

Sexual and Reproductive Health and Rights in New Zealand:

Briefing to Incoming Members of Parliament



NEW ZEALAND

Family Planning

2017

Family Planning recommends the following key actions to improve sexual and reproductive health equity in New Zealand and the Pacific:

- **Fund free sexual and reproductive health visits for all young people under 25.**
- **Expand contraceptive options funded by PHARMAC, specifically a hormonal intrauterine device (IUD).**
- **Initiate a review of abortion law with the aim of removing abortion from the Crimes Act 1961, and managing abortion as an integrated part of a comprehensive sexual and reproductive health service.**
- **Ensure adequate resources and support for teachers and schools to implement the Ministry of Education sexuality education guidelines.**
- **Develop a cross-Ministry action plan for improving sexuality and relationships education in schools in consultation with communities and organisations.**
- **Increase investment in sexual and reproductive health programmes in the Pacific.**

Whakamanahia - equity, access, choice.

Sexual and reproductive health is an important part of lifelong health and well-being.

- There is inequitable access to sexual and reproductive health services in New Zealand, particularly for young people and Māori. There is a need for confidential, affordable and accessible sexual and reproductive health services which are culturally responsive and provide a wide range of services and options.
- New Zealand's abortion laws are 40 years old and not fit for purpose. They use out-of-date language, are not appropriate for regulating modern abortion care, and are not aligned with today's interpretation of human rights. The primary abortion law still exists in criminal statute.
- There is inadequate support and resources to help schools and teachers implement the 2015 Ministry of Education sexuality education guidelines, resulting in inconsistent sexuality and relationships education across schools and too many kids missing out. Sex and relationships education helps young people to make healthy choices about themselves, their relationships and their future.
- The unmet need for contraception in the Pacific is among the highest in the world. About 25% of married or partnered women in the Pacific region are not using modern contraception, but report wanting to avoid or delay having another child.

Introduction

Good sexual and reproductive health is essential to New Zealanders living well, staying well and getting well.¹

Sexual and reproductive health is integral to both the health of individuals and the sustainable development of New Zealand communities and our Pacific neighbours. Sexual and reproductive health targets and goals feature prominently in the global Sustainable Development Goals (SDGs) “to end poverty, protect the planet, and ensure prosperity for all”.² These international targets and goals apply to all nations – developed and developing alike - and New Zealand has agreed to contribute to their achievement.³

There have been gains in some sexual and reproductive health outcomes, particularly among young people in New Zealand and internationally. For example, the teenage birth rate in New Zealand is half what it was in 2008, and today is 16 births per 1,000 women aged 15-19 years. Young people today in New Zealand are more likely to delay sexual activity. These changes align with international trends. However, New Zealand still has one of the highest teenage pregnancy rates among OECD countries.

Unfortunately, there are other areas where sexual and reproductive health outcomes are stagnant or getting worse. There has been little change in most sexually transmissible infection (STI) rates among the general population, with 15-29 year olds still at greatest risk of infection. Rates of HIV, syphilis and gonorrhoea are rising among men who have sex with men. Twenty percent of female secondary school students in New Zealand report an experience of unwanted sexual contact.

Māori and Pacific peoples, low-income communities, women, and people with diverse genders, sexes and sexualities all experience inequity in their sexual and reproductive health. This manifests in higher rates of unintended

“By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”

SDG target, goal 3

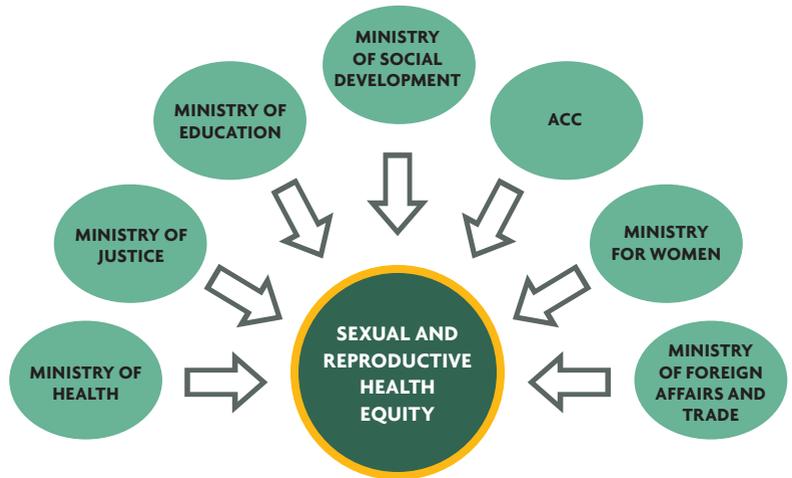
1 NZ Health Strategy (2016) <http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf>

2 UN Sustainable Development Goals (2015) Retrieved from: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

3 <https://www.mfat.govt.nz/en/peace-rights-and-security/work-with-the-un-and-other-partners/new-zealand-and-the-sustainable-development-goals-sdgs/>

pregnancy, abortion, STIs, cervical cancer, gynaecological cancers, and sexual violence.

Improving health literacy and access to affordable, culturally responsive health services and information are key to improving health equity. Even more than other health issues, sexual and reproductive health is strongly influenced by social determinants including education, discrimination and social constructs.



Achieving sexual and reproductive health equity requires intersectoral action. At least seven Ministries and agencies have a stake in sexual and reproductive health outcomes. Family Planning New Zealand is committed to partnering with all of the relevant government Ministries and agencies to address inequity in sexual and reproductive health and rights.

Sexual and reproductive health and rights have particular relevance to Māori in the context of the Treaty of Waitangi. The sexual and reproductive health and rights of Māori are important to rangatiratanga for Māori and whānau, hapu and iwi.

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We recommend the following actions:

- **Talk openly about sexual and reproductive health and rights (SRHR) in New Zealand, and sexual and reproductive health equity.**
- **Highlight the links between social determinants like discrimination, education, poverty and attitudes, and inequitable sexual and reproductive health outcomes.**

Health

There have been some promising initiatives to address inequity in sexual and reproductive health including: registered nurse prescribing to make contraception more accessible; greater use of long-acting reversible contraceptives (LARCs), which reduces unintended pregnancy; and new funding in the 2017/2018 budget for contraception for low income women. However, there is still significant unmet need for confidential, affordable and accessible sexual and reproductive health services.

For instance, higher teen pregnancy and STI rates for Māori indicate that timely access to free or low cost, culturally responsive sexual and reproductive health services is lacking for this group.

There is limited access in many parts of the country to comprehensive, confidential sexual and reproductive health care, particularly for young people who may face stigma and barriers due to their age.

“Sexually active students attending low decile schools and those living in poor neighbourhoods were at least 20% less likely to report using contraception consistently than those attending medium or high decile schools or those living in wealthier neighbourhoods.”

(The 2012 Youth2000 Survey)

This is likely contributing to New Zealand’s high teenage pregnancy rates. There is a need for increased training of culturally competent health practitioners who can meet the sexual and reproductive health needs of all people, including people with diverse genders, sexes and sexualities who report limited access to health care.

More providers need to be trained to provide a wider range of contraceptive options, such as LARCs. Not all modern contraceptive options are funded in New Zealand. Currently, most women do not qualify for a subsidised Mirena intrauterine device (IUD) – a highly effective, long lasting and preferred method of contraception for millions of women in other countries. Most women have to pay a significant upfront cost in order to get a Mirena, (at least \$340 and often \$400-500 if provided through a pharmacy), resulting in inequitable access to this effective contraception.

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We recommend the following actions:

- **Fund free sexual and reproductive health visits for all young people under 25.**
- **Facilitate training and service partnerships between mainstream sexual and reproductive health providers and Māori and Pacific health and community organisations.**
- **Expand contraceptive options funded by PHARMAC, specifically a hormonal IUD.**
- **Finalise and implement the Ministry of Health sexual and reproductive health action plan.**

Justice

Since the 1994 International Conference on Population and Development (ICPD) - which called for governments to improve women's health and support women's right to make their own reproductive decisions - more than 30 countries have liberalised their abortion laws. New Zealand has done nothing. It's time abortion is treated as a health issue. Our laws should reflect New Zealand's commitment to work towards gender equality and health equity.

About 12,800 New Zealand women have an abortion each year.

(Statistics NZ)

Most people consider abortion a health issue. Unfortunately, New Zealand's antiquated abortion law still exists in criminal statute, the Crimes Act 1961. This means abortion is the responsibility of the Ministry of Justice and is not overseen like other health services. The Contraception, Sterilisation and Abortion (CS&A) Act 1977 covers the procedure and administration of abortion services including the requirement that two certifying consultants approve each abortion.

Polls show that most New Zealanders support a woman's right to decide whether to have an abortion.

New Zealand's abortion laws are 40 years old. They use out-of-date language and are not appropriate for regulating modern abortion care, such as medical abortion. They are incompatible with a modern health system. In order to have an abortion almost all women (97%) must assert that the birth of a child would seriously harm their mental health. The law is not aligned with today's interpretation of human rights. The current legal framework for abortion rejects the Treaty of Waitangi right of Māori to rangatiratanga of reproductive health.

Accessing abortion is an overly complex process. There is potential for repeated delays and significant costs incurred by the woman related to travel, time off work and child care. The requirement for women to see two consultants can hinder their access to abortion services, especially if they live rurally. The current law results in unnecessary barriers to abortion access and inequity.

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We recommend the following action:

- **Initiate a review of abortion law with the aim of removing abortion from the Crimes Act 1961, and managing abortion as an integrated component of a comprehensive sexual and reproductive health service.**

Education

Sexuality education is about far more than body parts, contraception and condoms. It supports young people to build skills, knowledge and values they need to have healthy, consensual relationships, to respect diversity and to think critically about media, sexually explicit material and gender roles in society.

Healthy relationships, consent, online safety and pornography, contraception, STIs, media and health literacy are all issues that should be covered in an effective and comprehensive sexuality education curriculum.

“Sexuality education, as a part of health education, is vital for young people’s development, learning, and overall well-being. Learning in this area also contributes to academic success and positive mental, emotional, physical, and spiritual health.”

(Ministry of Education Sexuality Education Guidelines, 2015)

Sex and relationships education helps young people to make healthy choices about themselves and their future.

Sexuality education must be culturally responsive to Māori, empower rangatahi Māori and increase whānau and community control of sexual and reproductive health and rights.

New Zealand currently has a policy framework that supports the provision of sexuality education for every student. Sexuality education is one of seven key areas of learning in *Health and Physical Education in the New Zealand Curriculum*. It is a requirement for sexuality education to be taught within a broader programme from Years 1 through 10.

While a positive policy framework is in place, it has not been translated into best practice in every school. In 2015, the Ministry of Education released valuable guidelines for schools to implement effective sex and relationships education. However, there has been no support or resources to help schools and teachers use them.

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We recommend the following actions:

- **Ensure adequate resources and support for teachers and schools to implement the Ministry of Education sexuality education guidelines.**
- **Talk to young people about sexual and reproductive health (SRH) issues and the challenges in their community.**
- **Fund research about young people (eg Youth2000 survey) particularly around SRH, pornography, consent.**

Social Development

Family violence and sexual violence are significant problems for New Zealand. Our rates are high by international standards. As a sexual and reproductive health care provider, Family Planning New Zealand plays a key role in addressing sexual and family violence and their impact on sexual and reproductive health. Our clinicians routinely ask clients about violence in their lives so they can offer support and referrals. Our health promoters work with schools and teachers to support young people to develop the skills, knowledge and values they need to have healthy, consensual and respectful relationships.

1 in 3 New Zealand women report having experienced physical and/or sexual violence from a partner in their lifetime.

(NZ Family Violence Clearinghouse, 2017)

A number of initiatives are moving forward to address family and sexual violence as part of the work programme led by the cross-Ministerial Group on Family Violence and Sexual Violence.

Family violence and sexual violence support services need to be adequately resourced so they have the capacity to offer comprehensive, coordinated and responsive support.

ACC

A national strategy for primary prevention of sexual violence is being led by ACC. ACC is supporting sexual violence primary prevention programmes, including education for young people in schools. We applaud ACC's focus on specific issues like consent and pornography, but an ad hoc approach to health education is not best practice. It is not an efficient use of resources and places an unfair demand on teachers and schools. It is important that New Zealand develops an integrated approach to primary prevention of sexual violence in schools, so it is not taught in isolation but is integrated with wider health education curriculum goals.

Healthy relationships, consent, pornography, power and gender are all topics which should be covered as part of a comprehensive sexuality and relationships education curriculum in every New Zealand school.

There should be cross-Ministry, cross-agency and cross-sector coordination to ensure schools and teachers have the resources and support they need to implement this area of the curriculum effectively, in a coordinated way.

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We recommend the following action:

-  **Develop a cross-Ministry action plan for improving sexuality and relationships education in consultation with communities and organisations.**

Women

Initiatives to address family and sexual violence, to eradicate rape culture in society and to improve sexual and reproductive health will not be successful without addressing gender inequality and other forms of discrimination and power imbalance like racism.

Gender inequality impacts the health and well-being of individuals and communities.

Women and girls tend to have unequal power in sexual relationships, economic decision-making, and access to health information and services, all of which greatly influence their vulnerability to disease.⁴

“Women were almost twice as likely as men to not visit a GP due to cost, after adjusting for age differences (the rates were 18% and 10% respectively).”

**NZ Health Survey
Key Results
2015/2016**

Māori women and whānau experience high rates of violence. The loss of power, land and traditional whānau cultural structures and support is considered to be a factor contributing to these high rates. People with diverse genders, sexes and sexualities, young people, the elderly, those with disabilities, and migrant communities are also more likely to experience violence.

Conversations about gender equality are frequently framed in terms of the number of women on boards and pay equity, which are concepts most applicable to well-educated, high-income women. While important, equality for women is also about ensuring all women can meet basic needs like feeding themselves and their children, and getting health care and safe housing. It's about women being able to make fundamental life decisions such as if, when and whether to parent, and living without stigma, violence and discrimination.

4 <http://globalhealth.thelancet.com/2014/08/08/empowering-women-and-girls-impact-gender-equality-public-health>

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We recommend the following actions:

- **Ensure robust gender analysis of all government policy and programme initiatives, both domestic and international.**
- **Be a spokesperson for gender equality for all women in New Zealand and challenge the culture of discrimination against women across society.**

Foreign Affairs and Trade

The unmet need for contraception in the Pacific is among the highest in the world. About 25% of married or partnered women in the Pacific region are not using modern contraception, but report wanting to avoid or delay having another child.

Rapid population growth, an expanding youth population, increasing urbanisation and environmental degradation present serious challenges for small island states. Access to safe, affordable and effective contraception contributes to sustainable social and economic development.

Globally, sexual and reproductive health outcomes have been improving. For example, maternal mortality fell by about 44% between 1990 and 2015.⁵

It is important for New Zealand to continue its strong leadership and pragmatic approach to improving the health and wellbeing of women and girls in the Pacific, particularly at a time when there is a trend of increasingly conservative approaches by governments to sexual and reproductive health issues.

We will integrate environment and climate change, gender equality and women's empowerment, and human rights issues in our policies and investments.

NZ Aid Programme

The NZ Aid Programme Strategic Plan commits to “enhance maternal health by increasing access to modern contraception, reproductive health services, and better nutrition for pregnant women.”⁶

Sexual and reproductive health services address the Ministry of Foreign Affairs and Trade (MFAT)s three cross-cutting issues: human rights, gender and environment. It is a cost-effective investment.

5 World Health Organisation (2016) <http://www.who.int/mediacentre/factsheets/fs348/en/>

6 MFAT (2015) New Zealand Aid Programme Strategic Plan 2015-2019.



We recommend the following actions:

- **Become a member of the New Zealand Parliamentarians' Group on Population and Development (NZPPD).**
- **Increase investment in sexual and reproductive health programmes in the Pacific.**

About Family Planning

Family Planning is New Zealand's largest provider of sexual and reproductive health services and information. We are a non-governmental organisation operating 30 clinics as well as school and community-based services. We are an accredited private training establishment offering clinical courses and workshops for doctors, nurses, midwives and other clinicians working in sexual and reproductive health. Our health promotion teams run professional training and education programmes in schools and the community for children and young people, parents, teachers and other professionals. Family Planning's international programmes unit focuses on increasing access to sexual and reproductive health information and services for people in developing countries, primarily in the Pacific region.

Our clinics see more than 160,000 people each year with over 43 per cent under 22 years. Just under three-quarters of our consultations involve some sort of contraceptive service, and STI checks are completed at almost a quarter of all consultations (39,205).

Family Planning is committed to increasing health equity as a strategic priority, with a focus on improving Māori health and wellbeing. To achieve health equity we have made a commitment to:

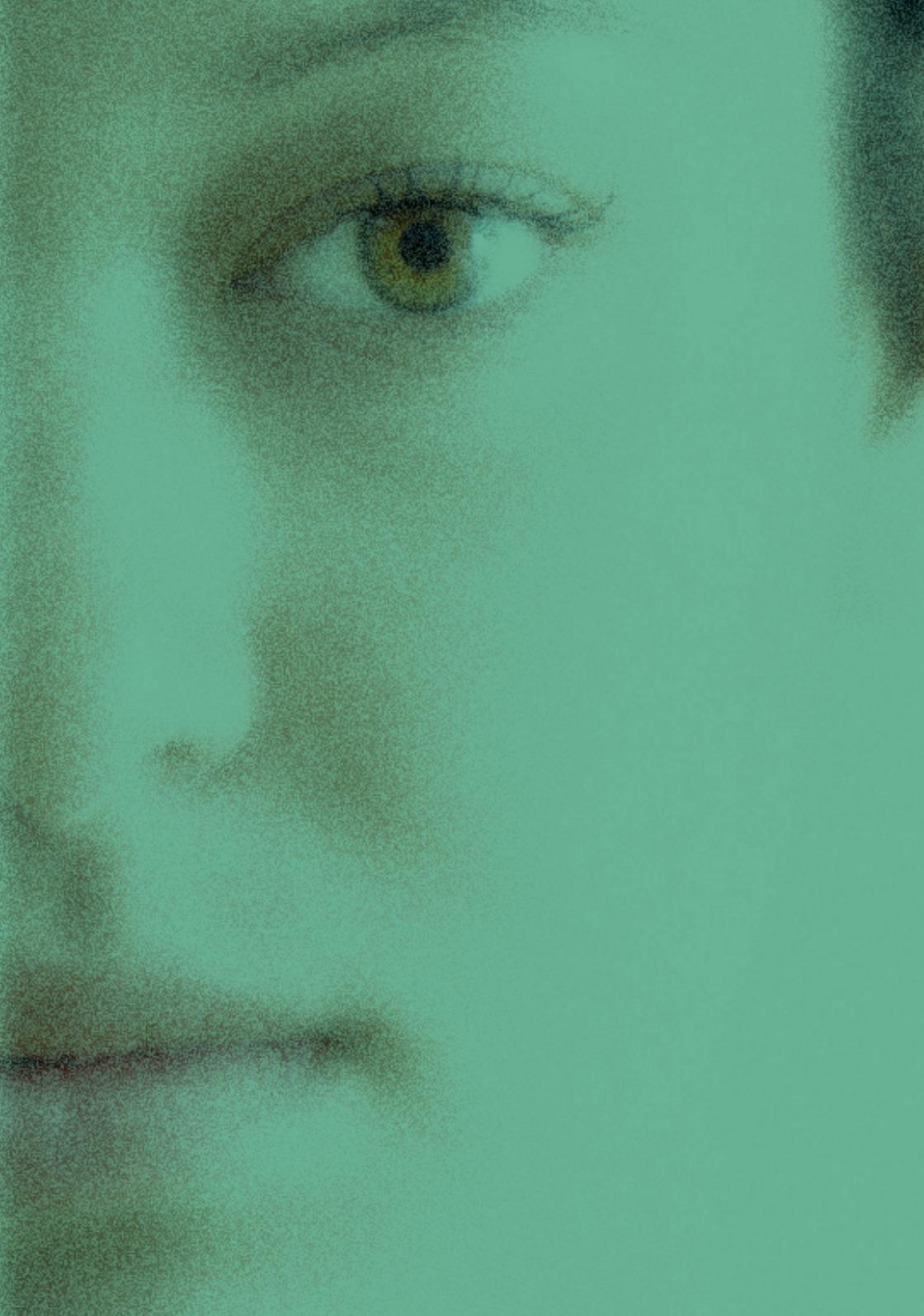
- Prioritise and embed health equity into all areas of our work.
- Promote equitable access to services and deliver sexual and reproductive health in the areas of highest need.
- Prioritise services to rangatahi Māori.
- Advocate for changes that will increase health equity, such as policies and practices to tackle social and economic determinants of ill-health including stigma, racism, disparities in educational achievement, poverty and violence.

What can we offer Members of Parliament?

- Evidence-based information and statistics about sexual and reproductive health services in New Zealand
- Information about sexuality education in schools and communities including hot-button issues such as consent, healthy relationships, online safety and pornography
- Resources and key messages to help talk about sexual and reproductive health issues including findings from current New Zealand and international research

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