



National Council of Women of New Zealand

Te Kaunihera Wahine o Aotearoa

Oral Submission to the Abortion Legislation Committee on the Abortion Legislation Bill 164-1

By Beryl Anderson and Rae Duff on 30 October 2019

Abortion Committee

Members Present: Chairperson: Ruth Dyson, Labour Port Hills; Eugenie Sage, MP, Green Party List, Jenny Marcroft, MP NZ First List, Angie Warren -Clark MP Labour List, Chris Penk, National MP for Helensville, Alastair Scott National MP Wairarapa.

Jan Logie, Green List; left just before our presentation, David Seymour, ACT Epsom, arrived after.

Other panel members not present: Amy Adams, National Selwyn; Anahila Kanongata'a-Suisuiki, Labour List; Agnes Loheni, National List; Tracey Martin, NZ First List;

Kei te ahiahi, Good afternoon, my name is Beryl Anderson and my colleague is Rae Duff. We are members of the Parliamentary Watch Committee of the National Council of Women of New Zealand (NCWNZ)

Background

The submission we present has been prepared from a background of policy decisions and previous submissions which have been written following consultation with the members of our organization. The NCWNZ position has always regarded abortion as a health issue and promoted a review of the law relating to abortion in New Zealand.

The 2018 NCWNZ submission to the Law Commission on their consultation on Abortion Law Reform, again emphasized Abortion as a health issue. This reflected the majority of responses from members.

The concluding observations of the United Nations committee on the Elimination of Discrimination Against Women (CEDAW) in the eighth periodic report on New Zealand (12 July 2018) recommended that the State party “remove abortion from the Crimes Act 1961 and amend the Contraception, Sterilisation, and Abortion Act 1977, in order for abortion to be fully decriminalized and incorporated into health services legislation.”

The Abortion Legislation Bill 2019

NCWNZ members have been largely supportive of the Bill as it reflects the main points which have been discussed at NCWNZ Conferences over the years – the health, care and wellbeing of women.

Membership largely believed that the legislation was empowering in that allowed women to make their own choices about their own bodies and make these decisions within the health system.

The details of Part I of the Bill contain the information on the specific areas of members' interest. The submission has focused on clauses 10 to 21 which cover provision of abortion services (Cl 10/11), counselling (Cl 12/13), self-referral (Cl. 14), and conscientious objection (Cl.19).

The importance of self-referral was emphasized by many members. This would empower women and eliminate inequities of access. (Cl.14)

Conscientious objection to the provision of services was raised by members and the impact on the provision of the required services. While the Bill mentions (Cl.19) that the provider of services with a conscientious objection must tell the requester of services "at the earliest opportunity", members queried how this would impact on rural communities if the only provider of services was a conscientious objector.

Recommendations

Members raised additional areas for consideration in the implementation of the legislation.

- Equality of access to and availability of abortion services, were noted in members' responses. Women in rural areas were disadvantaged through the location of qualified health practitioners and the distance to be travelled to obtain the abortion.
- A key point which members reinforced, is that counselling and support services should be a fully funded component of health care. The Bill requires the Minister of Health to ensure availability of counselling services (Cl.12) and refers to advising women on the availability of counselling (Cl.13) but there would be costs involved which could limit the support that women receive.
- Investment in reproductive education was also suggested. This would increase the information available to young people and could reduce the need for abortion in the future.

Conclusion

NCWNZ supports the Abortion Legislation Bill and the treatment of abortion as a health issue. and endorses the submissions of other major organisations such as the Family Planning Association.

The Committee Chairperson Ruth Dyson thanked NCWNZ for a very comprehensive submission and for our ongoing work with submissions. There were no questions asked.

Concerns / Issues raised by other presenters just before and after our presentation. All supported the intent of the Abortion Legislation Bill where every child was a wanted, loved child, but raised the following:

- **Section 10** - Under the proposed legislation, abortion will be available without restrictions to any woman is not more than 20 weeks pregnant. Many argued that an abortion should be guaranteed, not restricted at all as there was no science or medical evidence to support this view. There may be obstacles such as availability of scans, distance to travel, funding issues as well as uncertainty in determining date of conception etc. which make the 20-week cut off too restrictive.
- **Section 11** – There was quite a bit of discussion about the use of language in the Bill. For example, it's women *and girls* who seek abortions and it is women who are pregnant, not people who are pregnant. There were however several suggestions that the terms 'woman, women' should be people or pregnant person to include trans gender/ binary.
- **Section 12/13** - Counselling –often volunteers involved not professional counsellors. Counselling services must not only be available, but access must be equitable and timely. Want service provided by secular persons and free from bias. Concerns also about appropriate cultural and ethical counselling.
- **Section 17**- Safe areas – the arbitrarily set limit of 150 m was questioned as it would be difficult to police. The right to protest is a given in the Bill of Rights. It should be sufficient for the Minister to be satisfied that the designation of a safe area “will promote the safety and well-being, and respect the privacy and dignity of persons accessing abortion services”.
- **Section 19** - Conscientious objection –The proposed requirements that an objector tell the woman of their objection at the earliest stage and provide details of how services can be accessed elsewhere is supported. A direct referral to a provider of the service required is preferred, as this will ensure that the pregnant person is not further disadvantaged as a direct consequence of an individual's personal moral beliefs. The intent of the legislation to balance the interests of employees with the activities and interests of the employer was discussed. Not a problem for employers to fill new positions as can decline an applicant who doesn't meet the criteria but more difficult with existing staff. Also concerns for service owner/operators and those that hold religious or ethical beliefs. Transparency is the key.
- **Data Collection** – there is very little data collected or available on women's long-term use of contraceptives. It should be legislated that this data be available to researchers. The data needs to be expanded to include contraception methods/implants/modern medicines etc as well as more detailed abortion stats. This is all part of the core reproductive health of women in NZ.