



JUNE 2017

forum

Kia ora

The [abortion statistics](#) for the year to December 2016 were released last week and they show a continuation of the decline that has been apparent since 2008 - it's now at the [lowest rate in over 25 years](#). These figures need to be considered alongside the recently [released birth statistics](#) which also show a decline – in particular for young women. It may seem self-evident but when taken together, fewer abortions and fewer births mean there are fewer pregnancies.

There is no research that definitively tells us why the numbers are reducing, and we think there is likely to be a number of reasons contributing to the declining rates. Increased access to and use of long acting contraception like IUDs and implants, better access to services, and improved consistency of comprehensive sexuality education may all be contributing factors.

Still on the subject of contraception, the pill became available in New Zealand in 1961. Radio New Zealand's Eyewitness programme looks back at [how hard it was for young and unmarried women to be prescribed the pill](#). They tell the story of "Carol" whose story will be familiar to many who came of age in the early 1960s. And you'll hear from Dame Margaret Sparrow, whose name is synonymous with family planning. The Eyewitness feature went live on 21 June – so it's a brand new release.

We'd like to hear [your opinions on pornography](#) and its associated issues. We bring you an editorial piece from our policy and research advisor, and a survey for you to complete if you would like to share your views.

We're pleased to bring you this second Family Planning member newsletter with updates from the past two months. As a member we want you to have information that we aren't sharing "outside the building" yet. We hope you enjoy it. Please [contact us](#) if you're interested in knowing more about any of these projects or if you'd like to share any of the information more widely.

And a heads-up for members who are planning to attend our Annual General Meeting this year. We'll be meeting in Wellington on Friday 24 November – lots more details to come in the next newsletter.

Ngā mihi,



Jackie Edmond
Chief Executive



Registered Nurse prescribing project underway

We are thrilled that [24 Family Planning registered nurses across the country are now engaged in the registered nurse prescribing roll out](#). The roll out was approved in November last year, when changes to legislation were made to permit registered nurses to prescribe from a list of

commonly-used medications.

Our 24 nurses are currently undertaking a training programme that will continue until July, including completion of a pharmacology workbook developed by Family Planning nurse practitioner Emma MacFarlane.



Those of you who have been members for a while will recall that we have been calling for nurse prescribing for many years – we saw it as an opportunity to maximise the skill set of our nurses and to ensure better access to services for our clients. For us, nurse prescribing helps improve this access for clients by enabling our nurses to work at the top of their scope without unnecessary supervision - freeing up valuable time and resources for both nurses and doctors.



“Prescribing is a tool not widely available enough. It should be attached to competence, not to a particular profession,” our national nurse advisor Rose Stewart says.

STI self-testing pilot update

The STI-self testing pilot, which began in November last year at our Wellington clinic, will now be offered as an option for asymptomatic clients only.

Clients who present with symptoms will be asked to make an appointment to make sure all issues are thoroughly checked, as the self-test option only tests

for chlamydia and gonorrhoea. Previously, they could self-test and make a follow-up appointment.

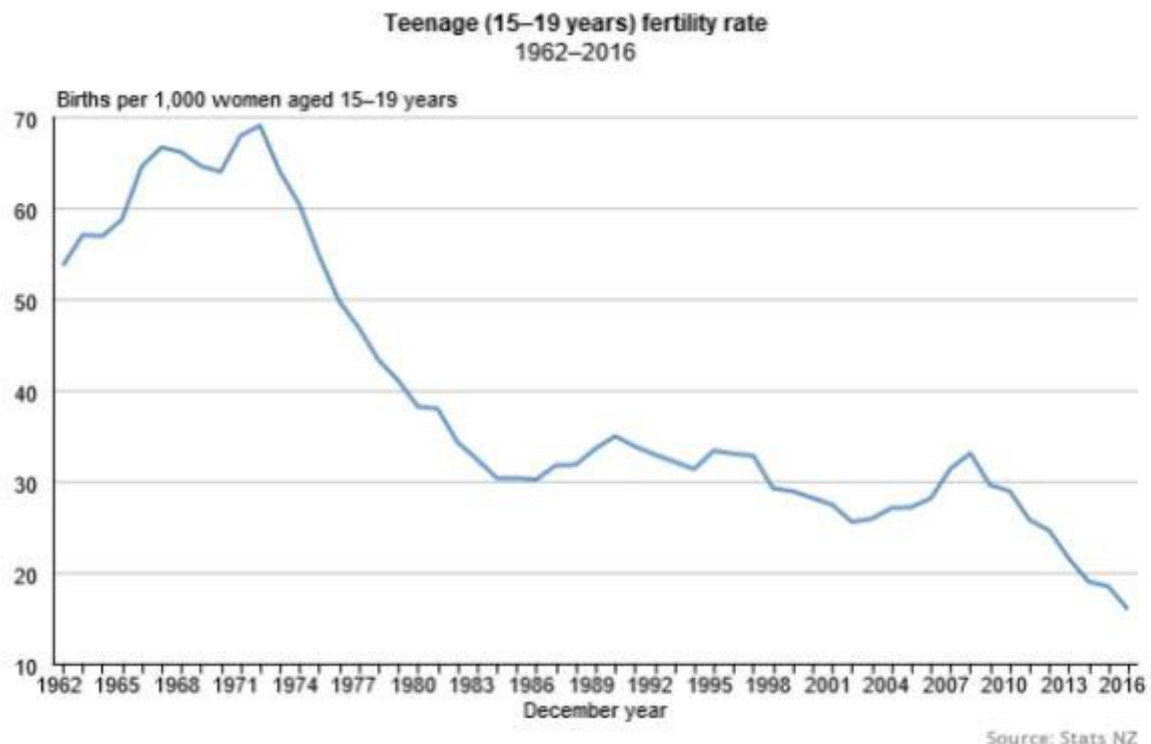
“People with symptoms may have issues that need immediate attention, and which may not be picked up by the self-test. We don’t want clients to test negative for chlamydia and gonorrhoea but have other symptoms that then aren’t seen to,” our national medical advisor Dr Christine Roke says.



Teen birth rates decline

[Statistics New Zealand](#) released birth and death rates for 2016 in May. They [highlighted the continuing decline in births for teenagers aged 15-19](#).

The teen birth rate has dropped each year since 2008 – from 33 births per 1,000 to just 16 per 1,000 in 2016.



It's useful to consider how significant the change in teenage birth rates has been over the past four decades. In 1976, the fertility rate for 15-19 year olds in New Zealand was 50 births per 1,000 women, compared to the 2016 rate of 16 births per 1,000 women.

It is interesting to note that the overall fertility rate in New Zealand has also dropped this year to the lowest recorded rate of 1.87 births per woman.

[You can read the full Statistics New Zealand report here.](#)

Perinatal mortality rates in New Zealand are also declining and teen access to highly effective contraception is said to be one of the contributing factors. [You can read more about this story on our website.](#)



Kiribati Family Health Association clinic

Report praises KFHA

The [Kiribati Family Health Association was recently praised](#) in a report that looked at STI risk among key populations in Kiribati.

“Pacific multi-country mapping and behavioural study: HIV and STIL risk vulnerability among key populations” was undertaken by the United Nations Development Programme, the United Nations Children’s Fund, and the University of New South Wales.

The report found that *“KFHA is a stable NGO with ... a reputation of being an approachable and nonjudgemental service among participants in the research.*

“The women who had tested all preferred to go to the KFHA clinic because they knew the health workers there and this made them feel more

comfortable. KFHA staff were perceived as non-judgemental and the women trusted the staff to keep their information confidential.”

We are thrilled with the findings of the report as they confirm the great work KFHA is doing in Kiribati. It is wonderful to see the strength of the organisation recognised and [Family Planning feels proud to be able to partner with KFHA.](#)

Update: The Kiribati Family Health Association has begun Year 3 of the [Healthy Families Project](#). This year, they'll be extending clinical training to the outer islands of North Tarawa, Abaiang, and Aranuka - an exciting development, as it will be the first time these islands have received our clinical training!

Recognition for women's health in honours

Four people with links to the sexual and reproductive health and rights sector have been awarded or invested with honours in the past few months.

[Candis Craven](#), our president between 1991 and 1997, was awarded the Companion of the New Zealand Order of Merit in the Queen's Birthday Weekend Honours.

[Jane Bruning](#), National Coordinator of Positive Women, became an Honorary Officer of the Order for services to people with HIV in the same honours round.



[Linda Penno](#) (left), a previous President of Family Planning, was invested in May as an Officer of the New Zealand Order of Merit. She received the recognition for services to women's health and reproductive rights.

One of our honorary Vice Presidents, [Fran Wilde](#) (right), was invested as a Dame Companion of the Order at the same ceremony, becoming Dame Fran.



International Planned Parenthood Federation director to resign

IPPF's Director General, [Tewodros Melesse](#), announced in May that he [will retire from his position leading the organisation](#) in May 2018, after seven years in the role.

Family Planning is a member association of IPPF. Mr Melesse said some lovely things about us in his video wishing us a happy 80th birthday last year, which you can watch below.

"When even the word 'contraceptive' was a taboo in New Zealand, you challenged that taboo and opened your first clinic to provide contraceptive services," he says.



Forum Feature – pornography

Amy Beliveau

Policy and Research Analyst

Family Planning

It seems like everyone's talking about pornography. There are news stories, community meetings, school assemblies, films, and breakfast television shows all focused on pornography. But what do we really know? How big an issue is pornography? Who watches it? Are there reasons to be alarmed, or is the focus on this singular issue misguided?

The debate is not new. Sexually-explicit material has been around for over 12,000 years, first painted on pottery and cave walls. At different times, the issue has become a social and political flash point. In 1969, the United States government launched a [Commission on Obscenity and Pornography](#). In the 1980s and 90s, a group called Women Against Pornography actively campaigned to stop access. Today there is again a high level of interest in the issue with a petition, from a conservative lobby group, requesting an inquiry into pornography recently presented to Parliament.

We don't really know much about who watches pornography and how much they're watching. For example, one Australian study found that 100% of young men and boys aged 15-29 watch porn. A [New Zealand study of secondary school students](#) found 21% of 12-18 year old boys sought out porn. While most people think viewing is increasing, the New Zealand research found a seven percent reduction from 2007 to 2012 in students "who used the Internet to seek pornography or sex sites". What we know for sure is that boys and men are far more likely to view pornography than women and girls.

Research is also unclear if pornography causes harm. In the 1970 report, the US Commission found "no evidence to date that exposure to explicit sexual materials plays a significant role in the causation of delinquent or criminal behaviour among youth or adults."

It is not clear how much more we know nearly 40 years later. Some research points to the potential for harm, particularly with increasing exposure.

Correlations have been observed between watching pornography and the likelihood of engaging in riskier sexual activity, including sex without a condom, a younger age of onset of sexual activity and higher number of partners. Young people in New Zealand who viewed pornography were more likely to report unwanted sexual contact. There is some evidence of pornography addiction among males, with brain changes similar to those observed with other addictions. However, there is also some limited evidence and self-reporting of the benefits of pornography for sexual health including reducing stigma, sexual anxiety and sexual dysfunction. This may be particularly true for LGBTQ young people who may have few resources to safely learn about sex and sexuality.

In the age of the internet and social media, our young people face new pressures around sex and sexuality. Comprehensive sexuality education, with a focus on media literacy, can play a significant role in helping young people unpick the images they're seeing and to have a broader context for them. It can help them understand that what they're seeing doesn't reflect real life, real bodies or real sex.

[We'd like to hear your thoughts about these issues.](#) We've put together a quick survey – just five questions to get your views on pornography and whether you think it is an increasing problem in New Zealand? And we can reassure you – it's totally suitable for work.

Let us know what you think.

