Women's Health Action Trust's Universal Periodic Review

Due date: 12th July 2018

To: uprsubmissions@ohchr.org

Submitted by: Cleopatra Maru Matthews

Junior Policy Analyst and Health Promotor

On behalf of Women's Health Action Trust and Mothers and Midwives Associated (MAMA)

13 Coyle Street, Sandringham, Auckland, New Zealand

i. Introduction:

This submission is made on behalf of Women's Health Action Trust. Women's Health Action (WHA) is a women's health promotion, information and consumer advisory service. We are a non-government organisation that works with health professionals, policymakers and other not for profit organisations to inform government policy and service delivery for women. Women's Health Action is in its 34th year of operation and remains at the forefront of women's health in Aotearoa New Zealand.

We provide evidence-based analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, and other public agencies on women's health (including screening), public health and gender and consumer issues with a focus on reducing inequalities. We have a special focus on breastfeeding promotion and support, women's sexual and reproductive health and rights.

The following submission presents our perspectives on some of the areas discussed as feedback to New Zealand's Universal Periodic Review.

Thank you for the opportunity to submit comments on the New Zealand National UPR Report (DRAFT).

1. Follow up to the previous review

The past 50 years have seen a significant change in women's social roles. Women today balance the stresses of multiple roles, including family and childcare responsibilities, paid employment, and community and voluntary activities. Despite many gains, women in New Zealand continue to experience persistent inequities, including higher rates of poverty, a gender pay gap, high rates of intimate partner and sexual violence, lower representation in decision-making and disparate access to paid parental leave and early childhood education. Multiple disadvantages compound and restrict women's human rights[i].

WHA welcomes New Zealand's engagement with the Universal Periodic Review (UPR) and notes that 121 recommendations were accepted which has resulted in some favourable changes to the implementation of human rights in Aotearoa New Zealand. WHA notes however that many of Aotearoa New Zealand's responses were unclear as to what actions they would take to respond, making it difficult to ascertain the level of commitment Aotearoa New Zealand made to implement the recommendations.

Gender inequality has an unacceptable impact on the life and well-being of women and children in New Zealand. WHA has identified three key areas to explore in this submission:

- Gender-based violence;
- Equality and non-discrimination;

- Health.

We note with concern that the 2018 National Universal Periodic Review Draft (UPR) fails to mention a significant number of health concerns that affect many New Zealanders, particularly women.

These include but are not limited to:

- Maternal health;
- Maternal mental health;
- Infant feeding;
- Maternity.

The leading cause of death for pregnant women and new mothers in Aotearoa New Zealand (PMMRC, 2017) is suicide with women's risk for mental illness higher around childbirth (Ministry of Health, 2011). Additionally, infant and child nutrition is vital to their well-being and development and to the future of Aotearoa New Zealand. We ask that the Government make a commitment to consider these areas and extend the reach of their UPR.

2. Gender based violence[1]

2.1 Violence and abuse

2.1.1 We commend the government's introduction of training on the dynamics of domestic violence for police and family court staff, however, there remain high levels of violence perpetrated against women and children in Aotearoa New Zealand, with low rates of reporting and conviction rates[ii].

2.1.2 Over 230,000 children in Aotearoa New Zealand are at significant risk of harm during their childhood with 60,000 children suffering harm each year (Development, 2016). Our domestic violence rates are extremely high with 118,910 incidents of family violence in 2016 or about one every 5 minutes[iii], an increase from previous years. It is believed that only 20% of victims report this violence to the police[iv] which means the *actual* rate of family violence is much higher. This exposure to violence can have "ongoing negative impacts on children and young people's health, education, social and economic well-being" (Murphy, Paton, Gulliver, & Fanslow, 2013, p. 2) which greatly impacts their human rights.

2.1.3 Up to one in three girls will be subject to an unwanted sexual experience by the age of 16 years, with over 70% involving genital contact[v] and up to one in five women will experience

[1] UPR recommendations 57, 106-112, 1140128, 134, 142.

sexual assault as an adult[vi]. These are appalling statistics that need to be investigated, especially given only an estimated 9% of incidents are reported to police[vii].

2.1.4 Following the second UPR, the Government committed to developing a strategy to reduce family and sexual violence, however, the goal of a sustained reduction in incidences has not occurred. In fact, family violence incidences involving CYFS have risen with over 150,000 incidences of concern reported in 2015 (Clearinghouse, 2016).

2.1.5 In May 2018, the government introduced a funding increase of 30%, over four years, to social services, with a focus on family and sexual violence[viii]. However, WHA remains concerned at the high rates of violence committed against women and children and the low reporting rates, particularly relating to sexual violence and questions whether this boost will be enough.

2.1.6 It is important to note that Maori are disproportionality affected by violence and abuse and are more than twice as likely to be a victim of violence and abuse (Te Kawanatanga o Aotearoa, 2017). Additionally, disabled women are up to three times more likely to be victims of sexual and physical abuse[ix]. Women and minority groups are subject to an increased risk of harm across all areas of life and this necessitates assessment and action to improve the situation.

Recommendations:

- We ask that the state develops an independent oversight mechanism for the family court to ensure the quality of practice and to uphold the principles of natural justice and due process.
- We ask that the state makes available specialist family violence legal experts available at low to no cost for all families accessing the family court.
- We urge that the government consider providing free sessions of anger management/counselling/ therapy to families and victims/perpetrators of family violence. We believe these will to help educate and change the behaviours of assailants and may provide an opportunity for victims to feel heard.

3. Equality and non-discrimination[2]

We do not have a gender-equal country with discrimination occurring daily based on gender, ethnicity, social status and more (National Council of Women of New Zealand, 2018). Though Aotearoa New Zealand accepted the recommendation to ensure greater economic independence

[2] UPR recommendations 91, 93, 94.

for women and to have more women in leadership positions, the situation for women remains largely the same.

3.1 Gender Pay Gap[3]

3.1.1 Aotearoa New Zealand has legislation and policies in action that aim to promote equality, however, these measures do not extend to pay equity. Though women are gaining qualifications at a higher rate than men, this does not translate into equal pay for equal value. Women are inadequately paid for their skills with a substantial gender pay-gap remaining, announced on 1 September 2017 as 9.4%[x]. This pay disparity worsens for women with disabilities and Maori, Pacifica, and Asian women[xi]. It is abhorrent that women continue to experience wage discrimination in 2018, which correlates to women being overrepresented amongst lower income New Zealanders, being more likely to be receiving a benefit, providing unpaid care, sole parenting and receive lower incomes than men[xii]. This situation must be altered to provide women full enjoyment of their human rights and their basic human right to equality.

3.1.2 Despite women continuing to be underpaid across all fields in Aotearoa, WHA commends the government on the $2 billion pay equity settlement for care and support workers in aged and disability residential care and home community support services, which was made in April 2017 (New Zealand Government, 2018). However, WHA notes that this settlement fell short of recognising the numerous other fields in which there is no pay equity such as nursing, teaching and midwifery care.

Recommendations:

- WHA strongly encourages the drafting and implementation of Pay Equity Legislation into Aotearoa New Zealand.
- WHA recommends that minimum wage be brought in line with the living wage, currently $20.55 in Aotearoa New Zealand[xiii].

3.2 Women in Leadership[4]

3.2.1 Despite the many challenges faced by women, women have continued to break the glass ceiling, striving for leadership positions, higher pay and better opportunities. In 2018 alone, midwives marched for their pay and so too did healthcare assistants and nurses[xiv].

[3] UPR recommendations 96-99.
[4] UPR recommendation 92

3.2.2 However, institutional bias against women[xv] makes it particularly hard to progress and as such, women continue to be underrepresented leadership roles in Aotearoa New Zealand, with only 18% of senior management teams containing women (Thornton, 2018), New Zealand a dismal 33rd out of 35 countries surveyed.

3.2.3 WHA commends the government for their recent goal to have female representation on state sector boards and committees up to 50% by 2021 (Bennett, 2018) however we note that the number of women appointed to these positions has risen only 11% from 2013 (Bennett, 2018).

Recommendations:

- WHA seeks to highlight the importance of equity and equality in the workplace, WHA recommends the Government develop more opportunity for women to progress into leadership roles across all fields of employment in Aotearoa New Zealand.

3.3 Paid Parental Leave

3.3.1 For women to achieve equality in the workplace, access to paid maternity leave and job security during this time is vital (Baird, 2004, p.270). Women in Aotearoa New Zealand experience a significant pay disparity, particularly women with children who participate less informal labour which results in a lower overall income (NACEW, 2015).

3.3.2 Many families are not able to afford taking time off after the birth of their child, this can negatively impact the wellbeing of the child, with evidence showing that full-time parental care in the first months of an infant's life has long-term positive effects on the health of the child (New Zealand Families Commission, 2007, pp. 30-31).

3.3.3 In Aotearoa New Zealand, paid parental leave is limited to 1 continuous period not exceeding 22 weeks[xvi] . WHA commends the government on the recent extension of paid parental leave from 18 weeks to 22 weeks on 1 July 2018 and their commitment to extending paid parental leave to 26 weeks by 2020 however, we note that this is not sufficient support to adequately meet the needs of our nation's families.

3.3.4 Currently, the maximum paid parental leave payments are $564.38 per week, which is well below the living wage in Aotearoa New Zealand. This low sum is not sufficient to replace the income of mothers who are the primary carers of the family nor to support a family. We note that this is an area of great concern for WHA.

Recommendations:

- WHA encourages serious consideration to the sum of paid parental leave paid, we suggest increasing paid parental leave payment to $695.57 per week which equates to a 40-hour week at the national living wage of $20.55 per hour[xvii].
- WHA encourages the government to consider further extending paid parental leave to maximise infant development, health and wellbeing [xviii].

3.4 Unequal pay for parents

3.4.1 Unequal pay is an issue across the board for women and whanau in Aotearoa New Zealand, with the 'effect of motherhood on pay – methodology and full results' report from June 2016[xix] confirming an even larger gender-pay gap for parents than for non-parents, termed the 'motherhood penalty'[xx].

3.4.2 Women with children are paid disproportionately less than women without children, experiencing a 4.4% decrease in hourly income (Dr Sin et al, 2018). Not only do women experience a loss in wages but the hours women work are less, and the likelihood of women returning to employment are also reduced. These factors result in a lower monthly earning rate which 'substantially reduce their lifetime earnings' (Dr Sin et al, 2018, pg. 4). Unequal pay for parents affects individuals and communities as families struggle to pay for food, healthcare, housing and other essential services that are required to live a full and happy life.

Recommendations:

- WHA strongly encourages the government to create legislation that makes it unlawful for mothers to have their wages impacted because of their parental status.
- Additionally, WHA reiterates that minimum wage be raised to meet the living wage in Aotearoa New Zealand.

4. Health[5]

The World Health Organization's definition of health includes "complete physical, mental and social well-being and not merely the absence of disease and infirmity. Women's Health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as biology" [xxi]. In addition, women are also subjected to societal

[5] UPR recommendations 64, 69, 72, 75, 79, 80, 136, 137.

pressures about appearance and body size, and experience sexism which has an impact on their overall wellbeing.

4.1 Abortion

4.1.1 Abortion is a crime in New Zealand[xxii]. Women do not have the right to request an abortion in Aotearoa New Zealand unless "*two certifying consultants agree that the pregnancy will seriously harm and woman's physical or mental health*"[xxiii]. This results in women having to put forward alternative facts, lie or embellish the truth to get the two consultants to agree to the abortion. That a woman is not granted autonomy over her body is preposterous in 2018.

4.1.2 We note the economic, geographical and time barriers that many women face in accessing two certifying consultants within the 20-week window to agree to a termination. This barrier of time and resources to be able to access two certifying consultants creates significant stress in terminating a pregnancy. Women are expected to organise their own transport and funds to arrange a termination before the 20-week window expires, for women in rural communities or with financial hardship, this is challenging and particularly stressful.

4.1.3 Furthermore, access to medical termination is not currently available across all DHB regions in Aotearoa New Zealand which further restricts women's freedom of choice in their abortion. Women in areas such as Whangarei are unable to access medical termination unless they travel to a city which offers the procedure at a cost of $1150[6]. We urge this change so that women have freedom of choice when accessing abortion services.

4.1.4 While we applaud the increase in access to contraceptive funding that has contributed to the declining rates of unplanned pregnancies in Aotearoa New Zealand, we would like to highlight the significant barriers that many women in Aotearoa New Zealand still face in accessing safe, reliable and affordable family planning services.

4.1.5 In February 2018, the Minister of Justice proposed a shift to treat abortion as a health issue[xxiv], the advice is due on October 27, 2018. WHA is hopeful the outcome will be positive.

Recommendation:

- Repeal sections 182-187A of the Crimes Act 1961.
- Repeal the provisions of the Contraception, Sterilisation and Abortion Act that make it an offence for a woman to unlawfully have an abortion or for a medical practitioner to unlawfully

[6] http://www.amac.org.nz/how-much-does-it-cost

provide an abortion and require the authorization of two certifying consultants before an abortion can be performed.

- We encourage the state to expand the eligibility criteria for access to subsidised family planning services and contraception costs in Aotearoa New Zealand.

4.2 Maternity Care

4.2.1 We are disappointed to note that the New Zealand Government's 2014 Universal Periodic Review report did not highlight the equity issues impacting pregnant women and whānau in Aotearoa New Zealand. Maternity services are a crucial part of public health services. The World Health Organization (WHO) states that 'care for pregnant women is often the entry point for health services for the family and community' (World Health Organization, 2005). Monitoring maternal and new-born health is therefore an integral part of monitoring the health of the overall population.

4.2.2 As can be seen across most areas of the health system, inequality of outcomes persists. Women with disabilities, Māori and Pasifika peoples, teenaged and socially deprived women all experience a higher rate of negative health outcomes in maternity than is desirable (Counties Manukau District Health Board, 2012), (Chronic Diseases Public Health National Services Purchasing Ministry of Health, 2012), (Research New Zealand. Maternity Consumer Survey, 2014). Despite ongoing improvements in maternity services there is still plenty of scope to improve the provision of care to meet the needs of women and families. It is important that the Government continue to consider how best to address these needs to ensure the best outcomes for women and their babies, regardless of age, ethnicity or deprivation.

4.2.3 Whilst we wholeheartedly support the Midwifery-led continuity of care' model, we are experiencing a nationwide shortage of Midwives as result of the inadequate remuneration offered under the current service specifications. We note that pregnant women with complex health, social and psychological needs require services that are more comprehensive than the current model allows. Cultural responsiveness of existing services can also be improved, particularly in the face of increasing ethnic diversity amongst of pregnant women.

4.2.4 We applaud the current governments continued support and funding of the National Maternity Quality and Safety Programme and believe with continued support this programme when fully implemented will result in a reduction in inequities across Maternity Services in Aotearoa New Zealand in addition we recommend the following.

Recommendations:

- Continue to engage with individuals and groups (including consumers) within the maternity sector to understand the drivers and impacts of an underpaid maternity service.
- Improvement to women's access to information and education to support their choices during pregnancy, childbirth and parenting.
- Support increased access to, and use of primary birthing facilities and home birth.
- Strengthen postnatal support for women at the place of birth, at home, and in the community.
- The Ministry of Health supports an equity audit of antenatal and postnatal care and services from DHB to DHB.

4.3 Maternal Mental Health

4.3.1 Maternal mental health services are falling short in Aotearoa New Zealand with approximately 15% of all women who give birth affected by postnatal depression (BPJ, Special Edition, 2010). Antenatal and postnatal depression has shown a detrimental effect on the mother-infant relationship (Ministry of Health, 2011) and are associated with a range of negative outcomes including cognitive, emotional and behavioural difficulties for the child, adverse effects on the family, the child and the family's socioeconomic situation, and suicidal behaviour (BPJ, Special Edition, 2010).

4.3.2 The support services available for those suffering from postnatal and antenatal depression are not adequate for the vast quantity of women suffering from these mental illnesses (BPJ, Special Edition, 2010). Maternal mental health not only affects women but can affect her family and whānau with information showing that postnatal depression may lead to depression in the woman's partner and is linked to difficulties in infants that can have ongoing negative effects through to adulthood (BPJ, Special Edition, 2010).

Recommendations:

- We recommend that a review of the threshold for care be undertaken and criteria for treatment be lowered so that help services can be accessed in the intervention stages. We note that despite training regarding maternal mental health being undertaken by those involved in a pregnant women's care, the threshold to meet criteria to access care is high. This means that women are not getting the care they need before their illness progresses to severe cases.

- We recommend increasing diversity among staff employed in mental health and addiction as Māori, Pacific and Asian peoples are under-represented among addiction and mental health workers (MOH, 2005).
- We recommend that all maternal mental health services have their own antenatal information or Hapū Wānanga available for the group or individual.

4.4 Infant Feeding

4.4.1 Rates of exclusive breastfeeding at six weeks and 15 weeks sit well below the Ministry of Health targets (Ministry of Health, 2002). According to verified Royal New Zealand Plunket data (Royal New Zealand Plunket, 2014) only 18% of babies (dropping to 10% of Māori babies) in Aotearoa New Zealand are exclusively breastfed as per the World Health Organization's optimal infant feeding recommendations (World Health Organization, 2003). Along with changing infant feeding patterns we are also seeing increasing ethnic diversity, with younger generations becoming increasingly multicultural (Statistics New Zealand, 2018), (The Ministry of Social Development, 2008), this has resulted in the need to review certain areas of infant feeding promotion and support that do not currently provide for the information and support needs of our diverse populations (particularly those who are formula feeding).

4.4.2 The New Zealand Government formed a National Breastfeeding Advisory Committee (NBAC) in 2006, with the purpose of improving the health and well-being of the nation by promoting, protecting and supporting breastfeeding (National Breastfeeding Advisory Committee of New Zealand, 2009). In 2009 National Breastfeeding Committee released the National Strategic Plan of Action for Breastfeeding 2008 – 2012 which presented a strategic framework for improving breastfeeding rates in New Zealand. The committee was disestablished in 2009, as part of a suite of recommendations made in the Ministerial Review Group Report 'Meeting the Challenge'. Since 2009 there has been no national body responsible for the implementation of the strategic plan nor the coordination of activities to improve infant feeding outcomes in New Zealand. In the interim, there have been repeated calls by breastfeeding advocates from a range of health and social sector organisations to re-establish national coordination of breastfeeding protection, promotion and support activities. For example, the Health Committee report on the 'Inquiry into improving child health outcomes and preventing child abuse' (2013) reported strong sector desire for reinstating a body responsible for the national coordination of breastfeeding (Report of the Health Committee, 2013).

4.4.3 Global infant feeding strategies clearly mandate the critical role of national multi-sectoral coordination as part of an integrated and comprehensive approach to ensure improved infant and young child feeding. The Global Strategy for Infant and Child Feeding (World Health Organisation & UNICEF, 2003) warns of weakened government commitment as a major risk to the gains in breastfeeding uptake and duration made over the past two decades.

Recommendations:

Whilst we applaud the New Zealand governments efforts to improve child health via initiatives such as increased length of Paid Parental Leave and the 2018 Families Package we would like to see the implementation of the following recommendations:

- Establishment of a multidisciplinary cross-sector National body for Infant and Young Child Feeding
- Review update and implement (with adequate resourcing) of the National Strategic Plan of Action for optimal infant feeding.
- Full enactment of the International Code of Marketing of Breast-milk Substitutes as recommended by the Health Select Committee 2013 as the voluntary (INC Code) is not working effectively.
- Work with sector partners to develop strategies/resources to ensure that health workers with a focus on the midwifery workforce and Tamariki Ora / Well Child providers have information to support knowledge about how to ensure safe and appropriate use of formula, and information that will support women with infants of six months of age and under, to move from partial breastfeeding to fully breastfeeding if they wish.

General Health Recommendations:

- We encourage the government to develop a specific women's health strategy to guide health services which promotes the active participation of women in health care.
- WHA asks that a gender analysis in health care policy and research be undertaken to obtain a greater understanding of gender as a key determinant of health.
- We urge further development of equitable access and safe services including culturally diverse health services for specific populations including Maori, Pasifika, teen, disabled and LGBTQIA people.

- Health policy must recognise key developmental and transition points in women's lives such as pregnancy and childbirth, menopause, and the cumulative effects of experiences over time. Health policy must also address risk factors such as socioeconomic status the effects of poor environments such as access to safe healthy food and recreational spaces and barriers to health care access such as transportation, location, cultural appropriateness and cost.

ii. Closing Comments

4.4.4 Aotearoa New Zealand has made some progress towards meeting their human rights commitments, however, ongoing problems exist with particular regard to women and children in the areas of discrimination and equality, health, and violence. As a non-governmental organisation with a special focus on women's health, we would like to emphasise the impact that these areas have on the health and wellbeing of women in Aotearoa New Zealand.

4.4.5 Thank you for your consideration. We are happy to respond to any further questions the committee may have.

References

Bennett, Lucy. (2018, July 6). *Government target of 50 per cent women on state sector boards and committees by 2021.* Retrieved from NZ Herald: https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12084138

BPJ, Special Edition. (2010). Depression in the Antenatal and Postnatal Periods. *Best Practice Journal*, 1-21.

Chronic Diseases Public Health National Services Purchasing Ministry of Health. (2012*). Literature Review on the Key Components of Appropriate Models and Approaches to Deliver Sexual and Reproductive Health Promotion to Pacific Peoples in Aotearoa New Zealand*. Wellington: Ministry of Health.

Clearinghouse, N. Z. (2016*). Data Summary: Children and Youth affected by Family Violence*. New Zealand Family Violence Clearinghouse.

Commission, N. Z. (2013). *Report on New Zealand's Human Rights Performance: Submission of the New Zealand Human Rights Commission to the 18th session of the Human Rights Council; New Zealand's Second Universal Periodic Review*. New Zealand Human Rights Commission.

Counties Manukau District Health Board. (2012). *External Review of Maternity Care in Counties Manukau District Health Board*. Auckland, New Zealand : Counties Manukau District Health Board. Retrieved from https://www.countiesmanukau.health.nz/assets/About-CMH/Report

Dominguez-Redondo , E. (2012). The Universal Periodic Review - Is there life beyond naming shaming in Human Rights Implementation? *New Zealand Law Review*, 673-706.

Foundation, H. R. (2017, April 3). *UPR*. Retrieved from Human Rights Foundation: https://humanrightsfoundation.wordpress.com/upr/last-upr/

Geiringer, C., & Palmer, M. (2007, March). Social Policy Journal of New Zealand Te Puna Whakaaro. *Human rights and social policy in New Zealand*(30), 12-41.

Government, N. Z. (2015). *Response to the List of Issues raised in connection with the consideration of the Third and Fourth periodic report of the New Zealand Government.* Wellington: Save the Children.

Government, N. Z. (2017). *Implementation of the Internation Covenant on Economic, Social and Cultural Rights: Fourth periodic report submitted by States parties under articles 16 and 17 of the Covenant: New Zealand.* New Zealand.

Grant Thornton: An instinct for growth. (2018). *Women in business: beyond policy to progress.* Grant Thornton International Ltd.

Justice, M. o. (2017, March 20). *Constitutional Issues & Human Rights*. Retrieved from justice.govt.nz: https://www.justice.govt.nz/justice-sector-policy/constitutional-issues-and-human-rights/human-rights/international-human-rights/crc

LivingWageNZ. (2017, April 6). *Living Wage*. Retrieved from http://www.livingwage.org.nz/

Ministry of Health. 2011. Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand. Wellington: Ministry of Health

Moran, D. (2018, April 11). *Media Releases*. Retrieved from Ministry of Health: https://www.health.govt.nz/news-media/media-releases/ministry-health-and-new-zealand-college-midwives-working-together-maternity-programme

MSD. (2017, April 3). *UNCROC*. Retrieved from Ministry of Social Development: https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/uncroc/

National Breastfeeding Advisory Committee of New Zealand. (2009). *National Strategic Plan of Action for Breastfeeding 2008 - 2012.* Wellington: Ministry of Health.

Nations, U. (2016). *Convention on the Rights of the Child: Concluding observations on the fifth periodic report of New Zealand.* United Nations: Committee on the Rights of the Child.

New Zealand Government. (2018, March 28). *Care and support workers pay equity settlement*. Retrieved from Ministry of Health Manatu Hauora: https://www.health.govt.nz/new-zealand-health-system/pay-equity-settlements/care-and-support-workers-pay-equity-settlement

NZ, S. (2017, March 21). *Child and Youth Prosecution Tables: Calander Year*. Retrieved from Stats NZ: http://www.stats.govt.nz/tools_and_services/nzdotstat/tables-by-subject/child-youth-prosecution-tables-calendar-year.aspx

Palmer, M., & Geiringer, C. (2007). Human Rights and Social Policy in New Zealand. *Social Policy Journal*, 12-41.

PMMRC. 2017. Eleventh Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2015. Wellington: Health Quality & Safety Commission.

Report of the Health Committee. (2013). *Inquiry into improving child health outcomes and preventing child abuse, with a focus from pre-conception to three years of age.* Wellington : New Zealand House of Representatives . Retrieved from http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH_SCR6007_1/inquiry-into-improving-child-health-outcomes-and-preventing

Research New Zealand. Maternity Consumer Survey. (2014). *Maternity Consumer Survey 2014.* Wellington: Ministry of Health.

Revenue, I. (2016, October 21). *Working for Families Tax Credits*. Retrieved from Inland Revenue: http://www.ird.govt.nz/wff-tax-credits/understanding/all-about/iwtc/in-work-tax-credit.html

Rights, N. H. (2017). *New Zealand's National Plan of Action: Poverty.* Human Rights Commission. Retrieved from Human Rights Commission.

Royal New Zealand Plunket. (2014). *Report prepared for Women's Health Action Trust (2002-2013, 2014-2015).* Wellington: Author. Retrieved October 27, 2015

Sin, D. I., & Pacheco, D. K. (2018). *Parenthood and labour market outcomes.* Wellington: Ministry for Women.

Statistics New Zealand. (2018). *Live births by ethnicity of child (Annual-Dec).* Statistics New Zealand.

Te Kawanatanga o Aotearoa. (2017, June). *o matou mohiotanga: our research and publications*. Retrieved from Te Puni Kokiri: realising Maori potential: https://www.tpk.govt.nz/en/a-matou-mohiotanga/health/maori-family-violence-infographic

UNICEF. (2013). *Kids Missing Out: A summary of the first twenty years of the UN Convention on the Rights of the Child in Aotearoa New Zealand.* UNICEF New Zealand.

Wilson, M., McGregor, J., & Bell, S. (2015). The Impact of Economic and social human rights in New Zealand case law. *The Australian Journal of Human Rights*, 143-167.

World Health Organisation, & UNICEF. (2003). *Global strategy for infant and young child feeding.* World Health Organisation.

World Health Organization. (2005). *Maternal and Newborn Health in the WHO European Region: The challenges and the way forward: Fact sheet EURO/03/05. .* Copenhagen: World Health Organization.

The Ministry of Social Development. (2008). *Children and Young People: Indicators of Wellbeing in New Zealand 2008.* Wellington : The Ministry of Social Development.

Zealand, S. N. (2014). *Measuring child poverty in New Zealand: Issues and Practicalities.* Wellington: Expert Advisory Group on Solutions to Child Poverty.

Notes

[i] Human Rights Commission. 2010. Human Rights in New Zealand 2010. http://www..hrc..co..nz/hrc_new/hrc/cms/files/

[ii] CEDAW/C/NZL/CO/7, para, 24

[iii] New Zealand Family Violence Clearinghouse Data Summaries Snapshot, June 2017, quoting Data Scientist, National Performance & Insights Centre, New Zealand Police. (2017, May), http://areyouok.org.nz/family-violence/statistics/ on 02.7.2018

[iv] New Zealand Crime and Safety Survey: 2014 (2015), www.justice.govt.nz/justice-sector-policy/researchdata/nzcass/survey-results/

[v] Fanslow, JL., Robinson, EM., Crengle, S., Perese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women.

[vi] Fanslow, JL. and Robinson, EM. (2004). Violence against Women in New Zealand: Prevalence and health consequences. New Zealand Medical Journal, 117 (1206).

[vii] Ministry of Women's Affairs (2009). Restoring Soul: Effective Interventions for adult victims/survivors of sexual violence. MWA: Wellington.

[viii] Ministry of Justice, Family and sexual violence updates, https://www.justice.govt.nz/justice-sector-policy/keyinitiatives/reducing-family-and-sexual-violence/work-programme/updates/#H1

[ix] World Health Organization (2009), Promoting Sexual and Reproductive Health for Persons with Disabilities WHO/UNFPA Guidance Note, https://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf

[x] Percentage in the July 2017 quarter, http://women.govt.nz/work-skills/income/gender-pay-gap

[xi] New Zealand Human Rights Commission, Tracking Equality at Work 2018, http://tracking-equality.hrc.co.nz/#/

[xii] Marmot M. 2005. Social determinants of health inequalities. Lancet; 365:1099 – 1104

[xiii] https://www.livingwage.org.nz/about

[xiv] https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12074537
[xv] For example, 50% of poor children in New Zealand come from Maori or Pacific Island backgrounds. Perry, B. Household Incomes in New Zealand: Trends in Indicators of Inequality and Hardship 1982 to 2011. Wellington: Ministry of Social Development (2012). Can be accessed at http://www.msd.govt.nz/about-msd-and-our-work/publicationsresources/monitoring/household-incomes/
[xvi] Parental Leave and Employment Protection Act 1987, section 9(1).
[xvii] https://www.livingwage.org.nz/about
[xviii] Sroufe, L. Alan, and Waters, Everett. Attachment as an Organizational Construct. Child Development, 1977, 48, 1184–1199.
[xix] file:///C:/Users/Cleo/Downloads/effect-of-motherhood-on-pay-methodology-full-results.pdf
[xx] Statistics New Zealand and Ministry for Women (2017). Effect of motherhood on pay – methodology and full results. Retrieved from www.stats.govt.nz
[xxi] World Health Organisation. 1946. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York,19 – 22 June,1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. 23 45th ed. Supplement, October 2006.
[xxii] https://www.womens-health.org.nz/health-topics/abortion-termination-of-pregnancy/
[xxiii] CEDAW/C/NZL/8
[xxiv] 1 Letter available: http://www.lawcom.govt.nz/sites/default/files/projectAttachments/180227-LITTLE%20Hon%20ALaw%20Commission%20referral%20re%20abortion%20law.pdf