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**Challenges for Tokelau families with family members with respiratory problems in maintaining a healthy environment**

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**Introduction**

The Wellington Tokelau community has had a long-standing partnership with the University of Otago, Wellington (UOW), which began with Dr Ian Prior’s epidemiological work on the effects of migration.[1](#_ENREF_1) For almost two decades, we at UOW have worked in a community partnership with the Wellington Tokelau Association to identify joint research projects.[2](#_ENREF_2) We have conducted qualitative studies of Wellington Tokelauan views of health and most particularly the effects of housing on Tokelauans’ health.[2-7](#_ENREF_2) Tokelau families have also been involved in community trials of ways to improve health by improving housing.[8-10](#_ENREF_8)

It is against this background of community partnership that we welcomed the opportunity provided by an Asthma and Respiratory Foundation grant to examine the effects of the Global Financial Crisis on the Wellington Tokelau community, in particular the effect of the recession on housing, heating and health care practices.

**The Tokelau community**

The 2011 Tokelauan Census showed that at October 2011, 1,411 people lived in Tokelau, the second smallest national population recorded in the world, after the Vatican City.[1](#_ENREF_1) The Wellington region is now the centre of the Tokelau community in New Zealand, with half the population (51% or 3,462 people) residing in Porirua and the Hutt Valley.[1](#_ENREF_1)

In the 2006 Census, Tokelauans were the sixth largest Pacific group in New Zealand, making up 6,819 or three percent of New Zealand’s Pacific population.[[1]](#footnote-1) The population increased by 10% between 2001 and 2006. The Tokelauan population has a very young age structure, with a median age of 19 years. By comparison, the median ages for the total Pacific and total New Zealand populations were 21 years and 36 years, respectively.

The Tokelau community is an economically vulnerable community, as is indicated by Tokeleuans having the highest level of household crowding of any ethnic grouping in New Zealand. Levels of adults’ educational qualifications are similar to those of other Pacific Island groups (63% vs 65% with a qualification), but both are lower than the overall New Zealand population’s educational levels (75%).[11](#_ENREF_11) The position is similar with Tokelauan home ownership: in 2006, 21% of Tokelauan adults in New Zealand owned or partly-owned the dwelling they lived in, a similar proportion as among the Pacific population in general (22%) but considerably lower than among the general New Zealand population (53%). We know from our previous research that the Tokelauan population in the Hutt Valley are more likely to own their homes than those families living in Porirua, who were more likely to rent from Housing NZ.[4](#_ENREF_4)

**The indoor environment**

New Zealanders spend about three-quarters of their time indoors; but for the very young or very old, with respiratory problems up to about 90% of their time is spent indoors.[12](#_ENREF_12) The indoor environment is therefore a key exposure for people with asthma and COPD. A lot is known about how to maintain a healthy environment for people with respiratory problems; the environment should be smoke-free[13](#_ENREF_13) and in cold weather should be heated by sustainable non-polluting heaters to between 18 and 21 degrees Celsius.[9](#_ENREF_9), [14](#_ENREF_14) However, maintaining this healthy thermal environment can be costly, adding strain on household budgets and families are often faced with concurrent costs such as co-payments needed for visits to doctors and prescriptions.

Pacific people with asthma and COPD are likely to find these payments particularly hard to fund.[15](#_ENREF_15) Socio-economic disadvantage continues to impact negatively on Pacific health. Pacific children are disadvantaged in health, housing, education and household income compared to other New Zealanders.[16](#_ENREF_16) In an economic recession, many of these environmental factors are more difficult to address and low-income Pacific extended families report increasingly facing difficult choices, choices which have been characterised graphically as having to choose between ‘to heat or to eat’.[17](#_ENREF_17)

The community is increasingly struggling financially and have identified that the most pressing problem facing Tokelau families with asthma and COPD is trying to maintain healthy practices, when the price of essential goods, particularly electricity, petrol and food, continues to increase. These price increases have been made more difficult by rising unemployment in the Pacific community, which is likely to lower household incomes and expenditures. The February 2011 Labour Force Survey showed that unemployment is relatively high among Pacific peoples (13.5%) compared to the New Zealand average (8.6%).[[2]](#footnote-2)\*

We have previously drawn attention to the rise in fuel poverty in New Zealand, which is where a household needs to spend more than 10% of household expenditure on energy in order to maintain their indoor environment at a healthy temperature.[18](#_ENREF_18) With GST rising and other food costs also increasing, food security is also an increasing concern in the Pacific Island community.[19](#_ENREF_19)

Maintaining a warm, dry indoor environment is particularly difficult when less than a third of Pacific families own their own houses. Most Pacific families are renting in low income areas, in lower value properties, that are less likely to be insulated.[20](#_ENREF_20) We know that damp and cold housing is bad for health and many Pacific families find such conditions depressing.[21](#_ENREF_21) Damp and cold houses also cause more school absences.[22](#_ENREF_22)

Dampness in buildings is also a risk factor for health effects among people with atopic and non-atopic asthma.[23](#_ENREF_23) Asthma and asthma-like symptoms occur more often among people living in humid indoor climates, but there is a poor correlation between allergen exposure and the onset of asthma. It may be that cold, damp indoor climates are conducive to increased viral survival (compared to warm, dry conditions) and this may be the missing link, as for respiratory viruses, survival and infectivity are dependent on temperature and relative humidity. Therefore, damp indoor microclimates may increase asthma and COPD exacerbations through increased viral exposure.[24](#_ENREF_24)

A damp indoor environment also encourages mould growth, which increases respiratory symptoms.[25](#_ENREF_25) Mould occurs in about a third of New Zealand homes[26](#_ENREF_26) and a qualitative study of mouldy houses undertaken at the same time, included a physical inspection of the houses and found that most of the houses had structural faults, which contributed to the dampness. In response to this and other research, the *He Kainga Oranga*/Housing and Health Research Programme at the University of Otago Wellington and the Building Research Association of New Zealand have developed a Healthy Housing Index, which is based on a physical survey of the house and allows the identification of aspects of the house which can be remediated to improve the health of the occupants.[27](#_ENREF_27) A grant from the Asthma Research Fund enabled us to develop the respiratory aspect of this Index.[28](#_ENREF_28)

**Study design**

Our previous focus groups with Tokelau people have increased our knowledge of the aspects of housing in New Zealand that are problematic for Tokelau migrants[4](#_ENREF_4) and explored the relationship between different generations living in extended-family housing.[2](#_ENREF_2) We have previously successfully used focus groups to explore important health issues facing the community, but certain sectors of the community do not have the freedom to engage in full and frank discussion in a community forum. For instance, young people are unlikely to speak up in the presence of elders and if both men and women are present, especially if they are of the older generation, men will generally occupy almost all the speaking time. For this reason, separate focus groups for men and women are important to enable relationships and their protocols to be properly facilitated; and to allow issues which are considered sacred and therefore not spoken about in cross-gender groups to be openly articulated.

***Aim*s**

Our first aim in this current study was to understand the trade-offs that families make in their efforts to maintain a healthy indoor environment and lifestyle. Our second aim was to develop a model of community resilience with our Tokelau partners, based on the results of our focus groups, using community-based participatory practices.[29](#_ENREF_29) Our third aim, continuing our ethic of ‘no survey without service’ was to engage a building inspector to carry out a Healthy Housing Index appraisal of each participant’s house and refer them, if appropriate, for retrofitted insulation and heating.

***Sample and study methods***

After obtaining a University of Otago Category B Ethics approval, the participants were recruited through liaising with community leaders, health workers and Tokelau community networks. We identified 25 Tokelau families in the Hutt Valley and Porirua who have a family member with wheezing, asthma or COPD and were willing to take part in focus groups to discuss how they were coping in the recession. Other than tenure, there were no discernible differences between those living in the Hutt Valley or Porirua.

We carried out focus groups and in-depth interviews during 2012. The five focus groups were with men, women and younger people and there were nine in-depth individual interviews. Each focus group consisted of eight to 10 people, aged between 24 and 64 years. Interviews and focus groups, which were carried out by Gina Pene in Tokelauan and English, were taped, transcribed and translated into English where necessary and thematically analysed by both authors. The participants in the study were given a koha of $25.

Despite considerable efforts, there were problems recruiting participants and organising the focus groups, but the focus groups produced animated and rich discussions. Few households had home phones, particularly in Porirua, and most participants used mobile phones and the numbers were often unavailable. We had to rely on community networks to get the physical addresses of the participants, which was a very time-consuming way of making contact. Moreover, a number of participants had no transport to get to the venue and for various reasons opted out at the last minute. Despite attempts to plan carefully, there were a number of competing community and church events. One planned focus group did not take place for these reasons.

Our focus group questions (and prompts, italicised) were:

* What strategies are you using to cope with rising household costs?
	+ *electricity, petrol, food, rent, second job etc*
* Can you tell me about some of the difficult choices your household has had to make?
	+ *heating, fewer visits to doctor, no savings, visits to food-banks, falavelave contributions etc*
* Tell me about the impact these choices have made on the health and well-being of the person in your household with asthma or COPD?
	+ *delaying medication, sharing inhalers etc*
* What things have you done to reduce the impact on other family members?

Following our framework for developing a model of community resilience, we asked our community partners:

* Are there any surprises, that is, findings that you would not have expected, and if so, how do you make sense of them?
* What do you think are the priority areas that the partnership should address and why? Be sure to focus on strengths as well as challenges/problems.
* What do these results suggest for guiding the development of interventions and policy change?

We used thematic analysis to explore the kinds of expenditure trade-offs the families needed to make and how these are likely to affect the household members with asthma. Both authors analysed the themes separately and after discussion came to a common understanding of the important themes.

***Building Assessments***

In addition to the focus groups and in-depth interviews, in 2012 participants were given the opportunity to have their houses assessed by an independent building assessor about the condition of their homes.[[3]](#footnote-3) The building assessor used the Healthy Housing Index developed by *He Kainga Oranga* and the Building Research Association of New Zealand to identify features of the house, which research has shown cause respiratory ill-health and injury.[27](#_ENREF_27), [28](#_ENREF_28), [30-33](#_ENREF_30) As noted above, on the basis of ‘no survey without service’, houses that were not insulated, and were occupied by a person with a community services card, were referred to EECA in 2013 for a free insulation package.[[4]](#footnote-4)

**Results**

Throughout the focus groups, people contrasted their previous lives in Tokelau to their lives in New Zealand. Indicatively, an older man in the Hutt Valley said:

*“Before I left our homeland I was very fit, healthy and happy but now fifty years later I have lots of health problems and [am] unemployed and I’m sure all the stress, worries and lack of money have contributed to all these health problems. I have been recently retired, but prior to that it was hard to find a full time job which added more pressure on our finance. I am now on a benefit and it doesn’t pay that much to help with our escalating costs as well as looking after a big family. We are in financial hardship and like everyone here we are behind with some of our payments and that is causing me a lot of stress.”* (Older man, Hutt Valley)

A Porirua man told what was to be a common story about the effects of poor quality housing, noting that his wife’s asthma improved when they went back to Tokelau for a visit, but deteriorated again when they returned to New Zealand.

*“One of our problem is the house is very cold and also very damp, which I am sure it does have an effect on my wife’s asthma. She gets bad asthma attacks sometimes and it can be really bad during winter, or on very cold days. We went to Tokelau several years ago and for some reason all her health problems disappeared while we were over there but they did return once we came back here but not as bad as before. She has lots of health problems which mean lots of medications and to get all these medications is very costly. With these challenges it can be financially struggle because we have other bills, e.g. rent, transport costs, power bill etc. to take care of. It is extra hard when you are on a benefit trying to pay all these expenses.”* (Porirua, older man)

***Asthma***

People in these focus groups and interviews were selected because they had asthma in their families and as the above quote shows, concern about managing their asthma was central to their concerns about coping.

*“My husband gets asthma. He was admitted into hospital recently because of a bad asthma attack. I have one grandchild that gets asthma as well. But this winter I’ve seen some improvement in that she hasn’t had an asthma attack yet. I’m not sure whether that’s a good sign of the asthma gradually disappearing. When she was a young baby she was often admitted to hospital because of her asthma. Our house is also very cold and damp which does not help my husband and grand daughter with their asthma problem.”* (Hutt Valley grand-mother)

*“My son and daughter used to get asthma when they were younger. My son got pneumonia at the age of two months then I noticed he wasn’t warmly dressed during winter and our daughter as well... Then I also noticed as they were growing up, my son used to smoke, he was been admitted to hospital because he had an asthma attack. My daughter with the asthma has never been admitted to hospital until she started smoking. Also what I noticed as they were growing up they were both allergic to dust and I didn’t allow them to do chores like vacuuming because of it. Another of my daughters wheezes now as well and I notice she gets worse when she smokes. Now my grandchildren also have asthma.“* (Older woman, Hutt Valley Focus Group).

As idicated by the quote above, there are genetic factors, as well as environmental and behavioural factors (such as smoking) involved in asthma, which makes control difficult. The participants had their own theories about how to control their asthma.

*“I think the heating can cause asthma as well – if you come into a warm house and then go outside into the cold, and then you are most likely to affect your asthma. Most days I tell my children as long as you’re warmly clothed when you go outside... My children don’t really keep themselves warm, even the baby, unless I’m there to remind them to wear warm clothes. We also need to keep the house clean all the time – the dust.“* (Older woman in Hutt Valley focus groups)

As already indicated, in a number of households there was more than one person with asthma and some individuals had more than one illness.

*“I do get wheezy and it gets worse during the winter and especially when I have a cold or the flu. I also think that having lots of stress, money worries and financially struggling and the stress of work and trying to look after a family does not help my condition. I don’t worry so much about me and my condition but it’s my dad that I am concerned about. My dad is the asthmatic in our household and his asthma gets really bad especially during winter months. He gets admitted to the hospital during winter quite frequently because he gets sick often. I think it is a blessing for him when he does admitted to the hospital because our house gets very cold during winter and dad feels the cold a lot and he is quite frail. He has a few other health problems and he is our number one when it comes to medications and doctor’s visits because it does cost money.”* (Hutt Valley young woman)

*“We are a family of three generations with our son and daughter-in-law and their children living with us. My wife has really bad asthma and also one of our grand-daughter has mild asthma. I work full time and also my son and his wife are also in full time jobs therefore we don’t really have any financial worries or problems with our household expenses and other costs. My son and wife are both responsible in taking care of the household budget and they seem to do a great job managing it. I am very lucky that I don’t have any health problems but we do go through some stressful time when my wife has really bad attacks of asthma. It happens quite frequently and gets admitted to the hospital when she has bad attacks.”* (Porirua man)

Interestingly, people who were wheezy, did not consider that they had asthma, even though they recognised the connections between housing and “wheezing”.

*“In our household no-one has asthma, but sometimes when I get the flu I can feel a little wheezy and it gets bad during winter. I have noticed also that when I go to warmer climates, places like Australia etc, I don’t feel wheezy, so I think it must be the cold weather that causes the wheezy and I also think that the stress of financial struggles does contribute to it.”* (Hutt Valley mother)

***Financial hardship***

Apart from their asthma, almost all the families said they were “struggling” financially.

*“I think at the moment it is a struggle like you say with the cost of living and bills and everything else. Yes it is really hard at the moment and there is never enough money. Yes it just feels like there’s not enough money to go around. You work 40 hours a week or whatever but you still feel like there’s just never enough money.” (*Hutt Valley young adult)

Some families said they were “coping”, including this man whose wife was working full-time, although it is not clear in this case whether financial reasons underlie the lack of health care for their child with asthma:

*“We don’t have many challenges in our household and we seem to manage and cope alright paying our essential bills. One of our children does have mild asthma and it’s not too bad and it’s manageable. I work part time and mainly during the weekend so I have the responsibility of looking after the children and they are both at Primary School. I don’t believe in taking our child to see a doctor when she gets wheezy and not because we cannot afford to but for personal reasons. I know smoking can be bad for asthmatic people but I try very hard to be a good dad by smoking outside for the sake of our children especially the one with the mild asthma.”* (Hutt Valley father)

However, for most households there was evidently considerable financial hardship due to unemployment and the high cost of living and the difficulty of getting a job was reiterated by many of the participants.

*If there were more jobs available that could help, but I know there aren’t much jobs out there and a lot of our people are unemployed and lots of the young people are struggling to find jobs.* (Hutt Valley adult)

Others lamented the low pay levels of available jobs.

*“So maybe putting more jobs out there and paying us at the right rate or the money that we are entitled to be getting, giving us the right amount of money that we have worked for instead of getting a job that doesn’t pay the right rate for the hard work that we’re doing at the workplace.”* (Young Hutt Valley mother)

There was a high level of unemployment in the community and a number of households relied on social welfare benefits.

*“Most of our problems is really to do with not having enough money to help pay our bills. Most of our people are unemployed and that’s another huge problem. We do sometimes access WINZ for support when we get behind with our payments and I don’t like asking close family members because they have their family and their own expenses to worry about as well.”* (Hutt Valley man)

A number of households were seriously affected by changes in eligibility criteria.

*“We do have the same problems and financial hardship in our household, because I am the only income earner and my husband has not been able to work for a few years because of his back injury. To make things worse my husband used to be on a sickness benefit through ACC because of his back problem but now it has been stopped and he has been told he needs to go back to work but he cannot work because he still has back trouble.”* (Hutt Valley woman)

*“I have lots of challenges in our household as it not easy raising six children on your own especially when you are on a benefit which does not cover much of our household running costs. I am also responsible for looking after my brother who is disabled and living with us. Everyday is a struggle for me trying to make ends meet and it can be very stressful trying to feed and clothe my children with limited money.”* (Hutt Valley mother)

Many of the families were three-generational households and spoke of being unable to make ends meet for their large households. The main challenges were not having enough money to cover basic bills for mortgages and rents, electricity bills, food, transport costs, school fees, doctor’s visits and prescription costs.

*‘I’ve got a daughter who has asthma and I’ve got to find a job to support my parents and my daughter and it’s just a huge struggle altogether. “* (Young mother, Hutt Valley).

*“It is very stressful when you try to make ends meet and budget for a household of three generations especially with our food bill. When we do our grocery shopping we don’t have much choice but buy the cheaper meat and vegetables. The children are also growing up very fast and it can be very costly trying to feed and clothe them. Our other major cost is the running costs of our vehicle, not only we use it for work but also to transport the children to and fro from school and after their school activities. “* (Hutt Valley mother)

*At the moment is just borrowing from other places which makes it worse, like sometimes turning to loan companies and that just adds to the financial burden because then you’re having to pay extra money, or borrowing from other family members which isn’t really good because they’re often struggling as well. Yeah it’s just hard.* (Hutt Valley adult)

Responses varied depending whether adults in the households were in full-time work. Only two participants out of all the focus groups and interviews stated that they were “just” managing; in both cases the husband and wife were employed full-time.

*‘In our household we do have some challenges but for different reasons and we do seem to manage and getting on top of things like paying our bills. Even though it’s my husband who has asthma which is under control and managing it alright. Financially we are coping and manage to keep up with our outgoing expenses but I think because both my husband and I are in fulltime jobs which help tremendously with our budget. We always make sure we pay our major expenses e.g. mortgage, power bill, rates etc. on time so that we get don’t behind with any of them.”* (Hutt Valley mother)

Only one person mentioned taking a holiday and no-one talked about being able to save for emergencies.

***Housing***

In the Hutt Valley, more people owned their houses than in Porirua, where most people were renting from Housing NZ. However, while home-ownership gave greater security, it did not entirely ease financial stresses.

“*Our house is mortgage free, but it needs a lot of repair works and maintenance done on the house, but money is the problem – cannot afford to re-finance to get the work done and with me being on a benefit and at my age (pensioner) is not possible and I would not like to take out a huge mortgage on the house because I cannot afford to pay it off.”* (Hutt Valley grandfather)

People talked naturally about after-housing expenditure.

*“I think finance is a big issue for most families, and I know some families are struggling to pay their power bill etc. and in our household we are just managing to pay our bills. And it is mainly during the winter months that we’re more likely to get sick and feel wheezy. And the Housing New Zealand [house]that we are renting is a very cold and damp house. Sometimes you can see and feel the dampness inside the house.”* (Hutt Valley mother)

Some people found the negotiations with Housing NZ to find a suitable warm, dry house very stressful, as in this example recounted by a young Porirua mother who, because of her financial position, had very limited choices.

“*I am the one in our household who has asthma. Lately my asthma has been really bad and I think it is all to do with the stress of everything that is happening at the moment does not help. It has been quite stressful in the past few months not only financially struggling but because of the burden cause by my family while waiting for somewhere for us to move into. All the stress and worries has caused some really bad wheezy episodes and sometimes my asthma gets really bad too. We have been offered a place by HNZ but the problem is the unit is not suitable especially because of my asthma condition. I have told Housing NZ that the unit is not suitable because of my asthma but I have been told that I have no choice but to take it. I have been given one week to move out, otherwise my sister will get evicted from her unit and this situation has caused me lots of stress. After checking the unit that has been offered we decided to turn it down not only it is not suitable because of my asthma condition but the unit is very cold and damp. I am now looking at renting privately but financially it is not possible because I cannot afford the bond and also the higher rent charges.”* (Porirua young mother)

However, more positively, a number of people have noticed the difference when their Housing NZ house was insulated and appreciated the changes.

*“Luckily for us this HNZ house is now insulated and we have noticed the difference in warmth which is a bonus for all of us especially our dad. We do have the heater on but only for short periods and not only because dad doesn’t like the heater on for too long because he says it does affect his asthma but also to keep our power bill cost down.* (Porirua mother)

But even when the housing was retrofitted with insulation and effective heaters, the price of energy remained a problem.

*“We are renting from Housing NZ and the house already had a heat pump when we moved in which was a bonus for us. The house is not too bad but it does get really cold during winter and we do have the heater to keep the house warm. We do worry about our high power bill so we try and have the heater on only on very cold days. We would like to have money put into our power account but that is not possible because we usually don’t have the money. As a mother you try your best for family but it is hard when you have little money. Our children are doing courses and they cannot help with household expenses.”* (Porirua mother)

In what appears to be an increasingly common, but unpublicised practice, several participants had their rents deducted from their benefits before they received them.

*“My rent gets deducted from my benefit and it helps a lot because for me it’s one less bill that I do not have to worry about but then it doesn’t leave much money for other household expenses.“* (Hutt Valley mother)

***Cold climate, cold houses***

With the exception of one household, where both adults were in employment, almost every person in this study mentioned their house was cold, except gratifyingly those who had their houses retrofitted through our previous research studies.

*“I was a participant in one of your insulation study and our house was insulated then. We did notice the difference after the insulation had been installed because it was much warmer than before and we were very happy with the outcome. We have a wood burner which not only helps keeps the house warm but also it helps keeps our electricity costs down. Our son gets the firewood from his workplace which is another saving for us. We are also always in credit with our electricity power accounts because the children make advance payments towards our account and that is a bonus.’* (Porirua mother)

Some people spoke of keeping well through adapting to New Zealand’s relatively harsh and cold climate, but then gave compelling instances of the consequences.

There was a very common view expressed in the focus groups, that with escalating power bills, the families could not afford to heat their homes, even when they knew that the cold temperatures were not good for their children’s asthma. A number of the rental households used un-flued gas heaters, even if they knew they were satisfactory.

*“In our household we do have some challenges and one of them is that our house is very cold and damp and it would be nice if we cannot afford to have the heaters on to make our house warm. Because of the high cost of our electricity power bill we can only afford to use un-flued gas heaters to keep the warm and we do struggle to pay our high electricity power bill...My daughter has asthma so we only have the heaters on for short periods. These days her asthma is not as bad as it used to be when she was a baby but it does get worse mostly during winter and unfortunately that’s when we need to have the heaters on because it gets so cold inside our house.”* (Hutt Valley mother)

*“Our house is very damp and cold and it is very hard to heat or warm the house during winter and I am sure it does not help my dad’s asthma and with his other health problems. With the high cost of electricity we can only afford to use an un-flued gas heater to warm the house and also it’s the cheaper option for us, but unfortunately it doesn’t really warm the whole house.”* (Hutt Valley mother)

*The house we are renting is very cold and damp and it’s worse in winter. We use an un-flued gas heater to help keep the cost of our power bill down. It is really hard to keep the house warm so we tend to stay in one room mainly the living room and also the heater does not warm the whole house. We also sometimes use blankets to keep warm on really cold days.* (Hutt Valley mother)

*In our very cold and damp house we can only afford to use a un-flued gas heater and also to keep the high cost of our power bill down. Because of daughter’s asthma we only have it on for short periods.*(Hutt Valley mother)

Many households felt that they had no choice, but to use un-flued gas heaters, as electric heaters were considered too costly to run. Other energy alternatives were also avoided because of cost.

 *“My experience with asthma is the type of heater that we used to have (gas bottle heaters) can also cause asthma because it does warm the house (it’s easier to catch the flu) and brings on asthma. We have the fire going and we have the heater on in the mornings to keep the house warm. We have a heater in the hallway and usually have it on during the day and turn it off at nights.”* (Hutt Valley older woman)

*‘In our household there are times when we use the [unflued-gas] heating mostly when our power bill is high. You do feel the difference when using gas heating – heaviness in the air etc, and sometimes it doesn’t help my asthma. We also put extra clothing on or try to keep warm by using blankets when sitting in the lounge. These are things we do to reduce the power bill”* (Hutt Valley woman)

*“I have two grandchildren that have asthma and I have notice that during winter time is when they start to get wheezy. I think part of the problem is because our house is very damp and cold. We don’t have insulation in our home, but what we have is DVS in the house which helps with the dampness in the house and also help the children’s breathing. But at the moment we have no choice but to use un-flued gas bottle heating because we can’t afford because of our huge power bill. We can’t even afford to get heat pumps. So when we turn the gas heater on you can start to see how strong the gas is because the children start coughing, mainly the two with asthma. But when we turn it off it seems to make it worse because the gas remains in the room and it then creates a different type of heat. So I tell them to go out of the room.” (Hutt Valley grandmother)*

Even when there were more effective and safer heaters in the house, the families did not have enough discretionary income to use them.

 *“Our house is quite old so it’s always cold, really cold. We have got a heat pump but we don’t have it on because that just adds to the cost of our high electricity power bill so most of the time we put more clothes on because it’s cheaper to do that than having to fork out more money for your power.”* (Hutt Valley family)

Some households had heaters on for limited or defined periods of time to save money on power bills and avoid being disconnected.

*“Yes our house is pretty cold too. I think the only room that has a heater going most of the time is my room because of my daughter and her asthma. So it does cost a lot of money because its an electric oil heater. My dad has asthma as well so we do try and get the fire running when we can but the heat doesn’t get to my bedroom so I have no choice but to have the electric heater on just to keep our bedroom warm. I try to keep her warm by putting heaps of clothes on her. The other problem with having a fire going is the cost of wood which can be very expensive also.”* (Hutt Valley mother)

*“One of our biggest problems is our high power bill and because of that, we cannot afford to have the heaters on even though it is very cold inside the house and it’s worse in winter. Sometimes we need the heaters on because of the grandchildren, but only have them on for short periods. With a household of mostly adults our power bill can be quite high and we do struggle to pay it off, so we try and make part-time payments so our power doesn’t get turn off.”* (Hutt Valley mother)

The cost of wood and the negative effects of wood ash on breathing were also raised.

*“I am an asthmatic as well. I do get sometimes bad asthma attacks during winter and certain types of heating mainly open fires; the smoke from the fire is not good for me as it brings on my asthma. We need to look at other type of heating systems to suit our needs. Our house is very cold and we don’t have the heat pump going because of our high electricity power bills. On very cold days we sometimes have a gas bottled heater to warm the house because it’s the cheaper option for us and also sometimes using blankets to keep warm in the lounge.”*  (Hutt Valley mother)

*“Some of the grandchildren in our household have got asthma and I have been told that it doesn’t help their asthma living in a cold house. Our home is an old house, very cold, draughty and it’s very hard to heat. It gets really cold during winter months or on very cold days and during the winter months some of the grandchildren’s asthma can be bad. We use an un-flued gas heater to keep warm, but the problem is that it does not warm the house properly. With very little money available after paying all our major expenses, we cannot afford to buy wood for the fireplace. Sometimes we have to make sacrifices most times on food when there’s not much money left after paying our major bills. We get help sometimes in the way of food from other extended family members which helps a lot.”* (Hutt Valley grand-mother).

Others, such as this Porirua man, relied on gifts of wood.

*“Our house is very cold and we try to keep the cost of our electricity power bill down by using the fireplace most of the time. I do have contacts when we need firewood but on rare occasion and it does help our budget too...Our house is not as cold as it to be because it has been insulated through one of your studies that my wife participated in. We have a wood burner and it does keep our house warm. Our son can get firewood from his work place or through some of his contacts and we always have enough supply of wood especially during winter months.”* (Porirua man)

One participant commented on the problems lack of ventilation caused her.

 *“We used to have our fire going all day – when my husband was alive. We also use it as a means of drying clothes but now we mainly use an electrical heater which means our power bill can be high. As for the fumes inside the house, when we do cooking and there’s plenty of fume from it, I can’t deal with it. As soon as I enter into the kitchen and there are lots of fumes, I open the windows.”* (Hutt Valley mother)

Only one household had a wet-back.

 *“In our house we have the fire going, (which heats the hot water), and there’s also a heater going.”*

As in the quotes above, a frequently mentioned alternative to heating the household was keeping warm using hot water bottles – sometimes plastic bottles with hot water were substituted – and blankets when sitting round were used.

*“We use mainly hot water bottles to keep ourselves warm also we use plastic bottles as hot water bottles because we cannot afford to buy more hot water bottles. We also use blankets in the living room to keep warm.”* (Porirua mother)

Insulation was discussed, but not everyone had had positive experiences of “the package.” A beneficiary explained that:

*”We are mortgage free, but money is still tight. Lots of repairs needed to be done first before insulation can be installed. We have been ripped off twice before by untrustworthy trades’ people. Now we’re very reluctant to hire other trades people due to our lack of trust in them.” (Hutt Valley father)*

Another household had received government-subsidies to install insulation and a heat pump, but were unable to take full advantage of them because of the cost of electricity.

*‘We had the government insulation programme done to our house mainly because of my asthma and also had a heat pump installed, and it was money that we couldn’t really part with because we had to pay the extra costs towards it. It helped a lot in keeping our house warm but unfortunately because of our high electricity power bill we rarely have the heat pump on because we can’t afford to have the heater on. I don’t have any suggestions other than having ongoing government schemes like that to assist families especially for lower income families. But again that government insulation scheme was a huge help to me and my family but unfortunately the cost of electricity bill is too high. It would be nice if there were some other governmentt assistance because both my husband are both unemployed. When we get our benefit it mainly goes on bills – mortgage, rates etc. We need to be able to pay for bills – e.g. power but we can’t have the heaters on because we can’t afford to and we do need to use the heater to keep warm mainly during winter or colder months.” (Hutt Valley mother)*

However, one grand-parent in the Hutt Valley had had a very positive experience, which as she examined not only benefitted her and her husband, but also the grand-children. The evident difference in her experience and the preceding account was that both she and her husband were employed.

*“Our house used to be very cold and damp but now it’s very nice and warm. We got our house insulated through the government retrofit scheme and also had a heat pump installed. Even though it was expensive, because we did had to pay the difference towards the cost, but to me it was money well spent because I have notice the difference and the house is much warmer now than before and the heat pump does warm the whole house . I do think having a warm home has also made a difference to my husband’s asthma which is a bonus. It is so nice going home from work to a nice warm home. We also try to keep the house warm for our grandchildren. So overall we are managing and coping alright in our household and I know it does make a difference to our budget because we are both working fulltime.”* (Hutt Valley grandmother)

A prepayment scheme was preferred by some households, because it could be used to control the amount of electricity they used. In any case, careful budgeting was needed to make sure that power bills were paid.

*“Our power is very high due to the number of people living in this house – the amount of washing that need to be done on a daily basis starting from morning till very late in the evening. We are on a Pay-Go system and I am very happy with it because I can control it and able to manage it. It is usually cost us $100 - $120/week during winter months and most of our money goes toward our power bills and our rent. I always make sure there is enough money put aside for our power – it’s a priority for me to do that so our power doesn’t get cut off.”* (Porirua mother)

Other households explicitly measured the extra electricity costs imposed by visitors.

*“It is not a problem with me when people coming to stay providing it’s only temporary while waiting for their own accommodation. With the large amount of people staying you do notice the increase in your power bill. Before we had people staying our pay-go account was usually $30 -$50/week and now it’s more.”* (Porirua mother)

***Food insecurity***

All households struggled with buying adequate and healthy food.

*“It’s hard because there is not often that much money to go around and we just end up buying the cheaper types of food which isn’t that good because you’re not eating healthy and you end up being sick and there is like a big flow-on effect. We just end up buying whatever is the cheapest or wait for things to go on special and then we just buy that.”* (Hutt Valley mother)

*Like what everyone have said that it is not easy trying to budget with very little money and when it comes to food we can only buy the cheaper stuffs because we have no choice but buy only what we can afford. It is hard to keep up with some of the payments and sometimes we do make sacrifices with food. There is no special treats in our household.”* (Hutt Valley woman)

*“In my household when I go shopping I buy veggies, items for soups etc, but my children prefer to buy the expensive stuff. So we compromise, some days they have their expensive meat. My children don’t like cooked vegetables but they prefer fruits and they are not cheap.”* (Hutt Valley mother)

Larger families had to make sacrifices buying groceries in order to pay other pressing bills, such as power bills. Most could only afford to buy cheap meat and vegetables.

*“It’s impossible to budget to make ends meet. The price of food is too costly.”*

Managing the budget in large households was particularly difficult, even when they had a mortgage-free house.

 *‘In my household I budget the food and when I do the shopping a $100 budget should cover the week because I cook things like stew, soup, but if my children do the shopping it costs a lot more – it could be up to $300- $400/week and this doesn’t leave much for our other household expenses. So I say to them to let me do the grocery shopping so that we can have money left over to budget for our other bills – school fees, power etc. Well we are free household now but we still have other essential expenses to worry about. I only pay the insurances – the house and my insurance (for the benefit of the children). As for food, I like to help out as I just want to carry on my role as a mother towards my children and grandchildren. If I see they’re in need of something I help out whenever I can.”* (Hutt Valley grandmother)

People had a very detailed and good understanding of the trade-offs they had to make.

*“Having 16 people living in the same household cost a lot of money, and $100/week is not enough for our household grocery bill– maybe $300/week or even more for our grocery shopping. And the items you purchase at the supermarket are not the expensive stuff– it’s cheap stuff. I know most people, or people that are managing well financially shop for lean meat, but for us we can’t afford the expensive stuff or the healthy stuffs. It’s either sausages, neck chops, fish fingers – those types of cheap food because we have no choice but to buy the cheaper stuffs. Unfortunately it’s the cheap fatty meat we buy. The more we eat cheap fatty meat, the fatter people get and contribute to the obesity epidemic amongst our people. That’s why we have high blood pressure, diabetes – caused by eating these cheap unhealthy foods. And as for fresh fish, PI people love their fish but again we can’t afford to buy them because they are also getting very expensive to buy. So we try to go fishing to catch some fish but there is also another struggle because you need money towards the cost of petrol for your car and the boat.”* (Hutt Valley mother)

It was also difficult to cater for individual needs. As one respondent said, *“It’s impossible to cater for everyone’s needs and food preferences.”* This Porirua man felt particularly deprived of his favourite foods, although understood the reasons why this was a financial necessity:

*“With a household mostly females and being outnumber by them and I don’t have much say in our groceries shopping and sometimes I feel cheated, mainly because of our financial situation every second week we will have no meat. This has affected my emotional state because I do enjoy having meat and veggies. I do get stressed about this but have no options and deal with it to enable my family to live a healthy life. My wife has the responsibility of paying our bills and I know it’s not an easy task trying to budget with very little money.”* (Porirua man)

Those who had access to cheap fruit and vegetables, such as this Hutt Valley man, were in a fortunate position.

*“I think working part time in a market garden helps us a lot as well because I can get reasonably cheap fruits and vegetables and sometimes I can get enough fruit and vegetables for my immediate family also.”* (Hutt Valley man)

***Affording health and health care***

After paying housing, power and food costs, many people struggled to pay for GP visits or prescriptions and often had to borrow from other family members. When asked about challenges they faced this mother answered,

*“Yes my daughter’s medication for her asthma. If I didn’t have enough money for her medication or stuff to keep her warm then I rely on my mum and dad, and it does make you feel bad because you know they are also financially struggling but they always help out.”* (Hutt Valley young mother)

Prioritising different health needs of the family was a complicated and stressful process.

*“In my family it’s just me that has medication (my asthma) but my husband has lots of health problems which means lots of medication to get and it’s a priority of mine to ensure that he has his medication, otherwise if he miss taking his medication other medical complications incurs. I believe the financial assistance that we received from WINZ enables us to purchase his medication. On several occasions I have to miss out getting my medication, so we can purchase his medication and sometimes we have to leave some of his medication until we get our benefit. I think its financial help that’s needed. Maybe taking away the GST, and by doing that would definitely assist my family.”* (Hutt Valley mother)

Perhaps reflecting the other side of this situation, a man in the Hutt Valley group noticed the sacrifices his wife made and wished it was not so.

*“Sometimes we have to make some sacrifices on my wife medications as she has asthma and also own medications. My wife usually made the most sacrifices by not getting her medications whereas for me we sometimes have to leave some of my medications until we get some money to pay for them at the chemist. With all the health problems I have currently – there are five different doctors and specialist that I see and they are different struggles altogether. Sometimes I wish I could have my old life back before I came to NZ – to be happy and free of life stress and burdens.”* (Hutt Valley man)

Parents denying themselves the health care they needed for the sake of their children was an all too common theme.

*“My main problem is not having enough money as well and because of that problem I cannot afford to see a doctor because of the costs involved. I usually treat myself when I get sick, and unless I get really sick then I will see the doctor but I am happy with what I’m doing and it saves me money.”* (Porirua mother)

*“With all the stress and worries it sometimes causes me to have wheezy episodes which are something that I am not familiar with. I gave up full time work to take care of our grandson who had health problems and my husband can no longer work full time also because of health problems. With my husband being on a sickness benefit, it can only cover some of our expenses. I do worry for my husband when he has to make some sacrifices in terms of not getting all his medications because he says he feel guilty about him using the money but he does need all of them for his many health problems. Sometimes he doesn’t go to see the doctor when he gets sick because he says it cost too much not only the doctor’s fee but the cost of the prescriptions too.”* (Porirua mother)

One young father from Porirua, illustrated some of the problems for both him and his family of having insufficient income to access primary care, as well as the additional costs to the health services that followed.

*“I do get frequent attacks of asthma and have been admitted to the hospital several times during winter. Sometimes when I have an asthma attack and I cannot afford to see a doctor because of the cost I then ring the ambulance for help and they usually come straight away and put me on a nebuliser and not send me to the hospital. Most times I rather sacrifice myself by not going to see a doctor and save the money for our daughter because she has health problems also. Because of our financial situation I sometimes borrow some of my friends’ puffers when I get wheezy because I cannot afford to get my own puffers. That is one of the other reasons why I ring the ambulance when I have an asthma attack because I know I can get free treatment.”* (Porirua father)

Considering the seriousness and expense of of hospitalisation, it was not an uncommon experience in this group.

*“Our electricity power bill is so high that I am struggling to pay it off but we do need to have the heaters on because our house is so cold and also because of my wife’s poor health. She feels the cold a lot more and sometimes she gets very wheezy and sometimes it can lead to an asthma attacks. When she has a really bad asthma attack then she gets admitted to the hospital.”* (Porirua man)

Those who tried to avoid using preventer medication were also aware that the prescription charges were going to increase to $5 per prescription in 2013 and this would make their financial position even more difficult. For others it was a choice of going to the doctor themselves to get treatment for their asthma, or feeding the children.

*“I do get wheezy and it gets worse when I’m really stressed out. When my wheezy gets really bad I just stay home, because I cannot afford to see a doctor and also by doing this at least I know I can save the money for other household expenses, e.g. food. My children are my main priority and it is hard sometimes as they are growing up fast and our grocery bill can be quite expensive, but as long there is enough food for them to eat then I’m happy.”* Porirua mother)

People who could not afford prescription medicine often substituted traditional medicines.

*“The other problem is the cost of medication from the doctors and because sometimes we can’t afford to see a doctor so I give the children massage when they get asthma. The main cause that I see my children and their families getting asthma is they’re not keeping themselves warm – not properly clothed, not wearing enough warm clothes.”* (Older woman Hutt Valley focus group).

Many commented that there was lots of stress in their households and it frequently brought on asthma attacks and wheeziness. In the individual interviews people spoke about having to choose which prescription to get first, the asthma or the non-asthma prescription.

“*GP visits get less and less when money is tight and also when there is more than one illness. It causes stress, anxiety and wheeziness.”*

*“Asthma prescriptions sometimes need to be put on hold because of other sick people in the household. We need to prioritise the sickest person first for their prescriptions –due to not enough money to get all the prescriptions.”*

***Contributing to fakalavelave***

There was general understanding and agreement that *fakalavelave*, or tithing, which operates for mutual support was an important part of the culture and eased the burden on the afflicted.

*“It is a tradition that I have grown up with and it is a good thing because every one is struggling financially these days but helping out with any fakalavelave especially funerals for instance it will help lighten the burden on the family involved in the fakalavelave.”* (Hutt Valley man)

*“As for budgeting, yes it’s a struggle for all families, especially when family fakalavelave occurs. We forget our financial struggles and end up contributing to the fakalavelave.”* (Hutt Valley mother)

*“When fakalavelaves occurs (like I’ve had three recently), and if my insurance is due, I ring them to say I’ll pay next month so I can contribute to the fakalavelave. I never put any stress on the children. I don’t put any stress on myself as well. I go to church every day for comfort. We all have different ways of coping.”* (Hutt Valley mother)

Nonetheless, there was a sense that people recognised that the custom was vulnerable and sometimes had unintended consequences.

*“I have been brought up with this tradition and it will be sad if it doesn’t continue because it is nice to help out and support other people especially in these tough times. I do contribute and if you can help in anyway you can because it can be a stressful time for the family involved in the fakalavelave, but only give what you can afford to give.”* (Porirua man)

However, *fakalavelave* can also lead to immediate hardships and some households found it almost impossible to budget when unexpected *fakalavelave* occurred. While some always contribute, others prioritised their immediate family or take a pragmatic view to the importance of budgeting.

*“In regard to fakalavelave, it’s our tradition to help out and support with whatever the fakalavelave might be and it is something that we have grown up with. It is good that you help out but if a fakalavelave occurs when we have already budgeted for our outgoing bills then we decide to pay some of the main ones first and then give a contribution towards the fakalavelave.”(* Porirua father)

*“For me, my response is I have to look after my family first – everything else is secondary.” (*Hutt Valley mother)

Indeed, the general consensus was that people should “only give what they could afford”, but there was still a clear and strong expectation of mutual support.

*“It is important to me to help others but only give what you can afford. Sometimes you have to make sacrifices when unexpected fakalvelave happens.”* (Hutt Valley mother)

*“It can be hard, looking at the culture side of fakalavelave. You feel obligated to give what you can but then you know at the same time that’s going to push something else back like that money was supposed to go towards a bill but it’s now going towards the fakalavelave so you’re going to be behind. But you know it’s just something that has to be done because you know its part of your culture. I mean I’m not going to complain about it but it’s just something that you do. I do think that your first priority is your family and people should give whatever they can afford to give.”*  (Hutt Valley mother)

Prioritising was also stressed by other participants:

*“It’s important to prioritise what’s important first, especially with fakalavelave –the family first and foremost and only give what you can afford.”* (Porirua father)

*“With fakalavelave I can only give if I have any money at the time because my children’s health and wellbeing are my main priority.”* (Hutt Valley mother)

Even those that distanced themselves from the fakalavelave, acknowledged the importance of family support.

*“We don’t go anywhere as we don’t have a car but sometimes some of the relatives come and take the children out or they go to their friends’ house. I don’t get involved in community things and I tend to stay home and look after my children as they are my main priority. Sometimes my siblings help my family and that helps a lot.” (Hutt Valley mother)*

Being able to borrow from families was generally acknowledged as an essential way of financially coping.

 *“When things break down we usually pool our money together to pay for whatever need fixing especially if it is major for example the car.”* (Hutt Valley mother)

*“I had someone call and told me that they were on Pay-Go System and because she doesn’t get paid till the following week, she needed to put some money in their account straight away and so we had to help her out otherwise her power would be cut off.*” (Hutt Valley mother)

However, one Porirua mother highlighted that the cultural and social obligation of fakalavelave could paradoxically mean that on occasions she withdrew from community activities, so as not to be obligated or offend others.

*“I don’t have any problem with giving to a fakalavelave because that is our way of helping other people especially in these tough economic times. To me because of the current situation that our people are facing with very little then they should only give what they can afford otherwise you help out in any other ways. Sometimes when there is too many fakalavelave, it can actually cause me to have wheezy episodes which can then lead up to an asthma attack because of all the stress. Sometimes I rather stay home when there’s too much community things on at the same time because you cannot attend all of them. This way at least then you cannot offend anybody.”* (Porirua mother)

***Crowding and household expenses***

For some families, especially those living in Porirua, crowding was a seemingly permanent, but undesirable state of affairs.

*“We do have lots of challenges in our household and one of the biggest apart from not enough money is overcrowding. We must be one the worst overcrowded family in the Porirua area and nobody not even HNZ seem to take it seriously. It is so overcrowded that our lounge is used both as a bedroom and a living room. We are a household of four generations living in a three-bedroom unit with three adults’ families and children.”* (Porirua mother)

In response to the prompt about visitors, there were wide-ranging discussions between the participants about the problems they and the new migrants faced. Overall, people were welcoming and generous.

*‘With people coming to stay I don’t have a problem as we have a full house already and sometimes we make exception for close family members. They do contribute most of the time which helps.”* (Hutt Valley mother)

Other families have a filtering system, which priortises close relatives.

*“When people want to stay we can only take close relatives because we already have a full house. They usually contribute towards their stay but if they stay for longer then it becomes a problem financially.” (Hutt Valley mother)*

Respondents indicated that having visitors to stay initially works out and visitors contribute financially. However, it can become a burden when the money contributed to the host family is not enough or when stays are extended or unexpected, problems begin to arise.

 *“I don’t have a problem with people wanting to come and stay as long as they contribute towards their stay but only for a limited time otherwise it becomes problematic if they stay longer they intended to.” (Porirua man)*

*“I don’t have a problem with people coming to stay especially relatives from our homeland. Finance can be a problem and it can be a stressful time when they stay longer than intended.” (*Hutt Valley mother)

*“I suppose we all know that’s common especially amongst island families to have two, three, four generations living under the same roof. But it is hard especially if you have family members coming over from overseas and like you say they end up staying for a bit longer, and if they’re not working then you have to support them and it can be hard on the family budget especially when you are already financially struggling. Yes definitely because it’s another mouth or few extra mouths to feed. So you have to try and find money to supplement. I mean the people coming to stay; they probably struggle as well when they first come over because they find it really cold as well.”* (Hutt Valley mother)

When other families come to stay, there can be added stresses and tensions, especially when the household is already struggling financially. Families are still obliged to help out, especially where there are young children. However, the precarious financial position many families face mean that they are only able to fulfil their cultural obligations with considerable sacrifice.

*“We can’t cope with things like that. For me, we used to have families staying with us from Tokelau – we didn’t cope well because it took about a month until we could get funds to help us towards their stay. But what we did to manage in looking after them was using the money we had budgeted for bills like the power and telephone bills to pay for food. If we get behind with any payments especially our power bill I usually call up the phone company and say give me a month to sort this out before I can pay, and they usually do. It’s very stressful when that happens and I am sure that’s how we get high blood pressure and other health problems because of that.”* (Hutt Valley mother)

***Dealing with stress***

Financial hardships and bills compounding caused large amounts of stress and tensions within households.

*“I think all the sickness and depression are caused by all the stress and pressure that we are going through. We came here from our homeland as healthy people but look at us now, most of us have lots of health problems that we never used to have. Like asthma, I believe it’s cause by not keeping warm especially living in cold and damp houses in comparison to the houses we use to live back in our homeland. My dad had asthma.”* (Hutt Valley mother)

*“I do agree with what everyone else has said, we are also struggling financially in our household.... and to me it can have an adverse effect on our wellbeing because of the pressure and the stress. It is very stressful and sometimes quite depressing when trying to cope as best as we can to make ends meet but it’s hard when you have very little money. You are right we are going thru some really tough times and with the cost of things mostly the basic things that we need to get are getting too expensive especially when you have a small budget. I don’t have a job but with the little money I get from my benefit which is not much I do contribute some of it to the household running costs and I know it’s not an easy task to budget. I also know that it can be an enormous pressure trying to budget for a large family with very limited money.”* (Hutt Valley mother)

Some spoke of feelings of helplessness due to lack of money to pay bills leading to anxiety attacks. Sometimes the stress brings on episodes of wheezing and asthma as well as lots of sleepless nights and worries.

This Hutt Valley man summarises the experiences of participants in one of the male focus groups, which is quoted in full, as it exemplifies the complicated web of competing obligations and stresses, when there is insufficient money coming into the house to support the household.

*“It sounds to me to me everybody has the same problem because our household is in the same situation which is financially struggling to make ends meet. It is very stressful and it’s worrying me a lot and sometimes my wheezy comes on and especially when all our major bills e.g. mortgage, power, rates etc, arrive all at once and it’s a very stressful time in our household. The problem is when you get behind with any payments then you get penalised with extra cost on top of what you already owed which adds extra stress for me. My biggest worry is if it happens too often like missed payments we may loose our house then I worry my family may loose our home and have no where to live. Our financial hardship is causing a lot of stress and I get wheezy quite frequently and when it gets worse I see a doctor only if I can afford to otherwise most of the time I don’t see a doctor at all because of the cost. The other burden we are facing in our household is not being able to find employment for me and other people in our house. It took me a while to find a job and now I have a part-time job which doesn’t pay that much but it does help towards paying out outgoing major bills. My wife is the only one with full time employment and there a lot of mouths to feed in our three generation household. Other people in our household are struggling to find jobs and there is not much jobs available locally and you need to look elsewhere but the cost of transport will be an extra burden and extra costs. Sometimes we have to make sacrifices in the way of food when all the major bills have to be paid. We do try to budget but it is hard when there isn’t enough money to go round.”*  (Hutt Valley man)

There was general agreement that good budgeting was crucial to coping and that it was important to make sacrifices for important things.

*“It’s important to budget well, but sometimes it’s impossible and very stressful especially for a large household.”*

In the individual interviews people were explicitthat households must be given discretion about their choices and not to be pressured into giving money for family or cultural events.

*“Family comes first!”*

“*We should not expect people to give or force people, especially when they’re financially struggling.”*

Many of the participants spoke of the importance of sharing, in particular crops from their gardens and fish. Mirroring the communal *inati* system for distributing the catch in Tokelau, families with extra crops from their gardens and extra fish from family fishing trips often distribute produce and fish to extended families and neighbours. Such practices do get reciprocated, which can help “tremendously”, but nonetheless gardening and fishing does cost money initially.

People spoke about the importance of having good relationships with energy and insurance companies.

*“It’s important to have a good relationship with agencies, especially when struggling to make due payments.”*

Participants advised others in the group to seek help when financially struggling in order to pay the bills from people like budget advisors.

***Investing in education***

There are a relatively high number of children in Tokelauan households, so school fees can be a financial burden.

*“We are just struggling to get by and just managing to pay our bills. I am the only income earner in our household as my wife who has mild asthma and our two daughters are all student doing courses at Whitireia Polytecnic which can be really tough on our household budget. With student loans and other costs as well as transport costs it can affect our budget hugely and it can be quite depressing at times especially with only one income to do our budget with. Our two younger daughters is still at school and with school fees and other related school costs like field trips etc. it does all add up.”* (Porirua father)

A number of the participants and members of their families were studying in attempt to improve their chances of getting a job, but returning for further education required sacrifices from the whole family.

*“For me it’s even harder because the only qualification I have is graduating from college and now I’m going back into study... I’m going back into study and that is going to cause more struggle financially for my parents and for me taking loans from loan companies so yes I have to say most of the time we do struggle.”* (Young mother Hutt Valley)

This young mother had returned to live with her parents with her daughter and her daughter’s pre-school fees added to the household expenditure. She was not receiving any assistance from her former partner.

*“Another cost is for my daughter is attending pre-school and for paying her fees, I don’t really like to ask her dad to help out because me and her dad are split up. She’s my full responsibility and everything for her comes from me and that’s just the way I like it. She’s always with me and it’s not that often that she gets to see him.”* (Hutt Valley mother)

*“The other major expense is the children’s school fees for both primary school and college. It helps a lot that I can make instalments otherwise I don’t think I could cope doing it any other way.”* (Hutt Valley mother)

In the men’s Hutt Valley focus group, it was clear that the men usually left the budgeting to the women, but they were well aware of the stress.

*I don’t have much responsibility with the household running costs – the children take care of those responsibilities, but I do contribute financially and help out with the running costs. Another problem that I am aware of in our household is the school fees – there are eight children attending both Primary School and College – and that is a huge struggle in our household.* (Hutt Valley man)

In one case, a young man in the Porirua group explained how his student allowance benefited his family’s welfare too.

*“We have a very nice warm house and we hardly ever have the heater on except on really cold days. I know having a nice warm home does help my asthma. Being a student at University, mum and dad seems to be managing and coping well financially paying our bills and they are both in full time jobs. I am on a student allowance which covers some of my expenses, but most of my other outgoing expenses are taken care by mum and dad and at least it helps me to concentrate with my studies and not having to worry looking for a part time [job] to cover some of my university expenses.”*

***Recommendations from participants***

Participants were asked what actions could be taken to help them cope better. As noted above, a number of participants highlighted the importance of the Government’s Warm-Up New Zealand scheme and in general looked to the government to increase employment opportunities and wage levels.

*“I would like to see the government have a scheme to assist families that are struggling financially or families on low income. I know they already have a heating scheme but to me it’s alright if you can afford to because you still have to pay money towards the cost in the end. There needs to be more assistance from the government especially for Pacific Islanders or low income people as most of them are unemployed.”* (Hutt Valley mother)

People linked the success of the insulation retrofit with the possibility of the government investing in housing, but were aware that any co-payments were a disincentive for low-income households.

*“I think the government should put aside money for the building of new homes and assist our people getting into their own homes. With the government’s retrofit scheme it’s very helpful, but only for the people who can afford to because it still cost you money towards the cost in the end.”* (Hutt Valley mother)

People also wanted the government to make sure that the standards for new housing took account of operating costs.

*“I just want to emphasise what’s been said before about the building of new homes – to ensure they’re properly insulated so as to avoid high power bills.”* (Hutt Valley man)

Having experienced the high rates of youth unemployment, currently 16% among Pacific youth, the participants agreed that there needed to be more job opportunities for both younger and older people.

*“I wish the government can do something or come up with some solutions regarding people who desperate looking for jobs because it is really hard to find a job and there aren’t many jobs available especially for our young people and they have been searching for jobs without much success. My husband is now working part-time which helps but it’s still not enough to cover our outgoing costs and he has been looking for full time employment. So we are struggling financially and we live day to day on a very small budget and trying to stretch it out till the next pay day.”* (Hutt Valley mother)

Most of the households in the interviews were reliant on some sort of social welfare benefit, which increasingly has rent deducted from it before being paid to the household. This practice restricts their choice to negotiate with the landlord to improve quality. Where there was a member of the household in employment, they were often the only one on wages or salary in a three-generation household. Participants called for allowances for low-income people to help with escalating basic living costs for electricity, mortgages or rent, prescriptions and other costs. There was some support for lifting GST of food.

*“I think they could stop raising prices and stuff as things are more expensive since gst was introduced.”* (Hutt Vallet woman)

Apart from the government, these three Hutt Valley mothers were also very aware of community support for budgeting and mutual support.

*“ I think there needs to be better use of the finance/funds that we receive – better budgeting. Finances should be used properly and not used on things like gambling and the likes.”* (Hutt Valley mother)

*“Maybe there’s should be community group help like the Te Umimiga who have money to those who are financially struggling.”* (Hutt Valley mother)

*I said to my brother the other day, there shouldn’t be a hall for Tokelau, but the fundraising should be for families, selected on a monthly basis; have a draw each month and that family will receive that prize.”*(Hutt Valley mother)

When the topic of gardening was raised, two Hutt Valley partcipants talked enthusaistically about the idea of gardening, although neither gardened themselves. Getting produce from other people’s gardens was linked to sharing fish.t

*“We’ve got a garden at home and there are a few things in there but they don’t really grow, its vegetables and stuff but none of us are doing it. But having a garden is a really good idea. I should learn more about gardening that would help, and that would help our food budget too.”* (Hutt Valley woman

*“We do get things from other peoples’ garden. My sister has a garden and she brings whatever it is she has picked out of her garden over to us all the time and helps. It is also part of our culture to share out things and my dad does that all the time when he goes fishing with other people they share their catch on the day and we get things in return.”* (Hutt Valley woman)

Particularly in Porirua, participants suggested that low-income families with large households needed more appropriate housing. The participants were enthusiastic about the government insulation scheme and thought it was “a great idea”, although would have preferred no co-payments.[[5]](#footnote-5)

A number of participants asked for better access to GPs and health services for elderly and low income people.

**Conclusion**

This research gives voice to the experiences of Tokelau families, who are valiantly trying to balance low-income budgets with rising costs and the needs of their family members with asthma and COPD. The focus groups and interviews were undertaken at a time (2012) when unemployment in New Zealand was relatively high, running between 6.5% and 7% for the New Zealand population as a whole, with Tokelauans facing unemployment at two to three times that rate.[[6]](#footnote-6)

A number of the participants in these focus groups had previously taken part in our Housing, Insulation and Health study,[8](#_ENREF_8) the Housing, Heating and Health study,[9](#_ENREF_9) the Warm Homes for Elderly New Zealanders study[10](#_ENREF_10) and as mentioned above, had noted positive improvements in their indoor environment as a result. Despite considerable publicity about the detrimental effect of unflued gas heaters,[9](#_ENREF_9) a number of households still relied on them for occasional heating out of financial necessity.

The independent measure of the quality of participants’ housing will enable us to assess whether or not higher household energy costs are due to poor quality housing, which can be remedied by retrofitting; this could lower the families’ energy bill and leave them with more disposable income and lead to improved health of the person with asthma or COPD.

However, for most of the participants, the rising rates of unemployment and cost-of-living have left them with severely constrained expenditure. Sadly, in one case when it was difficult to keep a house warm, a respondent stated that having her father admitted to hospital was considered a blessing, because he could be warm in hospital. While those who owned the house they lived in, particularly those who were mortgage-free, had more assets, they were often still income-poor, which led to stresses about home maintenance; this has been shown in England to lead to poorer mental health.[34](#_ENREF_34)

While this research has highlighted serious problems for the Wellington Tokelau community in coping with the after-effects of the Global Financial Crisis, this research has also noted some indicators of community resilience, developed with our community partners. Participants gave considerable thought to what they and the government could do to improve their living standards and well-being. They particularly focused on the important preventive factor of maintaining a warm indoor environment and how to foster the strengths of the community.

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1. http://www.stats.govt.nz/Census/about-2006-census/pacific-profiles-2006/tokelauan-people-in-new-zealand.aspx [↑](#footnote-ref-1)
2. \* http://www.dol.govt.nz/lmr/lmr-hlfs.asp [↑](#footnote-ref-2)
3. We are still analysing the physical quality of the houses in which the Tokelau people lived in comparison to other people who rent from social or private landlords or own houses in New Zealand. These results will be forthcoming. [↑](#footnote-ref-3)
4. The results of these building assessments will be reported in a subsequent report. [↑](#footnote-ref-4)
5. When the *Warm Up NZ: Heat Smart* *Scheme* ended and was replaced in the May 2013 Budget with the more tightly targeted *Warm Up NZ Healthy Homes* schemewhich fully funded eligible households, all but one of the families living in uninsulated houses became eligible for retrofitted insulation without having to pay any co-payments. [↑](#footnote-ref-5)
6. <http://www.stats.govt.nz/browse_for_stats/income-and-work/employment_and_unemployment/HouseholdLabourForceSurvey_HOTPJun13qtr.aspx> ; the Tokelauan rate can be inferred from the comparative rates shown in

<https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCsQFjAA&url=http%3A%2F%2Fwww.stats.govt.nz%2F~%2Fmedia%2FStatistics%2FCensus%2F2006-reports%2FPacific%2520Profiles%2FTokelauan-Profile-updated-May2008.pdf&ei=B-QZUqODIujZigfFjIBw&usg=AFQjCNEQwxX1LRlCz7yRE3UNl8q2oZ4_bQ&sig2=D72qXZhzFnNTg6vSROpkVA&bvm=bv.51156542,d.aGc> [↑](#footnote-ref-6)