation."[27] The experiences of women interviewed for this thesis reflected the changes in the provision of state support throughout the decades between 1950 and 1980. Women who found themselves pregnant during the 1970s were able to rely on the Domestic Purposes Benefit if they needed to; however, family support emerged as the overall leading factor in determining whether or not an unmarried mother would keep her child.

While the Domestic Purposes Benefit, which was primarily concerned with child welfare, allowed the unmarried mother and her child/ren to gain a foothold in New Zealand society as a legitimate family deserving of support, government legislation regarding abortion reveals ongoing attempts to locate women's sexuality within the home and family. The abortion histories complied by New Zealand doctor and reproductive rights advocate Margaret Sparrow highlighted how difficult it was for women to procure a safe abortion in New Zealand, reflecting the moral and social stigma attached to unmarried mothers. In her 2010 text, *Abortion Then and Now: New Zealand Abortion Stories from 1940 to 1980*, Sparrow demonstrated how procuring an abortion meant risking death by sepsis, leading women to increasingly seek abortions from Australia by the late 1960s and 1970s. "Going Up North" looks at abortion as one of the solutions to unmarried pregnancy. The women interviewed were able to pursue abortion more easily in the 1970s, despite the financial costs of flying to Australia, reinforcing Sparrow's historiography. However, Sparrow's histories of abortion also raise the question of how women who were not able to access this procedure addressed their situations as unmarried

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[25] Dalley, Bronwyn, *Family Matters: Child Welfare in Twentieth-Century New Zealand* (Auckland: Auckland University Press and Historical Branch, Department of Internal Affairs, 1998), 217

[26] McClure, Margaret, *A Civilised Community: A History of Social Security in New Zealand 1898 – 1998* (Auckland: Auckland University Press, 1998), 180

[27] McClure, *A Civilised Community*, 186

mothers. This thesis expands on this knowledge by exploring a variety of other solutions to unmarried pregnancy, including keeping the child, marriage, and adoption.

ADOPTION HISTORIES OF NEW ZEALAND

During the 1950s, adoption was increasingly seen as a "perfect solution" to the crisis of illegitimacy. It provided the ex-nuptial child with a heteronormative, married parents, and released the unmarried mother from the shame of her moral and social transgression so that she was able to reclaim her "status" in society. The lifelong consequences of the decision to adopt her child out, as well as the relatively large proportion of the New Zealand population either directly or indirectly affected by closed adoption, has ensured that studies of adoption form a significant part of the literature surrounding unmarried mothers in New Zealand. While adoption is not the primary focus of this thesis, studies in adoption highlight the wider public's perceptions of unmarried mothers and provide a lens through which women remember their experiences. In this way, it is deserving of a particularly close consideration in the historiography.

Joss Shawyer's *Death By Adoption* was first published in 1979 and opens with the powerful statement that adoption is a "political act of aggression towards a woman who has supposedly offended the sexual mores by committing the unforgivable act of not suppressing her sexuality, and therefore not keeping it for trading purposes through traditional marriage."[28] In this strongly feminist text, Shawyer explores the ways that the 1955 Adoption Act obscured not only the legal rights of adopted children but their genetic origins as well, in order to shield them from the social stigma of illegitimacy. She argued that the birth mother was rendered invisible by this process and that closed adoption was forced upon unmarried pregnant women in New Zealand as a form of social control.[29] Shawyer's findings are reconfirmed in this thesis. Additionally, Shawyer interviewed both women who gave their babies up for closed adoptions and adopted children themselves, revealing the ongoing emotional and mental pain and unanswered questions surrounding closed adoption practices in New Zealand. However, it is possible that, within the context of the times, had Shawyer been presented with a more positive viewpoint, she may not have accepted it. She was motivated to write this history after being pressured to adopt her own ex-nuptial children, and her anger on behalf of herself and other women who were subject to such pressure influences her treatment of the subject. "Going Up

[28] Shawyer, Joss, *Death by Adoption* (Auckland: Cicada Press, 1979), 3

[29] See Shawyer, *Death By Adoption*, Chapter Two "Punishment of the Natural Mother"

North" presents both negative and positive experiences within the realm of adoption, providing a wholistic consideration of adoption experiences in New Zealand.

Anne Else's text *A Question of Adoption: Closed Stranger Adoption in New Zealand, 1944 - 1974*, published in 1991, also examines adoption practices and experiences in New Zealand. Her interviews with social and child welfare workers involved in adoptions between 1940 and 1960 are illuminating in regards to the attitudes and motivations of the people who worked with unmarried pregnant women during this time. Else looked at the pressures placed upon single mothers to adopt during this period, such as a lack of information about other options, fear, shame and isolation, and the mental and emotional consequences of such. Else concluded that closed adoption within New Zealand was "a social experiment with unknown and investigated outcomes, conducted on a massive scale."[30] However, her study ends just after the introduction of the Domestic Purposes Benefit, implying that the problems facing unmarried mothers were largely ameliorated by the provision of state support. This thesis disagrees, and will argue that the "falling-off" of adoptions is more closely related to the rise of feminist thought at the beginning of the 1970s.

In addition to Shawyer and Else's work, Gillian Palmer's thesis "Birth Mothers: Adoption in New Zealand and the Social Control of Women, 1881 – 1985" records the experiences of unmarried mothers who gave their children up for adoption, blending secondary sources and interviews conducted by Palmer herself to give an overview of the myriad of complexities in thought and feelings involved in surrendering a child for adoption. Palmer argued that "adoption has formed part of population ideology and control [in New Zealand], supporting the nuclear family and maintaining the patriarchal status quo."[31] While Palmer's thesis involved surveys and interviews of unmarried mothers during the 1950s and 1960s, including those women who were pregnant in the community, she did not interview women who were unmarried and pregnant in the 1970s. Palmer also focused solely on women who placed their babies for adoption. "Going Up North" bridges this gap by examining the experiences of unmarried mothers across all three decades, whether they placed their children for adoption or not, and assists in the evaluation of longitudinal changes, allowing for more cohesive conclusions regarding the attitudes and responses towards unmarried mothers in mid-twentieth century New Zealand.

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[30] Else, Anne, *A Question of Adoption: Closed Stranger Adoption in New Zealand, 1944 – 1974* (Wellington: Bridget Williams Books, 1991), 197

[31] Palmer, Gillian, "Birth Mothers: Adoption in New Zealand and the Social Control of Women, 1881 – 1985" (Master's thesis, University of Canterbury, 1991), ii

It is important to note that Shawyer, Else and Palmer approached adoption histories from sometimes fiercely feminist perspectives. Ione Cussen's 2016 thesis "Love Child: Single Motherhood in Late Twentieth Century New Zealand" explored the Salvation Army Bethany Homes and the Motherhood of Man Movement in Auckland and provides an important counterpoint to these earlier historiographies. Cussen highlighted the positive work these two organisations did in supporting unmarried women, using letters written to the organisations by the grateful women that they had helped. Cussen stated, "Not all homes for single mothers aligned with the harsh and judgemental stereotypes that they have so often been associated with," an important point that one must keep in mind while researching and writing about this highly emotional topic and controversial time period.[32] While this thesis also approaches unmarried motherhood from a feminist standpoint and provides a perspective on the trauma that closed adoption entailed for many women, it does not engage with adoption exclusively and instead relates a wider range of experiences, particularly from the 1970s. "Going Up North" therefore expands the historiography, helping to place adoption histories within the wider perspective of unmarried motherhood.

INTERNATIONAL LITERATURE

Historiographies of unmarried mothers, illegitimacy and adoption in countries closest to New Zealand in terms of demography and culture were researched in order to place the experiences of New Zealand women in an international context. During the years 1950 – 1980 New Zealand was one of many countries utilising adoption as a solution to ex-marital pregnancy. This practice was common throughout the Western world, including Australia, the United Kingdom and the United States of America.

The Australian government formally apologised for its role in perpetuating forced adoptions in 2013. Shurlee Swain and Renate Howe's 1995 text *Single Mothers and their Children: Disposal, Punishment and Survival in Australia* echoed Shawyer's arguments that closed adoption was used as a tool to control women's sexuality. The voices of women subjected to the practice were heard through letters, testimonies to charitable institutions as recorded on their files, and interviews conducted by the authors. Swain and Howe's work examined unmarried mother's experiences through several different

[32] Cussen, Ione, "Love Child: Single Motherhood in Late Twentieth Century New Zealand" (Master's thesis, University of Auckland, 2016), 129

lenses, including access to contraception, abortion and reproductive education, and aligns closely in its findings to this thesis.

In the United Kingdom, Pat Thane and Tanya Evans looked at the evolution of the National Council for the Unmarried Mother and Her Child in their 1995 text *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England*. Thane and Evans' text was significant in challenging public perceptions and stereotypes of the unmarried mother in Great Britain, highlighting the diversity of women who found themselves pregnant outside of wedlock. However, the voices of unmarried women themselves are limited to the letters and archival records of the National Council, thus only giving us a small glimpse into the thoughts and feelings of a limited range of women. Thane and Evans argued that the unmarried mother was particularly vulnerable as social, political and economic values and policies shifted over the years, reflecting fears about moral degeneration and changing family demographics, a vulnerability which they maintain remains in British society today.

Lindsey Earner-Byrne's 2007 history of unmarried mothers in Ireland, *Mother and Child: Maternity and Child Welfare in Dublin, 1922 – 60* highlighted the safeguarding of patriarchal interests by confining unmarried, pregnant mothers to institutional homes. Earner-Byrne noted that a woman was considered to be "an illegitimate mother" unless she became a mother under the patronage and protection of a man that she was married to.[33] Earner-Byrne argued that the enacting of legal adoption laws in Ireland in 1952 were underpinned by increasing concern for the illegitimate child, who would otherwise likely be bought up in an institution.[34]

Paul Garrett reiterated Earner-Byrne's sentiments in his 2017 article "Excavating the Past: Mother and Baby Homes in the Republic of Ireland." Garrett's text explored the patriarchal aspect of these institutions, which were "designed to serve male interests and reinforce the power and social advantages of men."[35] The homes safeguarded the anonymity and reputation of the putative father and while the day-to-day running of the homes was maintained by women (namely Catholic nuns), it

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[33] Earner-Byrne, Lindsey, *Mother and Child: Maternity and Child Welfare in Dublin, 1922 – 60* (Manchester: Manchester University Press, 2007), 172

[34] Earner-Byrne, *Mother and Child*, 209

[35] Garrett, Paul, "Excavating the Past: Mother and Baby Homes in the Republic of Ireland", *British Journal of Social Work* 47:2 (2017), 362

was men such as doctors and priests, those with "symbolic capital", who referred women to the institutions.[36]

Regina Kunzel's text *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890 – 1945*, published in 1993, looked at the social and cultural history of ex-marital pregnancy in the United States of America and the way that cultural attitudes towards unmarried mothers changed between the late nineteenth century through to 1945. This was reflected in the evolution of unmarried mother's homes from benevolent charitable institutions, hoping to redeem the morality of the unmarried mother, to institutions overseen by a professional medico-social body (social workers). Kunzel argued that unlike charitable institutions, who saw unmarried mothers as victims of men, social workers painted them as "deviant", leading to pressure to adopt their babies out.

Rickie Solinger's 2000 text *Wake Up Little Suzie: Single Pregnancy and Race Before Roe v Wade* provided valuable insight into the psychoanalytic theories emerging from the United States about "why" unmarried mothers became pregnant during the 1950s, 1960s and 1970s. Solinger argued that these theories, as well as the social policies concerning unmarried mothers which had emerged in the post-war United States, were concerned with strengthening the heteronormative, patriarchal family agenda:

> They absolved the male sexual partner of responsibility; rendered white illegitimate babies adoptable by removing any inheritable "taint"; made white unwed mothers marriageable despite the episode of illegitimate pregnancy; punished nonmarital female sexuality; and generally reinforced the containment of females in roles of domestic subordination.[37]

Collectively, the international literature mentioned here provides a valuable insight into the plight of unmarried mothers in Western countries culturally similar to New Zealand. Indeed, attitudes towards unmarried mothers and illegitimate children in both New Zealand and Australia were inherited from European settlers from the United Kingdom. Tennant noted in "'Brazen-Faced Beggars of the Female Sex'" that "assumptions about women's dependency [and] their basic functions as wives

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[36] Garrett, "Excavating the Past", 362

[37] Solinger, Rickie, *Wake Up Little Suzie: Single Pregnancy and Race Before Roe v Wade* (New York: Routledge, 2000), 86

and mothers, were integral to the nineteenth century [British] Poor Law", which in turn informed New Zealand's early welfare systems.[38] Additionally, like the United States government, the post-war New Zealand state was concerned with strengthening the family, the economic and social building block of society, which lead to the idealisation of moral, married motherhood in the 1950s. The heteronormative family unit was directly challenged by the immoral unmarried mother, and led to fears that her illegitimate child could potentially spread moral delinquency further throughout society.

A particular strength in this international literature is in contextualising wider social movements that would impact the unmarried mother in New Zealand. In 1973, the year unmarried mothers in New Zealand gained the right to claim social security, unmarried mothers in Ireland were also granted financial assistance from the state, reflecting worldwide trends concerning children's psychological wellbeing and their right to have the "best start" in life, despite the fact that they had not been born into the social "ideal" of a heteronormative married household.[39] Likewise, Kunzel's examination of the professionalisation of social work in American unmarried mother's homes is reflected in the emerging social work profession in New Zealand during the 1950s and 1960s and the way these social workers interacted with the unmarried mothers interviewed for this thesis. The active shielding of putative fathers from the stigma of illegitimacy, explored by Garrett, also emerged as a theme in this study, confirming that the sexual double standard was a cultural and social norm throughout the Western world during the mid-twentieth century.

With the exception of Australian literature, which recorded a wider range of unmarried mother's experiences, the majority of the international literature addressed for this study focuses on women's experiences in unmarried mother's homes – even though, as Garrett notes, "historically, not all 'unmarried mothers' were scorned by their families and compelled to have recourse to institutional provision."[40] "Going Up North" is a step towards addressing this gap in the literature by recording the experiences of women who managed their pregnancies in the community rather than within the confines of a home, and in doing so, will expand our understandings of community-based responses to and experiences of unmarried mothers. Similarly, while patriarchal power is explored in this international literature, it is usually framed within the context of male doctors and priests involved with unmarried mother's homes. This thesis expands this view to encompass women who were implicit in upholding and enforcing patriarchal standards on unmarried, pregnant women, including

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[38] Tennant, "'Brazen-Faced Beggars of the Female Sex'", 36

[39] Earner-Byrne, *Mother and Child*, 179

[40] Garrett, "Excavating the Past", 361

their own mothers as well as female medical professionals. In this way, we can see how patriarchal power is diffused into society and how it operated on multiple levels to stigmatise and subjugate the unmarried mother.

Throughout the Western world, unmarried mothers were disenfranchised during the 1950s, 1960s and 1970s, an "other" who was unwelcome in respectable society: "The married mother had a husband to articulate her citizenship; a widowed mother drew her entitlement through her bereaved status; an unmarried mother was rendered voiceless."[41] "Going Up North" is a contribution to both the national and international literature on unmarried mothers, giving us a greater, more nuanced understanding of women's reproductive and sexual history.

[41] Earner-Byrne, *Mother and Child*, 179

THEORETICAL FRAMEWORK

The theoretical framework for this study employed feminism, Marxism and post-structuralism to conceptualise and interpret the experiences of unmarried mothers and state responses to them during the 1960s and 1970s. Particularly helpful was the work of Michel Foucault, whose explorations of sexuality, medicine and punishment, as well as his concepts of power and normalisation, enabled understanding of the ways in which unmarried mothers were placed in subjugated social positions and how these positions were either reinforced or changed over time by the state.

MARXISM

Marxist theory has been fundamental to twentieth-century academic understandings of social relations. As a theory, it is concerned with class struggles and the ways in which material and economic forces have shaped history and society. Marxism was first developed in the mid-nineteenth century by Karl Marx, a revolutionary German economist, historian and sociologist.[42] Marx believed that the proletariat, or working class, was locked in a constant struggle for power against the bourgeoise, who owned the means of production and therefore had the means to exploit those who needed to sell them their labour in order to survive. Eventually, Marx theorised that the proletariat would rise up and overthrow the bourgeoise, giving rise to communism.[43] Marx's system of capitalism is of particular interest here because patriarchy and capitalism have come to be perceived as closely entwined; each perpetuates the other. Feminist economist Heidi Hartmann provides a particularly useful understanding of this relationship and how this influences the position of women in New Zealand society.

It is important to note here that patriarchy is considered to have evolved *prior* to the advent of capitalism. Hartmann reminds us, "Before capitalism, a patriarchal system was established in which

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[42] Wolff, Jonathan, "Karl Marx", *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta https://plato.stanford.edu/entries/marx/ (January 2020)

[43] Marx, Karl, "Bourgeoise and Proletariat" in *Manifesto of the Communist Party*, https://www.marxists.org/archive/marx/works/1848/communist-manifesto/ch01.htm#007 (January 2020)

men controlled the labour of women and children in the family", thereby learning "the techniques of hierarchal organisation and control."[44] Traditional marriage controlled women's sexuality by binding her, legally and morally, to a single partner, thus ensuring the continuation of a paternal, rather than maternal, family line.[45]

The patriarchal institutions of traditional marriage and the nuclear family, upon which Western society rests, presupposed the support of the female partner by the male, due to the ingrained belief that women's reproductive abilities to bear children restricted her to the private sphere of the home. If she did enter the labour market, the jobs made available to her, particularly during the decades studied in this thesis, reflected the patriarchal narrative that women's innate desire was to care for and nurture those around her. These jobs included nursing, teaching, social services and cleaning. Wages for women doing these types of work were low and remain so, despite persistent lobbying, reflecting the intransigent nature of patriarchal institutions. Women were also considered less skilled and offered fewer opportunities for career advancement.[46] Hartmann proposed two theories for this. Firstly, that men were paid higher wages because of the desire for their wage labour alone to support their wives and children. This negated the need for women to enter the workforce, because they could be supported by their male partners.[47] Secondly, that lower wages for women assured "the continued existence of the family as a necessary income-pooling unit."[48] Under a traditional Marxist framework, women were forced to marry because of the difficulties they faced in earning enough money to comfortably support themselves and/or their children. In marriage, they were expected to perform the domestic duties that keep a household running smoothly. Men therefore benefitted from both higher wages and women's unpaid labour in the home.[49]

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[44] Hartmann, Heidi, "Capitalism, Patriarchy, and Job Segregation by Sex", *Signs* 1:3 (1976), 138

[45] Kolmar, Wendy K. and Bartkowski, Frances, *Feminist Theory: a Reader, Second Edition* (New York: McGraw Hill, 2005), p 55

[46] Hartmann, "Capitalism, Patriarchy, and Job Segregation by Sex", 153

[47] Hartmann, Heidi, "The Unhappy Marriage of Marxism and Feminism: Towards a More Progressive Union" *Capital & Class* 3:2 (1979), 17

[48] Hartmann, "The Unhappy Marriage of Marxism and Feminism", 19

[49] Hartmann, "Capitalism, Patriarchy and Job Segregation by Sex", 139

CAPITALISM AND NEW ZEALAND WOMEN, 1950 - 1980

Economic dependence on men was particularly problematic for the unmarried mother in New Zealand in the decades between 1950 and 1980. Depending on her age when she became pregnant, the woman would either be living with her parents in the family home or living independently, perhaps in a hostel or a flatting or boarding situation, whilst studying or working. Until 1973, when the Domestic Purposes Benefit was enacted, there were very few options regarding financial support for an unmarried mother, and what was available was subject to a range of different requirements and discretionary judgements, making it difficult to obtain. State-funded childcare was non-existent for much of this period, due to the widespread belief that women would remain in the home, supported by their husbands, once children were born.

Often, an unmarried pregnant woman was sent away, either to a private home or hospital run by charitable institution. Women laboured for their room and board; very rarely did actual money exchange hands, reinforcing the fact that the women were in disgrace and denying them the chance to establish any savings with which to support themselves or a child. They were further economically penalised by having to take an extended break from any education or career they may have been pursuing; in some cases, such as nursing, women were not allowed to return after the baby had been born, due to the fact they had violated the moral standards they were required to uphold.

In examining these options, we can see how prevalent the forces of patriarchy and capitalism were in attempting to regulate undesirable social behaviours. A woman of child-bearing age was expected to marry before having children, and if she did not, there were multiple obstacles standing in her way before she could comfortably and independently support herself and a child. Marriage, in order to be supported by a male, or adoption of her child by a Social Welfare Departmental-approved, two-parent heteronormative family unit were, for decades, the most socially acceptable solutions to illegitimacy.

FEMINISM

Feminist theory is broad and ever-evolving, encompassing multiple discursive elements, but at its core is concerned with examining and challenging the power relations that subordinate women's interests to those of men. Feminism sees gender as socially constructed, and the means by which patriarchal systems use women's biological ability to give birth against them.

THE CREATION OF PATRIARCHY

Gerda Lerner, an Austrian-American feminist historian, believed that "patriarchal control over history was fundamental to women's subordinate status."[50] In her 1986 text *The Creation of Patriarchy*, Lerner sought to address the historical processes that led to the establishment of patriarchy, which she defined as "the manifestation and institutionalisation of male dominance over women and children in the family and the extension of male dominance over women in society in general."[51] Lerner stressed that patriarchy evolved with, and can only continue to exist with, the co-operation of women.[52] She rejected outright that this subordination was in any way biologically determined, stating that the establishment of patriarchy in the Western world has been a process encompassing many thousands of years, driven by "changes in kinship organisation and economic relations, in the establishment of religious and state bureaucracies, and in the shift in cosmogonies expressing the ascendancy of male god figures."[53] Eventually, the patriarchal myth of male hegemony became so thoroughly entrenched in the gender roles, relationships, civic and religious institutions and daily life of Western society that we all, men and women alike, internalised it, therefore rendering it "ahistoric, eternal, invisible, and unchanging."[54] Lerner's work attempted to address this phenomenon, particularly the "central puzzle" of "women's participation in the construction of the system that subordinates her."[55]

In *The Creation of Patriarchy*, Lerner argued that the differing roles arising from the distinct reproductive abilities between men and women "holds only for the earliest stages of human development and does not mean that a later sexual division of labour based on women's mothering is 'natural.'"[56] Lerner charted the rise of patriarchy through to the development of agriculture and the nation-states, where women's value as reproducers was reinforced, and then commoditised. Women were traded through marriage or conquered through slavery in order to ensure a labour force for the

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[50] Gordon, Linda, "Social Movements" in "Feminist Reflections: Gerda Lerner", *Frontiers: A Journal of Women's Studies* ed. Nancy Cott, 36:1 (2015), 3

[51] Lerner, Gerda, *The Creation of Patriarchy* (New York: Oxford University Press, 1986), 239

[52] Lerner, *The Creation of Patriarchy*, 217

[53] Lerner, *The Creation of Patriarchy*, 7

[54] Lerner, *The Creation of Patriarchy*, 37

[55] Lerner, *The Creation of Patriarchy*, 36

[56] Lerner, *The Creation of Patriarchy*, 42

production of agricultural surplus, reificating their reproductive capacities and framing them as a group with less autonomy than men, able to be marginalised and exploited.[57]

Critical to this oppression of women was the formation of gendered social systems. Gender is a social construct, based on learned behaviours dictated by social norms that are usually associated with biological sex. We are born with either male or female reproductive organs, but the "masculine" or "feminine" behaviours that we associate with men and women are considered to be socially constructed through our everyday interactions with others.[58] In their 1996 article *What is Gender? Feminist Theory and the Sociology of Human Reproduction*, Ellen Annandale and Judith Clark point out that patriarchal gender representation "privileges men by taking the male body as the 'standard' and fashioning upon it a range of valued characteristics (such as good health, mastery, reason and so on) and, through a comparison, [view] the female body as deficient, associated with illness, with a lack of control and with intuitive rather than reasoned action."[59]

In her text *The Politics of Reproduction*, Mary O'Brien cites the theory of anti-physis as a powerful example of patriarchal gender representation, in which "productive labour is universally a synthesis of mental inventiveness and physical effort [while] reproductive labour, on the other hand…is material but involuntary."[60] In other words, men have had to *transcend* nature in the creation of culture and society, which makes them inherently superior to women, who are instead *rooted* in nature because of their biological reproductive capacity.

The patriarchal association of women with nature has allowed men to dominate the symbolic systems of gender. As late as 2000, Judith Lorber stated, "The overall legitimacy of the gendered social order is deeply ingrained and currently bolstered by scientific studies on supposed inborn differences between females and males. The ultimate touchstone is pregnancy and childbirth."[61] The patriarchal gender construct that "women's destiny [was] to bear and suckle children" was taken to "define their

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[57] Lerner, *The Creation of Patriarchy*, 77 - 78

[58] Lorber, Judith, "Using Gender to Undo Gender: a Feminist DeGendering Movement" *Feminist Theory* 1:1 (2000), 82

[59] Annandale, Ellen & Clark, Judith, "What is Gender? Feminist Theory and the Sociology of Human Reproduction" *Sociology of Health and Illness* 18:1 (1996), 19

[60] O'Brien, Mary, *The Politics of Reproduction* (London: Routledge & Kegan Paul, 1983), 142

[61] Lorber, "Using Gender to Undo Gender", 83

whole body and mind, and therefore their psychological capacities and social tasks." [62] This categorisation of women as "other" compared to man was entrenched first in custom, then in law, such as those prohibiting prostitution and condemning abortion. The virginity of daughters and monogamy of wives became not only private concerns of fathers and husbands but also matters of state importance, a method of social control to ensure that power gained through private wealth remained with the bourgeoise.[63] Additionally, while reproducing the labour force through childbirth, women's unpaid labour in the home allowed men to work longer hours, providing the state with an income through taxation. As a consequence, any sexual activity for women that did not involve reproduction was framed as immoral and deviant.

PATRIARCHY AND MOTHERHOOD

American poet and essayist Adrienne Rich's text *Of Woman Born: Motherhood as Experience and Institution*, first published in 1976, explored the workings of patriarchy specifically within the institution of motherhood, a radical and provocative concept at the time. Rich asserted that motherhood is a patriarchal institution which controls women through the practises of heterosexual marriage and childbearing: "Motherhood is 'sacred' so long as its offspring are 'legitimate' – that is, as long as the child bears the name of a father who legally controls the mother…patriarchy could not survive without motherhood and heterosexuality in their institutional forms."[64]

Of Woman Born revealed how motherhood has been shaped to serve patriarchal interests. Rich contended that "patriarchy depends on the mother to act as a conservative influence, imprinting future adults with patriarchal values" by reinforcing patriarchal traditions and sending their children into what was then a male-dominated system of education, religion and sexual codes.[65] This reinforced Lerner's assertion that patriarchy survives with the co-operation of women through invisible and culturally embedded systems. Rich also asserted that "there is an inescapable correlation between the idea of motherhood and the idea of power."[66] Women's biological reproductive functions allowed her

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[62] Jordanova, Ludmilla, "Natural Facts: a Historical Perspective on Science and Sexuality", eds. Janet Price and Margaret Shildrick, *Feminist Theory and the Body* (New York: Routledge, 2017), 162

[63] Lerner, *The Creation of Patriarchy*, 140

[64] Rich, Adrienne, *Of Woman Born* (New York: Norton, 1986), 42 – 43

[65] Rich, *Of Woman Born*, 61

[66] Rich, *Of Woman Born*, 72

to be subjugated by men; in turn, Rich argued, if women were able to define and practise motherhood on their own terms, it would become a source of empowerment and ultimately, freedom. Rich believed that when women released themselves from patriarchal expectations of motherhood, "every part of the patriarchal system" would be impacted, and motherhood could be re-framed the same way as "any other difficult, but freely chosen work."[67]

PATRIARCHY AND NEW ZEALAND WOMEN, 1950 – 1980

The works of Lerner, Annandale and Clark, O'Brien and Lorber and others provide invaluable understanding of how the symbolic systems of our culture, such as gender, have been defined by patriarchal values and operated in order to undermine women's agency and empowerment to resist these ideals. As Rich stated, "To bear a child out of wedlock has been to violate the property laws that say a woman and her child must legally belong to some man, and that, if they do not, they are at best marginal people, vulnerable to every kind of sanction."[68] By getting pregnant outside of wedlock, the unmarried mother subverted the patriarchal dictate that she must be under a man's control; she would therefore do an inadequate job of reproducing patriarchal values in her offspring. As such, during the middle decades of the twentieth century she faced "a very severe sanction indeed in a world dominated by men: the refusal of male patronage."[69] Rich noted that the "absence of social benefits for mothers; the inadequacy of child-care facilities in most parts of the world; [and] the unequal pay women receive as wage-earners, forcing them often into dependence on a man" as some of these sanctions, all of which were true for New Zealand women in the decades between 1950 and 1980.[70] Harshest of all, however, were the social sanctions, the consequences of which still impact women's lives today.

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[67] Rich, *Of Woman Born*, 280

[68] Rich, *Of Woman Born*, 260

[69] Bartky, Sandra Lee, *Femininity and Domination: Studies in the Phenomenology of Oppression* (New York: Routledge, 1990), 76

[70] Rich, *Of Woman Born*, 277

POST-STRUCTURALISM

While Marxist analysis provides us with an insight into class systems and economic oppression, a feminist lens focusing on patriarchy is essential in order to understand *why* women are subjugated in such a way.[71] Post-structuralist theory further analyses how social and institutional power structures and practises place certain people within subordinate positions in society, and allows us to refine our understanding of the way that women are "systematically dominated, exploited and oppressed" in Western society.[72] Here, the work of Michel Foucault is used to conceptualise normalisation and power.

Foucault was a French philosopher and historian of ideas, whose work examines the way that power and knowledge are used as a form of control through social institutions. Foucault's ideas are complex, requiring a definition of terms in order to fully understand them.

POWER

Foucault's conception of social power is considered "the most significant single contribution of Foucault's entire life's thought."[73] While Marxist theory locates power in the economy and the state, and feminist theory locates power within the forces of patriarchy, Foucault reconceptualizes power as located outside of its commonly accepted confines:

> By power, I do not mean "Power" as a group of institutions and mechanisms that ensure the subservience of the citizens of a given state. By power, I do not mean, either, a mode of subjugation which, in contrast to violence, has the form of the rule. Finally, I do not have in mind a general system of domination exerted by one group over another, a system whose effects, through successive derivations, pervade the entire social body…[Power is] produced from one moment to the next, at every point, or rather in every relation from one point to another. Power is everywhere; not because

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[71] Hartmann, "The Unhappy Marriage of Marxism and Feminism", 13

[72] Hartmann, "The Unhappy Marriage of Marxism and Feminism", 10

[73] Kelly, Mark, *Foucault's History of Sexuality*: *Volume I, the Will to Knowledge* (Edinburgh: Edinburgh University Press, 2013), 54

> it embraces everything, but because it comes from everywhere…Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society.[74]

Foucault frees power from its customary representations in the institutions of government and law, stating that these are only the "terminal forms power takes." [75] Instead, power can be seen everywhere, in everything, and takes on different forms at different times. Foucault adds that power is not *possessed*, but is *exercised*, depending on how the individual is placed in society at a certain point in time.[76] Power is produced by our actions, "what happens through the concatenation of people influencing one another's behavior."[77] Foucault's power is changeable and transitionary, a productive rather than negative social force, which generates a complex matrix of social relationships that are constantly evolving.[78] Such a model allows us to focus on how knowledge is produced through power relationships.

KNOWLEDGE, DISCOURSE AND NORMALISATION

Foucault maintains that power and knowledge are inextricably linked. Power produces knowledge, which in turn produces the discourses which power can then act upon. To Foucault, "discourse" is not a conversation or a way of speaking; it is the relationship between language and power, "a system through which meaning is constituted as a result of particular modes of practice within certain institutions and power structures."[79] These meanings consequently shape our social reality, which in turn influence our behaviour.

The way that knowledge and power interact creates what Foucault calls "normalisation." American anthropologist Jen Pylypa writes that Foucauldian power "operates through both the production of

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[74] Foucault, Michel. *The History of Sexuality: Volume I*, trans. Robert Hurley (New York: Random House, 1978), 92 - 93

[75] Foucault, *The History of Sexuality*, 92

[76] Foucault, *The History of Sexuality*, 94

[77] Kelly, *Foucault's History of Sexuality*, 72

[78] Sawicki, Jana, *Disciplining Foucault: Feminism, Power and the Body* (London: Routledge, 1991), 21

[79] Keenan, Penny, "Adoption: the Birthmother's Perspective" (Master's thesis, University of Otago, 1998), 32

knowledge, and the creation of a desire to conform to the norms that this knowledge establishes."[80] Once an individual is cast as "abnormal" or "deviant", there are two ways their behaviour can be modified: by others, or through an internal desire to conform to the social norms they are now aware of. Pylypa writes, "Through the process of normalisation, power is both 'totalising', because it controls all aspects of life by creating pressure to conform to norms, and 'individualising', because those who fall outside the norm are marked as deviant and targeted with disciplinary strategies designed to neutralize their deviance."[81] It is the use of power in the construction of the concepts of normality and deviance that position behaviour as normative or "right."[82] This allows institutions such as churches to imply that norms such as "no sex before marriage" are inherently truthful and absolute. However, in reality, social norms are not static; they have varied greatly across time and place. What they all have in common is their purpose, which is to regulate social behaviour by pitting the "normal" against the "abnormal."

Lydia Fillingham reminds us that "the exclusion of abnormal people does not make them unimportant to the culture…we define the normal through the abnormal."[83] Institutions such as churches and hospitals enable us to observe and produce knowledge about the human subject, which in turn produces normalisation. The existence of the *abnormal* justifies the continuation of the institutions that produce this knowledge, as they place themselves in a position of power to reform or treat those who deviate from the norm.

When using Foucault's work to analyse the position of unmarried mothers in New Zealand between 1950 and 1980, two of his works have been particularly helpful: *The Birth of the Clinic* and *Discipline and Punish.*

THE BIRTH OF THE CLINIC

The Birth of the Clinic: An Archaeology of Medical Perception, first published in 1963, examined the way that medical thought shifted between the 18th and 19th Centuries, and the impact that the

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[80] Pylypa, Jen, "Power and Bodily Practice: Applying the Work of Foucault to an Anthropology of the Body", *Arizona Anthropologist* 13 (1998), 24

[81] Pylypa, "Power and Bodily Practice", 24

[82] Pylypa, "Power and Bodily Practice", 24

[83] Fillingham, Lydia, *Foucault for Beginners* (New York: Writers and Readers Publishing, 1993), 17

resulting discourses had on individuals – in particular, through the establishment and framework of institutions such as the clinic.

Foucault opened *The Birth of the Clinic* with the striking sentence, "This book is about space, about language, and about death; it is about the act of seeing, the gaze."[84] Foucault argued that while "the classical concept of disease was as an entity that existed independently of its physical manifestation in particular anatomical symptoms, in a particular individual's body; the modern model…relies on the examination of a given body to reveal the nature and severity of the relevant disease activity."[85] This is what Foucault meant by "the gaze". As the Enlightenment ushered in scientific medical reasoning and thought, medical practitioners were able to construct a language of medicine, one that was imbued with power due to the fact that scientific methods "appeared to be the only ones that would lead away from religious orthodoxy and towards a secular, empirically based knowledge of the natural and social worlds."[86] This of course shifted the power relations between the individual and the doctor. The individual no longer told the doctor what was wrong, but submitted himself to "the eye that knows and decides, the eye that governs."[87] The establishment of the clinic increased the power of the doctor, as the medical gaze "was no longer the gaze of any observer, but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention."[88] The authority of the doctor, backed by scientific discourse and the institution of the clinic, resulted in the establishment of what constituted a "normal" body, and, therefore, what was *abnormal*. The clinic became symbolic of "the social power of the medical profession."[89]

DISCIPLINE AND PUNISH

Deviancy requires correction, and one way to correct deviant behaviour is to punish, or discipline. American philosopher Jana Sawicki writes, "Disciplinary practices create the divisions healthy/ill, sane/mad, legal/delinquent, which, by virtue of their authoritative state, can be used as effective

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[84] Foucault, Michel, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan (London: Routledge, 2003), ix

[85] Downing, Lisa, *The Cambridge Introduction to Foucault* (New York: Cambridge University Press, 2008), 34

[86] Jordanova, "Natural Facts", 158

[87] Foucault, *The Birth of the Clinic*, 108

[88] Foucault, *The Birth of the Clinic*, 109

[89] Turner, Bryan, *Medical Power and Social Knowledge* (London: SAGE, 1995), 153

means of normalization and social control."[90] Foucault's *Discipline and Punish* explored the evolution of punishment from public spectacle such as torture, which focused on the body, to what Foucault called punishment of "the soul."[91] This does not mean that the body is not engaged in disciplinary practice, but alongside this is instead a system of punishment designed to "control more exactly and insidiously" through the duplicitous practice of rehabilitation.[92] Foucault states that instead of torturing the body, as was common in the 16th century, by the 18th century "a new character came on the scene…the bodiless reality" of the human psyche.[93]

By uncovering and examining the motivations behind criminal or deviant behaviour, those with perceived greater power, such as doctors, chaplains and educationalists, could then attempt to correct and control: "By making crime not simply a punishable act but a phenomenon to be investigated and its causes understood…it becomes a linchpin of the technologies for organizing and ordering the modern population."[94]

Foucault's examination of the "docile body" and the nature of surveillance are particularly apposite to this thesis. Foucault argued that the human body is not only an agent of power, but also a site upon which power can operate to produce more productive and obedient citizens. The docile body is produced through a range of spatial techniques including enclosure (or incarceration) and the "the control of activity" through timetables and useful tasks.[95]

Foucault uses panopticism as a metaphor for surveillance, not only by authority figures but surveillance of the self. The panopticon was a building in which inmates are isolated from each other in individual cells, but could still be observed at all times from a central point. This was, Foucault stated, "to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power."[96] Although the inmate could not see the observer, he soon began to behave as

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[90] Sawicki, *Disciplining Foucault*, 22

[91] Foucault, Michel, *Discipline and Punish: the Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1995), 16

[92] Downing, *The Cambridge Introduction to Foucault*, 76-77

[93] Foucault, *Discipline and Punish*, 11, 17

[94] Downing, *The Cambridge Introduction to Foucault*, 77

[95] Foucault, *Discipline and Punish*, 141 - 156

[96] Foucault, *Discipline and Punish*, 201

if he was being watched at all times – even if he did not know for sure if the observer was there. Surveillance was internalised, with the inmates regulating their behaviour themselves rather than by means of an external force. The panopticon serves as a metaphor for the potent forces of social control.

POWER, NORMALISATION AND NEW ZEALAND WOMEN 1950 - 1980

Foucault's observations of power and normalising controls hold resonance in the lived experiences of unmarried mothers between 1950 – 1980. During this time period, New Zealand was a conservative society. The norm for a family was a married heterosexual couple who then had children; any deviation from this was subject to punitive recourse.

In her 1977 article "'Nice Girl': Social Control of Women through a Value Construct", Greer Litton Fox argued that the expectation for women to be "nice girls" was a form of social control called "normative restriction."[97] Women growing up in the decades between 1950 and 1970 in particular were expected to be "nice girls": responsible, respectable, moral and feminine, dutifully preparing themselves throughout their teenage and young adult years for marriage. In line with Foucault's theory of normalisation and panopticism, these values were internalised and acted as a form of social control through self-regulation. Fox noted:

> Normative control guarantees to those women who comply with its demands safe passage in the world…beyond this, however, is the cost to women who do not comply with the demands of the nice girl construct. To such women are reserved some of the most sophisticated forms of punishment devised by social groups…the not-nice woman becomes the target of ridicule, ostracism, and psychological punishment.[98]

Unmarried mothers, who had not waited until marriage before having sex, were considered "not-nice woman" within New Zealand society, and were therefore subject to the punishments Fox mentioned.

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[97] Fox, Greer Litton, "'Nice Girl': Social Control of Women Through a Value Construct", *Signs* 2:4 (1977), 805

[98] Fox, "'Nice Girl'", 817

The New Zealand state championed the normative (and therefore "ideal") family in several ways. Until the introduction of the Domestic Purposes Benefit in 1973, there was no assured income support for unmarried mothers.[99] This was further complicated by a lack of State-subsidised childcare services outside the home for women who wanted, or were required, to work to support themselves and their children. Private arrangements had to be made in order for women to remain in employment. Combined with low wages and hours geared towards men, who were not expected to juggle the additional demands of childcare, unmarried women faced significant challenges to support themselves outside of the traditional institutions of marriage and the nuclear family. These challenges were underscored by a reluctance on behalf of the state to support women who wanted to have a sexual relationship outside of the marriage paradigm. Legislation and policies restricted women's choices around abortion and contraception, and religious institutions reinforced chastity before marriage as part of their doctrine.

If a woman did become pregnant, she became increasingly visible to institutions such as the church, the hospital, and the state. She was also increasingly visible to others in society, who felt entitled to pass value judgements upon the woman due to her "deviancy." The consequence of this visibility was being subject to a high degree of actual and assumed surveillance. If the unmarried pregnant woman was sent away from home or to a charitable institution, such as a Salvation Army Bethany Home, she would stay until the baby was born, sometimes many months. These placements and homes were almost universally pro-adoption and her diet, leisure activities, daily schedule and physical health would all be rigorously monitored.[100] Eventually, the woman would internalise the perpetual gaze of the institution, modify her behaviour accordingly, and comply with the actions required of her – the adoption of her child. This would return her to "normal" or "nice girl" status.

Medicine and the body are two discursive fields that impacted greatly on the unmarried mother during this time frame. New Zealand medical doctors, working in state hospitals where unmarried mothers gave birth, acted as agents of state social control by withholding knowledge, denying women access to contraception and abortion and facilitating adoption. Additionally, interviews for this thesis found that unmarried mothers were subject to a wide range of disciplinary measures whilst giving birth and during their time in hospital afterwards. These included concealment of the child from the mother or being forced to care for a child who was being placed for adoption; punitive actions, language and attitudes from staff; the withholding of pain relief while in labour; and separation or

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[99] McClure, *A Civilised Community*, 143 - 144

[100] See Else, *A Question of Adoption,* Chapter Four "Leaving Home"

exclusion from other women on the ward. Unmarried mothers were also vulnerable to incidents of abuse from the people in charge of their medical care, with doctors and matrons being the two most commonly named.

SOCIALIST FEMINISM: THE MARRIAGE OF MARXISM, FEMINISM AND FOUCAULDIAN THEORY

Zillah Eisenstein defines socialist feminism as "committed to understanding the system of power deriving from capitalist patriarchy."[101] Socialist feminists believe that in order to change the oppression of women in modern society, the interdependent relationship between patriarchy and capitalism must be examined and challenged.

Capitalism as a singular theory has not been accepted well by many feminists. Eisenstein posits that Marx's failure to acknowledge the difference between men and women's labour resulted in the male experience being cast as an *a priori* universal truth in which "woman is perceived as just another victim, undistinguished from the proletariat in general…[Marx] had little or no sense of woman's biological reproduction or maternal functions as critical in creating a division of labour within the family."[102] The theory of capitalism creates places for power relations (the bourgeoisie and the proletariat), but cannot tell us *who* will fill those places, men or women. Only an analysis of patriarchal gender hierarchies, how they are established and how they are operated can do that.[103] As Sandra Bartky has powerfully stated, "To overlook the forms of subjection that engender the feminine body [and experience] is to perpetuate the silence and powerlessness of those upon whom these disciplines have been imposed."[104]

Similarly to Marx, Foucault's theories of knowledge, power and normalisation are gender-blind, discouraging some feminists from using his work as a tool for analysing women's oppression.[105] Additionally, some feminists argue that Foucault's theory of power offers no clear site of resistance due to its omnipresence. American philosopher Margaret McLaren argues that Foucault's theories are

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[101] Eisenstein, Zillah, *Capitalist Patriarchy and the Case for Socialist Feminism* (New York: Monthly Review Press, 1979), 5

[102] Eisenstein, *Capitalist Patriarchy and the Case for Socialist Feminism*, 11

[103] Hartmann, "The Unhappy Marriage of Marxism and Feminism", 13

[104] Bartky, *Femininity and Domination*, 65

[105] McNeil, Maureen, "Dancing with Foucault: Feminism and Power-Knowledge" in *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*, ed. Caroline Ramazanoglu (London: Routledge, 1993), 151

still relevant for a thesis grounded in feminism because "Foucault is quite clear that power is always subject to reversal and that freedom is a condition of the possibility for power's existence."[106] Because power is exercised in every social interaction, there is always the possibility that the power relationship can shift and evolve. The individual is not simply the target of power relationships, but also a *vehicle* of such: "Power has not only a negative but also a positive aspect; it produces subjects, disciplines, and discourses" which subjects can then use to shift oppressive power relationships.[107]

A comprehensive understanding of the plight of unmarried mothers in New Zealand between 1950 – 1980 can only come through socialist feminism, or the analysis of both capitalism and patriarchy. These two institutions sustain and support each other, resulting in the oppression not only of women's economic opportunities but also the attitudes and values that ensure their subjugation in relation to men. A post-structuralist analysis gives a richer and more comprehensive insight into how capitalist and patriarchal power relationships are structured and the way that they operate in modern society. All three theories have been used to analyse and understand the experiences of unmarried mothers between the years 1950 – 1980.

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[106] McLaren, Margaret, *Feminism, Foucault and Embodied Subjectivity* (Albany, New York: State University of New York Press, 2002), 65

[107] McLaren, *Feminism, Foucault and Embodied Subjectivity*, 66

NEW ZEALAND SOCIETY 1950 - 1980

In the years following World War II, New Zealand was a country concerned not only with rebuilding itself, but also with stabilising a society that had been disrupted by years of ongoing conflict. This was attempted by promoting the heterosexual nuclear family unit, the economic and social building block of New Zealand.

For the majority of New Zealand society, the roles of men and women were clearly defined: men were the breadwinners, occupying the public sphere of work, while women were expected to marry and become mothers within the private sphere of the home as soon as they were able. However, in times of need, such as war, women had been diverted from the domestic sphere into the "masculine" realm of work, manning factories and running farms while the men were fighting overseas. While convenient at the time, this posed a problem for the state once men began to return home. It was feared that economic independence would render women less likely to marry and produce the future labour force of the country. Additionally, without the settling influence of a steady job and a wife and family, men might well present a challenge to an orderly labour force and power of the government.[108] It was therefore imperative to promote a "return" to traditional family values.

Feminist sociologists Bev James and Kay Saville-Smith, who challenged the gendered nuances of New Zealand society during the 1980s, argued that promotion of the "Cult of Domesticity" was the state's method of imposing economic and social order on women:

> The Cult of Domesticity is a particular construction of femininity which emphasizes almost exclusively women's alleged nurturant and maternal capacities. These are associated with moral sensibilities…in this construction of femininity, women's lives are structured as dependent and privatised. This is opposed to a masculinity which situates men as actors in the public sphere where they are providers for, and protectors of, women.[109]

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[108] James, Bev and Saville-Smith, Kay, *Gender, Culture & Power: Challenging New Zealand's Gendered Culture* (Auckland: Oxford University Press, 1994), 37

[109] James and Saville-Smith, *Gender, Culture & Power*, 32

Marriage was not only a way to impose order on women, but also on men. "Family men" who were compelled to provide for a wife and children were less likely to pose overt threats to the existing power structures of society: "The masculinity constructed through the Family Man demanded acceptance of any regulation imposed by the involvement of wage labour. It also demanded that men make the privatised family the centre of their everyday lives."[110] It was hoped that shell-shocked men coming home from a brutal war could be stabilised and distracted by marriage and a dutiful, compassionate wife who was willing to complement his paid labour in the workforce with her unpaid labour at home.

Post-war New Zealanders took up the call to marry and build families enthusiastically, as marriages increased at younger ages for both men and women.[111] However, as New Zealand society rebuilt itself in the 1950s, it became obvious that a return to traditional family values was more problematic than the state may have hoped. Nowhere is this more obvious than in the discursive realm of sexuality and reproduction. While women were extolled to marry and have children as quickly as possible, a new culture was emerging, one in which women were starting to explore the boundaries of female sexuality and question the dominant patriarchal ideologies that portrayed them as "Madonna or whore." Against this was highlighted a significant economic and social threat to the state and the patriarchal institutions of marriage, religion and the Cult of Domesticity: the unmarried mother.

SEX AND THE DOUBLE STANDARD: NEW ZEALAND IN THE 1950s

New Zealand in the 1950s was, like Western countries all over the world, undergoing a significant and rapid social shift. Post-war urban drift resulted in larger, more populated cities. Greater economic wealth and leisure time for teenagers gave rise to "milk bar culture" and a market for music, movies and fashion influenced by American trends. New forms of socialising happened outside of the home and the direct supervision of the parents. The rising divorce rate and the 1954 murder of Honorah Parker by her daughter, Pauline, and Pauline's friend Juliet Hulme, the daughter of a prominent Canterbury academic, shocked the nation. Fears over the changing landscape of morality were reflected in a state preoccupation with the perceived "delinquent" sexuality of teenage girls.[112]

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[110] James and Saville-Smith, *Gender, Culture & Power*, 39

[111] Smyth, *Rocking the Cradle*, 68

[112] For an extensive overview of the rise of youth culture in New Zealand, see Brickell, Chris, *Teenagers: the Rise of Youth Culture in New Zealand* (Auckland: Auckland University Press, 2017)

During the 1950s, sexual expression for women in New Zealand was only acceptable within the institution of marriage. Women were considered to be naturally morally superior to men, embodying the "virtues" of abstinence and self-restraint.[113] Female virginity until marriage was expected.[114] Women set the moral tone of society, and were responsible for its reproduction through the examples of marriage and selfless motherhood. Patriarchal institutions such as churches reinforced these ideals; sex outside of marriage was considered a sin, and women were encouraged to emulate Mary, the Mother of God, who "was extolled simultaneously for her virginity and maternity."[115]

Men were not held to these same moral standards. There was an understanding that men could "sow their wild oats" before marriage.[116] In *A Question of Adoption*, Anne Else proposed that this double standard arose from the myth that "male sex drives were too strong for them to control themselves, whereas women had no such urgent drives."[117] The responsibility for resisting pre-marital sexual encounters was placed squarely on the shoulders of women.

Women who failed to uphold the high moral standard that had been set for them and had sex before marriage were seen as deviant, a current through which social degradation could and would rapidly spread. Such women were a danger not only to men, whom they might seduce, and to other women, whom they might influence, but also to their children. These illegitimate children attracted significant social concern in New Zealand society. In the late nineteenth and early twentieth centuries, behaviour and morality were thought to be inherited in the manner of physical characteristics. Because women who had sexual relationships prior to marriage were considered deviant, it was believed that this deviancy would be passed on to the child and they would themselves fail to adhere to social norms.[118]

As ex-nuptial pregnancies began to climb throughout the 1950s, so too did concerns that this was indicative of growing immorality and "unnatural" sexuality amongst young people. In 1954, the New Zealand government commissioned a Special Committee on Moral Delinquency in Children and

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[113] Coney, "Health Organisations", 244

[114] Gillard-Glass, Sheryn and England, Jan, *Adoption in New Zealand: the Never-Ending Story* (Auckland: HarperCollins, 2002), 16

[115] Gillard-Glass & England, *Adoption in New Zealand*, 19

[116] Gillard-Glass & England, *Adoption in New Zealand*, 19

[117] Else, *A Question of Adoption*, 7, 17-18; see also Gillard-Glass & England, *Adoption in New Zealand*, 19; Bunkle, Phillida & Hughes, Beryl, *Women in New Zealand Society* (Auckland: George Allen & Unwin, 1980), 93

[118] Coney, Sandra, *Standing in the Sunshine: A History of New Zealand Women Since they Won the Vote* (Auckland: Viking, 1993), 78

Adolescents as a response to police and media claims of teenage girls having casual sexual relationships.[119] The Mazengarb Inquiry, as it came to be known, argued that teenagers, lacking adequate parental supervision and religious instruction, were having sex at younger ages and more frequently than ever before. The lion's share of responsibility for these trends was aimed at women. Working mothers and those who neglected to provide their children with adequate feelings of security and love were warned that their children were "more susceptible to influences leading to delinquency."[120] Teenage girls were labelled as "precocious" and determined to lead their male peers astray:

> In former times it was the custom for boys to take the initiative in seeking the company of girls; it was conventional for the girls to await any advances. Nowadays, girls do not always wait for an advance to be made to them, nor are they as reticent as they used to be in discussing intimate matters with the opposite sex. It is unfortunate that in many cases girls, by immodest conduct, have become the leaders in sexual misbehaviour and have in many cases corrupted the boys…[121]

The Committee also noted that "one aspect of the moral drift is the number of people who entertain the nebulous idea that it is somehow not wrong to have pre-marital relations or to live together as man and wife without marriage. Such a view is opposed to all the ideas of chastity [for women] which are inherent in our morality."[122] A report of the Mazengarb Inquiry was sent to every home receiving a family benefit.

Many women in the 1950s had no real idea of how to effectively manage their fertility and prevent pregnancy. Education about sexuality and reproduction was seen as the responsibility of parents, a sensitive matter best discussed in the privacy of the home. However, this was not an easy task for parents who had received little sexual or reproductive education themselves. The state was reluctant to step into the gap. Legislation such as the 1910 Indecent Publications Act deemed literature obscene

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[119] Dalley, *Family Matters*, 181

[120] New Zealand Special Committee on Moral Delinquency in Children and Adolescents, *Report of the Special Committee on Moral Delinquency in Children and Adolescents*, *1954*, eds. Oswald Mazengarb et. al. (Wellington: R.E. Owen, Government Printer, 1954) http://www.gutenberg.org/files/14760/14760-h/14760-h.htm (January 2020), X:1

[121] New Zealand Special Committee on Moral Delinquency in Children and Adolescents, *Report*, V:2

[122] New Zealand Special Committee on Moral Delinquency in Children and Adolescents, *Report*, XIV:3

if it referred to "any disease affecting the generative organs of any sex, or to any complaint of infirmity arising from or relating to sexual intercourse, or to the prevention or removal of irregularities in menstruation, or to drugs, medicines, appliances, treatment, or methods for procuring abortion or miscarriage or preventing conception."[123] This prevented many booksellers and librarians from providing sexual education literature, particularly in schools. It was not until the threat of AIDS in the 1990s, combined with a high teenage pregnancy rate, that sex education became mainstream in state schools.[124]

As with sexual education, contraception, and who could have access to it, was dominated by moral ideologies. The 1954 Police Offences Amendment Act made it illegal to sell contraceptives to any person under the age of sixteen, or instruct them in contraceptive use.[125] There were, however, moves to combat such censorship. In 1936, the Sex Hygiene and Birth Regulation Society – later the Family Planning Association – was established. Its initial aims were "to educate and enlighten the people of New Zealand on the need for birth control and sex education, and to promote the provision of facilities for scientific contraception so that married people may space or limit their families in accordance with the requirements of health and economic circumstances."[126] Information about contraception was most commonly provided to those who wrote in to the Association and asked for it through the post. A significant aim of the Association was the education of doctors around contraception; the ongoing reluctance of the mainstream medical profession to endorse contraceptive practice led to the opening of the first Family Planning Association Clinic in 1953.[127]

The attitude of doctors towards contraception reflected contemporary views. Doctors' medical expertise "entitled them to pontificate on a whole range of moral and social questions, and their opinion carried weight…by the late nineteenth century they were using their professional status to

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[123] 1910 Indecent Publications Act (1 GEO V 1910 No 19) http://www.nzlii.org/nz/legis/hist_act/ipa19101gv1910n19288/ (January 2020), S6

[124] Smyth, *Rocking the Cradle*, 163

[125] 1954 Police Offences Amendment Act (1954 No 79) http://www.nzlii.org/nz/legis/hist_act/poaa19541954n79247/ (January 2020), S2

[126] Fenwick, Penny, *Family Planning 1936 – 1993,* https://nzhistory.govt.nz/women-together/family-planning (January 2020)

[127] Fenwick, *Family Planning 1936 – 1993*, https://nzhistory.govt.nz/women-together/family-planning (January 2020)

support certain social views."[128] In the inter-war period, eugenic concerns, such as building a strong and healthy population to protect the dominion in the event of war, fueled the medical profession's stance that doctors should be the ones to decide whether or not women should use contraceptives. In 1930, Dr. Frederick Riley, who was involved in the teaching and practice of obstetrics in Otago, stated that "apart from medical reasons and possibly urgent economic conditions such as when a patient already had a large family with inadequate support, the use of contraceptives should be absolutely condemned by doctors as a menace to the community."[129] Despite a rapidly rising birthrate following World War II, these attitudes lasted well into the 1960s. In 1965, a New Zealand Medical Association ethical committee advised doctors against prescribing the Pill to unmarried women, as "facilitating extra-marital relationships" was "not in keeping with the highest principles of the medical profession."[130]

Perhaps more persuasive than the attitude of the medical profession was the popular belief that "only thoroughly 'bad girls'…knew they were going to have intercourse far enough ahead to take effective precautions."[131] This was especially true for single women, who were expected to remain celibate until marriage. Greer Litton Fox argued:

> Regular use of contraception requires preparedness and preplanning, acknowledgement prior to coitus of the probability of coitus, and a willingness to take responsibility for sexual behaviour…to be prepared for coitus with contraceptives would give lie to the rationale that each act of intercourse was unanticipated and unplanned, merely a temporary and transitory lapse of virtue. In short, in order to be responsible to her "virtue" or "niceness", the nice girl construct requires that a woman be irresponsible sexually with regard to contraceptive use.[132]

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[128] Lévesque, Andrée, "Prescribers and Rebels: Attitudes to European Women's Sexuality in New Zealand, 1860 – 1916" in *Women in History: Essays on European Women in New Zealand*, eds. Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen & Unwin, 1986), 3

[129] Smyth, *Rocking the Cradle*, 29

[130] Else, *A Question of Adoption*, 4

[131] Else, *A Question of Adoption*, 4

[132] Fox, "'Nice Girl'", 816

The association of contraception with immorality and selfishness, as well as the potential embarrassment of asking a doctor for contraception and being turned down due to moralistic judgements, worked against the acceptance of contraception in New Zealand.

Attitudes towards abortion in New Zealand were also dominated by religious and conservative views. Abortion was considered to be a sin in the church, which also opposed artificial contraception.[133] In 1936, the state commissioned an Inquiry into Abortion, known as the McMillan Inquiry, which found that abortion had been increasing steadily in New Zealand for married and unmarried mothers alike. While the commission found that economic pressures were likely to blame for married women seeking an abortion, the cause of unmarried women seeking an abortion was blamed on "looseness of the moral standard."[134] Debated periodically throughout the 1940s and 1950s, in 1961, the Crimes Act confirmed the position that abortion was illegal except in cases where the mother's life was judged by the medical profession to be in extreme danger.

During this time, moral judgements about how "deserving" a solo mother was permeated both legislation and practice. Margaret Tennant has highlighted the fact that while widows with dependent children and deserted wives had both gained access to pensions by 1936, unmarried mothers were excluded altogether.[135] Keeping their illegitimate child (and consequently struggling to provide for him/her) was seen as a fitting punishment for the unmarried mother before 1940. If the woman's family was unable or unwilling to support her, she could spend a period of isolation from wider society in a "home" or institution, designed to morally re-educate her and train her in a useful skill, usually the domestic arts.[136] These homes were typically run by charitable religious institutions such as the Salvation Army, and the Christian impetus to "rescue souls and bodies from sin" was the overarching concern.[137] Women would labour in these institutions, performing tasks such as laundry for other

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[133] See McCulloch, Alison, *Fighting to Choose: The Abortion Rights Struggle in New Zealand* (Wellington: Victoria University Press, 2013), 57 – 74; Sparrow, Margaret, *Abortion Then and Now: New Zealand Abortion Stories, 1940 – 1980* (Wellington: Victoria University Press, 2010), 69

[134] New Zealand Special Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand, *Report of the Committee of Inquiry into the Various Aspects of the Problem of Abortion in New Zealand* (Appendix to the Journals of the House of Representatives, 1937) https://paperspast.natlib.govt.nz/parliamentary/AJHR1937-I.2.3.2.33 (March 2020), Part III, S3

[135] Tennant, Margaret, "Welfare Organisations" in *Women Together: A History of Women's Organisations in New Zealand: Ngā Ropū Wāhine o te Motu*, ed. Anne Else (Wellington: Daphne Brasell Associates Press and Historical Branch, Department of Internal Affairs, 1993), 116

[136] Dalley, *Family Matters,* 4, 216-17

[137] Tennant, Margaret, *The Fabric of Welfare: Voluntary Organisations, Government and Welfare in New Zealand, 1840 – 2005* (Wellington: Bridget Williams Books, 2007), 51

institutions (such as hospitals), in exchange for their room and board. This resulted in a situation that "kept them under supervision [and] made them vulnerable to exploitation."[138]

Women who remained in the community struggled to support themselves and their children. Without financial aid from the state and unable to remain in the workforce once her condition began to show, many women quickly married the fathers of their children in what became known as "shotgun" weddings. If marriage and family support was unforthcoming, abortion could only be pursued at a significant personal and medical risk.

A CHANGING SOCIETY: NEW ZEALAND IN THE 1960s

By the 1960s, women in New Zealand society were beginning to challenge the traditional boundaries of accepted female sexuality. This coincided with a growing feminist consciousness in many Western countries regarding the status and treatment of women.

New technologies directly affected women and their sexuality. The arrival of the contraceptive Pill in 1961 heralded a new age for contraception. It was discreet, simple to use and "a lot easier for the doctor than fitting a diaphragm and instructing the patient how to use it with spermicidal gel."[139] Perhaps most importantly, as a modern invention, it managed to avoid the stigma of illicit sex and premeditation associated with barrier methods.[140] The arrival of the Pill aligned with a growing feminist consciousness and the desire of women to control their fertility. In her thesis examining the uptake of oral contraception in New Zealand, Danielle Moreau argued that rather than causing a change in sexual behaviour, the Pill provoked a change in the mentality surrounding sex: "[The Pill] allowed women to frame their reproductive lives within the discourse of 'choice' and 'rights.'"[141] Barabara Brookes, Claire Gooder and Nancy de Castro agreed with this, noting that "the uptake of the Pill coincided with growing dissatisfaction amongst New Zealand women with their status in society. Marriage and the family were increasingly subject to critique. The effectiveness of the Pill promised

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[138] Else, *A Question of Adoption*, 30

[139] Brookes, Barbara, Gooder, Claire and de Castro, Nancy, "'Feminine as her Handbag, Modern as her Hairstyle': The Uptake of the Contraceptive Pill in New Zealand" *The New Zealand Journal of History*, 47:2 (2013), 216

[140] Brookes, Gooder and de Castro, "'Feminine as her Handbag, Modern as her Hairstyle'", 217

[141] Moreau, Danielle, "Living with the Pill: Contraceptive Use in New Zealand, 1960 – 1975" (Master's thesis, University of Auckland, 1997), 121

to release young women of the 1960s and 1970s from reliving their mothers' lives, seemingly tied to domesticity."[142]

However, the Pill was initially regarded as a tool for married couples to plan and space their families, and only available in New Zealand for married women via a doctor's prescription. Use by unmarried women was severely discouraged. With the Pill largely unavailable to single women and abortion illegal and often dangerous and difficult to procure, unmarried women who found themselves pregnant and did not or could not marry the father of their child, were forced to deal with their pregnancies in another way: adoption.

ADOPTION IN AOTEAROA / NEW ZEALAND

Adoption has a long and rich history in New Zealand. Māori families practised whāngai, where children were placed with whānau in the wider iwi or hapu, reflecting a belief in the extended familial whole and the importance of not losing links with their birth families, culture and whakapapa.[143] For Europeans, prior to 1881, adoption was informal, a system of "voluntary guardianship" that was not protected by law.[144]

In 1881, New Zealand became the first Commonwealth country to pass an adoption act, introduced as a private member's bill by George Waterhouse.[145] Waterhouse was concerned at the lack of legal status for adopted children at the time.[146] The 1881 Adoption of Children Act allowed adopted parents and children to define their relationships "as if such child had been born to such adopting parent in lawful wedlock."[147] Eventually, this act was replaced with the consolidated and amended 1895 Adoption of Children Act.

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[142] Brookes, Gooder and de Castro, "'Feminine as her Handbag, Modern as her Hairstyle'", 224

[143] Else, *A Question of Adoption*, 174 – 175

[144] Griffith, Keith C, *New Zealand Adoption: History and Practice, Social and Legal, 1840 – 1996* (Wellington: publisher not given, 1997), 4

[145] Gillard-Glass & England, *Adoption in New Zealand*, 22

[146] New Zealand Parliamentary Debates Vol. 40 22/7/1881, https://hdl.handle.net/2027/uc1.32106019787347?urlappend=%3Bseq=33 (January 2020), 5

[147] 1881 Adoption of Children Act (45 VICT 1881 No 9) http://www.nzlii.org/nz/legis/hist_act/aoca188145v1881n9268/ (February 14, 2020), S6

By the end of World War II, concerns about children's welfare and the importance of seeing children as individuals with their own unique rights led to theories of environmentalism, "a growing belief that environment was more important than heredity, in determining the physical, mental and emotional development of the child, and determining their behaviour."[148] Family circumstances became the key to raising healthy, well-adjusted citizens. The "best environment" for a child was considered to be a "permanent home with breadwinning father and stay-at-home mother."[149] It was assumed that single mothers would never marry, depriving their children of both a father and a stable upbringing.[150] Illegitimate children could be "saved" from repeating their unmarried mothers' deviancy by being adopted and raised in a two-parent family.[151]

The widespread belief in environmentalism led to the "clean break theory" of the 1950s. A clean break between biological mother and child was seen as beneficial for both parties. On one hand, it allowed the unmarried mother to "wipe the slate clean" and begin again, producing future children within the normative bounds of marriage.[152] On the other, it allowed the child to avoid the stigma of illegitimacy, and become wholly incorporated into their adoptive family without the baggage of their biological family or hereditary weighing them down.[153]

The clean break theory was further fuelled by psychodynamic theories that single women who got pregnant were somehow emotionally or mentally imbalanced. In *A Question of Adoption*, Else stated, "For middle-class girls especially, getting pregnant was seen not as an accident, but as the purposeful behaviour of the psychologically disturbed."[154] In her guide for adoptive parents, first published in 1959, Jane Rowe characterised unmarried mothers as "unhappy, dissatisfied people and emotionally very immature…they long for affection and security and immediate pleasures, craving to be loved and appreciated or to have something of their very own to love. They do not look to the future but act impulsively."[155] The illegitimate child was seen as the product of irresponsible sexual activity and a

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[148] Griffith, *New Zealand Adoption*, 9

[149] Else, *A Question of Adoption*, 25

[150] Else, *A Question of Adoption*, 41

[151] Coney, *Standing in the Sunshine*, 78

[152] Else, *A Question of Adoption*, 24

[153] Griffith, *New Zealand Adoption*, 10

[154] Else, *A Question of Adoption*, 10

[155] Rowe, Jane, *Yours By Choice: a Guide for Adoptive Parents* (Boston: Routledge & K. Paul, 1982), 55

symbolic "means to an end…[with the unmarried mother having] little freedom or concern for the needs of the infant she has to bear."[156]

Psychodynamic theory enabled social workers, adoptive parents and consequently society at large with a rationale for turning "legal fiction" into "general fiction." Else explained, "The original adoption law introduced a simple *legal* fiction, in which the idea of an adopted person becoming 'as if born to' the adopters was a legal concept only. But gradually this turned into a *general* fiction, involving a web of pretence and denial."[157] The widely accepted general fiction that adopted children could be assimilated into the adoptive family "as if born to" them meant that there was no need for the adopted child to maintain any kind of social or legal ties to the biological mother at all.

In 1955, the state passed an updated adoption act which solidified the "clean break" and psychodynamic theories of unmarried motherhood into law. Unlike the earlier Adoption Acts of 1881 and 1895, the 1955 Adoption Act enabled closed adoptions. Children were able to be adopted within ten days of birth. This was in direct contrast to British law, which recommended a six-week period "cooling-off" period for the biological mother to consider her options. The adopted child was automatically given a new name; their original birth certificate was replaced with one listing the adopted parents' names; and, most importantly, the biological mother and adoptive parents were denied access to any information about each other. While this may have disappointed adoptive parents who were curious about their adopted child's origins, it had far greater implications for the biological mother. Not only did she have no legal say in who her baby was adopted by, she also believed that she was never able to find out. Although it has never actually been illegal for parties to an adoption to have contact with each other if they so wished, the biological mother was made to swear on the Bible that she would never try to find the child when signing the consent documents.[158] If she expressed a desire to know who the adoptive parents were, or to keep in touch with her child, Department of Social Welfare adoption manuals suggested that this was a symptom of her psychological imbalance and indicated that she was unable to understand what was best for the child.[159] Additionally, because any kind of information about the biological mother was seen as

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[156] Griffith, *New Zealand Adoption*, 305

[157] Else, Anne, quoted in Griffith, *New Zealand Adoption*, 11

[158] Gillard-Glass & England, *Adoption in New Zealand*, 24

[159] Gillard-Glass & England, *Adoption in New Zealand*, 25; Griffith, *New Zealand Adoption*, 10

"unnecessary, unsettling, and a threat to the bond between adoptive parent and child", little information about the mother was kept in the Social Work adoption records.[160]

Between the late 1940s and early 1970s, adoption was considered to be an ideal solution to the problems of unmarried motherhood and illegitimacy. These "problems" were representative of deeper social fears, particularly the threat to the State created by the perceived destabilisation of the family unit, the basis of its economic wealth. Children born to unmarried mothers were at a double disadvantage: not only were they illegitimate, but it was believed that their upbringing by a deviant mother would result in a cycle of deprivation and delinquency for which the State might one day be held legally or financially responsible. Private, closed adoption enabled childless married couples to provide a stable, two-parent home to an illegitimate child, "legitimising" the child in the eyes of the law and avoiding solutions in which the state would be financially and educationally responsible for illegitimate children placed in state-run institutions or foster situations.[161] Furthermore, a child raised by a heteronormative, two-parent family was an asset to the state as they were more likely to follow this pattern of familial relationships themselves as adults and would therefore present little challenge to established social power dynamics.[162]

While closed adoption brought about the permanent separation of the biological mother and her child, this was seen as a "necessary evil for the sake of a greater good."[163] Without a husband, women were considered to be unfit for motherhood. The fiction that ex-nuptial children were "unwanted" encouraged adoptive parents to step forward and provide these children with a "normal" home, but it also released the biological mother from her shame and stigma. She would be able to get married (thereby becoming a "fit" parent) and have legitimate children to "replace" or "make up for" relinquishing the illegitimate child.[164] Additionally, the pain of giving up a child was a strong inducement not to engage in any further pre-marital sex and a demonstration of making amends

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[160] Kennard, Jillian Gay, "Adoption Information: the Repossession of Identity" (Master's thesis, Victoria University of Wellington, 1991), 15

[161] Griffith, *New Zealand Adoption*, 8

[162] Else, *A Question of Adoption*, 56

[163] Else, *A Question of Adoption*, 26

[164] Else, *A Question of Adoption*, 41

through personal sacrifice.[165] In New Zealand, the 1960s were the "heyday" of ex-nuptial adoption, with adoption rates peaking at 6.23% of live births in 1969.[166]

TWO STEPS FORWARD, ONE STEP BACK: NEW ZEALAND IN THE 1970s

In 1970, the Family Planning Association began to unofficially prescribe the Pill to single women. This represented a huge turning point in reproductive rights for women in New Zealand society. New Zealand historian Helen May noted that whilst young women in the 1950s and 1960s had grown up "imbued with ideals of fulfilment and security in marriage and family…they were also being reassured of a certain financial independence during their working years, and for those with educational qualifications there were expectations of perhaps pursuing a career as well as having children."[167] Traditional values were being challenged and women, particularly those involved in the feminist movement, were unravelling "the assumptions held by the previous generation about the role of men and women in relation to each other, their children and their work."[168] Prescribing the Pill to unmarried women reflected the radical changes that were happening in New Zealand society regarding women's sexuality, an acknowledgement that not only married women were entitled to have sex and control their fertility.

By the beginning of the 1970s, unmarried mothers were also being thought of more sympathetically by the wider public. Rising rates of divorce and de-facto relationships highlighted the fact that families were being constructed in different ways. It was becoming more difficult for the courts and social security assessors to attribute the "blame" of a failed marriage to either party and consequently deny women who were not married financial support.[169] In 1969, a Royal Commission of Inquiry into Social Security received a number of submissions which highlighted the plight of single mothers and argued that all children – in spite of their mothers' marital status – deserved to live in a financially stable home.[170] The state responded by instituting the Domestic Purposes Benefit in 1973, which created the

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[165] Else, *A Question of Adoption*, 27

[166] Statistics sourced from the Department of Social Welfare Annual Reports 1964 – 1980, supplied by Oranga Tamariki, February 2020

[167] May, Helen, *Minding Children, Managing Men*: *Conflict and Compromise in the Lives of Postwar Pākehā Women* (Wellington: Bridget Williams Books, 1992), 177

[168] May, *Minding Children, Managing Men*, 209

[169] McClure, *A Civilised Community*, 158

[170] McClure, *A Civilised Community*, 156

single category of "solo parent" for widows, separated and divorced men and women, and unmarried mothers. The Domestic Purposes Benefit provided unmarried women with the means to financially support their ex-nuptial children, although it was subject to a thorough background check and ongoing surveillance by the Department of Social Welfare.[171]

While an important step forward for unmarried mothers, the Domestic Purposes Benefit was in actuality more concerned about giving their children a better start in life. Moralistic judgements still followed women who became pregnant outside of wedlock, and this is reflected in the fierce debate surrounding access to safe, legal abortion during the 1970s. In 1974, the first abortion clinic was opened in New Zealand, offering "a safe, legal, affordable day-stay service for women."[172] Public reaction was swift and included arson attempts, police raids and a court case brought against the principal operating doctor, Dr. James Woolnough – who was eventually acquitted of all charges.[173] The government responded with a Royal Commission on Contraception, Sterilisation and Abortion in 1975, which ultimately portrayed women as being incapable of making a rational decision regarding whether or not to abort a pregnancy. The commission recommended that a panel of two doctors must interview any woman seeking an abortion and decide whether her reasons were justified.[174] In 1977, against a widespread and passionately argued feminist campaign, the Contraception, Sterilization and Abortion Act and amendments to the 1961 Crimes Act (the grounds for abortion) were passed, instituting the commission's recommendations largely unchanged and making it even more difficult for women to access legal, safe abortion.[175] The clinic in Auckland closed, and women wanting to access abortion services were forced to fly to Australia in order to do so.

In an era where women were demanding and fighting for improved reproductive rights, could access the Domestic Purposes Benefit and had access to the Pill, the state's increased restrictions on accessing safe and legal abortion was demonstrative of continuing attempts to "control…women's fertility and sexuality [and reinforce] their maternal role."[176] The cost of flying to Australia to obtain an abortion was particularly high for unmarried mothers, who often did not have the practical means

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[171] O'Neill, Jacqueline, "The Unmarried Mother as a Discursive Figure and Historical Agent: from Figure of Sympathy to Figure of Condemnation" (BA Hons Research Essay, Massey University, 2001), 15

[172] Sparrow, *Abortion Then and Now*, 140

[173] Sparrow, *Abortion Then and Now*, 141

[174] Sparrow, *Abortion Then and Now*, 143

[175] See McCulloch, *Fighting to Choose*, chapters 8 and 9

[176] Bunkle & Hughes, *Women in New Zealand Society*, 94

or support to travel to another country for the procedure. The legislation regarding abortion in the 1970s failed to reflect the increasingly liberal views of a rapidly changing society and instead reflected "the views of the predominately middle-class, middle-aged male Parliament."[177]

[177] Sparrow, *Abortion Then and Now*, 157

THE EXPERIENCES OF UNMARRIED MOTHERS, 1955 - 1979

Pregnancy outside of wedlock was not an uncommon occurrence in New Zealand. In 1950, 3.90% of babies in New Zealand were ex-nuptial, born to an unmarried mother (or parents). By 1980, this number had risen to 21.48%. While the number of ex-nuptial births increased steadily during these decades, there was a decrease in the amount of adoption orders after 1971, from 6.17% to 4.26% of live births in 1980.[178] While we may expect to see a decrease in the amount of adoption orders after 1973, with the Domestic Purposes Benefit enabling single women to independently care for their children, the statistics show us that the trend for mothers to keep their ex-nuptial children started before this. Social changes were being wrought in New Zealand through the rise of feminist and child-centric psychological thought. Contraceptives were becoming more accessible and less likely to be associated with the taint of immorality. By 1972, the Family Planning Association was openly announcing its policy of prescribing the Pill to unmarried women, stating that "contraceptive advice is far better than illegitimate babies."[179] Shotgun weddings to legitimise ex-nuptial pregnancies were becoming less common, and de-facto relationships were on the rise.[180] All of these things were reflective of a society that was slowly becoming more accepting of social taboos such as illegitimacy.

These trends are reflected in the oral histories of the forty-two women who responded to the request for interview subjects. Women who found themselves pregnant prior to 1970 were more likely to place their child for adoption, while women after 1970 were more likely to keep their child, as well as have better access to reproductive education, contraception, and family, financial and social support. Of these women, twenty have been chosen as case studies to share their stories in this thesis, representing either particularly unique experiences or ones that are considered most representative of the whole. Ten women are from the period 1955 – 1969, and ten are from the period 1970 – 1979. Each of these time periods have been further divided into the most common themes explored in the interviews, clearly illustrating both the longitudinal differences and consistencies concerning unmarried mothers in New Zealand communities between 1950 and 1980.

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[178] Statistics sourced from the Department of Social Welfare Annual Reports 1964 – 1980, supplied by Oranga Tamariki, February 2020

[179] Smyth, *Rocking the Cradle*, 112

[180] Smyth, *Rocking the Cradle*, 113

PRE 1970: EXPERIENCES OF UNMARRIED WOMEN 1955 – 1969

The experiences of the ten women in this group show how difficult it was to be an unmarried, pregnant woman in New Zealand during the decades between 1950 and 1970. The indifferent and often punitive attitudes of the staff in State departments and hospitals reflect the contemporary attitudes of wider society towards women who had violated the social expectations of remaining virgins until marriage.

DAPHNE grew up in a large Catholic family with very conservative parents. She was seventeen and in her first year of nursing school when she became pregnant in 1955. Daphne left her hometown, a large city, and spent her pregnancy on a farm in another area of New Zealand, eventually returning to the city to give birth. Her baby was placed for adoption.

LEAH became pregnant in 1959, at the age of fifteen. The Department of Child Welfare became involved due to her young age, and arranged for Leah to spend her pregnancy on a farm away from her hometown. She gave birth in a rural hospital and her baby was placed for adoption.

SHIRLEY came from a difficult family background, living in a state house with extended family where her sister had recently married due to an unplanned pregnancy of her own. She became pregnant in 1960 at the age of seventeen. Shirley's family doctor arranged for her to go to a large city as a domestic helper, where she subsequently gave birth. Her baby was placed for adoption.

IRIS was working as a nurse when she became pregnant in 1962 at the age of twenty-two. She arranged to move to a different city and live with a friend who was very supportive. Iris's sister also lived in this city, and had herself given an ex-nuptial child up for adoption some years previously. Iris's child was placed for adoption.

KIRSTY was an only child who came from a very happy background. She was living away from home and in her first year of a nursing degree when she became pregnant at the age of seventeen in 1962. Kirsty successfully concealed her pregnancy from those around her and delivered her baby with the support of a sympathetic obstetrician. Her child was placed for adoption.

HOPE became pregnant in 1965, during her second year of teaching, at the age of twenty-one. A friend of her mother's, who was a doctor, arranged for Hope to work as domestic help in a city until the baby was born, and subsequently facilitated the baby's adoption.

TRISH was a maternity nurse when she herself became pregnant in 1967 at the age of twenty-one. She worked until she could no longer conceal her pregnancy, then returned to her parents' farm where she was "hidden." Two months prior to the birth of her baby, Trish's doctor found her a placement as a domestic helper until she delivered her baby. Trish was subsequently able to return home to her parents' house and keep her baby.

PAULA was eighteen and still in school when she became pregnant in 1968. She found her own placement as a domestic helper through a newspaper ad, living on a farm around three hours away from her family and giving birth in the small local hospital. Her baby was placed for adoption.

Like Paula, TRACEY was also still at school when she became pregnant in 1968, at the age of seventeen. She was sent by her parents to live and work as a domestic helper in two different households before her baby was born. Her baby was placed for adoption.

ANITA grew up in a small town on the outskirts of a large city and became pregnant in 1968 at the age of sixteen. Anita was fortunate to have family support during her pregnancy; she left her hometown and lived with her sister in the city. She decided to keep her baby and later married the father.

REPRODUCTIVE AND SEXUAL EDUCATION

Education regarding sexuality and reproduction, either within the family or at school, was rare during the 1950s and 1960s. Conservative parents struggled to speak to their growing children about the facts of life. Tracey observed, "You wouldn't have spoken about pregnancy in our house, because it would have been a subject that was disgusting almost."[181]

When women who were interviewed approached their mothers as pre-adolescent or teenage girls to find out information about sex or reproduction, they were often given only the most basic facts or oblique references and expected to "fill in the blanks" at a later date. Daphne asked her mother about a fertilised egg, which resulted in misinformation:

> I can remember saying to my mum, I'd heard about a fertilized egg. I didn't know what a fertilized egg was, from a chicken, and I can remember asking my mum, "How does the chicken get out of the egg?"

[181] Tracey, interview with author, October 4, 2019, 15:47

> And she said, "It cracks it open." And I said, "Well, how does the egg get fertilized?" So I must have heard it at school or something. "Oh," she said, "the rooster spits into the chicken's mouth."[182]

Getting their periods was an event many of the women interviewed were completely unprepared for. Tracey went to a neighbour's house, "crying my eyes out thinking I was dying because I was bleeding."[183] Kirsty didn't know "there was such a thing as a period until I was having a bath one evening and there was blood in the water."[184] Once they had begun, many of the women were instructed on how to manage their periods, but failed to be informed of its reproductive significance. Kirsty's mother told her that "it was normal and it would happen every month. But that was about it."[185]

With their parents unforthcoming, information about sexuality was often gleaned from peers at school. A lot of girls in Hope's class "were sort of far more developed, physically, earlier than [I was], and were having boyfriends and things like that and so I think I learnt a bit just from other girls."[186] Older siblings could also be a source of information. Iris's older sister "did try and tell me things" but the majority of her knowledge was "picked up from other young people."[187]

None of the women interviewed from this time period remembered lessons on reproduction or sexuality being given at school. Interestingly, the women who attended nursing school in their early adulthood were also not provided with any additional information about conception. Kirsty recalled that "we were taught about the anatomy [of a baby growing in the womb]…but how A got to B was just totally ignored."[188]

Contraception was another area where many women who were interviewed lacked information. Hope knew about condoms, "which they called French Letters back then…but I wouldn't have had any

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[182] Daphne, interview with author, October 2, 2019, 1:02:02

[183] Tracey, interview with author, October 4, 2019, 15:02

[184] Kirsty, interview with author, October 23, 2019, 02:51

[185] Kirsty, interview with author, October 23, 2019, 03:14

[186] Hope, interview with author, September 24, 2019, 07:52

[187] Iris, interview with author, October 1, 2019, 05:08

[188] Kirsty, interview with author, October 23, 2019, 11:07

experience with them, any sort of education in what you did with them or anything."[189] The Pill arrived in New Zealand in 1961, but as Kirsty remembered, "not as a contraceptive. It was coming in as a 'regulator' of menstruation."[190] Contraception, if any was used, was largely seen as the responsibility of the male partner: "You sort of left it up to the boy to do that [buy contraception]. That was very much sort of left in their court, nice girls didn't do that."[191]

Often, discussions about reproduction were in fact discussions about the social expectations of women at the time. Trish knew that "it was OK that boys sowed their oats prior to marriage but girls should be chaste."[192] Daphne's upbringing was very religious, and she knew "you're supposed to be a virgin when you're married."[193] Women who were sexually active often kept it quiet, not wanting to be perceived as immoral. Hope recalls, "you didn't sort of talk about what you were doing. There was that reputation thing, you know, a nice girl, you didn't want to lose your reputation."[194]

Unmarried mothers appeared to be unknown, rendered invisible by society. Kirsty observed, "There just [weren't] unmarried mothers, not that I knew of. They didn't exist. Girls got married early, there were shotgun weddings, and they had children fairly quickly, but that was about it. We just didn't know in-depth."[195]

GETTING PREGNANT

With little knowledge about the mechanics of reproduction and contraception, women in the 1950s and 1960s were particularly vulnerable to unplanned pregnancy. The majority of the women interviewed were in relationships with a boyfriend at the point that they became pregnant. Other women were victims of their enforced ignorance around reproductive issues and abuse.

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[189] Hope, interview with author, September 24, 2019, 13:49

[190] Kirsty, interview with author, October 23, 2019, 20:04

[191] Hope, interview with author, September 24, 2019, 14:57

[192] Trish, written submission, September 2019

[193] Daphne, interview with author, October 2, 2019, 01:46

[194] Hope, interview with author, September 24, 2019, 15:24

[195] Kirsty, interview with author, October 23, 2019, 23:07

The way that Paula became pregnant illustrates the level of naivety many women had regarding safe sexual practices. She had not actually engaged in penetrative intercourse when she became pregnant:

> He had ejaculated all over my belly followed with heavy petting & his semen making its way to my vagina…I didn't think I had done anything to get pregnant, he hadn't penetrated me. I was sent to a specialist who informed my mother that he couldn't understand how I was pregnant but there isn't any other answer. He said my hymen was mostly intact and there was little to no evidence of sexual intercourse.[196]

Daphne, who came from a very sheltered background, became pregnant through rape. She had attended a Christmas party at the nursing hostel where she lived, where somebody had taken advantage of her.

> I remember having a dance, and at that time I was just kind of learning to dance, and next thing is I woke up in my own bed. And I hadn't been drinking, when I say that I think I'd had a couple of drinks and that would not have knocked me out. So, obviously I was raped. And I didn't know anything about it, but I do remember, a few weeks later, I had a phone call from a guy and he said to me "Are you pregnant?" and I said "No, why should I be?" And he said "Well, that's all right" and he hung up…so whoever that was, and I'll never ever know…of course I realized then that there was something going on, and yes, I was pregnant.[197]

Daphne did not report her rape to the police, fearing she would not be believed. "Well, I couldn't prove anything, could I, except that I was pregnant. But it wasn't the thing that was done anyway, I don't think. I don't know. It wouldn't have entered my mind."[198]

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[196] Paula, written submission, September 2019

[197] Daphne, interview with author, October 2, 2019, 02:43

[198] Daphne, interview with author, October 2, 2019, 01:08:47

REACTIONS TO THEIR PREGNANCIES

The women interviewed were all shocked and upset to find themselves pregnant. Trish described "terrible shame."[199] Iris was "devastated."[200] Overwhelmingly, the women were reluctant to inform their parents, scared of possible negative reactions and disappointment.

Women who were living away from home, in a more independent capacity, were able to conceal their pregnancies from their families, either altogether or for a longer period of time. Daphne and Kirsty decided not to tell their parents. Iris informed her parents via letter only after she had moved away.[201] For other women, particularly those who were younger and still living in the family home, there were fewer options to hide what was happening from their parents.

Tracey, who was seventeen and still at school in 1968, was an intelligent young woman for whom her parents had very high hopes. Her mother had a most extreme reaction to the news of Tracey's unplanned pregnancy:

> My mother came into my room one evening after I'd told her or she'd found out, with a carving knife to stab me to death. So that is the extent of anger and hate she had towards me…I took off, it was winter, it was cold…out the front door, screaming my head off in my pajamas, and a neighbor was coming home from work, it was quite late at night, and he grabbed me and said 'What's happening?' and my father was quickly behind him saying 'It's OK, it's OK, she's dreaming, she's having a nightmare' and I was screaming and yelling and Dad was trying to get me back inside.[202]

Tracey attributed her mother's reaction to concern that Tracey had "sullied" the family name.[203] Her mother's reaction was what convinced Tracey that "what was happening to me was pretty bad, it was pretty awful. I was a bad girl."[204]

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[199] Trish, written submission, September 2019

[200] Iris, interview with author, October 1, 2019, 07:39

[201] Iris, interview with author, October 1, 2019, 07:55

[202] Tracey, interview with author, October 4, 2019, 08:25

[203] Tracey, interview with author, October 4, 2019, 08:25

[204] Tracey, interview with author, October 4, 2019, 10:09

There were a range of reactions from the fathers of the babies, indicative of the sexual double standard that permeated New Zealand society in the 1950s and 1960s. Some boyfriends, like Hope's, absented themselves: "He sort of almost disappeared. He was hard to get hold of and things."[205] Kirsty wrote to the father of her baby, a close friend for whom she had very strong feelings. "He just said 'Oh well, it could be anyone's' and didn't want to know. So I had a certain amount of pride, and I thought *right…you're out of my life*."[206]

Some of the fathers were prevented from seeing the pregnant women by their families, such as Leah's boyfriend, who was taken to the United Kingdom by his parents to prevent him from having anything further to do with Leah or their child.[207]

Anita's boyfriend remained supportive, and they kept their child and later married. However, Anita admitted, "I didn't want to get married at that age [seventeen], and in fact, if I'd been left to my own devices, if I hadn't got pregnant, I probably would have chosen not to have kids."[208] Their marriage eventually ended.

ABORTION

Abortion was illegal in New Zealand during the 1950s and 1960s, and many of the women interviewed did not even know such a procedure existed at the time they were pregnant. Although Kirsty was studying for her nursing degree and working in a maternity ward, it was not until "much later in my training that I found out there were rumours of back street abortions [where] 'bad girls' went [and] got sorted."[209] Anita and her boyfriend tried to end the pregnancy themselves: "He tried punching me in the stomach several times, he couldn't do it hard enough."[210]

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[205] Hope, interview with author, September 24, 2019, 18:14

[206] Kirsty, interview with author, October 23, 2019, 21:22

[207] Leah, interview with author, September 11, 2019, 09:05

[208] Anita, interview with author, September 21, 2019, 10:14

[209] Kirsty, interview with author, October 23, 2019, 18:14

[210] Anita, interview with author, September 21, 2019, 40:23

Anita subsequently approached a well-known doctor who was said to perform abortions. She had never had an internal vaginal examination before and did not know what to expect from the appointment.[211]

> He made me strip down to my bra and knickers, got me on the bed, sat with his back to me and goodness knows what he was doing to himself, but I know what he was doing to me. And then he just got up and washed his hands and told me to get dressed and said if you want an abortion you have to go to Australia…the whole consultation was for him, just being an…absolute pervert.[212]

Anita left the doctor's office "in tears, but never said anything to anybody."[213] She reflected, "they wouldn't have believed me anyway, because, you know, here I was, this pregnant sixteen-year-old."[214] Anita's experience illustrates how vulnerable young, pregnant women were to sexual predators like this doctor, who was later taken to court for a rape he perpetrated on another patient.

MANAGING THE PREGNANCY

Confirmation of the pregnancy was only the first step in a series of problems arising for the pregnant woman and her family. Keeping the pregnancy hidden from public knowledge, to shield the woman and her family from the shame of an unmarried pregnancy, required a range of solutions. The most popular of these was for the woman to leave her home town and live and work, usually as domestic help, somewhere that her pregnancy could not be discovered.

Daphne, Shirley, Iris, Tracey, Hope, Paula, Anita and Leah all left their home towns for the duration of their pregnancies to avoid the stigma of being an unmarried mother. Younger women's parents took a very active role in finding them somewhere to go. Paula, who was eighteen and still at school when she became pregnant in 1968, recalled, "I felt bewildered and angry. I did not want this baby & found it very hard to accept that I was pregnant. So, I just went through the motions and let my parents

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[211] Anita, interview with author, September 21, 2019, 38:53

[212] Anita, interview with author, September 21, 2019, 32:01

[213] Anita, interview with author, September 21, 2019, 35:41

[214] Anita, interview with author, September 21, 2019, 37:11

organize everything as best [they] could."[215] Paula's placement as a domestic helper was found through newspaper ads. She remembered accepting the first position she was offered, "about 2-3 hours from home in [redacted]. It was the only one we looked at & [we] didn't check it out before going."[216]

Other women's placements were arranged by doctors (General Practitioners). Shirley's General Practitioner told her mother that he knew of a doctor Shirley could go and stay with in Auckland until the baby was born and could be adopted out. Shirley was not asked what she was thinking or feeling, nor what her own wishes for her pregnancy and the baby were. "It was nothing to do with me, it was all them – their idea."[217] Similarly, Hope's mother had a friend who was a General Practitioner, "and my mother must have talked to her, because the next thing I knew she…was going to organize somewhere for me to go…I wasn't going to stay at home and sort of wander around looking pregnant and [tarnish] the family reputation."[218]

General Practitioners could also take the initiative themselves. Leah suspects her General Practitioner reported her to the Child Welfare Department because of her young age (fifteen). The Department wanted to know who the father of her baby was. "They were merciless with their interrogation because I wouldn't name the father. He would have been charged [with statutory rape] and as my parents wanted to keep it all very quiet they wouldn't disclose the information either."[219] The Child Welfare Department organized for Leah to go and stay on a farm in a different area of New Zealand: "I really didn't have a say in where I wanted to go or whether I didn't want to go, it was just a matter of getting me away ASAP I think."[220]

The isolation provided by farms made them a good option for a woman wanting to hide her pregnancy, as well as allowing her to help often overworked farm wives and mothers. Usually, the women had little to no contact with their families until the babies were born. The family Paula stayed with treated her fairly well, although she remembered "being told off for overcooking the breakfast boiled eggs…the wife/mother knew a lot about being a good housekeeper so I learned quite a lot from

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[215] Paula, written submission, September 2019

[216] Paula, written submission, September 2019

[217] Shirley, interview with author, September 11, 2019, 08:49

[218] Hope, interview with author, September 24, 2019, 21:53

[219] Leah, written submission

[220] Leah, interview with author, September 11, 2019, 02:40

her (preserving fruit was one thing) and not to store the bottles next to each other in case of earthquakes."[221] In contrast, Leah described her stay on the farm as "traumatic."[222] The wife had wanted someone older, who was able to be a practical help to her, and Leah was at that point in her life "pretty undomesticated."[223] She felt that the wife regarded her as "a stupid kid" and lost patience with her frequently.[224]

> I mean, look, it was silly things that I kept getting into trouble for, but looking back they were quite logical. I had completely forgotten that farms run on tank water, and I can remember, I was peeling potatoes and I had the tap running and I got shot to pieces for that one…I'm not sure if it actually registered with me that I was in very deep trouble and couldn't understand why people stared when I was taken into town for doctor's visits etc. The farm workers ogled me when I had to take their morning tea across the paddock; I guess they had only seen pregnant cows and not young girls; it was rather humiliating. I would not repeat those few months for anything.[225]

For women who already lived in smaller rural towns, the city offered them a degree of anonymity. Shirley and Tracey ended up in the suburbs of large cities. Shirley was sent to a doctor's house with two other unmarried pregnant women in 1960. Their labour was exchanged for their board and medical treatment at the maternity hospital.

> We had to do all the cleaning and…cleaning out the fireplace. It was winter so they had two fireplaces. That was always tricky because, you know what happens in a fireplace, the dust sort of settles afterwards and I had to go back, [the wife of the doctor] always make me go back and clean it up a second time, every morning.[226]

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[221] Paula, written submission, September 2019

[222] Leah, written submission, September 2019

[223] Leah, interview with author, September 11, 2019, 13:20

[224] Leah, interview with author, September 11, 2019, 14:05; written submission

[225] Leah, interview with author, September 11, 2019, 13:30; written submission

[226] Shirley, interview with author, September 11, 2019, 10:07

Tracey went to stay with a couple in what revealed itself to be a potentially dangerous situation:

> I was to look after their child, a little boy, maybe almost two, and I lived in the caravan at the back. The caravan was so substandard, in the winter it had mould on the walls and these people, it was real dodgy, they used to go away, just as a pair, and I don't remember ever being given any instructions that they were going away or being left any money to buy food for the child and I or anything.[227]

Eventually, Tracey was allowed to move into the house to be closer to the young boy while his parents were away.

> The husband used to, he never touched me, but he used to come and stand in the bedroom at nighttime 'cause when they went away, I'd sleep in the house with the little guy in a bed, you know, he'd be in a cot and [I] was in a single bed in there. He [the husband would] just stand in the room and I found it really odd.[228]

After contracting bronchial pneumonia, Tracey was dismissed because she "wasn't doing all [her] jobs."[229] Unlike her first placement, which was arranged through her General Practitioner, Tracey applied for her second via the newspaper. There was a strict condition: "You weren't allowed to go there unless you were definitely going to adopt your child out. She [the mother of the children Tracey was caring for] didn't want anybody that had any inclination of keeping her child."[230]

Women who were older and/or more financially independent could organize placements themselves, often without their families getting involved. This was the route Daphne took, writing to her parents from a farm telling them that she had simply decided to leave her nurse's training and start

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[227] Tracey, interview with author, October 4, 2019, 17:42

[228] Tracey, interview with author, October 4, 2019, 18:47

[229] Tracey, interview with author, October 4, 2019, 19:17

[230] Tracey, interview with author, October 4, 2019, 21:13

afresh.[231] If they had support from family or friends, they could live away from home without needing to stay with strangers. Iris lived with a friend, working until shortly before her baby was born (although not as a nurse, for which she was qualified). Anita lived with her sister, helping with her young children.

Typically, the women who lived away from home in domestic placements were not compensated for their work other than being able to live with the families they were staying with. Trish recalled being given a small amount of money:

> When I first went, I'd been there a few weeks, and he did give me some money. And I'm a person that likes budgeting. I said to them, well, you know, is this going to be a regular thing or not? And they said 'Oh no no, it's not going to be regular, we'll just give you something now and again.' As time went on it was less and less.[232]

Hope's family gave her "oh, just a pittance, it would have been like pocket money so I could buy bits and pieces. But it was mainly sort of bed and board, and I was expected to work, to look after the kids and help with the housework and all that."[233]

Kirsty and Trish were the only two women who remained at home during their pregnancies. For Kirsty, "home" was the nurses' hostel where she was living during her training, although she did have regular contact with her parents during her pregnancy. Because she was naturally tall and slim, Kirsty managed to hide her pregnancy quite successfully: "Our uniforms were pretty concealing. Long-ish dresses, and big starched aprons and stuff."[234] She recalls a conversation with her mother, whom she had decided not to tell that she was pregnant: "I was trying on a dress at home, and Mum commented that I was putting on weight. And it must have been 'round my middle, obviously. But I brushed it aside, though I don't know if she – what she thought. I just brushed it aside."[235]

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[231] Daphne, interview with author, October 2, 2019, 06:53

[232] Trish, interview with author, October 11, 2019, 18:39

[233] Hope, interview with author, September 24, 2019, 24:46

[234] Kirsty, interview with author, October 23, 2019, 25:28

[235] Kirsty, interview with author, October 23, 2019, 26:11

For Trish, a lack of close neighbours made staying at home a viable option. She worked as a nurse until she was five months along, and then remained on her parents' farm for two months, "hiding in a bedroom whenever my parents had visitors."[236] For the last two months of her pregnancy, she was a domestic helper on a farm, arranged by her General Practitioner.

If they did not see them at antenatal clinics, the women interviewed were often visited by social workers to begin the adoption process while they were on placements. These visits were usually brief, used to ascertain the bare facts of the baby's biological background. Mothers were judged on criteria such as occupation, health, psychological stability, intelligence, "warmth" of personality and race, in order to match their baby with a suitable adopting family.[237] The only "facts" gathered about the fathers were those given by the mothers, and some social workers seemed reluctant to even bring fathers into the equation. Shirley recalled,

> He was writing down details, and I said to him "So do you want the father's name?" and he said "Not necessary!" And I said, "Well, I'll give it to you anyway." So I gave him the father's name. Now, [child] said there was nothing when [they] went looking for [their] original birth certificate, the father's name was not on it.[238]

Women were rarely asked what kind of family they would like their child to go to. Iris had a "vague recollection" of asking for her baby to go to a family "with other children, but I'm not certain."[239]

Under these circumstances, every woman who placed their baby for adoption stressed that they felt they had no choice. Kirsty stated:

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[236] Trish, written submission, September 2019

[237] Else, *A Question of Adoption*, 80

[238] Shirley, interview with author, September 11, 2019, 31:55

[239] Iris, interview with author, October 1, 2019, 36:01

> There was no choice. That's what you had to do. I don't think I ever thought of being a single mother, that just wasn't done. So, there was no choice, you did what you had to do, and you got on with it.[240]

Kirsty's viewpoint is reinforced by Iris, who "didn't feel I had any choice. I knew that, well, my knowledge was that the baby would have a better life, with a couple, with a family."[241] Hope described adoption as "the inevitable thing that you had to do…it was just automatically thought of, oh, you went away and the baby was adopted. Disappeared. And then you got back to your normal life again."[242] The expectation to adopt appears to have been reinforced by virtually every person the unmarried woman came in contact with during her pregnancy, particularly doctors and other medical staff, and professionals such as social workers. Shirley and the other pregnant women she was staying with were actively discouraged from planning to keep their babies or even talking about their pregnancies: "The doctor [I was staying with] told me I needed to think of it as a horrible boil in my stomach that I needed to get rid of." [243] For some, the pressure could be extreme. Tracey remembered, "The social worker…worked on me, worked on me, worked on me. And that was it, you know. Every time you'd go to [antenatal] clinic…you'd see the social worker. It was definitely, you know, your child will be adopted and that's the way it was going to be."[244]

HAVING THE BABY

In accordance with the focus of this thesis, all of the women selected for this sample, other than Kirsty, gave birth in state hospitals. These were either small rural hospitals, local to the farms the women were staying in, or larger hospitals in the cities. As government employees, the treatment of women by medical and professional staff in these hospitals can be interpreted as indicative of how wider society felt about unmarried mothers. However, this was also subject to the individual temperament of each person, and the working culture in each hospital.

Daphne, Hope and Paula had largely positive experiences. Paula recalled,

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[240] Kirsty, interview with author, October 23, 2019, 38:46

[241] Iris, interview with author, October 1, 2019, 32:38

[242] Hope, interview with author, September 24, 2019, 37:23, 27:42

[243] Shirley, written submission, September 2019

[244] Tracey, interview with author, October 4, 2019, 28:44

> I gave birth in the local [rural] hospital [in 1968]. The staff were good to me. I wasn't meant to see my daughter but one nurse asked if I would like to, I said yes. She brought her & left me with her for about 20 minutes. I breast fed her. I thought about how I was giving this precious little baby to a mother that needs one & will give her a good life. I knew it was impossible for me to keep her so never endured the pain of feeling I should. My decision to adopt was one out of love. At the same time there was no other option. I probably wouldn't have made any other choice.[245]

Other women's experiences were more traumatic. The family with whom Leah was staying as a domestic helper gave her a dose of castor oil to trigger her labour, as she was due close to Christmas Day "and therefore the family wanted me gone."[246] Nobody had explained to Leah, who gave birth in 1959, what was going to happen during the process of labour and birth. Frightened, she asked for her mother, only to be told "it was a bit late for that."[247]

> I guess I was a little bit noisy because I didn't have any sort of anesthetic or anything like that, and I was sort of put into a room and I thought I could feel that the baby was coming, and when I called out a few times I was told to be quiet, it was too early. But nobody actually came and had a look to see. And it was a while later and I put my hand down and I thought oh my goodness, you know, and I can only assume, I don't know…it could have been [baby's] head that I touched. So I started yelling again and eventually somebody did come.[248]

Shirley, who gave birth in 1960, was also left to labour by herself, without any comfort or support from the staff.

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[245] Paula, written submission, September 2019

[246] Leah, written submission, September 2019

[247] Leah, written submission, September 2019

[248] Leah, interview with author, September 11, 2019, 18:15

> It became quite painful and I was groaning and moaning and carrying on and the doctor came up to me and said, "Now. That's enough of that. That [married] lady in the next cubicle, she's having a hard time, blah blah blah." She was allowed to scream. I wasn't.[249]

Tracey described the staff during her birth in 1968 as "indifferent."[250] She recalls being prepped, "you know, shaved, [and] the nurse said 'Well, you're just an unmarried mother, it's your fault you're here' kind of thing. Terrible things were said and done."[251] Tracey's doctor allowed the hospital's medical students to examine her without her permission, which was "just horrible."[252]

Because she was a nurse, Trish, who gave birth in 1967, was left to manage an important aspect of her labour independently.

> I was induced on [my due date] by having my membranes ruptured and put onto a hormone drip...once the contractions were 2 minutes apart the specialist had asked me to tell the staff to stop the drip or there was a risk of my uterus rupturing. The first registered nurse refused to do this and by the time I could get another nurse to come the contractions were almost continuous.[253]

Trish was then given pethidine to slow her contractions down. "It had the effect of knocking me out for several hours."[254] Eventually Trish was delivered of her baby by vacuum extraction, which resulted in a fractured coccyx.[255]

Daphne, Hope, Leah, Shirley, Tracey and Kirsty did not get to see their babies once they were delivered. Daphne, who gave birth in 1955, remembered "the nurse standing in a doorway, saying to

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[249] Shirley, interview with author, September 11, 2019, 20:12

[250] Tracey, interview with author, October 4, 2019, 29:50

[251] Tracey, interview with author, October 4, 2019, 29:50

[252] Tracey, interview with author, October 4, 2019, 30:16

[253] Trish, written submission, September 2019

[254] Trish, written submission, September 2019

[255] Trish, interview with author, October 11, 2019, 23:29

me, 'This is your baby, it's a [redacted] and [s/he's] going' and I never saw [him/her] again."[256] Hope had a similar experience ten years later: "I just vaguely remember a brief glimpse of the baby and then it was whisked away."[257] Kirsty was asked if she would like to see her baby, born in 1962, but "I'd learnt by then that…it was best they [unmarried mothers] didn't see the baby before they went away for adoption…and I said no [to seeing the baby] because I thought it was the right thing to do."[258] Leah was not told the gender of her baby until she signed the adoption papers some weeks later.[259]

Although it is beyond the scope of this thesis to provide comparative interviews evaluating the experiences of married women at the same hospitals during the same timeframe, it appeared to many of the unmarried mothers interviewed that there was a degree of punitive treatment related to their delivery because of their unmarried status. While not completely neglected, unmarried mothers were considered a low priority and interventions supplied were minimal. Often this led to more complicated deliveries.

RECOVERING IN THE HOSPITAL

While they were recovering, some of the women were separated from the other mothers, while others remained in a ward with those who were keeping their children. Shirley's doctor told her to "say that my baby had died" if anybody asked why she was in a separate room.[260] Iris, who gave birth in 1962, was required to take care of her child, even though the baby was being placed for adoption. "I don't remember feeling. I just don't…the only feeling I remember is feeling quite numb about it."[261]

Because women typically spent a week or more in hospital after giving birth during the 1950s and 1960s, the women who were giving their babies up for adoption were often forced to stay on wards where married mothers were looking after their babies. Their treatment by the medical staff during this time could be perceived as punitive, adding to their distress. Leah was in so much pain that she could not sit down. It was not until a married woman intervened with the nursing staff, who had "not

[256] Daphne, interview with author, October 2, 2019, 06:34

[257] Hope, interview with author, September 24, 2019, 29:12

[258] Kirsty, interview with author, October 23, 2019, 31:50

[259] Leah, interview with author, September 11, 2019, 19:16

[260] Shirley, interview with author, September 11, 2019, 22:45; written submission

[261] Iris, interview with author, October 1, 2019, 29:58

actually asked me if anything was alright", before Leah's medical needs were addressed.[262] The women were bound with large bandages or given medication to stop their milk coming in, and the social workers facilitating adoptions would come and visit as soon as a few hours after the births. Iris described the social worker she saw as "business-like. Cold…she had a disapproving air about her."[263] Trish, who had decided to keep her baby, was "badgered" by the Matron to place her child for adoption, and called Trish "selfish" for wanting to keep her. This only stopped when Trish's doctor, who was supportive of her decision to keep her child, forbade the Matron to enter Trish's room.[264] Some women, such as Kirsty, didn't see a social worker at all.

The majority of women were not put on any form of contraceptive when they were discharged from the hospital. Tracey was the only exception. Her doctor told her "that 'my juices were alive now' after having the baby. I was primed. You know, I'd want more…I was hungry for sex, more babies."[265] She was given a prescription for the Pill, along with the statement "that he would see me in ten years' time, full of cervical cancer, because women like me always got it."[266]

RETURNING HOME

Upon being discharged from the hospital, the women interviewed usually went back to their families. None of the women were offered any kind of counselling or additional support in the aftermath of their experiences. Paula noted, "I was taken home after registering the birth and expected to forget it ever happened. The birth was never discussed in any way with anyone."[267]

Some families, still struggling with their daughters' pregnancies, offered little sympathy. Leah remembered, "My father found it very hard to look or speak to me and we were like strangers under one roof…there was no discussion and never once did anyone who knew me [and knew what had happened] ask how I felt."[268] Although Trish's parents allowed her to return to the family home with

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[262] Leah, interview with author, September 11, 2019, 16:13

[263] Iris, interview with author, October 1, 2019, 30:54

[264] Trish, written submission, September 2019

[265] Tracey, interview with author, October 4, 2019, 1:11:14

[266] Tracey, interview with author, October 4, 2019, 1:10:15

[267] Paula, written submission, September 2019

[268] Leah, written submission, September 2019

her baby, it was "far from easy…my father didn't talk to me, or hold or look at my baby."[269] Happily, Trish's father eventually overcame his feelings and was able to enjoy a close relationship with his grandchild.

The last step in the adoption process was to formally relinquish legal custody of the child. In New Zealand, women had to wait ten days before they could give consent to an adoption of their child, and that consent had to be freely given.[270] Paula signed the adoption consent before she left the hospital.[271] Shirley was taken straight from the hospital to the lawyer's office by her mother. "I didn't get told that I could change my mind, you know, once the baby was born, if I really wanted to keep it I could. I didn't get told that at all."[272] Tracey was asked to ring the social worker once she was discharged from hospital, which she did from a public telephone box.

> I was [told] to go up the road…and sign the adoption papers. These people were on their way [to get the baby]…I signed the papers on my own, totally unsupported. Like you're giving away a cat, or a kitten or something. And then my uncle must have picked me up and that's the night I went home.[273]

The other women interviewed signed the adoption consent anywhere from two to six months after the births of their babies. Like Tracey, Iris was alone when she signed the papers. She described the lawyer as "a grumpy old man…he didn't even look at me."[274] After having her baby, Kirsty revealed what had happened to her parents. They were compassionate, although "Mum's first reaction was, 'My God, what will the neighbours and family say?'"[275] They went with Kirsty to sign the adoption consent.

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[269] Trish, written submission, September 2019

[270] 1955 Adoption Act (1955 No 93) http://www.nzlii.org/nz/legis/hist_act/aa19551955n93134/ (March 2020), S7

[271] Paula, written submission, September 2019

[272] Shirley, interview with author, September 11, 2019, 32:34

[273] Tracey, interview with author, October 4, 2019, 53:10

[274] Iris, interview with author, October 1, 2019, 38:50

[275] Kirsty, interview with author, October 23, 2019, 34:23

Having an ex-nuptial child had economic repercussions for many of the women interviewed. Months absent from work or schooling meant no pay and delays in finishing their education. Some of the women had been forced to leave their jobs and subsequently had to find different employment once their babies were born. In 1955, Daphne was unable to return to her nurse's training, due to the fact that she had failed to uphold the high moral standards of the profession by having a child outside of wedlock. This was a sincere blow for a young woman who had always dreamed of being a nurse: "It ruined my whole career."[276] Instead, she worked a variety of different jobs and eventually went overseas. Kirsty was also concerned about losing her rights to become a nurse in 1962: "As far as [I] knew, I'd get kicked out of nursing if anybody knew."[277] However, Iris, who also gave birth in 1962, was able to eventually return to nursing after having her baby without any problems: "[They were] very accepting and I didn't have any trouble."[278]

All of the women interviewed, including those who kept their babies, have described symptoms of depression and post-traumatic stress related to their pregnancies and births, particularly around the anniversaries of birthdays and the dates of signing the adoption consent. However, the women felt they had little choice but to compartmentalize their feelings and move on. Kirsty described "burying" her feelings and remembered, "[I] just got on with stuff."[279] Hope reflected, "It was like, that was in a different book. That book was closed. A different life. It was a different person that all happened to, almost. I guess that was the way I coped with it."[280] This attitude was often reinforced by the people around them, who were reluctant to explore the emotional impact of having adopted an ex-nuptial child. Tracey recalled that the night she signed the adoption consent, "I was upset. And my father said, 'Stop that now, straight away. You're a woman now, act like one.'"[281]

Years later, reunion with the children they had adopted out brought complicated emotions. Shirley had spent years wondering and worrying that her child was safe and happy, but it was not until she met him/her that "all the emotion I had not been allowed to express came out at last."[282] While

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[276] Daphne, interview with author, October 2, 2019, 08:11

[277] Kirsty, interview with author, October 23, 2019, 35:42

[278] Iris, interview with author, October 1, 2019, 35:05

[279] Kirsty, interview with author, October 23, 2019, 41:12

[280] Hope, interview with author, September 24, 2019, 51:29

[281] Tracey, interview with author, October 4, 2019, 35:07

[282] Shirley, written submission, September 2019

Shirley's child had made up a photograph album to give to her, Shirley found that "I had this [adult] to hug but ached for that little baby I had only seen once for a few moments."[283] For Shirley, as for the other women in this sample, however successful the reunion with the adopted child was, it failed to make up for the years lost between them, nor to erase the stigma and shame that the women felt they had been subject to as unmarried pregnant women between 1950 and 1969.

POST 1970: EXPERIENCES OF UNMARRIED WOMEN 1970 – 1979

Speaking to unmarried women who gave birth after 1970, it is clear to see how wider social changes were beginning to make a positive impact on both the experiences and perception of unmarried pregnant women. 60% of women in this cohort kept their children, as opposed to 20% from the previous two decades. From 1973, women who did keep their children were eligible for state help, such as the Domestic Purposes Benefit, in order to assist them with the costs of raising their children. Families and wider society were, on the whole, reported to be more accepting. However, treatment of unmarried women giving birth in state hospitals could still carry both punitive and discriminatory elements, and the stigma and shame of being an unmarried mother was, as in previous decades, still being felt.

MARY became pregnant in 1970, at the age of twenty-one. She was working in an office but still living with her parents at the time. Mary had a traumatic birth experience and faced significant pressure to adopt her baby out. However, she insisted on keeping her child and raised him/her independently until her marriage some years later.

SARAH was raised in a religious household and grew up in a small rural town. After high school, she moved to a large city to work and live with friends, becoming pregnant at the age of twenty in 1971. Sarah kept her child.

OLIVE was a fifteen-year-old "free spirit" when she became pregnant in 1971. Young, vulnerable and involved in the "counterculture" movement of the early 1970s, Olive signed what she thought were forms to consent to a fostering situation for her baby, which turned out to be adoption orders.

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[283] Shirley, written submission, September 2019

BELINDA was a primary school teacher who became pregnant in 1972 in her early twenties. She was forced to leave her job and lived with her parents whilst she was pregnant, a situation that was difficult for them all. Belinda's child was placed for adoption.

COLLEEN grew up on a farm, and was still at high school when she became pregnant at the age of sixteen in 1972. She was sent away to live with a family in a nearby city, and placed her child for adoption.

SHERRY became pregnant in 1972 at the age of twenty-two. She worked for most of her pregnancy as domestic help and gave birth in a large city hospital. Despite pressure to adopt, Sherry chose to keep her child.

SYLVIA was in her first year of university when she became pregnant in 1974. After making plans to have an abortion, Sylvia changed her mind and kept her child. Her boyfriend was supportive and they eventually married.

VIVIAN was also in her first year of university when she became pregnant in 1976. Her experience with placing her baby for adoption was largely positive.

TESSA was working but still living with her parents when she became pregnant in 1977, during her late teen years. She lived with her family during the pregnancy, and later married the father of her baby.

While ANGELA was growing up in a rural town, her parents hosted unmarried mothers as domestic help. Despite this, they had a bad reaction when Angela herself became pregnant and gave birth at the age of twenty-one in 1979. Angela kept her baby.

REPRODUCTIVE AND SEXUAL EDUCATION

In the 1970s, education regarding reproductive and sexual matters was becoming more available. The majority of the women interviewed from this time period did have some knowledge of what sex and reproduction entailed. Angela's mother gave her a book called *Peter and Pamela Grow Up*, which she then passed on to her younger sister.[284] Similarly, Belinda's mother "fished out [a booklet issued

[284] Angela, interview with author, September 25, 2019, 08:50

by the Health Department, called] *Sex and the Adolescent Girl* one day and went through it and we looked at the diagrams about periods and things."[285]

Both Tessa and Sherry remembered attending sex education classes at State schools, when they were at the Form Two/Year Eight age level (around twelve or thirteen).[286] Tessa recalled, "A lot of [the information] went just straight over my head. I was not physically developed very well at that point, a lot of the girls in my class were far more physically mature than I was."[287] However, the women interviewed who came from more religious backgrounds or schools were less informed. Mary, who went to a Catholic secondary school, recalled that "we cut up worms and frogs and things like that, but we really didn't have any sort of human biology."[288]

As women in previous decades discovered, a lot of the time moral expectations were masquerading as reproductive education. Sarah, who also had a Catholic upbringing, "knew about abstinence."[289] Tessa's mother followed the school talk she and Tessa attended up with the advice that "the only thing sex is meant to be for is procreation. You don't do it for fun."[290] Colleen, whose family was quite traditional, knew that having sex was "a dangerous thing to do" but did not recall having a specific conversation with anybody about reproductive issues.[291]

Knowledge of and information about contraception was more common in the 1970s than in previous decades. However, this knowledge was not always accurate. Vivian's mother warned her against taking the Pill because "it causes brain damage."[292] Mary knew about contraception "vaguely, but the word was that you needed to be married [to get the Pill]…there wasn't really anything else. Well, I suppose there was, but who was going to go and buy them? Where could you get things from? You wouldn't [have] had a clue, really."[293]

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[285] Belinda, interview with author, September 21, 2019, 11:56

[286] Sherry, written submission, September 2019

[287] Tessa, interview with author, September 15, 2019, 05:30

[288] Mary, interview with author, September 24, 2019, 06:10

[289] Sarah, interview with author, September 12, 2019, 10:17

[290] Tessa, interview with author, September 15, 2019, 06:37

[291] Colleen, interview with author, September 15, 2019, 10:38

[292] Vivian, interview with author, October 23, 2019, 19:09

[293] Mary, interview with author, September 24, 2019, 05:13

Towards the end of the 1970s, women were becoming more proactive about procuring contraception. However, that was no guarantee they would feel empowered to take it. Tessa remembered going to the doctor with her boyfriend's sister to get a prescription for the Pill. "I was too scared to go to the chemist and get it. I don't know why. I think I was just too embarrassed. I think he [the doctor had] already made me feel quite embarrassed by asking a lot of questions and making me feel like I shouldn't be having sex and I was too young."[294] The negative correlation between preparedness for sex and immorality was still lingered. Belinda said, "I kind of knew I could have gone to student health [at the university] and gone on the Pill if I'd wanted to, but that wasn't for people like me. That would have meant I was *planning* to be available, and I certainly wasn't in a relationship with anybody of any significance."[295] Angela observed, "I was probably, like lots of women, taking risks far too often."[296]

Despite measures such as removing the word "illegitimate" to describe ex-nuptial children in the 1969 Status of Children Act and the introduction of the Domestic Purposes Benefit in 1973 (a tacit acknowledgement of the fact that single mothers and their ex-nuptial children did indeed constitute a family worthy of State support), unmarried mothers were still not perceived well in wider society. Colleen recalled, "You thought people, girls who got pregnant, were bad girls, you know."[297] When Belinda found out a classmate from school had gotten pregnant, the feeling towards her was that "she'd done the most dreadful thing, which was worse than being an axe murderer."[298]

GETTING PREGNANT

Like the women interviewed who became pregnant in the 1950s and 1960s, the majority of women in this cohort were in relationships when they became pregnant. However, the sex-positive feminist and countercultural movements of the late 1960s and 1970s had an impact on many of the women in this group, leading to situations where women were more likely to become pregnant through casual encounters. Belinda considered sex to be almost "amoral", neither good nor bad, but simply "what

[294] Tessa, interview with author, September 15, 2019, 07:08

[295] Belinda, interview with author, September 21, 2019, 24:03

[296] Angela, interview with author, September 25, 2019, 10:24

[297] Colleen, interview with author, September 15, 2019, 12:00

[298] Belinda, interview with author, September 21, 2019, 12:52

you did" in certain social situations, such as parties.[299] Angela expressed similar ideas, stating, "I was young in the days where we actually drank and drove and smoked and things like that. When we were [young] those sorts of things were more socially…well, they weren't socially acceptable but it was the norm I think."[300] Drinking and drug-taking could lower inhibitions and obscure healthy judgements, as Olive discovered in 1971:

> It was a very brief relationship, because he was married, he was way older than me. In fact…he was a predatory person who'd hung around nightclubs and he was a drug dealer. You know, specifically targeting young girls…when I realised I was getting myself into something that was quite icky and not very nice, I ended it.[301]

REACTIONS TO THEIR PREGNANCIES

Reactions to the unplanned pregnancies of the women interviewed were less extreme in this cohort than in previous decades, possibly because of the older ages and financial independence of many of the women when they did become pregnant, but also because of the increasing acceptance of unmarried mothers in society. Additionally, partners of the women, who were members of the same generation, were more accepting of the pregnancies, reflecting shifts in social values. Parents, as part of the older generation, approved less.

Overall, the fathers of the babies tended to be more supportive of the women in this cohort. Sarah's boyfriend proposed marriage when she informed him of the pregnancy, but Sarah was reluctant. "Coming from a family where there was so much hostility I heard between my parents, regarding lack of communication and lack of sharing of finances, I thought, if this is what marriage is about, I don't want a bar of it."[302] Their relationship subsequently ended, although on good terms. Sylvia's boyfriend "was quite happy, he was really pleased [that she was pregnant]. I wasn't so pleased. I wondered if it was the right time."[303] Tessa and her boyfriend remained together throughout Tessa's pregnancy, and

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[299] Belinda, interview with author, September 21, 2019, 21:17

[300] Angela, interview with author, September 25, 2019, 11:11

[301] Olive, interview with author, October 15, 2019, 07:53

[302] Sarah, interview with author, September 12, 2019, 12:04

[303] Sylvia, interview with author, October 1, 2019, 04:17

they eventually married. Mary and her boyfriend, however, broke up: "He'd say, 'Well look, if you have an abortion we'll get married' and blah blah blah. There was really no support or help about what could be done. But I was very stubborn and I'd sort of made up my mind [to keep the baby] and thought well, if you're not going to help me I'm just going to have this baby on my own, and probably I will never see you again."[304]

While the women's sexual partners may have been supportive, their families were often considerably less so. Mary's mother refused to discuss Mary's pregnancy with her: "She was just absolutely disgusted and wouldn't really want to have a conversation about it."[305] Sylvia and her mother became estranged: "She kind of stopped talking to me, just sort of cut ties with me. That lasted for about four or five months."[306] Angela's parents "felt my life was ruined (and therefore theirs – the shame and embarrassment I guess)."[307] Similarly, Belinda's parents told her "I'd ruined the family name, I'd ruined my life, I would have no future, we'd worked so hard to make a good name for ourselves as a family and look what you've done."[308]

However, there were some families that did support their daughters, despite their personal difficulties with the situation. Tessa reflected, "My mother probably did feel those things, she would have been the type of person who would have felt shame and she would have been horrified and disgusted…but she didn't rant and rave at me."[309] Vivian's parents "were supportive of me, they weren't angry or anything, it was a bit late for that."[310]

ABORTION

Abortion was a "hot topic" in 1970s New Zealand, particularly for feminists. The struggle to have abortion legalised was ongoing and heated on both sides of the debate. More of the women

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[304] Mary, interview with author, September 24, 2019, 08:23

[305] Mary, interview with author, September 24, 2019, 11:11

[306] Sylvia, interview with author, October 1, 2019, 07:22

[307] Angela, written submission, September 2019

[308] Belinda, interview with author, September 21, 2019, 13:05

[309] Tessa, interview with author, September 15, 2019, 40:37

[310] Vivian, interview with author, October 23, 2019, 04:19

interviewed were aware of abortions in the 1970s than in previous decades and felt that this was a viable option available to them. Olive approached a doctor in 1971 to ask for an abortion:

> I got myself to a doctor, she and her husband had a reputation [for being] quite progressive, and I was told that if I went to her I could maybe get an abortion. But when I went and said to her you know, I probably don't want to have this child, she said to me, well, it was a bit too late for that, that I was pregnant and that she couldn't dish out abortions willy-nilly kind of thing.[311]

Sylvia, who was pregnant in 1974, arranged to have an abortion in Australia through a doctor, "or it might have even been…through the Family Planning Clinic."[312]

> I made initial plans to get an abortion…because that was the only option I could think of at that point…but at the last minute I got to the airport and I changed my mind and cancelled. I'd been thinking about it for a while, is this the right thing or not? Got to the counter and said, "I'm going to cancel my flight today."[313]

Sylvia subsequently kept her child.

In the earlier parts of the decade, however, abortion was still taboo. Sarah, who became pregnant in 1971, recalled, "I didn't know what to do, where to go for an abortion. I guess if I'd had the opportunity I would have, I probably would have, but I didn't know what to do or where to turn so I continued with having the child with the view that I was going to adopt the child out."[314] Colleen, who was pregnant in 1972, reflected, "[Abortion] wouldn't have even been on the radar. I wouldn't have even had any idea."[315]

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[311] Olive, interview with author, October 15, 2019, 09:41

[312] Sylvia, interview with author, October 1, 2019, 06:08

[313] Sylvia, interview with author, October 1, 2019, 04:36

[314] Sarah, interview with author, September 12, 2019, 11:43

[315] Colleen, interview with author, September 15, 2019, 18:54

MANAGING THE PREGNANCY

Unlike the women who were unmarried and pregnant in the 1950s and 1960s, there was less pressure on women in the 1970s to leave home and hide their pregnancies by leaving town. The majority of women interviewed worked to support themselves throughout this time. Vivian's mother suggested that she "could send [Vivian] to one of those homes for unmarried mothers…I went, 'No! I'm just going to continue on with my life, just as is, and when the baby's born I'll give [the baby] up for adoption.' So that's what I did."[316] Vivian was flatting and attending university for the duration of her pregnancy in 1976: "I didn't get very big and a lot of people didn't even know I was pregnant. Luckily, the fashion was for sort of loose dresses at the time."[317]

Tessa lived with her parents during her pregnancy in 1977. "I never had any pressure from my own parents to adopt my baby out, or anybody in my own family."[318] Being pregnant for the first time was "very exciting and a really amazing experience", but while her pregnancy was accepted by those around her, it wasn't celebrated the way a married pregnancy would have been.[319]

Mary initially investigated going to a farm as domestic help.

> I was having lunch with the people there on the farm, and I was supposed to be their sort of nanny and helper for their daughter, be her tutor and be the domestic slave around the house – cooking, washing, you name it. And then they said, "Oh yes, and you'll need to help us out on the farm every now and again because the sheep get this thing called bloat, and their stomachs all swell up, and you have to take this spike and you have to go outside and you have to ram a spike in their stomachs to let this gas out!" And I probably nearly fainted on the floor. And that was the end of that![320]

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[316] Vivian, interview with author, October 23, 2019, 04:37

[317] Vivian, interview with author, October 23, 2019, 05:54

[318] Tessa, interview with author, September 15, 2019, 14:43

[319] Tessa, interview with author, September 15, 2019, 24:15, 24:28, 24:59

[320] Mary, interview with author, September 24, 2019, 01:11

Instead, Mary returned home and was later given money by a family member that allowed her to live independently for six months or so.[321]

Colleen and Belinda were the only two women who were sent away by their parents during their pregnancies in the 1970s. Colleen went to live with a family in a different town. She finished her school year by correspondence during this time, and remembered the family as kind, with the mother making her maternity clothes to wear.[322] Belinda's parents spoke to their local clergyman and he arranged for Belinda to go to a young couple who needed help with their children.

> She [the mother] put a lot of pressure on my parents to have me home, and I've always wondered…I probably wasn't a lot of use around the house, and I was probably sighing and being a bit depressed and miserable and not a great person to have around, but she also thought that it was wrong that I wasn't with my family at that time. And I actually went home.[323]

Living at home with her parents was not easy for Belinda, however. When her parents had visitors, she "made the decision to stay in my room and not come out because I didn't want to embarrass them."[324] Belinda's father objected to her catching a bus for antenatal checks "because I'd have to wait for the bus in a public place. He didn't want people to see me."[325]

As in previous decades, contact with adoption social workers was facilitated through antenatal classes in some larger city hospitals during the 1970s. Sylvia recalled that in 1974, "Somewhere late in the pregnancy I got to meet a social worker, and I'm like, *oh, what's this about, does everybody get a social worker coming to talk to them?* She was based at [a large city hospital], she was really nice and she just got an idea of my circumstances."[326] Sylvia said adoption was mentioned as an option for her to consider, but there was no pressure placed on her to make a definite decision.[327] This indicates that

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[321] Mary, interview with author, September 24, 2019, 11:54

[322] Colleen, interview with author, September 15, 2019, 22:05

[323] Belinda, interview with author, September 21, 2019, 14:42

[324] Belinda, interview with author, September 21, 2019, 15:44

[325] Belinda, interview with author, September 21, 2019, 15:19

[326] Sylvia, interview with author, October 1, 2019, 15:09

[327] Sylvia, interview with author, October 1, 2019, 24:31

in some hospitals, attitudes were moving in accordance with broader social shifts, and adoption was coming to be recognised as one in a range of options for the unmarried mother.

The women interviewed who were pregnant and unmarried in the 1970s had more freedom to choose what the outcome of their pregnancies would be. For those women who were undecided, there was less pressure placed upon them during their pregnancies to make a definite decision about adoption. However, for more conservative families such as Colleen's and Belinda's, adoption remained a foregone conclusion. Colleen recalled, "It was more or less decided the baby was going to be adopted from the start."[328]

HAVING THE BABY

All of the women interviewed gave birth in public hospitals during the 1970s. Like the women who gave birth in the 1950s and 1960s, there were a range of experiences reported. Tessa, Vivian, Sylvia and Angela had largely positive experiences, but the remaining women interviewed felt the stigma of unmarried motherhood most clearly when in the hospital setting.

Sherry remembered labouring alone over the course of two days without any nursing staff performing regular checks or providing any type of support or encouragement: "A particularly unpleasant ward sister was in charge and I had the feeling she thought I was beyond the pale [for being an unmarried pregnant woman. I had] no husband and she let it [her displeasure] show, so I was happy to spew up the jelly she gave me."[329] Sarah, who had at that point decided to place her baby for adoption, also felt she had little help or understanding from the medical staff: "I didn't feel supported…it was pretty dispassionate."[330] Like the women in the 1950s and 1960s, Sarah's baby was taken away after birth.[331] Sarah found being separated from her baby stressful and upsetting: "I went into this most dreadful rash, and I just thought, *oh my God, this is dreadful, dreadful, dreadful*, and I just said to them, 'I can't do it, I can't do it. You've got to bring [baby] back.'"[332] Sarah subsequently decided to keep her baby, and fortunately encountered only a small amount of resistance from the

[328] Colleen, interview with author, September 15, 2019, 23:42

[329] Sherry, written submission, September 2019

[330] Sarah, interview with author, September 12, 2019, 25:48

[331] Sarah, interview with author, September 12, 2019, 14:26

[332] Sarah, interview with author, September 12, 2019, 14:37

staff about changing her mind regarding adoption: "They weren't horrible or anything like that, maybe they thought it wasn't a good thing for me to do, but because of my determination they knew they couldn't change my [mind]."[333]

Mary's experience in the hospital stands out in terms of the type of medical negligence unmarried pregnant women could be exposed to. A small woman, Mary had been sent for x-rays prior to her labour by her doctor, "and she knew that I wasn't going to be able to easily have this child, because [baby] was too big. [But] she didn't tell me, and she didn't tell anybody at the hospital."[334] As a result, Mary had a particularly difficult labour:

> I was just kind of abandoned and left in a room, nobody came anywhere near me. I ended up being in something like a 37-hour labour. Throughout that process they were just pretty offhand with me, and couldn't have cared less. And by the time the labour got really, really intense, I was obviously in deep trouble, [and] they eventually rang an obstetrician from the hospital who then – I don't remember really what was going on, because I was almost blacked out – got the x-rays from the doctor and they could see that the baby was stuck. So they had to give me anesthetic, put me out, but it was too late for an emergency caesarean. So [we] got through that, baby was born, [baby] was fine fortunately, God knows how.[335]

Mary's trouble was, however, only just beginning. That night she found she could not turn over in bed: "I rang the bell because I was stuck, I couldn't move."[336] Mary passed out from pain before the matron could see her, and was reprimanded the next morning: "She came in and just ripped into me and said what did I bloody think I was doing, ringing the bell when she had 'proper' patients that she had to deal with."[337] For the next two days, Mary was unable to get out of bed or use the bedpan properly. "She [the matron, would] come and say 'Get up out of bed and make your bed, you're not here for a holiday, you know!' It was sort of this awful treatment the whole time. And they wouldn't bring [baby] to me unless I kind of really kicked up a fuss, they wouldn't bring [baby] in, they wouldn't

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[333] Sarah, interview with author, September 12, 2019, 28:04

[334] Mary, interview with author, September 24, 2019, 13:51

[335] Mary, interview with author, September 24, 2019, 14:21

[336] Mary, interview with author, September 24, 2019, 15:47

[337] Mary, interview with author, September 24, 2019, 16:04

encourage me to feed [baby], they were just awful."[338] Eventually, the matron assisted Mary to get out of bed, "and I flaked out, because what they didn't know at that time was that I had dislocated pelvis bones" from the difficult delivery.[339]

Mary's recovery was slow and she felt that during this time, the hospital staff regarded her baby as a prime candidate for adoption.

> I couldn't walk, and they were going to have to put me in surgical corsets, but they kept using that as an excuse that I couldn't see my [baby]. And as it turned out, I was discharged from the hospital, but they wouldn't let me take my [baby] home…when I had to leave [baby] there, I had this terrible thought that they were going to adopt [baby] out, because I had to sign all these admission papers and I kept saying, "[Baby's] not here for adoption, you know." I had to sort of be forceful about this. But in hindsight I know they thought that once I left the hospital that I would just get on with my life.[340]

Mary was determined to keep her child and was eventually able to take her baby home. However, she was still subject to surveillance.

> There was always this sort of threat hanging over you. I can remember at one stage the Social Welfare Department was going to come and have a check on me, the hospital must have recommended that. I don't know how it had come about. But I can remember thinking, I had the baby in the pram, and I thought *you're not taking [baby]! I'll just take off!* But I had a feeling they were going to take [baby], you know, always. I just had a feeling that the hospital thought that I wasn't capable and they just wanted this baby to adopt out.[341]

The problems with Mary's pelvis and hips were ongoing throughout her life, and she did not receive any kind of apology from either the doctor who took the x-rays or the hospital for the damage

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[338] Mary, interview with author, September 24, 2019, 16:20

[339] Mary, interview with author, September 24, 2019, 16:47

[340] Mary, interview with author, September 24, 2019, 17:49

[341] Mary, interview with author, September 24, 2019, 20:33

sustained during her labour. "The obstetrician said that I should have had a caesarean, and [the doctor] said 'Oh well, I didn't want to do that because you weren't married and I didn't think you wanted to have any scars.'"[342]

RECOVERING IN HOSPITAL

A greater number of the women interviewed who gave birth in the 1970s had not made a decision about whether or not to place their baby for adoption by the time they gave birth. Overall, they encountered less pressure to place their babies for adoption then the women who gave birth in previous decades, and they also found it easier to change their minds. Tessa noted that the staff were supportive about her decision to keep her baby: "They never tried to persuade me one way or another [about adoption]."[343] Angela's experience reinforced Tessa's:

> I hadn't made any decision [when I went into hospital]…and then when I actually had my [baby] I thought *oh, okay, I've got to make a decision here*. And so for a couple of days, I'm sort of down in one part of the hospital, on the wards where the babies were, but [baby] was up in the Special Care Baby Unit. I'd visit [baby] and things like that. Then I thought *well, this is stupid*. You know, I was 22. I wasn't 16. And I thought I've got training behind me in teaching, [and] there's no guarantees that a married couple who are adopting him [will] stay together forever. There's no guarantees in life. I felt well no, actually, I can make this work, it'll work somehow and made the decision to keep [baby].[344]

The staff at Angela's hospital were "putting no pressure on me for any decisions" and she didn't feel any judgements had been made about her situation.[345]

After giving birth in 1972, Belinda was required to look after her baby before s/he was adopted, "to teach me a lesson."[346] By 1976, attitudes from the staff were far less harsh. Vivian, who had decided to place her baby for adoption, was asked by the hospital staff whether or not she wanted the baby to

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[342] Mary, interview with author, September 24, 2019, 19:28

[343] Tessa, interview with author, September 15, 2019, 19:07

[344] Angela, interview with author, September 25, 2019, 04:08

[345] Angela, interview with author, September 25, 2019, 05:15

[346] Belinda, written submission, September 2019

stay with her in the hospital before the adoptive parents arrived. She agreed and had the baby in a cot in her room.[347] It is also significant that Vivian was given the option of meeting the adoptive parents: "They [had] just kind of started doing that. I chose not to…at the time I thought no, it's better just to have that break."[348]

On the other hand, some women did have pressure placed upon them, particularly by social workers associated with the hospitals. Sherry recalled that in 1972,

> I had an adoption officer come along from whatever department it was in those days, and she sat by my bed, and I was out of it on morphine, because it was quite a procedure [the birth]. So, she was there, and kept asking me [if I was going to adopt the baby], and I knew that I was really, really dopey, and I could hardly answer her. And I thought, I don't want to be signing anything, because I'd lose [the baby]. So in the end, I more or less just told her to go away, and one of the people who was in there actually advised her to move on.[349]

Sherry's baby was partly European and partly another ethnicity, and Sherry felt that because the social worker had a particular family in mind for the baby to go to, she was being pressured into agreeing to an adoption. "She knew a family who had a little [child who was the same ethnicity as Sherry's child], and so [baby] would make up the family."[350] Sherry decided against adoption and kept her child. Colleen was told that she could "change my mind at any time but that [it] would be really unfair on the baby and the new parents."[351]

In 1971, Olive encountered a lot of pressure to place her baby for adoption. "I was told that 'you're too young to bring up this child' or 'you haven't got the financial means to bring up this child' and [they were] making me feel like [I was] absolutely a rotten person basically."[352] Olive, who had initially

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[347] Vivian, interview with author, October 23, 2019, 10:27

[348] Vivian, interview with author, October 23, 2019, 11:24

[349] Sherry, interview with author, September 24, 2019, 04:57

[350] Sarah, interview with author, September 12, 2019, 06:37

[351] Colleen, interview with author, September 15, 2019, 30:12

[352] Olive, interview with author, October 15, 2019, 16:31

planned to keep her baby, "got quite confused about what I was going to do."[353] Her parents also placed a considerable amount of pressure on her to adopt. "I think I just got worn down. So I ended up leaving the hospital after seven days, but leaving my child there, [with the understanding] that she was going to be *fostered*, not adopted, until I got my head together."[354]

Olive described the next month as "a blur…I got very depressed after [baby] was born…I was definitely on sleeping pills, and I think I might have been put on sedatives."[355] Eventually, Olive was asked by the hospital to go and sign some papers. "They had these parents, they lived in [redacted] and they would like to foster my [baby] for a few weeks…I do remember going to this building with my mother, and signing some papers, but I was never informed exactly what my rights were, and I think if I'd known my rights I would have asked to have her back."[356] After signing the papers, Olive was informed that "well, these people are *adopting* your child. Not fostering."[357] This had a profound effect on Olive: "Every day I would think about [baby]. I suffered a lot from depression over the years because of my guilt and anguish about what I had actually done, which was let go of my flesh and blood. [Baby] was a gorgeous little thing."[358]

RETURNING HOME

As in the 1950s and 1960s, once the women who had placed their babies for adoption left hospital, they were offered no counselling or further support. Some women, like Vivian, were content with their decision, even though saying goodbye to the baby was "quite hard."[359] Others, like Belinda, felt that they were simply "doing what had to be done. There [were] no choices."[360] Belinda's father told her "to pretend that it had never happened and we could go on, it was not to be thought about."[361]

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[353] Olive, interview with author, October 15, 2019, 16:31

[354] Olive, interview with author, October 15, 2019, 18:24

[355] Olive, interview with author, October 15, 2019, 29:58, 32:18

[356] Olive, interview with author, October 15, 2019, 30:49

[357] Olive, interview with author, October 15, 2019, 33:34

[358] Olive, interview with author, October 15, 2019, 35:53

[359] Vivian, interview with author, October 23, 2019, 11:18

[360] Belinda, interview with author, September 21, 2019, 30:40

[361] Belinda, interview with author, September 21, 2019, 31:16

The women who kept their children reported that their parents often struggled to accept their decision. Sherry's father, for example, missed out on several years of her child's life, due to his unhappiness over Sherry's unmarried status and the ethnic background of her child. "It was only when [my child] was a little bit older that he actually gravitated towards [him/her], and it's a shame because he loved children."[362]

The women interviewed who subsequently decided to keep their babies were able to support themselves much more easily than the women in the 1950s and 1960s, due to increasing state support and availability of childcare. However, before the Domestic Purposes Benefit was enacted in 1973, it could still be a struggle. Sarah, who gave birth in 1971, was forced to return to work "within a couple of months" in order to support herself and her child, leaving the baby with another woman in a nanny-type situation.[363] She didn't remember encountering any negativity, "because I worked, and people treated me OK because they knew I was working and independent."[364]

The women in the later part of the decade were able to access government assistance with living costs. Tessa reflected, "I don't know what we would have done if there wasn't that financial support."[365] Although coping on the benefit was not always easy, Tessa considered it "a lot different to having nothing, or being forced to go back and live with your parents, or being forced to stay with a person that you didn't want to stay with."[366] None of the women interviewed who relied on the Domestic Purposes Benefit recalled being particularly stigmatised by this fact, although the concept of the single mother as a "dole bludger" was becoming well established in the media during this time.

Although fathers who denied or refused to take responsibility for the children in the 1950s and 1960s were not held to account by any of the women interviewed or any government departments, this was not the case with women interviewed in the 1970s. The father of Angela's baby "denied his parentage [but] as we were going to court to prove this he accepted responsibility at the last minute."[367] His maintenance payments to the state offset the cost of Angela's benefit.

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[362] Sarah, interview with author, September 12, 2019, 12:52

[363] Sarah, interview with author, September 12, 2019, 20:06

[364] Sarah, interview with author, September 12, 2019, 21:10

[365] Tessa, interview with author, September 15, 2019, 27:00

[366] Tessa, interview with author, September 15, 2019, 27:14

[367] Angela, written submission, September 2019

Like the women interviewed who gave birth in the 1950s and 1960s, many of the women in this cohort have still struggled to come to terms with their experiences as unmarried mothers during the 1970s – particularly in terms of their treatment in hospitals. While attitudes were slowly changing, unmarried mothers were still considered an "other" in society. When Angela went on to marry and have another child, "my parents made the comment that we were a 'real family' now…I'd felt I was a real family with just my [first child] and I."[368]

Changes in attitudes towards and treatment of unmarried women in the 1950s, 1960s and 1970s can be clearly seen from the oral testimony of the twenty women selected for this thesis. In the 1950s and 1960s, the stigma and shame of being an unmarried mother was such that some women chose not to even inform their families that they were pregnant. The majority of women during these decades lived away from home to conceal their pregnancies, and all but two out of the ten women interviewed who gave birth during this period placed their children for adoption. One of those women, Anita, then went on to marry the father of her child, even though she wasn't sure if marriage was the right decision for her – a common contemporary solution to illegitimacy. Reproductive education and contraception were virtually unheard of, and abortion was not considered to be a serious option due to its illegality, cost and risks.

By the 1970s, particularly towards the end of the decade, the women were far more confident in taking time to consider their options carefully. Only two women lived away from home during this period, the others finding support within their families and wider communities. Women were able to change their minds about adoption once the baby was born, and financial assistance from the state to help support the children was accessible. Women from this cohort were better educated on both reproductive and sexual matters and contraception. Abortion was more openly recognised as a solution to the "problem" of ex-nuptial pregnancy and was a far more realistic option for women who wanted to go down this route, despite its continuing illegality and the cost of going to Australia to procure one.

Despite these changes, women across all three of these decades felt the shame and stigma of being an unmarried mother keenly, particularly during their experiences in hospitals where their treatment could often be perceived as punitive. The pressure on some to place children for adoption was intense. None of the women in either cohort were offered any kind of counselling or support after they were

[368] Angela, written submission, September 2019

discharged from hospital, which has had the most lasting and profound effects on the women interviewed.

DISCUSSION

In looking at the experiences of unmarried mothers within the community between 1950 and 1980, "Going Up North" aims to answer the questions: what were the experiences of women pregnant outside of wedlock in the community during the decades 1950 to 1980, and to what degree, if any, were they supported by the state? How did these experiences change over the decades? What social developments impacted on service provision and outcomes over these thirty years? To what extent can these changes be considered indicative of changes to New Zealand society as a whole? The testimony of the twenty women who were interviewed for this thesis show both clear longitudinal changes and consistencies across three decades during their experiences as unmarried mothers. Legislation and social policy was easier to change than attitudes towards women who "had transgressed against female norms of purity" by engaging in pre-marital sex, "a patently male pursuit."[369] This chapter examines firstly the types of state support that were provided to unmarried mothers by the New Zealand government between 1950 and 1980, including legislation, financial aid and medical care. Social developments are then examined before overall conclusions are drawn about the experiences of unmarried mothers in New Zealand and what they can tell us about women in society at this particular point in time.

STATE SUPPORT FOR UNMARRIED MOTHERS

In the text *Good Enough Mothering?: Feminist Perspectives on Lone Motherhood*, British sociologist Carol Smart reminds us that motherhood is a socially constructed institution.

> Motherhood is not a natural condition. It is an institution that presents itself as a natural outcome of biologically given gender differences, as a natural consequence of (hetero) sexual activity, and as a natural manifestation of an innate female characteristic, namely the maternal instinct…Motherhood

[369] Solinger, *Wake Up Little Suzie*, 102

> is still largely treated as a given and as a self-evident fact rather than as the possible outcome of specific social processes that have a historical and cultural allocation which can be mapped.[370]

As with all social institutions, motherhood is not static but is moulded and adapted to contemporary ideals. In prosperous 1950s New Zealand, this ideal was a heterosexual nuclear family, with a man as head of the household, supporting his wife and children. Motherhood was only acceptable within the bounds of marriage, where it was seen as both "legitimate" and "natural", rendering any type of motherhood outside of marriage as "deviant" or "unnatural." Unnatural motherhood included divorced mothers, abandoned mothers, and, to a lesser extent, widowed mothers. However, these types of mothers had all, at one point, enjoyed the patronage of a man; the unmarried mother had not, and was therefore the "least deserving" of economic aid from the state. She had failed to uphold the high moral standards expected of her and remain celibate until marriage, and was therefore considered a "bad" mother, more likely to raise a deviant child who would potentially present another challenge to the social status quo.[371] Uncontrolled female sexuality posed a direct threat to the capitalist and patriarchal institutions of heteronormative marriage and motherhood. The state therefore attempted to control the unmarried mother through legislation and policies designed to punish her moral transgression and encourage her subjugation to men.

STATE BIO-POWER, LEGISLATION AND FINANCIAL AID

The control of populations and individuals through the regulation of bodies is what Foucault termed "bio-power."[372] Reproduction and sexuality are discourses of prime importance for state agencies because they allow for control of both individuals, through sexual "norms" and expectations, and populations, through the regulation of "birth rate, longevity, public health, housing and migration."[373] In this way, an act we might regard as intensely personal is in fact rendered inherently political. Rebuilding and stabilising populations that had been through two world wars in the space of thirty-one years was a priority for Western governments during the 1950s. Encouraging men and particularly

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[370] Smart, Carol, "Deconstructing Motherhood" in *Good Enough Mothering?: Feminist Perspectives on Lone Motherhood*, ed. Elizabeth B. Silva (New York: Routledge, 1996), 37

[371] Tennant, Margaret, *Paupers and Providers: Charitable Aid in New Zealand* (Wellington: Allen & Unwin and Historical Branch, Department of Internal Affairs, 1989), 123

[372] Foucault, *The History of Sexuality*, 140

[373] Foucault, *The History of Sexuality*, 140

women to embrace their traditional roles through the Cult of Domesticity was considered to be the best way to do so. The rise of teenage culture and fear of moral degeneracy intensified the state's efforts in this direction.

The state reinforced the ideal of marriage through a number of financial policies. Men were paid higher wages, presupposing they had a wife and children to support, and had been privileged since relief schemes of the 1930s on the assumption that they had "family responsibilities."[374] Maternity benefits and the family allowance could be regarded as a financial benefit for childbearing, but were only available to women who were married.[375] The state was reluctant to step into a "man's place" and become an unmarried mother's "partner" through financial support.

There were in fact measures of financial relief available to unmarried mothers during the 1950s and early to mid-1960s. Both an emergency sickness benefit and an emergency unemployment benefit had been available since the 1938 Social Security Act.[376] Similarly, the 1964 Social Security Act was designed to "help people support themselves while not in paid employment."[377] However, both of these Acts gave discretionary powers to those administering them, allowing them to withhold support if they did not consider the applicant "of good moral character and sober habits."[378] As unmarried mothers were rarely considered to fall under this category, very few were able to access these benefits and they were seldom considered a realistic option. Often, women were never told that these benefits existed, although some, like Iris in 1962, received the emergency sickness benefit for a few weeks immediately prior to and after the births of their babies.[379] The withholding of financial assistance from government agencies throughout the 1950s and 1960s may reasonably be considered a punitive action for the act of transgressing social sexual norms, as well as an attempt by the state and its agencies attempted to locate childbearing within the patriarchal institution of marriage.

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[374] Nolan, Melanie, *Breadwinning: New Zealand Women and the State* (Christchurch: Canterbury University Press, 2000), 23

[375] Nolan, *Breadwinning*, 24, 27

[376] Tennant, *Paupers & Providers*, 120

[377] 1964 Social Security Act (1964 No 136) http://www.nzlii.org/nz/legis/hist_act/ssa19641964n136213/ (March 2020), S1A(i)

[378] 1964 Social Security Act (1964 No 136) http://www.nzlii.org/nz/legis/hist_act/ssa19641964n136213/ (March 2020), S74 (b)

[379] Iris remembered this being around £4/week in 1962. Iris, interview with author, October 1, 2019, 23:29

By the end of the 1960s, with psychological theories of child wellbeing and environmentalism gaining in popularity, the New Zealand state began to look seriously at what it could do to ensure children – no matter what family background they came from – had the "best start" in life. The 1966 Destitute Persons Amendment Bill and the 1968 Domestic Proceedings Act both allowed the mother of an ex-nuptial child to take out a paternity order against the father of her child in order to receive maintenance.[380] However, the legal costs involved in pursuing maintenance were an obstacle for many unmarried mothers, and the intimidation and embarrassment of "airing one's dirty laundry" in a public forum such as the courts discouraged many women from doing so.[381] Only one woman in this study, Angela, took the father of her child to court, in 1979. A decade earlier, the 1969 Status of Children Act had removed the term "illegitimacy" to describe ex-nuptial children, stating that "for the purposes of the law of New Zealand the relationship between every person and his father and mother shall be determined irrespective of whether the father and mother are or have been married to each other."[382] This legislation was significant, an acknowledgement by the state that the marital status of a child's parents should not influence the child's prospects in any way and a rejection of the long-held notion of "inherited deviancy."

At the same time as these Acts were passed, rising rates of divorces and de-facto couplings allowed proponents of a benefit for unmarried mothers to argue that access to financial aid for the government should not be subjected to value judgements. If widowed and divorced mothers were considered to be legitimate mothers deserving of aid, it was argued that unmarried mothers should also be accepted as such.[383] From 1971, the number of unmarried mothers who decided to place their children for adoption also started to fall. This coincided with changing social attitudes that were less likely to regard unmarried mothers as "immoral sinners" and instead regard them with empathy. Many argued that "after the birth of an ex-nuptial child moral blame must be put aside and the interests of the child put first. It was then in the child's best interests that the mother could support it and care for it adequately."[384] In 1973, unmarried mothers were granted non-discretionary state financial assistance

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[380] 1968 Domestic Proceedings Act (1968 No 62) http://www.nzlii.org/nz/legis/hist_act/dpa19681968n62232/ (March 2020), S35

[381] Elworthy, Sam. "Social Change and the State: the Emergence of a Benefit for Unmarried Mothers" (BA Hons Research Essay, University of Otago, 1988), 30

[382] 1969 Status of Children Act (1969 No 18) http://nzlii.org/nz/legis/hist_act/soca19691969n18226/ (March 2020), S3

[383] Else, *A Question of Adoption*, 170

[384] Elworthy, "Social Change and the State", 44

to raise their children (the Domestic Purposes Benefit) through the 1973 Social Security Amendment Act.

Access to the Domestic Purposes Benefit did come with a cost, however, and that cost was surveillance. The 1964 Social Security Act, upon which the 1973 Social Security Amendment Act was based, had asserted that women could not be "living on a domestic basis as [a] wife with a person to whom…she is not married" whilst receiving a benefit, and this policy seems to have been retained by the Social Welfare Department.[385] While none of the women interviewed for this thesis who received the Domestic Purposes Benefit remembered any overt surveillance, other solo mothers in the 1970s reported "bedrooms being searched…being interrogated as to why they had a double bed [and Social Welfare] Department staff sitting in cars outside solo mother's homes late at night."[386] Some Members of Parliament, such as National's Minister of Social Welfare Bert Walker, invited unmarried mothers' neighbours to report "those who had male visitors" to the Department.[387] Kay Saville-Smith argued that "wives exchange sexual fidelity and sexual access for financial support from their husbands. The state also demands, if not celibacy, then the lack of a regular sexual relationship with a male from the women it supports."[388] In the same way that unmarried mothers were subjected to Foucault's medical gaze, women who received the Domestic Purposes Benefit were subjected to a political one. Women resented having to justify their relationships to social workers in order to ensure their benefit payments continued, and many felt "that the [Social Welfare] Department's expectation that they demand [economic] support from a man in return for a sexual relationship threatened their dignity and brought them close to prostitution."[389] Women receiving the benefit continued to experience social shame, as an unmarried mother as well as a "dole bludger."[390]

While the Domestic Purposes Benefit was seen as a significant step towards independence for unmarried mothers, the mother herself was in fact incidental to the state's reasoning behind making

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[385] 1964 Social Security Act (1964 No 136) http://www.nzlii.org/nz/legis/hist_act/ssa19641964n136213/ (March 2020), S74(b)

[386] Drew, Rebecca, "Brides of the State?: Change and Continuity in Income Support Policy for Solo Mothers in New Zealand" (Master's thesis, Massey University, 1998), 43

[387] Shawyer, *Death By Adoption*, 54

[388] Saville-Smith, Katherine, "Women and the State" in *Public and Private Worlds*, ed. Shelagh Cox (Wellington: Allen & Unwin and Port Nicholson Press, 1987), 205

[389] McClure, *A Civilised Community*, 182; see also Shawyer, *Death By Adoption*, Chapter 5 "Government Policies"

[390] McClure, *A Civilised Community*, 184

the benefit available. Instead, the state was responding more to growing social concerns about the wellbeing of children within the community, as reflected in their removal of "illegitimate" to describe the circumstances of a child's birth in the 1969 Status of Children Act. While the Domestic Purposes Benefit allowed unmarried mothers to financially support their children, they were in turn required to be surveyed far more intensely than others in society drawing the same benefit. In this way, women's economic dependence on men was reinforced through the state's requirements for unmarried mothers on the Domestic Purposes Benefit. If they did not want to relinquish their privacy and independence to the political and community gaze, they were required to either find a job and place their children in care of others (a difficulty considering women's low wages and limited employment and childcare options during the 1970s) or enter into a relationship where the male was happy to support them and their child/ren. In accordance with Foucault's theory of panopticism, unmarried mothers receiving the Domestic Purposes Benefit were expected to internalise this gaze and modify their behaviour accordingly, choosing to forego or concealing a relationship in order to ensure they had an income.

Abortion legislation also illustrates the duality of state support for unmarried mothers. At a time where the state could be considered to be embracing a more liberal view of women's sexuality, the conformation in the 1977 Contraception, Sterilization and Abortion Act and amendments to the 1961 Crime Act that abortion was to remain illegal except in certain circumstances (such as if the mother's life was perceived by the medical profession to be in danger) are indicative of a continuing effort on the part of the state to render motherhood legitimate only if it was overseen by men in the institution of marriage.

POWER AND THE MEDICAL PROFESSION

One of the most common features of unmarried pregnant women's experiences identified in this thesis was the punitive treatment and attitudes of medical staff towards the women, both in the community and in state hospitals. Although this had decreased by the 1970s, many women still felt that they were not treated as well as their married counterparts. Often, this punitive attitude could be seen to begin with General Practitioners as the "first port of call" when a woman realised she was pregnant. Leah remembered going to her family doctor to have her pregnancy confirmed, only to be "informed that I had shamed my family."[391] Women interviewed for this thesis found it difficult to ask

[391] Leah, written submission, September 2019

doctors, particularly male ones, for contraception or abortions. Additionally, doctors played a large role in facilitating adoptions through their treatment of unmarried mothers, finding them placements outside of their home towns and in some cases even choosing prospective parents for their patients' children. The type of treatment unmarried mothers experienced within state hospitals also illuminates how the medical profession reinforced the ideals of capitalism and patriarchy, and how wider society felt about unmarried mothers and the way in which that was changing during the years between 1950 and 1980.

The medical profession had a significant and respected role in New Zealand society during the 1950s, 1960s and 1970s. As practitioners of a highly respected field encompassed in factual, scientific discourse, the opinions of doctors held significant weight within society and were given the authority to define what was "normal" and what was not.[392] Medicine was a profession dominated by Pākehā males during these decades, and it was not uncommon to visit a single General Practitioner from childhood into the adult years. While some of the women interviewed had positive interactions with doctors and medical staff in hospitals, the majority (60%) of experiences were reported as negative, illustrating the punitive aspect of medical care towards unmarried mothers and reflecting the contemporary attitudes of doctors that the practice of medicine in New Zealand encompassed the setting and enforcing of moral standards.

Doctors reinforced the normality of married motherhood – and the deviance of unmarried motherhood – in several ways. The withholding of knowledge about how their bodies worked, and how pregnancy could be achieved and avoided, left women powerless to effectively and proactively manage their fertility. The reluctance of doctors and the state to share their knowledge with the wider community and facilitate educational programmes within state schools – something which had been suggested to and denied many times by successive governments during the twentieth century – left women in a state of ignorance and confusion. Many of the women interviewed considered themselves naïve, such as Tracey, who recalled, "I just hadn't put together the concept of sex and pregnancy."[393] Kirsty stated something similar: "As far as it [sex] resulting in getting pregnant, that never occurred. I mean, after all, I didn't know the physiology of it."[394] The fact that women who studied nursing in the 1950s and 1960s were taught how a baby developed in the womb, but not how the baby got there, shows how privileged reproductive information was considered to be. During this period, women

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[392] Foucault, *The Birth of the Clinic*, 109

[393] Tracey, interview with author, October 4, 2019, 14:43

[394] Kirsty, interview with author, October 23, 2019, 09:50

were beginning to address this issue themselves, through the creation of organizations such as the Family Planning Association, which initially distributed information regarding reproduction and sexuality through the post and later through their clinics.

The patriarchal value of female celibacy until marriage was reinforced through the reluctance of medical professionals to prescribe contraception. Barbara Brookes observed that in 1933, the editor of the New Zealand Medical Journal found the very idea of contraception "reprehensible, decrying the fact that the 'physician apparently must follow the demand and devote part of his practice to the application of rubber caps to the cervix, and become skilled in fitting other appliances more or less repulsive.'"[395] These attitudes lasted well into the 1950s. Presumably, it was not the appliances nor the fitting of such devices that doctors, trained in diagnosing and treating all manner of bodily functions, found "repulsive," but rather what these contraceptive methods *represented*: a woman taking control of her fertility and sexuality, and therefore straying from the moral and socially acceptable path of married motherhood laid before her.

Abortion also presented another challenge to the institution of motherhood. The unmarried mother seeking an abortion was doubly immoral: firstly for getting pregnant outside of wedlock, and secondly for considering the "sin" of abortion as a solution to her problem. The experience of Anita, who was sexually assaulted by the doctor from whom she sought an abortion, illustrates how vulnerable unmarried mothers were to abuses of power by those who were supposed to care for them. At sixteen and lacking the necessary knowledge to protect herself, Anita was unaware that she did not need to have an internal examination to determine her suitability for an abortion procedure. Afterwards, she didn't tell anybody about the assault because she felt that, as a pregnant, unmarried teenager, she wouldn't be believed. The doctor's actions in this case are illustrative of the lack of respect and concern that medical professionals could have for unmarried mothers, as well as the wider social belief that women who had consented to sexual encounters before marriage were "fair game" because their sexual "purity" had already been compromised. Anita did not get the referral for the abortion, and the memories of the sexual assault have remained with her throughout her life.

Those women who did secure an abortion referral, such as Sylvia in 1974, were made to navigate numerous obstacles to ensure that the procedure was performed safely. With the backlash against abortion in New Zealand during the 1970s, women were forced to fly to Australia and have the

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[395] Brookes, Barbara, "Reproductive Rights: The Debate over Abortion and Birth Control in the 1930s" in *Women in History: Essays on European Women in New Zealand* eds. Barbara Brookes, Charlotte Macdonald and Margaret Tennant (Wellington: Allen & Unwin, 1986), 124

abortion performed there. The practical and financial obstacles in doing so – paying for flights, securing accommodation, having physical and emotional support in the aftermath – were often insurmountable, meaning that abortion was rarely considered a suitable option. The withholding of safe and effective medical care such as abortion by doctors and the state forced many women to go through with their pregnancies, whether they wanted to or not. This left women with few choices other than marriage to the father (but only if he was willing), adoption, or raising the child as a solo parent in a country which actively and strenuously discouraged this as a viable option until the 1970s.

Upon discovery of their daughters' pregnancies, the first reaction of the many families was to seek advice from their family doctor or friends who were medical professionals. During the 1960s, Shirley and Hope both had significant input from doctors regarding their pregnancies and how they were managed. In this way, doctors exerted their moral authority over the unmarried pregnant woman, helping to enforce a period of surveillance wherein the woman was isolated from wider society and the adoption of her child facilitated. Shirley, in particular, felt that her child was hand-picked for the adoptive parents by the doctor she was living with.

> One thing I do remember, and that was one of the last things [before giving birth]…I went into [the city] for a visit at the doctor's clinic, and he was almost in tears, he said that one of his ladies in there had just had a baby and the baby [had died]. And he told me that, and I thought it was a strange thing for him to tell me, because he'd always been very businesslike and he'd never talked to me about anything really. And my [child] tells me [they are] pretty sure [they were] breastfed. [Child] was the first child of [his/her] parents, and they did have a baby that died, [child] remembered his mother telling [him/her].[396]

Shirley feels that the doctor decided in advance to give the bereaved adoptive mother her child, in the same way that Sherry felt pressure to give her baby for adoption in 1972 because the ethnicity of her child would "match" a family that the social worker knew. The doctor friend of Hope's mother, who arranged her placement away from home, also arranged the adoption of her child. Hope does not remember discussing with the doctor what kind of people she would like to adopt her baby: "Whether she [the doctor] just went through the regular channels with the adoption agency or whatever it was I don't know, but I didn't have anything to do with that. And I didn't voice any

[396] Shirley, interview with author, September 11, 2019, 27:53

preferences or anything. No. I wasn't asked."[397] Colleen described the facilitation of adoption by medical personnel as "like some kind of baby factory going on", whereby unmarried mothers provided respectable, married couples with the means to create their own families.[398]

The examination of the experiences of unmarried mothers in state hospitals has been an important element of this thesis, and makes a significant contribution to historical understandings of illegitimacy and unwed motherhood in New Zealand. Hospitals are important agents of state bio-control over the population, and the services offered by them are deeply reflective of the values of society at large.[399] Throughout the decades examined in this thesis, state hospitals reinforced the capitalist and patriarchal ideals of the nuclear family by facilitating adoptions, neglecting to prescribe contraception and refusing to carry out abortion except in extraordinary circumstances. Unlike healthcare systems of today, where the focus is on partnership between the provider and the patient, hospitals in the 1950s, 1960s and 1970s operated within a power imbalance that privileged medical personnel as knowing what was "best" for the patient and treating them accordingly, due to their years of training and experience.[400] Women who had violated society's moral code by becoming pregnant outside of wedlock were often exposed to punitive treatment by such personnel. Reports of such treatment lasted well into the 1970s, even as legislation changed to allow women more choice in whether or not they could support themselves as a solo parent. As British sociologist Bryan Turner reminds us, "hospitals, like other total institutions, generally develop an informal structure of authority and an informal culture [of their own]."[401] The women interviewed for this thesis reported better treatment towards unmarried mothers in smaller country hospitals and communities rather than in larger cities. This is likely due to the fact that in smaller, rural hospitals, staff were able to get to know the woman as a person, rather than simply another patient, and rural communities often consisted of a greater number of family structures outside the nuclear norm, leading to cultures that were more accepting and less judgmental of unmarried mothers.[402] The attitudes and practice of treating unmarried

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[397] Hope, interview with author, September 24, 2019, 33:49

[398] Colleen, interview with author, September 15, 2019, 14:58

[399] Turner, *Medical Power and Social Knowledge*, 214

[400] Armstrong, David, "Bodies of Knowledge/Knowledge of Bodies" in *Reassessing Foucault: Power, Medicine and the Body* Colin Jones and Roy Porter (eds.) (Oxon: Routledge, 1994), 18 – 20

[401] Turner, *Medical Power and Social Knowledge*, 156

[402] Early pilot interviews for this thesis suggested that higher populations of multigenerational Māori families living in rural areas, for example, could have an influence on local hospital cultures.

mothers as though they must be "punished" for their moral transgression appears to be more likely to be part of the culture of larger city hospitals, and this internal culture was slow to change.

Adoption was the predominant "solution" to unmarried pregnancy practiced by hospitals between 1950 and the mid-1970s. Abortions were not offered except in circumstances where the mother's life was perceived to be in danger. Hospitals facilitated adoptions in several ways. Unmarried mothers attending antenatal classes through the hospital, such as Tracey in 1968 and Sylvia in 1972, were often required to meet with adoption social workers to discuss their "options." Social workers were also able to visit unmarried women on the postnatal ward and speak to them about adoption or encourage them to sign adoption consents, sometimes within an inappropriately short timeframe of the baby's birth. Sherry discovered this in 1972, when she was pressured by a social worker to sign the adoption consent as she was still under the influence of drugs just after delivering her baby. Medical personnel at the hospital could also pressure women to consent to an adoption, as Trish and Mary found in 1967 and 1970. Olive left her child at the hospital in 1971 with the understanding that the baby was going into foster care while she considered her options. Instead, adoptive parents were found for the child.

If a woman did decide to place her baby for adoption, hospitals would care for the baby until the adoptive family came to pick the baby up. Often, women on the postnatal ward recovering from birth would help the medical staff to care for babies waiting to be adopted. While Iris, Belinda, and Vivian looked after their babies once they were born and before they were adopted, this does not seem to have been a standard practice in New Zealand. Vivian felt quite happy to do this in 1976, whereas Iris and Belinda had found it a much more difficult experience in 1962 and 1972.[403] Being confined to a hospital ward, within eyesight and earshot of married women caring for their babies, was upsetting for women who felt they had no choice to place their babies for adoption. Leah, who remained on the maternity ward for four or five days after her birth in 1959, noted, "[It] was all part of the punishment. You put up with it because you've done the wrong thing, and you've got to take your medicine now."[404]

Punishment for the "sin" of unmarried motherhood could be covert, as illustrated by the exposure of women who had placed their child for adoption to mothers caring for their new babies, or it could be more obvious. Many women described a similar range of punitive experiences during their labour and deliveries. These included being left alone during labour, with minimal monitoring from medical staff, in small, "tucked away" rooms; being told that they could not vocalise, complain, ask questions

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[403] Iris, interview with author, October 1, 2019, 29:58

[404] Leah, interview with author, September 11, 2019, 17:12

or make requests during labour; insensitive and harsh attitudes from staff; and little to no support after giving birth, either physically or mentally. Some cases, such as Mary's difficult labour which resulted in a dislocated pelvis, could be considered clear cases of medical neglect.

Examining the spaces where women could labour and where they recovered afterwards is indicative of contemporary attitudes toward moral contagion and fear of its spread. Labouring in small, "hidden" spaces, where the woman received little attention, was common. At the same time, the belief that the unmarried mother had transgressed social and moral codes required her to be surveyed in a way that married mothers were not. The unmarried mother's private life had been made public due to the fact that the state was providing a "solution" to her "mistake." This is also reflected in the contemporary practice of having medical students observe and assist unmarried mothers to give birth, often without permission, as Tracey experienced in 1968.[405]

After the baby was born, unmarried mothers were either separated from their married peers, as Olive recalled in 1971, or placed alongside them so that they could see the married women caring for their babies, a situation many women found distressing if they felt they had no choice but to place their child for adoption. Unmarried women were also more likely to be separated from their child immediately after the birth. Separating mother and child immediately disabled the mother from forming bonds with her child, which might encourage her to change her mind regarding adoption.

Treating unmarried mothers in a punitive way through the withholding of support, comfort, advice and comprehensive care not only reminded women that they had transgressed social norms, but – it was hoped – would discourage them from going down the same path again. Trish, who was a maternity nurse before becoming pregnant in 1967, reflected that "I worked with some people with that attitude, 'Well, it won't hurt them to suffer, and they'll think twice before doing it again.'"[406] Una Crowley and Rob Kitchin have argued that by making women into the moral property of the state, medical professionals came to consider it their social responsibility to "rehabilitate" unmarried mothers.[407] The punitive treatment of unmarried mothers was therefore justified as serving the greater social good by correcting deviant behaviour. These attitudes and actions reinforced the stigma of being an unmarried mother and contributed to the public perception of unmarried, pregnant

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[405] Tracey, interview with author, October 4, 2019, 30:16

[406] Trish, interview with author, October 11, 2019, 25:51

[407] Crowley, Una and Kitchin, Rob, "Producing 'Decent Girls': Governmentality and the Moral Geographies of Sexual Conduct in Ireland (1922 – 1937)", *Gender, Place and Culture* 15:4 (2008), 368

women as "bad girls" who deserved this kind of treatment. Often, the shame and guilt were internalised and became a burden the woman carried for the rest of her life.

Although many unmarried mothers may have had positive experiences with doctors and in hospitals during the years 1950 – 1980, the majority of women interviewed for this thesis reported punitive attitudes and actions that have had lifelong repercussions. Particularly in the 1950s and 1960s, doctors in the community who refused to educate and advise women about contraception and abortion, or who helped to organize placements and adoptions, used their professional power as the gatekeepers of privileged knowledge and morality to influence the outcomes of women's pregnancies. Their actions helped to isolate women from their families and wider support networks, ensuring that adoption – as endorsed by the state – was the only outcome available to the majority of women. Perhaps more significantly, the punitive actions and attitudes of doctors towards unmarried mother reinforced the deep social stigmas surrounding women who became pregnant outside of wedlock. These types of value judgements passed by the medical profession not only influenced their practice, but also had a significant impact on the emerging fields of psychology and social work and how they, too, viewed and treated the unmarried mother.

However, as American philosopher Susan Bordo reminds us, Foucault's perception of power and "the dominant discourses which define femininity are continually allowing for the eruption of 'difference', and even the most subordinated subjects are therefore continually confronted with opportunities for resistance."[408] Mary's experience in 1970 is one example of this. Despite facing enormous pressure to place her baby for adoption and being subject to the surveillance of the Department of Social Welfare, Mary withstood these pressures and was able to keep her child. Throughout the decades examined in this thesis, individual women who resisted the accepted social norm of adoption for their ex-nuptial children slowly enabled a widespread social change that saw increasing acceptance of unmarried mothers.

By the 1970s, fewer individual doctors were so intimately involved in the arrangement of adoptions. The impact of feminism and effective birth control such as the Pill gave women the confidence and means to manage their fertility more effectively. As the interviews for this thesis revealed, during this decade, increasing numbers of unmarried women remained at home during their pregnancies and subsequently kept their ex-nuptial children. However, punitive cultures within hospitals, particularly

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[408] Bordo, Susan, "Feminism, Foucault and the Politics of the Body" in *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism,* ed. Caroline Ramazanoglu (London: Routledge, 1993), 193

in larger cities, were slower to change. The paternalistic power relationship between medical personnel and patients was problematic because it denied women the autonomy and authority to make independent and informed decisions about their care. As in the case of Olive, "Going Up North" has found that the type of treatment given to the unmarried mother by medical personnel often directly contributed to whether or not she kept her child, particularly if it was punitive.

Medical staff, both within their roles as General Practitioners or in hospitals, were agents of state population regulation through Foucault's theory of bio-power. The harrowing experience of birthing a child and then giving that child up for adoption, with little advice or support from the medical community, produced "docile" women who were more likely to subsequently enter into the socially-sanctioned institution of marriage to bear children. In this way, both capitalist and patriarchal values were reproduced.

SOCIAL DEVELOPMENTS

Unmarried women were subject to a range of penalties from the state and the medical profession for becoming pregnant outside of wedlock during the decades between 1950 and 1980. However, the most persuasive form of control over unmarried mothers appears to have been social. In particular, the discourse of morality wielded by families, medical professionals, social workers and wider society has had a lasting impact on how women feel about and reflect upon their experiences as unmarried mothers. Women interviewed for this thesis still vividly remember the shame and stigma attached to finding themselves pregnant outside of wedlock. In some cases, the fear of anybody discovering their true identities through participation in interviews for this thesis led women to withdraw.

NICE GIRLS, BAD GIRLS

In contemporary 1950s and 1960s New Zealand, women were expected to adhere to the social norm of being a "nice girl." Greer Litton Fox asserted that "one of the defining qualities of niceness [was] chastity until marriage, [so] one of the surest ways to lose one's claim to 'nice girl' status…[was] to be unchaste, at least publicly, while single."[409] Many of the women interviewed for this thesis were intensely aware that they had violated social expectations that they would remain virgins before

[409] Fox, "'Nice Girls'", 815

marriage, particularly in the 1950s and 1960s. As Tracey put it, "I was a bad girl."[410] For normal young women, many of whom had been in steady and loving relationships when they became pregnant, working, studying, and living otherwise typical and respectable lives, this "fall from grace" was an enormous burden to shoulder. Their unmarried pregnancies often resulted in fractured relationships with parents, families and the fathers of their children, led to periods of isolation from the wider community and to economic sanctions such as the loss of careers. Placing their babies for adoption was one way of regaining their "nice girl" status through the demonstration of selflessness and concern with what was best for the child.[411] It allowed the slate to be wiped clean for both mother and baby, transforming the unmarried mother back into a "nice girl" who would be eligible for marriage and motherhood within the accepted social boundaries. After the birth of her ex-nuptial child, whom she placed for adoption in 1972, Colleen recalled, "The main thing I remember is a nurse saying to me, 'Never mind dear, you'll have lots of other babies.'"[412]

Even when the pregnancy was not the unmarried mother's fault, she was still considered a "bad girl." This was the case for Daphne, whose pregnancy in 1955 was the result of rape. The sexual double standard of the time meant that any sexual activity, if it was engaged in willingly or not, was the "fault" of the woman. Daphne was so upset and ashamed by what had happened to her that she never told her parents, and "they went to their grave never knowing about this [child]."[413]

One of the striking features of the interviews for this thesis is the way that women perpetuated and sustained the patriarchal standards of the time. Mothers, female doctors, matrons, nurses and social workers were all mentioned across the decades as enforcers of patriarchal standards upon the unmarried mother through the invisible and culturally embedded systems Gerda Lerner mentioned in *The Creation of Patriarchy*.[414]

While Tracey's mother had the most extreme reaction to the news of her pregnancy, attacking her with a knife, other mothers reacted with a similar sense of shame. Leah's mother was deeply upset when she discovered her daughter was pregnant in 1959, with Leah noting, "I could have died at her

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[410] Tracey, interview with author, October 4, 2019, 10:09

[411] Else, *A Question of Adoption*, 46

[412] Colleen, interview with author, September 15, 2019, 26:37

[413] Daphne, interview with author, October 2, 2019, 02:10

[414] Lerner, *The Creation of Patriarchy*, 37

distress."[415] In 1967, Trish's mother "really overreacted once [she] found out I would not be getting married."[416] Belinda described her mother as "horrified" in 1972, while Colleen's mother assumed her pregnancy was the result of promiscuity: "[Mum] said, 'Do you know who the father is?' and I said yes. And she said 'How come? How do you know?' as if I went down and had sex with everybody."[417] Being confronted with the undeniable proof of their daughters' sexuality was clearly upsetting for women whom their daughters acknowledged had dedicated their lives to raising their children in accordance with the social norms of the day. Unmarried pregnancy not only transformed the "nice girl" into a "bad girl", it transformed a "respectable" family into a "disrespectable" one, and mothers were responsible. They had neglected to successfully impress upon their daughters the importance of virtuous, married motherhood; or, as Adrienne Rich asserted in *Of Woman Born*, they had failed to be a "conservative influence, imprinting future adults with patriarchal values."[418] Rickie Solinger noted in *Wake Up Little Suzie*, "out-of-wedlock pregnancy represented perhaps the ultimate public violation of parental authority and thus constituted hard proof of their failure as parents."[419] The mothers of unmarried, pregnant women were held hostage to patriarchal standards of respectability as much as their daughters were, and could also be condemned for the violation of this social norm.

One of the ways to maintain the veil of family respectability was to send the unmarried mother away. Like doctors, mothers also played a large part in arranging places outside of their communities for their daughters to go, and maintaining the façade that their daughters were visiting relatives "up North" or gaining work experience in another place. Hope's mother, who confided in a female doctor friend who subsequently arranged for Hope to live away from home, is one example of this. The experiences of women who were sent away largely echoed the experiences of women who were confined to mother and baby homes during the same period. While women in homes were under the constant and close supervision of matrons and social workers, women isolated on farms or in private homes were also watched carefully by the people they were staying with. Their activities were monitored and controlled, and their exposure to any outcome other than the adoption of their child was largely

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[415] Leah, written submission, September 2019

[416] Trish, written submission, September 2019

[417] Belinda, interview with author, September 21, 2019, 09.31; Colleen 13:43

[418] Rich, *Of Woman Born*, 61

[419] Solinger, *Wake Up Little Suzie*, 110

restricted.[420] According to Foucault's conception of discipline, incarceration and the strict regulation of activities in such a way produces "docile bodies" that are more likely to adhere to social norms: that is, women who were more likely to agree with placing their child for adoption.[421] Unmarried mothers were also a valuable source of unpaid labour in both institutional and private situations. The fact that women were not paid whilst under the care of either institutional or private homes reflects patriarchal attitudes that "women's work" such as cooking, cleaning and childcare were invisible insofar as wages were concerned, and that this work existed to support the "real", or public, work of others. It also prevented the unmarried mother from accumulating funds with which she might be able to support herself and her child, once again underpinning the ultimate goal of state-approved adoption. While the women in institutional homes had each other for companionship, the women in private homes were isolated even further, in many cases only having the family they were staying with to socialise with. Tracey reflected that this isolation was the most difficult part of the pregnancy: "You had to stay hidden." [422] With no alternative perspectives to consider, no wider circle to discuss pregnancy outcomes with, and no encouragement or support from family, friends, the state or the medical profession, it is unsurprising that women who had been exposed to this treatment were more likely to place their children for adoption.

However, the experiences of Colleen and Belinda do show that things were changing by the 1970s. Unlike her peers in the 1950s and 1960s, Colleen was able to complete her school year by correspondence instead of working full-time for the family she was sent to, demonstrating an increasing appreciation for the fact that being "sent away" came with huge educational and economic costs in terms of interrupted schooling and employment. The mother in the home where Belinda was sent eventually persuaded Belinda's parents to accept her back into the family home.

Secrecy, like adoption, was another method through which the unmarried mother could transform herself back into a "nice girl." If nobody was made aware of her violation of social norms, then she had not compromised her chances of gaining the "legitimate" status of motherhood through marriage. Belinda was well aware that the expectation for herself was to one day marry, and that this was now in jeopardy due to her pregnancy: "My parents had been very strong on adoption because they were frightened that I might think about something else [keeping the child]…nobody would want to marry

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[420] Else, Anne, "'The Need is Ever Present': The Motherhood of Man Movement and Stranger Adoption in New Zealand", *New Zealand Journal of History* 23:1 (1989), 53

[421] Foucault, *Discipline and Punish*, 141 – 156

[422] Tracey, interview with author, October 4, 2019, 22:28

you like that."[423] Tracey's mother told her that she was "spoiled goods, damaged goods" and warned, "There's going to be very few men [who will] want you now."[424] In the patriarchal society of early to mid-twentieth century New Zealand, the securing of male patronage through marriage was considered to be the ultimate goal for "nice girls": "Marriage gave women the status of respectability."[425]

By the 1970s, this expectation was changing for the younger generation, which is clear from the testimony of the women interviewed. Sarah turned down a marriage proposal from the father of her baby in 1971, and only two of the ten women interviewed were sent away in this decade, as opposed to eight of the ten women interviewed in the 1950s and 1960s. However, marriage, and potentially preparing a path for their daughters to still achieve their goal, remained a particularly strong social expectation for some mothers of the women interviewed. Vivian's mother did suggest sending her to an unmarried mothers' home in 1976, and Tessa acknowledged that her mother "would have felt shame and she would have been horrified and disgusted" in 1977.[426] By this time, social attitudes and expectations of women had shifted to the point that their daughters felt empowered to make their own decisions, and both Vivian and Tessa's mothers did support them to remain in their communities (and in Tessa's case, to keep her baby), despite their own initial misgivings.

Like their male counterparts, female medical practitioners and social workers acted as moral gatekeepers while the unmarried mother was in their care. Because the unmarried mother had transgressed the social norms of preserving her virginity until marriage, she was in need of close surveillance, advice and guidance to get her back on the correct path towards possible marriage. Trish recalled nursing a young, unmarried mother before her own unplanned pregnancy:

> This young girl, she was only a young teen, came in in labour and she did not know how her baby was going to come out, she thought that her stomach, her tummy button had to split open and the baby had to come out of there, and she was *terrified.* As you can understand. And one of the midwives said to her, "Well, how do you think it got *in* there? It's going to come out the same way that it got in there!

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[423] Belinda, interview with author, September 21, 2019, 30:45

[424] Tracey, interview with author, October 4, 2019, 45:36

[425] Spensky, Martine, "Producers of Legitimacy: Homes for Unmarried Mothers in the 1950s" in *Regulating Womanhood*, Carol Smart (ed.) (London: Routledge, 1992), 101

[426] Vivian, interview with author, October 23, 2019; Tessa, interview with author, September 15, 2019, 40:37

> Don't be so stupid, girl!" And really, really not giving her any love, any understanding of how she was feeling, nothing.[427]

Jen Pylypa reminds us that in these situations, "the 'appropriate' behaviour for the unmarried mother is to conform to the routines and procedures of hospital staff unquestioningly."[428] Many of the women interviewed recalled allowing the staff to call them "Mrs." or wearing wedding rings in order to present a semblance of respectability; in Tracey's words, "just playing the game."[429] "Nice girls" were compliant and obedient, even when in a highly difficult and stressful situation, and many of the women did not feel that they could resist punitive treatments or attitudes. Mary recalled, "You [were made to feel that] you're a lesser being than anybody, [that] you just don't actually matter."[430]

The punitive attitudes and reactions of mothers and female medical staff towards unmarried mothers can be seen as symptomatic of women's perpetuation of the patriarchal standards of marriage. While many of the actions of female medical staff can be seen as deliberate, as a way to correct the deviant behaviour of the unmarried mother in accordance with their role as moral gatekeepers, the responses of mothers towards their daughters' pregnancies reflect the ways that patriarchy embedded itself into the cultural and social systems of the time and punished those who deviated from it. Mothers who had "failed" to be the conservative influence society expected them to be and had not impressed upon their daughters the importance of patriarchal marriage were anxious to preserve the respectability of their families and salvage what was left of their daughters' reputations. These mothers may not have thought consciously about the impact their actions would have had on their daughters; instead, they reacted in the way patriarchal systems and standards had conditioned them to, by assisting (and in some cases, insisting that) their daughters conceal their pregnancies and illegitimate children by leaving home. This allowed the mothers of unmarried, pregnant women to maintain the family's reputation as respectable as well as helping to transform their daughters from deviant unmarried mothers back into "nice girls", available for marriage and motherhood as prescribed by contemporary patriarchal ideals. However, it is clear that by the 1970s, these attitudes were changing. Younger women were less interested in being forced to win back their status and the interest of a potential

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[427] Trish, interview with author, October 11, 2019, 28:10

[428] Pylypa, "Power and Bodily Practice", 30

[429] Tracey, interview with author, October 4, 2019, 29:40

[430] Mary, interview with author, September 24, 2019, 20:12

husband and more concerned with making decisions that were best for themselves and their families. To this end, the majority of their mothers supported them. The place that women were still likely to feel the stigma of being an unmarried mother in the 1970s was in a hospital or medical setting, traditional strongholds of patriarchal culture and agents of bio-power for the state.

THE IMPACT OF FEMINIST THOUGHT

During the late 1960s and early 1970s, a second wave of feminism swept the Western world. Women began to push back against the idealised version of womanhood and motherhood portrayed in the Cult of Domesticity, which relegated them in subordination to a male figurehead. Instead, women were increasingly envisioning and pursuing roles outside of the traditional confines of family life. They were demanding better access to contraception and abortion, tools that would help them manage their fertility and plan their families effectively. During the 1970s, unmarried mothers went from being viewed largely as moral deviants to being recognised as a legitimate form of family together with their child/ren.

While it is commonly assumed that the rate of ex-nuptial adoptions in New Zealand began to fall in 1973, after the introduction of the Domestic Purposes Benefit, in actual fact this began happening two years earlier, in 1971. A growing acceptance of unmarried mothers and de facto relationships contributed to more women keeping their ex-nuptial children. While their families were not always happy with this decision, the women interviewed for this thesis who were pregnant in the 1970s were less likely to leave home to manage their pregnancies, and a greater proportion of women kept their children after the birth.

Vivian, who placed her child for adoption in 1976, is an example of how women in the 1970s were increasingly viewing adoption as only one of a range of options, rather than something that they were forced to do. Vivian had considered keeping her child with the financial help that the Domestic Purposes Benefit would provide, but in the end decided that the career she was working towards at university was her priority: "I thought, no, I still want to finish my university degree and it wouldn't be fair to have a baby and try and juggle all those things when there's lots of parents out there who…can give [the baby] a hundred per cent of their attention."[431] Unlike women of previous generations who had been taught that motherhood *would* be their vocation, Vivian placed her child for adoption by choice and subsequently went on to have an enjoyable and successful career in a male-dominated

[431] Vivian, interview with author, October 23, 2019, 07:42

field. While pressure to place children for adoption had not disappeared, women were less likely to view adoption as inevitable, leading them to subsequently feel peaceful, instead of heartbroken, about their child's adoption.

Women in the 1970s were also able to access greater levels of reproductive and sexual education and contraception than women in previous decades. When the contraceptive Pill had entered the New Zealand market in 1961, it had been reserved for married mothers. By 1970, Family Planning Clinics were beginning to prescribe the Pill to unmarried mothers, and General Practitioners had little option but to follow suit. Increasingly, contraception was divorcing itself from its association with morality and was instead becoming associated with healthcare. For feminists, this was also the case with abortion. Abortion rights were viewed "not [as] a new 'freedom', but an old resistance to compulsory motherhood regained."[432] However, state and church resistance to this was strong, and abortion remained illegal and heavily restricted throughout the 1970s.

We can argue that feminist thought also had an impact on the fathers of ex-nuptial children and the contemporary sexual double standard. Prior to 1970, men were largely removed from the consequences of their sexual actions. They were believed to be at the mercy of their uncontrollable urges, and it was a woman's responsibility to refuse and enforce the moral standard of chastity upon them. Else stated in *A Question of Adoption*, "There was little probing of the unmarried father's motives, because to most observers no explanations of his conduct seemed necessary."[433] The patriarchal ideal of free sexual agency for men was reinforced by the state, which made it difficult for unmarried mothers to claim financial support from the father. Additionally, state agents, such as social workers, were reluctant to hold fathers to account. The social worker who interviewed Shirley in 1960 refused to name the father of her child on the birth certificate, and Colleen recalled not being allowed to name the father of her baby in 1972 without his prior permission: "[I was] filling in the details for the birth certificate and I was going to put [the father's] name down…and the person, it must have been Social Welfare or somebody, said to me, 'You can't put his name down if he doesn't know about it.' So I wasn't allowed to put his name down."[434]

Wider society also absolved men from the responsibility for pregnancy in a variety of ways. The women interviewed for this thesis who were pregnant in the 1950s and 1960s remembered the fathers

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[432] Smart, "Deconstructing Motherhood", 39

[433] Else, *A Question of Adoption*, 17

[434] Colleen, interview with author, September 15, 2019, 19:21

of their children suddenly absenting themselves or actively being removed by their families in order to shield them from culpability and, presumably, the stigma and shame that the women were then forced to carry alone. Shirley remembered her boyfriend, who had "disappeared" upon discovery of her pregnancy, returning just as suddenly two weeks after she returned to her hometown in 1960. "He took me out at lunch time and wanted to know what had happened to the baby. When I told him [the baby had been adopted] he cried and said, 'What, you gave my [baby] away!'"[435]

However, throughout the 1970s, the fathers of the unmarried, pregnant women interviewed for this thesis were notably more emotionally and mentally engaged during the women's pregnancies and afterwards. Vivian's boyfriend was supportive of her decision to place their child for adoption in 1976, with the couple remaining together for a significant number of years afterwards.[436] The following year, Tessa's boyfriend endorsed her decision to keep their baby and was present at the birth.[437] While a sexual double standard remained, it was not so expected or conspicuously enforced. The reactions of the fathers in the 1970s show that men were also influenced by the feminist attitude that unmarried pregnancy was not shameful or a cause for social ostracism. Combined with the growing acceptance of de facto relationships in society, men were increasingly starting to become more involved in the practical and emotional aspects of pregnancy and family life.

THE CHANGING POSITION OF WOMEN IN NEW ZEALAND SOCIETY, 1950 – 1980

In the decades between 1950 and 1980, New Zealand was a country that underwent a series of dramatic social shifts. The conservative 1950s promoted the Cult of Domesticity and the heteronormative family unit as the basis of a productive and stable society; by the end of the 1970s, a variety of different family structures were more widely accepted, including the solo mother and her child. In the 1950s, women were unable to easily access reproductive and sexual knowledge through education; by the 1970s, many of the women interviewed remembered having at least some sexual education in state schools. Contraception was vehemently discouraged by the state and the medical profession in the 1950s; by the end of the 1970s, the Pill was widely prescribed and used. These follow trends apparent within the rest of the Western world. Women were stepping out of the shadows of

[435] Shirley, written submission

[436] Vivian, interview with author, October 23, 2019, 05:02

[437] Tessa, interview with author, September 15, 2019, 12:12

patriarchal values and forging their own paths, increasingly seeking out careers and alternatives to the normalized script of marriage.

While it is tempting to say that state legislation and policies towards unmarried mothers, such as making the Domestic Purposes Benefit available to them in 1973, are indicative of society's growing respect for and encouragement of female autonomy, this is not actually the case. The New Zealand state remained conservative throughout the three decades examined in this thesis. The provision of the Domestic Purposes Benefit tied in with contemporary theories of child well-being. The fact that unmarried mothers were still subjected to punitive treatment and attitudes in state agencies such as hospitals in the early 1970s, and were subjected to increased surveillance by the Department of Social Welfare if they drew on the benefit, points to a state still anxious to perpetuate the location of women's sexuality within the private realm of home and marriage, as does the withholding of medical treatment such as abortion.

Social attitudes reflected the patriarchal values of the state, particularly in the 1950s and 1960s. Unmarried mothers were shamed and considered sexually and morally deviant, in need of corrective punishment and surveillance. The removal of these women from their homes, families, jobs and education had serious economic, psychological and physical consequences. If they did not leave their communities, women like Kirsty were careful to conceal their pregnancies. Women internalised the stigma that they were exposed to and, in many cases, still carried it with them when interviewed.

However, the interviews conducted for this thesis also show that attitudes towards unmarried mothers were slowly beginning to change in the 1970s, influenced by the rise of feminist thought and value systems. Women were less likely to leave their employment or homes in the 1970s and remained visible in their communities. Additionally, Tessa, Sylvia, Angela and Vivian had largely positive experiences giving birth as unmarried mothers in state hospitals during these decades, felt supported and empowered to think carefully about their decisions to place their babies for adoption or not, and did not relate the extreme levels of grief and guilt expressed by the women interviewed who did experience discrimination due to their unmarried status. Families and sexual partners of the women were also more likely to be supportive in the 1970s.

Although each of the women's experiences related in this thesis was unique in its own way, the collection of memories generated by the participants in this study allows us to reasonably extrapolate these experiences to other unmarried mothers in New Zealand society. Not all unmarried mothers were confined in institutional homes; as "Going Up North" demonstrates, there were ways to deal with unmarried pregnancy out in the community, the most common of which was an extended stay on a private farm or in a private residence away from the woman's primary home. Additionally, not all

women would have left home or had negative experiences, particularly in the 1970s. However, it is reasonable to assume that the majority of unmarried mothers would have experienced at least some degree of stigma during her pregnancy, time as an unmarried mother, no matter which of the three decades it occurred in. The capitalist and patriarchal values of Western society were only just beginning to be seriously challenged between 1950 and 1970, and women were still largely expected to be morally upright wives and mothers before anything else.

CONCLUSION

The women interviewed for this thesis had a variety of experiences, both good and bad, during their time as unmarried mothers. The one common thread in virtually every experience, however, was the shame and stigma placed upon them by society for transgressing the moral code of chastity until marriage. The Western rituals of surveillance and exclusion sought to regulate women's bodies (and the bodies of their children), but in order to produce a citizen who would adhere to patriarchal values and norms in the future, it was also imperative to regulate her mind. French historian Martine Spensky has stated:

> [The unmarried mother] had not kept her body intact until wedlock, she was not in a private and legitimate relationship [of marriage] and she was consequently suspected of being a public woman: a prostitute. She availed herself of a body that did not belong to her (because it belonged to men)…she started a female lineage which was obviously illegitimate, since only male lineages can be legitimate.[438]

The interviews undertaken for this thesis show that the association of unmarried motherhood with immorality and what were considered deviant sexual practices had the most profound and lasting impact on the woman interviewed across all three decades. Colleen recalled that when the New Zealand Parliament was debating the 1985 Adult Adoption Act, which would allow people to access their original birth certificates, "I remembered being quite hurt…because [Prime Minister Robert] Muldoon was saying, 'But what if the child's mother was a prostitute? How will that child feel, finding their mother?' I was thinking, bloody hell, you know. How awful that was."[439]

Leah, who gave birth in 1959, stated, "The shame never goes away, it follows us everywhere and is ingrained." [440] The feeling of being bound to their shame, often for many years afterwards, demonstrates how unmarried mothers internalised the judgement of wider society, rendering it a powerful form of social control. Kirsty's decision not to see her child after birth is an example of this: although she was given the choice, she "had learnt" that unmarried mothers "should not" see their

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[438] Spensky, "Producers of Legitimacy", 102

[439] Colleen, interview with author, September 15, 2019, 41:37

[440] Leah, written submission

children, and she obeyed this dictate unquestioningly.[441] Eliza Garwood has stated, "The problems faced by unmarried mothers are perpetually brought back to a deficiency of individual morals."[442] In this way, the unmarried mother was made to believe that it was her own personal failing for becoming pregnant outside of wedlock and that she "deserved" the treatment that she received afterwards. Iris remembered, "You were just told, 'Well, you made your bed, you have to lie in it.' That was an expression I heard from someone."[443] The stigma and shame of unmarried motherhood was arguably the most powerful way of producing Foucault's "docile bodies", women who were anxious to conform henceforth to society's expectations and would "sustain their own oppression voluntarily."[444]

The shame and punitive attitudes of families, medical personnel, the state and wider society towards unmarried mothers have impacted on their lives for many years, and in a variety of ways. Olive said, "You kind of got told, you know, you need to get on with your life and put it behind you. But you can't actually put it behind you."[445] Tracey confided that "my life has been punctuated with periods of extreme anxiety from out of nowhere…for which I've had to seek medication, and acknowledge that I've got post-traumatic stress."[446] Paula married and had another child very quickly after her ex-nuptial child was born in 1968: "I have learnt that physically and mentally I was yearning for the [baby] I had given away but didn't know it."[447] When Belinda married, she chose a young man "who was going to be ordained in the [redacted] Church, which I thought – almost consciously, actually – would make me 'good.'"[448] While adoption is not the primary focus of this thesis, the women who felt that they had no choice but to place their babies for adoption reported experiencing the greatest levels of shame and guilt. As Tracey powerfully stated, "Having to lose your child through [forced] adoption is the most goddamn awful punishment for the sin of unmarried motherhood."[449]

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[441] Kirsty, interview with author, October 23, 2019, 31:50

[442] Garwood, Eliza, "Regulating Motherhood: a Foucauldian Analysis of the Social Construction of the Mother", *The New Birmingham Review* 1:1 (2014), 23

[443] Iris, interview with author, October 1, 2019, 48:21

[444] Pylypa, "Power and Bodily Practice", 24

[445] Olive, interview with author, October 15, 2019, 53:04

[446] Tracey, interview with author, October 4, 2019, 41:39

[447] Paula, written submission

[448] Belinda, interview with author, September 21, 2019, 50:00

[449] Tracey, interview with author, October 4, 2019, 28:10

The shame and stigma of unmarried motherhood ensured that women were more likely to conform to society's expectations, and therefore remains arguably the most persuasive form of social control in this thesis. In many cases, the women interviewed still bear the emotional and psychological burdens of their experiences as unmarried mothers. To paraphrase Sandra Lee Bartky, the panoptical force of social shame still resides within the consciousness of these women: "they stand perpetually before [its] gaze and under [its] judgement."[450]

[450] Bartky, *Femininity and Domination*, 72

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APPENDIX

INFORMATION SHEET

Going Up North: Unmarried Mothers and the New Zealand State, 1980 - 1950

Researcher's Introduction

Kia ora! My name is Helen Peters. I am a student at Massey University, working towards a Master of Arts qualification in History. The aim of my thesis is to record the oral histories of unmarried women who were resident in an anonymous New Zealand DHB, during the time period 1960 – 1980. I will also be interviewing people who worked at this DHB, such as nurses, midwives, social workers and doctors. This research will help to fill the gaps in the current history of reproductive rights in New Zealand and inform us of how societal and governmental support for young, unmarried and pregnant women has shifted over the years. My research will be supervised by Dr. Rachael Bell, Lecturer in History, at Massey University.

I warmly invite all people who meet the above criteria to share their stories with me.

Participant Identification and Recruitment

Women may be identified and recruited for this study in a number of different ways. This includes:

- Participation in social media groups such as "People Against Forced Adoption New Zealand" or through Adoption New Zealand or other relevant groups or institutions
- Through word of mouth
- Through a media release

In some cases, I will have contacted you directly where you have publicly provided contact details, such as on a website. In other cases, you may have emailed me requesting more information on the study or

asking to participate. In order to be recruited for this study, you must have been an unmarried, pregnant woman between the years 1950 - 1980. Your baby does not have to have been adopted at the conclusion of your stay for you to be eligible to participate. I am aiming to interview ten participants regarding their experiences in the DHB or the unmarried mother's homes, although I am open to interviewing more should time allow.

I acknowledge that the experiences I am aiming to explore are of an extremely sensitive nature, and that talking about them may cause distress to the participants. Please read below for the processes I have put in place to help facilitate your participation in this study.

Project Procedures

Each participant will take part in an oral interview conducted by myself and recorded via. a digital recording device. I estimate these interviews will be between one to two hours' length. There is no financial motive for me to conduct these interviews, nor is there any financial compensation provided to participants.

There are support processes in place to help participants deal with any adverse physical or psychological distress that they may experience during the interviews. These include:

- **Privacy**. I am happy to interview you in any place that you feel comfortable, including your home, the home of a family or support member, or a private meeting room at a library.
- **Support**. You are welcome to bring a support person to sit with you as you are interviewed and provide comfort and strength as you need it. This support person will be bound by the same confidentiality rules as you, the participant, and will need to sign the "Support Person Agreement" provided by myself prior to the interview taking place.
- **Cultural provisions**. I acknowledge the Māori health model of Te Whare Tapa Whā, and aim to work with Māori women within this model. This includes the time and space to acknowledge the spiritual and whānau elements of your journey through pregnancy through practises such as karakia. Women belonging to different cultural or spiritual groups are also invited to express their grief in whatever ways are meaningful for them, such as prayer.

If at any point you become so distressed that you feel you cannot continue, the interview will be halted. If you wish to proceed with the interview, a new time will be scheduled. Participants are able to withdraw from the study at any point, but any information collected up to that point may still be used in the creation of a thesis.

Data Management

The stories I collect in the oral interviews will be used as part of my thesis, which will be submitted to Massey University as a partial requirement for a Master of Arts in History. Once the interview has been conducted, it will be digitally stored in a password-protected file on my personal computer. A full digital recording of the interview will be provided to you after the conclusion of the interview via email. I will then use excerpts of the interviews will be used in the creation of my thesis. After the thesis has been submitted (February 2020), I will destroy all of the data myself. The general public will have access to the thesis, and the summary of results, once it has been incorporated into the Massey University library.

A pseudonym will be used in the thesis instead of your real name, unless you specifically wish for your real name to be used. Please let me know if you would like to be identified by your real name in this study. If you do not wish to have the institution you stayed at identified, please indicate this on the permission sheet.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.

Project Contacts

Helen Peters is the researcher. Her contact details are:

[redacted]

Rachael Bell is the supervisor. Her contact details are:

R.E.Bell@massey.ac.nz

06 356 9099 ext. 83591

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 19/22. If you have any concerns about the conduct of this research, please contact Dr Rochelle Stewart-Withers, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83657, email humanethicsouthb@massey.ac.nz

Going Up North: Unmarried Mothers and the New Zealand State, 1980 - 1950

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to have data placed in the Oral History and Sound Archive at the Alexander Turnbull Library.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

Going Up North: Unmarried Mothers and the New Zealand State, 1980 - 1950

WHERE TO GO FOR HELP

Talking about your past experiences may cause you some distress. At Massey University, we are committed to ensuring the emotional and psychological wellbeing of the people who have generously volunteered to help us with our research.

Below is a list of organizations you can call if you feel like you need to talk to somebody after participating in this study.

Lifeline (open 24/7) – 0800 543 354

Depression Helpline (open 24/7) – 0800 111 757

Need To Talk Line (open 24/7) – 1737

Your local Rural Support Trust – 0800 787 254

You can also get information from the Mental Health Foundation's free Resource and Information Service (09 623 4812 or info@mentalhealth.org.nz)

Your personal G.P. (doctor) will be able to provide support and refer you to a counsellor for a limited number of free counselling sessions, if you feel that this is something that will be beneficial to you.

Unfortunately, New Zealand does not have a dedicated support network for women who have lived in unmarried mother's homes, nor for specific issues arising from adoption practices. However, if you find yourself feeling overly distressed and you do not wish to speak to anybody via the options above, the researcher, Helen Peters, is happy to be contacted and help you explore suitable options for further support.

Helen's contact number is [redacted] and her email address is [redacted].