



**CEDAW PROJECT** 2010

**NGO CONSULTATION  
DOCUMENT FOR REPORTING  
ON CEDAW 2010**

**Module 2—Measures of Wellbeing**

May 2010

**Lynda Sutherland  
Executive Officer  
National Council of Women of New Zealand**

PO Box 12 117  
10 Park St  
Wellington 6144

Phone: 04 473 7623  
Email: [lyndasutherland@ncwnz.org.nz](mailto:lyndasutherland@ncwnz.org.nz)  
Website: [www.ncwnz.org.nz](http://www.ncwnz.org.nz)

## Contents

<b>Page</b>	<b>Contents</b>
<b>Page 1</b>	<b>Cover Page</b>
<b>Page 2</b>	<b>List of Contents</b>
<b>Pages 3 – 4</b>	<b>Seeking Your Views</b>
<b>Page 5</b>	<b>Summary of Articles in Module 2 and Definitions</b>
<b>Pages 6 – 8</b>	<b>Individual Census Form</b>
<b>Pages 9 – 10</b>	<b>Organisation Census Form</b>
<b>Pages 11 – 19</b>	<b>Article 10 – Education (including questions)</b>
<b>Pages 20–33</b>	<b>Article 11 – Employment (including questions)</b>
<b>Page 34 - 50</b>	<b>Article 12 – Health (including questions)</b>
<b>Pages 51 - 56</b>	<b>Article 15 – Legal (including questions)</b>

## Seeking Your Views

The National Council of Women of New Zealand invites you to respond to the issues and questions outlined in this discussion document.

New Zealand ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in January 1985. Every four years the New Zealand Government reports to the CEDAW Monitoring Committee and at the same time, NGOs are also encouraged to write the Alternate Report. This reporting process provides a way for New Zealand women to tell the government and the international community if and how they are discriminated against. The 2010 Report will be presented in 2011.

Contributing to the consultations on CEDAW is your opportunity as a group representative, or an individual woman, to oppose the barriers women and girls face in this country. This work helps to keep the New Zealand Government honest. But more than that, your participation can reach beyond these shores by influencing the UN Monitoring Committee on how it critiques the performance of other countries.

The National Council of Women of New Zealand (NCWNZ) is facilitating the nationwide consultation process to produce the Alternate NGO CEDAW Report 2010. Thanks to NCWNZ, Zonta and Soroptimist branches around New Zealand, depending on where you are based, you will be able to attend one or more of these Consultation Meetings. To find out more about attending a Consultation Meeting and taking part in a group response please contact [kjsmith@ncwnz.org.nz](mailto:kjsmith@ncwnz.org.nz) or go to <http://ncwnz.org.nz/cedaw-2010-get-involved/>.

Submissions can be written from the perspective of the individual or groups. We encourage you to complete a census form which should accompany your submission. Before you send in any response please fill out the appropriate census form (if you are responding on behalf of an organisation please only use the 'organisation' census form). If you cannot attend a meeting please respond on an individual basis.

Participants at the meetings as well as women responding on an individual basis will also be called upon to collect concrete and anecdotal evidence of current discrimination against women. Collection of evidence-based data and research on all aspects of women's lives for the NGO Report is on-going but anything that you or your organisation can contribute is extremely valuable to our Research.

You do not have to respond to every item covered in the consultation modules; respond only to the area where you feel you have a story, an experience you wish to share, or an opinion, or specialist knowledge.

The deadline for submission for this module is **Friday July 16**. There will be no extensions offered. We need to ensure we have sufficient time to collate responses, produce a draft summary report for submitters to review, then a final summary report which can be sent to the United Nations before the end of the year. We will communicate the deadline for submissions via the CEDAW E-group, the NCWNZ Circular and website and via the wider electronic network.

There will be two formats of this document available – one as a PDF that you can print out and write on or a Word Document version should you wish to respond and email back. You can download both documents from the NCWNZ website. If you wish to fill an electronic word version please save the document under you or your organisations name and send back to me.

Responses should be emailed in either Adobe PDF or Microsoft Word format to [kjsmith@ncwnz.org.nz](mailto:kjsmith@ncwnz.org.nz) or mailed to The National Council of Women of New Zealand, PO Box 12 117, Wellington.

## Advice and Recommendations for responding to the NGO CONSULTATION DOCUMENTS FOR REPORTING ON CEDAW 2010

The National Council of Women of New Zealand realise that the CEDAW Consultation Module Documents are substantial in content and requests for response.

Below are some tips and advice for how to go about responding to the Modules, the topics/articles and questions:

- When you receive a Module document, scan the Contents page (and the 'Summary of Articles') and figure out what articles/topics are of interest to you or that you may have some knowledge or experience in.
- You do not have to respond to every item covered in the consultation modules; respond only to the area where you feel you have a story, an experience you wish to share, or an opinion, or specialist knowledge.
- If you don't know about something, then leave it, because someone will already have that knowledge.
- If you are attending a Consultation Meeting, prepare for the meeting in advance; have a look at the Consultation Module document and write some notes up against the questions you do want to respond to. (This is also a useful way to reduce the time spent during the meetings.)
- For those holding meetings - the modules can be broken up according to the articles and specific meetings held on specific articles.
- Sub committees can also be formed for dealing with specific areas.
- Submissions are being accepted for those who can neither attend a meeting or do not wish to attend a meeting.

If you need any more advice on responding to the Modules, please do not hesitate to contact NCWNZ National Office - [kjsmith@ncwnz.org.nz](mailto:kjsmith@ncwnz.org.nz)

## Summary of Articles

### **Article 10 – Education**

Voluntary School Fees  
Special Education  
School Violence  
Tertiary Education and Scholarships  
Migrant Women  
Adult and Community Education

### **Article 11 – Employment**

Gender Pay Gap  
Employment and Promotional Equity  
Unemployment  
Paid Parental Leave

### **Article 12 – Health**

Access to Healthcare  
Sexual and Reproductive Health  
Maternity Care  
Mental Health  
Elderly

### **Article 15 – Legal**

Community Law  
Legal Aid  
Access to Legal Services

## Definitions

**Gender Stereotypes:** are beliefs held about characteristics, traits, and activity-domains that are "deemed" appropriate for men and women.

**State Party:** New Zealand Government

**EEO:** Equal Employment Opportunities

**NGO:** Non-governmental Organisation



## Individual CEDAW Census Form

### Age Group

**Which age group do you belong to?** (Please Circle)

Before 1925

Born between 1925 - 1945

Born between 1946 - 1962

Born between 1963 - 1978

Born between 1979 – 1999

### Geographic Location

**Where do you live?** (Please Circle)

City

Town

Rural

### Ethnicity

**Which ethnic group(s) do you identify yourself with?** (Please Circle)

New Zealand European

Maori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian  
Other

Where were you born? \_\_\_\_\_

How long have you lived in NZ? \_\_\_\_\_

### Sexual Orientation

What is your sexual orientation? (Please Circle)

Gay/lesbian

Heterosexual

Other

### Employment

Are you in paid employment? (Please Circle)

Yes

No *(If no, go to question 9)*

How many paid hours do you work a week?

\_\_\_\_\_

Are you on a benefit? If yes, which benefit?

Unemployment Benefit

Domestic Purposes Benefit

Widows Benefit

Invalid or Sickness Benefit

NZ Superannuation

Other \_\_\_\_\_

### Income

What is your gross personal income per annum? (Please Circle)

\$0 - \$19,999 per annum

***Income cont***

\$20,000 – 39,999 per annum

\$40,000 – 69,999 per annum

\$70,000 per annum and over

**Educational Background**

**What qualifications do you have? (Please Circle)**

None

School Certificate

University Entrance

Degree

Masters or PhD

Other (E.g. DipTchg)

**Housing**

**Do you rent or own the house you live in? (Please Circle)**

Rent

Own

Other

**Disability**

**Do you have a disability?**

Yes/No

If yes, what is your disability? \_\_\_\_\_



## Organisation CEDAW Census Form

### Organisation

Name of Organisation: \_\_\_\_\_

How many people does your organisation/group represent? (Please Circle – you may circle more than one)

- 0 – 100
- 101 – 200
- 201 – 300
- 301 – 500
- 500 and over

What is the main focus of your organisation? E.g. the Elderly, Solo Parents, Refugees, Victims of Domestic Violence and Abuse, Sexual Orientation.

\_\_\_\_\_

### Age Group

Please rank from highest majority to lowest majority (1 = highest, 5 = lowest) which age group(s) your 'organisation' represents? (please circle)

Born between 1925 – 1945	1	2	3	4	5
Born between 1946 – 1962	1	2	3	4	5
Born between 1963 – 1978	1	2	3	4	5
Born between 1979 – 1999	1	2	3	4	5

### Geographic Location

Where do the people your 'organisation' represents mainly live? (Please Circle)

City

Town

Rural

All of the above

## Ethnicity

Please rank majority to lowest majority (1 = highest, 5 = lowest) which ethnic group(s) do the people your organisation represents mainly identify themselves with? (Please Circle)

New Zealand European	1	2	3	4	5
Maori	1	2	3	4	5
Samoan	1	2	3	4	5
Cook Island Maori	1	2	3	4	5
Tongan	1	2	3	4	5
Niuean	1	2	3	4	5
Chinese	1	2	3	4	5
Indian	1	2	3	4	5
Other _____					

## Other

Is there anything else specific we need to know about your organisation? E.g. are the people you represent beneficiaries, of a certain religion or faith?

## Article 10—Education

### Background information

CEDAW Article Ten calls for:

*States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure for them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:*

- a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training;*
- b) Access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality;*
- c) The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;*
- d) The same opportunities to benefit from scholarships and other study grants;*
- e) The same opportunities for access to programmes of continuing education, including adult and functional literacy programmes, particularly those aimed at reducing, at the earliest possible time, any gap in education existing between men and women;*
- f) The reduction of female student drop-out rates and the organisation of programmes for girls and women who have left school prematurely;*
- g) The same opportunities to participate actively in sports and physical education;*
- h) Access to specific educational information to help to ensure the health and well being of families, including information and advice on family planning.*

CEDAW Monitoring Committee, following the completion of reporting in 2007, made the following comments and recommendations:

**(Context)** 32. While the *Committee* commends the State party for its efforts to increase access to free education, the *Committee* is concerned about the access to education of low-income children and children living in rural areas. In particular, the *Committee* is concerned about information received that indicates that many schools are pressuring parents to make “donations” to the schools, often without adequately informing parents that such payments are voluntary. The *Committee* is concerned about the burden this places on low-income and single-parent families, and the disparate impact of these practices on women, who as a whole earn less than men and are more likely to be single parents.

**(Action)** 33. *The Committee urges the State party to fund schools adequately and take measures to ensure that children from low-income families and families living in rural areas are not discriminated against in the provision of education. The Committee recommends that the State party undertake efforts to clarify and publicize the voluntary nature of payments requested by schools and monitor schools’ practices regarding the collection of fees from parents. The Committee also encourages the State party to raise awareness of the importance of education as a fundamental human right and as a basis for the empowerment of women.*

### Progress since last report

In 2007, we reported on progress since the 2002 report. For your reference, we stated that: In 2002 NGOs noted the tension between the Education Act 1989, which entitles primary and secondary students to a free education, and what has happened in practice, with parents being asked to pay increasing levels of “voluntary” fees, levies and donations. *Despite a lack of robust data, it appears that in 2005 the situation has not improved).*

Many NGOs are concerned about the level of violence and bullying (including cell phone text bullying) in schools, which some perceive to be increasing. However, since 2002 a diverse range of programmes and initiatives have been adopted by individual schools, with a view to reducing violence. Evaluating the effectiveness of these programmes is the next challenge.

In 2002, NGOs referred to disparities in the early childhood education received by Maori and non-Maori. Since then, the gap in participation rates has been greatly reduced, with Pakeha (New Zealanders of European descent) children still being the most likely to attend (98%), compared with Maori (89%) and Pasifika (85%) children.

NGOs also welcome improved access to affordable early childhood education, with the Government committed to providing subsidies for three and four year olds attending a range of childcare centres from 2007.

The impact of the gender pay gap on women repaying student loans remains a significant area of frustration (see below). During the lead-up to the 2005 election, NGOs welcomed the Labour Party's pledge to provide interest-free student loans to those who remain in New Zealand at the completion of their studies. People who were studying full-time or part-time, but earning less than \$26,799, already qualified for the interest on their loans to be written off while they were studying.

NGOs acknowledge the gains since 2002 for migrants and refugees wanting to access English for Speakers of Other Languages (ESOL) programmes, with a funding increase of approximately \$24 million to be allocated over a five-year period, and the development of the Adult ESOL strategy.

#### **In 2007, the main issues that we highlighted were:**

Voluntary school fees and donations were seen as discriminatory against women, because women on average earned less than men, and because a high proportion of the poorest families were headed by sole parents, the vast majority of whom are women. This was seen as particularly the case for low income families living in medium to high income areas, where the decile rating for schools creates a barrier to schools accessing all funding from the Ministry of Education.

Pasifika women were concerned about girls leaving school without basic numeracy and literacy skills. Special education support services were considered circumscribed inadequately funded and understaffed. This gave rise to disabled girls missing out on the early intervention and the support they needed in order to get an education.

Maori girls were most likely to leave school with no qualifications, followed by Pasifika. Fewer young Maori and Pasifika women were entering tertiary education, and Maori women were the least likely to have a secondary or tertiary qualification. Maori and Pasifika women urgently needed to undertake education in fields such as health and science to meet a gap in the provision of services to their racial community. The student loan scheme was viewed as discouraging Maori and Pasifika women from entering tertiary education in fields which had higher costs and longer programmes.

Young women leaving school were not readily taking on apprenticeships in male-dominated trades.

Violence in schools was highlighted as a problem of great concern. Ethnic minorities and new immigrants were most likely to experience bullying in schools. Anecdotal evidence suggested that girls were increasingly becoming the perpetrators of physical violence and text-bullying.

The passing of legislation which saw the removal of interest on Student Loans was seen as a positive step towards addressing inequality. NGOs noted however, that female graduates still earned less on average

that their male counterparts and that women's debt remained static while they took time out from the paid workforce to care for example for dependent children. These factors contributed to women still being discriminated against at a disproportionate level when compared with men.

The financial pressures created by the student loan scheme in conjunction with the gender pay gap were viewed as disincentives for women undertaking the more costly study programmes. Women were ultimately worse off than their men folk, given their role as carers, and their more frequent engagement in voluntary work activities which are not recognised by the system.

Ineligibility for (student) living allowances until reaching the age of 25 years old was believed to be causing a trend whereby women were holding off enrolling for tertiary education. This was creating other stresses in women's lives as many by this age were juggling paid work and dependent children.

Other barriers faced by women undertaking tertiary studies included lack of access to affordable and appropriate childcare, lack of access to student allowances and means testing for student allowance.

For migrant and refugee women, it was felt that more could be done to encourage these young women to undertake university studies. Cultural barriers were identified with the advancement of a daughter seen as a lesser priority than the advancement of a son.

NGOs reported that for many women, the concept of lifelong learning had not translated into accessible, affordable and appropriate education and training in their workplaces or communities.

Women were concerned that the funding of a wide range of courses through adult and community education would be reduced to meet the needs of vocational training only.

Migrant women expressed the difficulties they were having in attending adult and community education courses on learning a second language, i.e. English, with their husbands believing the development of such skills were not relevant to the woman's role in raising the children and keeping the house clean.

## Questions for Article 10

Considering that we will measure and report progress since the 2007 report:

**2.10.1** Are there any issues previously covered which you feel should now be omitted or de-emphasized?

**2.10.2** Are there any issues you believe should be emphasized for this reporting period which have not previously been referenced (over the last two reporting periods)?

### *Main Issues*

**\*2.10.3** Have there been any changes to the voluntary school fees and donations over the reporting period which may have reduced the discrimination experienced by low income families residing in medium to high income areas?

**\*2.10.4** Are you aware of any relevant research which has been undertaken to assess the hardship experienced by mothers in meeting the costs of educating their children? If so what are the key findings?

**\*2.10.5 What actions has the Government taken to ensure that families living in rural areas are not discriminated against in terms of access to education?**

**\*2.10.6 What efforts has the Government taken to clarify and publicize the voluntary nature of payments requested by schools and monitor schools' practices regarding the collection of fees from parent?**

**2.10.7 Have there been any changes in the education system, funding of education and implementation of education policies over the reporting period which give rise to different "conditions" for males versus females? (Conditions are defined as access to career guidance, access to studies, no differentiation between rural and urban educational opportunities)**

**2.10.8 Has the Government introduced any programmes for girls, specifically targeting Maori and Pasifika to reduce the drop-out rates and provide them with something to move on to?**

**2.10.9 Have there been any changes to special education programmes over the reporting period and what have been the outcomes of these changes?**

**Δ 2.10.10 Considering school violence over the reporting period has the situation worsened or improved, and who are the likely perpetrators of each type of violence?**

**Δ 2.10.11 Please comment on pupil violence against teachers, what suggestions do you have for remedying this problem?**

**Δ 2.10.12 What support has the Government provided to schools to address violence within schools, has the level of support increased or decreased over the reporting period?**

*Δ Note: comments to questions with this symbol will be used under Article 5, Social and Cultural patterns*

**2.10.13 What do you identify as being the most significant barriers to women undertaking tertiary education? (Please describe fully)**

**2.10.14 What actions has Government taken to recognise and alleviate these barriers?**

**2.10.15 What further actions could Government take?**

**2.10.16 Migrant women expressed difficulty in gaining access to tertiary education and English lessons, due to cultural barriers. What progress has been made in ensuring women are not subject to stereotypes, but can gain access at the earliest possible time to reduce the education gap between men and women?**

**\*2.10.17 What role should Government play in ensuring migrant women can easily and readily access higher levels of education?**

**2.10.18 Funding to Adult and Community Education has substantially reduced with greater emphasis now placed on numeracy and literacy rather than the range of courses previously subsidised. Has the change impacted disproportionately on women? (Please describe fully)**

**2.10.19 What action should Government take to address any potentially negative outcomes resulting from the reduction of subsidised Adult and Community Education?**

**2.10.20 Recently an academic suggested that scholarships and other study grants specifically for women were discriminating against men and should be discontinued. What comments do you wish to make about this? What actions do you feel should be taken?**

**2.10.21 Please make any further comments or recommendations on discrimination against women in relation to education.**

## Article 11 - Employment

### **Background information**

CEDAW Article Eleven calls for:

1. *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:*
  - a) *The right to work as an inalienable right of all human beings;*
  - b) *The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;*
  - c) *The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;*
  - d) *The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;*
  - e) *The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;*
  - f) *The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.*
  
2. *In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:*
  - a) *To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;*
  - b) *To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;*
  - c) *To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;*
  - d) *To provide special protection to women during pregnancy in types of work proved to be harmful to them.*
  
3. *Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.*

CEDAW Monitoring Committee, following the completion of reporting in 2007, made the following comments and recommendations:

34. **(Context)** The Committee is concerned about the disadvantaged situation of women, including Maori, Pacific and minority women, and the discrimination faced by women in employment, especially in the private sector where fewer equality provisions apply. In particular, the Committee is concerned about the increasing wage gap between women and men, the high levels of occupational segregation, the concentration of women in low-wage occupations and the very low rate of women's participation in management and decision-making positions in the private sector.

35. **(Action)** The Committee requests the State party to take all appropriate measures, including temporary special measures and the strengthening of equality mechanisms, to address women's disadvantaged situation in the labour market, including the situation of Maori, Pacific and minority women. It recommends that efforts be intensified to eliminate occupational segregation, both horizontal

*and vertical, and to narrow and close the wage gap between women and men. It calls upon the State party to monitor the impact of measures taken and results achieved in both the public and private sectors and to report thereon in its next periodic report.*

36. **(Context)** While the Committee welcomes the measures taken by the State party to support women's participation in the labour force, the Committee is concerned that the rates of participation for mothers of young children and single mothers remain below the average for States members of the Organization for Economic Cooperation and Development. The Committee also expresses concern that seasonal and temporary workers remain ineligible for paid parental leave. The Committee is also concerned about the low rate of participation of men in paid parental leave programmes and about the barriers to access to childcare and parental leave policies faced by rural women, as well as Maori, Pacific and other minority women.

37. **(Action)** *The Committee requests that the State party act expeditiously to amend eligibility criteria to ensure that seasonal and temporary workers are eligible for paid parental leave. It also urges the State party to undertake further measures to increase the participation rate of mothers of young children and single mothers in the labour force by strengthening parental leave programmes for men and encouraging men to share child-rearing responsibilities with women. The Committee further requests that the State party analyse and assess the barriers that rural and Maori, Pacific and minority women face in accessing childcare and parental leave, and implement measures to reduce these barriers and increase their access to such services.*

### **Progress since last report**

In 2007, we reported on progress since the 2002 report. For your reference, we stated that:

Since the last Shadow Report, unemployment in New Zealand had continued to decrease. However, more disaggregated data on patterns of unemployment was needed.

Women's participation in the labour force had increased steadily over the last three decades, from 39% in 1971 to 60.8% in 2005 – the highest rate recorded since the Household Labour Survey (HLS) began 19 years ago.

Despite this rapid growth, women faced many obstacles in the labour market in relation to equity, fairness and opportunity. When the Equal Pay Act was passed in 1972, women's average hourly earnings from wages and salaries were 72% of men's average earnings; by 2003, that figure had risen to 87.1%, leaving a gap of 12.9 percentage points. By 2005 the gender pay gap had widened again, as men's average hourly earnings rose faster than women's, reducing women's earnings to 82% of men's.

Increases in the minimum wage had been particularly important for women workers, who were more than twice as likely as men to be in low-paid jobs (low pay was defined by the Department of Labour as earning less than \$10.50 an hour, 25 cents less than the new 2006 minimum wage).

Raising the minimum wage made a vital contribution to reducing the gender pay gap, particularly given the limitations of current equal pay legislation and the absence of any pay equity legislation.

Women still had lower median hourly earnings (\$14.40) than men (\$16.50), despite the growth in women's real median hourly earnings since 1997 being double the growth in men's real median hourly earnings.

In 2007, the main issues that we highlighted were:

That women continued to receive unequal pay for work of equal value, was in supportable. Women continued to experience discrimination and disadvantage in the workplace, with inflexible employers making little or no allowance for family responsibilities. Women continued to bear the bulk of

the costs of bearing and raising children, including loss of income and promotion opportunities through interrupted careers, or the need to take on low-paid part-time jobs that fit around family responsibilities but carried none of the benefits of permanent protection.

Disabled women were disproportionately affected by workplace discrimination, in terms of being able to gain and retain employment. Attitudes of employers saw disabled women receiving less pay for the same work as able-bodied employees. Lesbian and bisexual women were also discriminated against in the workplace. Casual and part-time workers were identified as particularly vulnerable in de-unionised sectors of the economy.

Youth rates were seen as having a negative effect on the wages of low-paid women.

There was particular concern about the financial insecurity and exploitation of female workers under the age of 16, for there was no minimum wage protection. Young women were more likely to work in casual and poorly unionised jobs such as hospitality and retail. There was concern that entering the workforce with lowered expectations with regard to wages and conditions prepared young women for discrimination later in their working lives.

NGOs were supportive of the Pay and Employment Equity Taskforce and the five-year action plan to reduce the gender pay gap in the public service.

Pay parity had been achieved for nurses, midwives and healthcare workers in the public sector. However nurses in the primary healthcare and aged care sectors were still battling for parity. Large parts of the health sector remained dependent on low-paid support workers, the majority of whom were women. Inequalities in pay structures from region to region arose under the District Health Boards.

In the home-based support services, recruitment and retention problems persisted. The sector tended to be staffed by unregulated workers with low rates of pay, with poor working conditions and inadequate training. The workforce was predominantly female, with high proportions of Maori, Pasifika and older workers; it was predominantly part-time, with large numbers of casual workers and high staff turnover.

Female health workers in certain occupations, such as dental therapists, occupational therapists, social workers, psychiatric assistants, rest-home staff, cleaning staff and administrative support staff, earned considerably less than their male colleagues in comparable jobs and, in some cases, their female counterparts in the private sector. Historically, these have been female-dominant occupations, and have thus attracted lower rates of pay than comparable male jobs.

The gender pay gap in the health sector was a very significant one, because of occupational segregation and the fact that women often re-entered the workforce in less senior positions after time off for child-rearing. This created significant issues of promotion and progression for many women in the sector. Women caring for elderly or disabled family members frequently had to give up paid employment to perform this role. They were entitled to a benefit – usually the equivalent of the Unemployment Benefit. NGOs were concerned that these women could not be expected to save for their retirement while on a benefit. They recommended that the Government pay a living wage to all such caregivers.

Women pursuing careers in science and technology still faced a number of obstacles and difficulties, including barriers to promotion; problems with access to research funding; getting enough space and time to write up their research; being taken seriously by senior management; and aggression and bullying by male colleagues. Women working in New Zealand universities continued to face a number of institutional barriers and injustices that affected their day-to-day working lives. NGOs were concerned about the slow pace of change to the university culture, which continued to discriminate against women in ways that contravened CEDAW Articles 2, 10 and 11. A disproportionate number of women staff was engaged in casual and precarious employment, which had many detrimental side effects. Fixed-term agreements were widespread, with women more likely than men to be employed on this basis. A gender difference was evident in the appointment levels of new staff in New Zealand universities, with women consistently

appointed at lower levels than men. There was little official support for EEO in universities, and most universities no longer employed staff in EEO positions. Women working in universities also cited bullying, stress, union involvement, lack of mentoring, student debt, difficulties in work life balance, discriminatory criteria for research funding and the gender pay gap, as factors which they are still contending with.

Women working in primary, secondary and early childhood education had similar grievances as those experienced by women working for universities. Bullying and stress, a lack of mentoring opportunities, student debt, lack of support for EEO, heavy workloads, and difficulties in achieving a healthy work-life balance are issues that affect women in all sectors of education. Women remained under-represented in senior management positions within schools. A disproportionate number of women were employed on fixed-term agreements. Education support workers had little input into their working conditions and responsibilities, as well as little access to training and professional development.

Migrant and refugee women continued to face discrimination in the workplace. Their overseas qualifications and experience were frequently not valued, and even with New Zealand qualifications they were still not considered for a position. Discrimination on the basis of race was commonplace: a foreign name on a CV, a foreign accent, or culturally specific clothing (e.g. a head-covering) was often enough to disqualify an applicant. Once they were in the workplace, a lack of sensitivity to their cultural or religious needs sometimes lead to discrimination. NGOs were concerned that, in a period of full employment, migrant women were offered the lowest-paid jobs such as cleaning and homecare, often working in poor conditions with no access to effective union support. Many Pasifika women felt unable to improve their work conditions, either because it was culturally inappropriate for them to be assertive, or because they feared losing their jobs if they sought change.

The extension of the paid parental leave period to 14 weeks meant that New Zealand now complied with that aspect of the ILO Maternity Protection Convention 2000. However, the payments received by most women were still less than the ILO's minimum requirements.

The number of months a woman had to be in employment in order to qualify for PPL was reduced from 12 months to six months, thus improving access and equity. Women working on short-term contracts, employed in a temporary capacity, or at home caring for dependants still did not qualify for PPL. Women who returned to work while breastfeeding, often find workplace facilities inadequate for the purpose. There may have been no private space available, and employers and colleagues may not have been sympathetic. The absence of legislation on the right to breaks for breastfeeding meant that New Zealand did not comply with Article 10 of the ILO Maternity Protection Convention.

There were still concerns about access to affordable, quality childcare. Women working shifts found it difficult to get childcare, and parents of special-needs children also had problems with access, and a lack of childcare subsidies. NGOs pointed out that government plans to provide subsidised childcare for three- and four-year-olds excluded Play centres, which offered a parent-led service. Rural families found it particularly difficult accessing childcare services. Maintaining a good work-life balance remained a challenge for women in paid work or self-employment, especially those caring for children or other dependants or trying to further their education at the same time. Stress was a major problem for many women in this situation. NGOs suggested many improvements some of which included a reduction in work hours, job-sharing, more flexible leave arrangements, greater control over hours worked, and changes in the working environment.

NGOs indicated their concern about the disproportionately low participation of women in union governance. Also of concern were the low rates of collective bargaining in the private sector, which could act as a barrier to pay equity. The previous CEDAW report also indicated that very few women were covered by work-based superannuation schemes and that there was a lack of systematic data collection on violence against women, including sexual harassment in the workplace.

## Questions for Article 11 - Employment

Considering that we will measure and report progress since the 2007 report:

**2.11.1 Are there any issues previously covered which you feel should now be omitted or de-emphasized?**

**2.11.2 Are there any issues you believe should be emphasized for this reporting period which have not previously been referenced (over the last two reporting periods)?**

### *Main Issues*

**2.11.3 Considering the last four years, in which fields of employment are women continuing to struggle for promotion and what are the barriers they are facing?**

**2.11.4 In which fields of employment are women continuing to struggle against inflexibility in the workplace which impacts on family responsibilities? Please provide examples.**

**2.11.5 In which fields of employment are female employees less likely to receive vocational training or retraining in comparison with their male colleagues? Please describe.**

**2.11.6 In terms of remuneration, which fields of employment offers women the poorest levels of financial security, and what do you view as being the grounds for this?**

**2.11.7 What progress has been made on the gender pay gap? Please relate your response to specific sectors or industries.**

**2.11.8 What steps has government taken over the last four years to address the gender pay gap and how successful have these steps or initiatives been?**

**2.11.9 In terms of gaining, or retaining employment, which fields are proving most resistant to the employment of women?**

**2.11.10 Are you aware of any fields of employment, or employers who are still resistant to women breastfeeding/expressing milk during their hours of work or have not provided suitable facilities for this purpose?**

**2.11.11 In which fields of employment are women subject to poor or unsafe working conditions?**

**2.11.12 Please provide comments on any employment sector you are familiar with, in terms of women NOT enjoying the same rights as their male counterparts?**

**2.11.13 Considering the findings of the CEDAW 2007 report, please discuss generally any progress or regress for women in employment over the last four years?**

**2.11.14 Considering the recessionary and politically led redundancies of the last two years, what have been the major observable outcomes for women's employment?**

**2.11.15 Considering the recession and the historical trends arising during such times, what measures were taken by Government to support women's employment?**

**2.11.16 Please define which groups of women are subject to an increased level of discrimination in employment? Please define the nature of the discrimination.**

**2.11.17 Have there been any Government policy changes which have impacted specifically and/or detrimentally on female dominated employment/occupations? Please describe fully.**

**2.11.18 Considering in the previous report, respondents indicated that some young workers were vulnerable due to the non-unionising of their sector, and that collective bargaining was uncommon in the private sector and that some unionised members were not well supported by their employers when engaging in union meetings; please comment on what, if any, changes have occurred in regards to women in unions?**

**2.11.19 Please discuss the impact of fixed-term agreements on the employment of women?**

**2.11.20 Since the last report, work on Pay Equity in the public service via the Taskforce has ceased. Please describe the impact on women's employment as a result of changes.**

**2.11.21 What initiatives has the Government put in place for addressing Pay Equity and how successful have they been?**

**2.11.22 What do you believe is necessary to ensure the progression of pay equity for women and what do you see as being the barriers?**

**2.11.23 What is your opinion on the current level of payment, period of availability and eligibility criteria for Paid Parental Leave?**

**2.11.24 What changes to the current Paid Parental Leave legislation are warranted and why?**

**2.11.25 What changes has the Government instituted to support Paid Parental Leave in New Zealand?**

**2.11.26 Do the current provision of childcare facilities and subsidies ensure women's effective right to work?**

**2.11.27 The media has been suggested that the upcoming budget will see a reduction in the availability of childcare subsidies – please comment on this.**

**\*2.11.28 Has the Government amended eligibility criteria to ensure that seasonal and temporary workers are eligible for paid parental leave?**

**\*2.11.29 What analysis and assessment has the Government undertaken in regards to the barriers that rural and Maori, Pacific and minority women face in accessing childcare and parental leave?**

**\*2.11.30 What measures have been implemented to reduce these barriers and increase their access to such services?**

**\*2.11.31 The Government was called upon to take all appropriate measures, including temporary special measures and the strengthening of equality mechanisms, to address women's disadvantaged situation in the labour market, including the situation of Maori, Pacific and minority women. Please discuss what was put in place over the last four years and how successful has it been?**

**\*2.11.32 what efforts have there been by Government to eliminate occupational segregation, both horizontal and vertical, and to narrow and close the wage gap between women and men?**

**2.11.33 What complaints have been received by the Human rights commission in relation to Paid Parental Leave, Sexual Harassment and any other employment related matters?**

**2.11.34 What employment legislation has been enacted over the last four years which impact on the employment of women and what is the nature of this impact?**

**2.11.35 Have there been any changes under ACC that will impact on the employment of women, the recovery of employed women, the allowances available to employed women? Please describe.**

**2.11.36 Please make any further comments or recommendations on discrimination against women in relation to employment.**

**If you have any personal accounts of discrimination in employment based on your gender, ethnicity, sexual orientation, age, the area you live in – please describe:**

## Article 12 - Health

### **Background information**

CEDAW Article Twelve calls for:

1. *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*
2. *Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women*
3. *appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.*

CEDAW Monitoring Committee, following the completion of reporting in 2007, made the following comments and recommendations:

38. **(Context)** While noting with appreciation the availability in the State party of comprehensive health coverage and free health services such as cancer screenings for women, the Committee is concerned that women of different ethnicities and rural women may not have equal levels of access to and utilization of health services. The Committee is also concerned about the disparity in the life expectancies of women of European descent and women from other ethnic groups.

The Committee also expresses concern about the high rates of sexually transmitted diseases and teenage pregnancy.

39. **(Action)** *The Committee calls upon the State party to improve the rates of access to health care and health-related services and information, especially for women who live in rural areas or who face cultural or language barriers in accessing health care. It further urges the State party to strengthen its efforts to analyse and collect data on the levels of access to and utilization of health services by different groups of women and to put in place corrective measures as necessary.*

*The Committee urges the State party to increase its efforts to identify and address the factors that reduce the life expectancies of women who are not of European descent. The Committee urges the State party to improve the provision of information on reproductive health and contraception to women and girls and to promote widely sex education targeted at girls and boys, with special attention to the prevention of sexually transmitted diseases and teenage pregnancy.*

### **Progress since last report**

In 2007, we reported on progress since the 2002 report. For your reference, we stated that:

Despite some advances since the 2002 Shadow Report, NGOs remained concerned about the health inequalities that persisted in New Zealand, especially among ethnic minorities, people with disabilities, and along the rural/urban divide. Maori, Pasifika, rural, refugee and migrant women all faced specific barriers to accessing healthcare services.

Many of the health issues affecting women did not arise from actual discrimination, but from failure to acknowledge the health difficulties that women face simply because they are women. The discrimination lay in the level of readiness and willingness to invest in treatments to address women's health issues.

NGOs welcomed the Sexual and Reproductive Health Strategy, released in 2001, but were concerned that no specific additional funding had been allocated for its implementation. There was also concern that sexual and reproductive health remained a low priority objective in the New Zealand Health Strategy, and that it was not a focus of the Primary Health Strategy, despite the linkages to high rates of cervical cancer (particularly for Maori), ectopic pregnancy, abortion and infertility.

The 2002 Shadow Report noted that New Zealand had the third highest birth-rate among teenagers aged 15–19, after the US and UK. Within the last year, New Zealand was again rated third, but this time after the US and Russia. The UK had made significant progress in this area through its Teenage Pregnancy Strategy, a whole-of-government approach which had resulted in a 10% decrease in the number of teenage pregnancies over the past six years, with regional variations.

Since 2002, free breast cancer screening had been expanded from women aged 50–64 to women aged 45–69, although NGOs were divided as to whether this was a positive gain or a wasteful use of resources.

Many of the health problems affecting women still had to be seen in the broader context of bad housing, poverty, domestic violence, and inadequate diet, lack of access to healthcare and support services, especially in rural areas and sole parenthood and stress. The intersection of these factors continued to disadvantage many New Zealand women and their families. Solving women's health problems required not only increased funding, but education, legislation and community awareness.

In 2007, the main issues that we highlighted were:

NGOs reported that without access to comprehensive, medically accurate, age-appropriate sexuality education, many young New Zealander's introduction to sex will put them at risk of unplanned pregnancy or infection. Sexuality education in New Zealand was described as patchy, but an audit which was to be conducted in 2006 would provide a better indication of the status of programmes in schools.

Limited research suggested that contraceptive usage was static, or even declining. Some cultures and religions were opposed to the use of condoms and to sexuality education in schools.

Appropriate funding and implementation of the Sexual and Reproductive Health Strategy, peer counselling programmes for the community, improved statistic collection and analysis of infection rates, and public health campaigns were all identified as potential solutions to New Zealand's high teenage pregnancy rate, high rate of STIs, abortion rate etc. Teenage pregnancy was linked to poverty, which could have accounted for the particularly high rates among Maori and Pacific girls.

Women in some areas indicated that they were unable to access abortions even though all District Health Boards are required to provide terminations. Since 1998, the Abortion Supervisory Committee had been advising Parliament that existing abortion legislation needed to be reviewed. An overall reduction in abortion levels had been reported, but with a significant increase in number of abortions among Asian women.

NGOs reported epidemic levels of Chlamydia, evidence of increasing sexual risk-taking, the emergence of syphilis, and the increased incidence of HIV, including among women and in babies through mother-to-child transmission.

NGOs urged the Government to address the critical situation of New Zealand's sexual and reproductive health, especially among Maori, Pasifika and Asian populations, and to give greater priority in the New Zealand Health Strategy and Primary Health Strategy.

NGOs also urged research so accurate indicators could be developed so that progress could be measured and the effectiveness of programmes evaluated.

NGOs viewed the broadening of the breast screening programme to include 45 – 69 year old women as an improvement in the problem, although some noted that the funding could have been better spent elsewhere given the unreliability of readings for women under 50.

The greatest barrier to effective cancer control programmes was seen as the shortage of health professionals qualified to provide the cancer diagnostics and care. Concerns were raised regarding the

cervical cancer screening programme which related to the loss of privacy of women on the register. NGOs indicated that neither of the screening programmes were reaching all eligible Maori and Pasifika women. There were also concerns about whether the programmes and auditing systems were meeting the needs of disabled women. Physical access to screening clinics and equipment were thought problematic, as was accessing information material about the screening programmes themselves, which were not produced in a format that disabled women could use.

The ability of women's health NGOs to provide services was being hampered by insufficient and inconsistent funding. The District Health Boards preferred to direct funding at the Primary Health Organisations (PHO) instead of the specialist women's health bodies. There was a lack of reported collaboration between the PHOs and the women's health bodies.

Women's health organisations indicated that there was insufficient funding provided for government prioritised work on unplanned pregnancies and STIs. Greater collaboration was called for and improved responsiveness to women's health.

There were concerns among NGOs that the current health subsidies were not always targeting the people with the most need, which was depriving them access to affordable, culturally appropriate healthcare.

Some PHOs were still charging co-payments to women who were eligible for subsidised healthcare. The rationalisation of health services meant women sometimes had to travel long distances to see a specialist or undergo day-surgery.

NGOs welcomed the introduction of mobile surgical buses for minor operations and recommended that this service was expanded. Rural women were most discriminated against in terms of being able to access any form of healthcare in their local vicinity. NGOs called upon Government to provide funding to improve the access problems for rural women.

NGOs recommended that the health system improve its responsiveness to Maori and Pasifika peoples and other ethnic minority communities by developing services that are culturally appropriate to their needs in full consultation with the communities concerned.

Migrant and refugee communities listed several barriers to accessing healthcare in New Zealand. These included, in brief, little or no information, the need for interpreters, high costs, lack of empathy from health providers, and distrust of hospitals and the equipment used.

NGOs reported that there was a serious workforce shortage in maternity care, resulting from little growth in the number of practising midwives available throughout the country. Those who were in the workforce were facing heavy workloads. Midwives were viewed as chronically overworked and underpaid, which undermined any incentive to remain in the profession. The number of GPs offering obstetric services had plummeted.

The rate of caesarean sections continued to increase and was significantly higher than the WHO average. Some private practises reached rates twice the national average for caesarean sections. Post infection rates were also on the increase. The use of ultrasound scans in New Zealand was also particularly high, placing an unnecessary burden on limited health resources and creating doubt about the safety of repeated exposures.

NGOs were divided on the issue of early discharge from hospital after childbirth. Some supported it, some felt if adequate care was unavailable at home that new mothers needed to stay longer in hospital, others felt the early discharge, combined with the cutback in home visits by Plunket nurses, were impediments to successful breastfeeding. Migrant and Refugee women were considered particularly vulnerable as they were less likely to have good home support.

Women discharged from hospital soon after a hysterectomy or other major surgery received no practical help from the government, and often found it very difficult to cope, especially if they lived alone.

NGOs were concerned that services to new mothers, within the first six weeks were not adequate. Plunket nurses, who previously serviced new mothers during the six week period, had been replaced by Leading Maternity Carers (LMC), and there was significant variation in their ability to teach breastfeeding.

Post natal depression (PND) was on the increase. Some regions lacked sufficient funding for support groups for women afflicted by PND.

Demand for fertility treatment was on the rise in New Zealand, predominantly due to women opting to have babies much later in life than in previous times. Infertility amongst women was also considered on the increase. Limited public funding was directed towards fertility treatments, and medical insurances companies did not offer cover for fertility treatment of any kind. Waiting times for treatment still varied around the country.

There was a shortage of sperm donors and same-sex couples had to wait longer than heterosexual couples, as many donors specified their preference for recipients.

Statistically, New Zealand rates of breastfeeding were high at birth, but declined significantly over time. Breastfeeding rates had not improved in New Zealand for ten years. Maori and Pasifika women were less likely to be breastfeeding when their baby reached six months old than Pakeha/European. Breastfeeding beyond six months was hampered by social pressures; society supports women breastfeeding babies, but to a lesser degree, toddlers, and not children. Women returning to work were also a leading cause for discontinuing breastfeeding. NGOs called for women being able to breastfeed in workplaces and public places to be protected under legislation.

NGOs recommended that both legislation and practice take a gender-sensitive approach to occupational health and safety for women. The multiple roles working women are expected to perform were giving rise to excessive levels of stress and fatigue, which over the long-term were seen as precursory factors resulting in the increasing frequency of heart attacks amongst women. Violence, bullying and sexual harassment, lack of job security, poor wages, depression were all cited as factors that feature in the working women's life, particularly when they are also responsible for the care of family members.

The mental health of women was on the decline and the National Mental Health and Addiction Plan (NMHAP) paid scant attention to the specific needs of women throughout the country. Women were seen as thus doubly burdened, as the incidence of mental ill-health increases among women who then face a lack of suitable services. Maori women were seen as particularly invisible in the NMHAP despite being diagnosed with mental illness at more than twice the rate of Pakeha/European women and more than twice the rate of Maori men. The mental health and addiction system is still not responsive to the diverse and changing demographics of New Zealand's ethnic groups.

Improvements had been made in New Zealand in terms of those living below the poverty line, although 80% of those in this group were families with children. The impact on girls living in poverty was seen as discriminatory; leading to poor health throughout their life cycle as a result, coupled with the potentially detrimental impact on education. NGOs recommended greater investment in health education programmes, home educators, health workers and public nurses. Changes to the social benefits scheme was also identified as was the need for CPI adjustment.

NGOs reported a change in young women's behaviour and the choices they were making which were particularly detrimental to their health. Increased consumption of alcohol, drugs, dieting fads, consumerism, sexual risk-taking, all were likely to have impact further down the track for women's health and wellbeing.

Greater promotion of healthy eating for women was called for, particularly as women of specific ages have differing health needs. Rates of obesity were increasing in New Zealand.

NGOs expressed concern about the static funding of residential care/rest homes and the rise in cases of elder abuse. NGOs recommended that funding for the aged care sector be increased especially to improve the wages and training levels of staff. NGOs supported the Positive Ageing Strategy which identified specific barriers for older women.

## Questions for Article 12 - Health

Considering that we will measure and report progress since the 2007 report:

**2.12.1 Are there any issues previously covered which you feel should now be omitted or de-emphasized?**

**2.12.2 Are there any issues you believe should be emphasized for this reporting period which have not previously been referenced (over the last two reporting periods)?**

### *Main Issues*

**2.12.3 In relation to women having equal access to men in the field of health care services, what broad changes are needed to ensure parity of service?**

**2.12.4 The Government was called upon to improve the rates of access to health care and health-related services and information, especially for women who live in rural areas or who face cultural or language barriers in accessing health care. What measures are you aware of that have been instituted to satisfy this CEDAW recommendation?**

**2.12.5 The Government was further urged to strengthen its efforts to analyse and collect data on the levels of access to and utilization of health services by different groups of women and to put in place corrective measures as necessary. What information has the Government collected on the levels of access and how successful have the corrective measures been?**

**2.12.6 What were the findings of the Education Review Office's audit on the implementation of sexuality education in New Zealand secondary schools and what steps were taken to progress matters?**

**2.12.7 What improvements have been made to the collection of statistical information, its analysis and the development of indicators for targeted policies to address Sexually Transmitted Infections in New Zealand?**

**2.12.8 Has the Government appropriately funded the Sexual and Reproductive Health Strategy and what have been the outcomes?**

**2.12.9 What are the currently available statistics on STI's, HIV infection rate among women, young women and girls? What do they indicate?**

**2.12.10 What are the current statistics on unplanned teenage pregnancy, including an ethnicity breakdown – what do they indicate?**

**2.12.11 What are the current abortion rates in New Zealand, including an ethnicity breakdown? What evidence do you have which identify the drivers for the abortion rate?**

**2.12.12 The Government was urged to improve the provision of information on reproductive health and contraception to women and girls and to promote widely sex education targeted at girls and boys, with special attention to the prevention of sexually transmitted diseases and teenage pregnancy. What steps has Government taken to address this?**

**2.12.13 Please discuss your understanding of poverty influencing teenage pregnancy, poor health outcomes for their life cycle, and detrimental impact on education.**

**2.12.14 What solutions do you propose to address poverty levels in New Zealand?**

**2.12.15 What measures are required to support health outcomes for Maori and Pasifika women?**

**2.12.16 The Government was urged to increase its efforts to identify and address the factors that reduce the life expectancies of women who are not of European descent. Please describe the work undertaken by Government in identifying and addresses factors and how successful are the outcomes thus far?**

**2.12.7 Considering the cancer screening programmes available to women, what positive changes has Government made in dealing with privacy issues, access to service problems (including physical barriers), the shortage of staff in this field?**

**2.12.8 What special measures has the Government taken to increase participation rates in Pasifika and Maori women in cancer screening programmes?**

**2.12.9 Has the funding provided to Women's health services increased over the last four years, and does it now appropriately meet the demand for services?**

**2.12.20 Have DHB's made improvements to their funding policies which incentivise collaborative work between PHOs and Women's Health service groups?**

**2.12.21 What improvements have been made to the availability and eligibility for health subsidies and are those in lower socio-economic groupings now able to afford treatment?**

**2.12.22 Has there been a sufficient increase in the number of practising midwives servicing all areas in New Zealand?**

**2.12.23 What incentives have been used to boost the number of midwives, and by whom?**

**2.12.24 What are the current rates for caesarean sections for New Zealand women and what are the major drivers for this?**

**2.12.25 Have there been any noticeable changes to the number of ultrasound scans being performed on pregnant women and what have been the outcomes of these changes?**

**2.12.26 Considering the early discharge from hospital of new mothers, please comment on this practise and indicate whether you believe the occurrence is increasing or decreasing?**

**2.12.27 Have there been any changes in practise for women returning home following hysterectomy surgery leading to better support for their recovery?**

**2.12.28 What are the current trends in women breastfeeding?**

**2.12.29 What positive initiatives has the Government undertaken to better facilitate breastfeeding and to encourage breastfeeding for longer? What have the outcomes been?**

**2.12.30 Has funding to Post Natal Depression support groups increased and is there now more widely available services for women?**

**2.12.31 What changes has government made to funding fertility treatment services and what have been the outcomes of these changes?**

**2.12.32 Has there been a change in both legislation and practice regarding the taking of a gender-sensitive approach to working women's occupational health and safety?**

**2.12.33 What are the current pressures experienced by working women (particularly those with children) and do you believe their wellbeing has improved over the last four years?**

**2.12.34 Have measures been taken to recognise the increasing level of mental ill-health among New Zealand women and what improvements have resulted from this?**

**2.12.35 Has the Mental Health and Addiction Plan undergone any modification which targets the high number of Maori women experiencing depression and other mental health conditions, by proposing programmes or initiatives for support and recovery?**

**2.12.36 What are the current mental health statistics for New Zealand and how might mental ill-health be impacting on women and society?**

**2.12.37 What is your understanding of the prevalence of women's excessive consumption of alcohol and consumption of legal (some party pills) and illicit drugs over the reporting period?**

**2.12.38 What do you believe could be some of the discriminatory factors which have given rise to young women wishing to binge-drink and practise a high degree of sexual liberation?**

**2.12.39 What role has consumerism, advertising and marketing played in creating young women's self-image and what has been the impact of this in health terms?**

**2.12.40 What is the relationship between Work life balance and a woman's quality of health? What Government initiatives have supported the development of improved work life balance since the last report?**

**2.12.41 What is the current state of obesity of women in New Zealand, and what Government initiatives are currently in place for dealing with the health-related problems arising from, or known to be common with obesity?**

**2.12.42 How is the Government supporting Health lifestyles for women and what more could be done?**

**2.12.43 Please discuss the quality and availability of Elderly care for older women.**

**2.12.44 How visible are the needs of older women reflected in the Positive Ageing Strategy and is the implementation of this strategy resulting in health and well-being outcomes for older women?**

**2.12.45 What are the discriminatory factors impacting on older women that are absent for women in their younger stages of life?**

**2.11.46 Please make any further comments or recommendations on discrimination against women in relation to health.**

## Article 12 - Legal

### **Background information**

CEDAW Article Fifteen calls for:

1. *States Parties shall accord to women equality with men before the law.*
2. *States Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.*
3. *States Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void.*
4. *States Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile.*

CEDAW Monitoring Committee, following the completion of reporting in 2007, made the following comments and recommendations:

40. **(Context)** While the Committee welcomes the State party's efforts to expand eligibility requirements for legal aid, the Committee is concerned about the financial, administrative and cultural barriers women face in accessing legal aid and seeking redress in the courts and about the level of awareness among women of their rights and available remedies and services. In particular, the Committee is concerned about whether women are adequately aware of their rights under the revised Property (Relationships) Act, and the lack of research regarding the impact on women of the new property distribution provisions in the Act, which aim to redress economic disparities between partners upon the dissolution of relationships.

41. **(Action)** *The Committee requests the State party to analyse and remove impediments women may face in gaining access to justice. The Committee calls upon the State party to provide legal aid services to all women in need and to raise awareness about how to utilize available legal remedies against discrimination, as well as to monitor the results of such efforts. It also encourages the State party to implement gender-sensitivity training to ensure that members of the judiciary, lawyers and prosecutors are fully familiar with applicable legal provisions, sensitized to all forms of discrimination against women and trained to adequately respond to them. It also requests the State party to conduct research and analysis on the impact on women of the new property division provisions in the Property (Relationships) Act and to provide such information in its next report.*

### **Progress since last report**

In 2007, we reported on progress since the 2002 report. For your reference, we stated that:

NGOs saw the Legal Services Amendment Bill (No 2), currently before Parliament, as providing gains for women by raising income thresholds for Legal Aid. The intention of the Bill was to ensure that the Legal Services Agency fulfilled its fundamental purpose of promoting access to justice for people with unmet legal needs and insufficient means to pay. Access remained a concern, however, given the limited number of practitioners available to provide Legal Aid services.

In 2007, the main issues that we highlighted were:

NGOs noted that not all New Zealanders were equally well placed to gain access to the justice system, due to disparities in their social and economic positions. Women were seen as being disadvantaged.

NGOs discussed the merits of the Legal Services Amendment Bill (No. 2) which would increase women's access to legal aid. One remaining problem with the legal aid system however was the lack of lawyers willing to act for women. The low rates of remuneration did not cover the costs of providing such a service. This was particularly impacting on Family Law cases, an area which women most frequently sort legal aid support. It was noted that civil court fees were too high for women to afford, a problem further exacerbated following yet another fee increase the following year.

NGOs commented on two recent pieces of social legislation which impacted on women, the Civil Union Act 2004 and the Property (Relationships) Act 2002. The majority of NGOs felt the passing of the Civil Union Act was simply extending of basic human rights previously enjoyed by the majority of New Zealanders. Opinion on the Property (Relationships) Act was mixed. Some felt it gave protection to people in defacto relationships; others thought it would lead to economic disparities, with women being disadvantaged.

## Questions for Article 12 - Legal

Considering that we will measure and report progress since the 2007 report:

**2.15.1 Are there any issues previously covered which you feel should now be omitted or de-emphasized?**

**2.15.2 Are there any issues you believe should be emphasized for this reporting period which have not previously been referenced (over the last two reporting periods)?**

### *Main Issues*

**2.15.3 Are you aware of any cases where women have not had equal rights with men in the concluding of contracts or to administer property via the NZ justice system?**

**2.15.4 Are you aware of any contracts or other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women being accepted via the NZ justice system?**

**2.15.5 Community law centres indicated a reduction in funding, in part as a result of the recession and some cost saving measures being applied. Have any community law centres closed in your area?**

**2.15.6 What would be the impact on women of community law centres not being able to operate in your area?**

**\*2.15.7 The Committee requested the Government to analyse and remove impediments women may face in gaining access to justice. Has there been any significant change, improvement in women's access to legal services and justice?**

**\*2.15.8 The Committee called upon the Government to provide legal aid services to all women in need and to raise awareness about how to utilize available legal remedies against discrimination, as well as to monitor the results of such efforts. Are you aware of this work being undertaken by the Government and have the results provided a positive outcome for women?**

**2.15.9 For some immigrants their culture requires that women are not permitted to own any property, are there any cases you are aware of where cultural rights crossed paths with legal rights?**

**2.15.10 According to the last report, women were identified as having lesser access to justice than men. Within that gender, which groups are further marginalised from accessing justice? Please provide examples of relevant cases or scenarios.**

**\*2.15.11 The Government was encouraged to implement gender-sensitivity training to ensure that members of the judiciary, lawyers and prosecutors are fully familiar with applicable legal provisions, sensitized to all forms of discrimination against women and trained to adequately respond to them. Has the Government promoted this initiative and how successful has it been?**

**2.15.12 Are you aware of any research and analysis on the impact on women of the new property division provisions in the Property (Relationships) Act and what were the findings?**

**2.15.13 Please make any further comments or recommendations on discrimination against women in relation to legal services.**