

The sexual and reproductive health and rights of young people in Aotearoa New Zealand

Thematic report to the United Nations Committee on the Rights of the Child 6th Periodic Review of New Zealand 93 Pre-Sessional Working Group (26 Sep 2022 – 30 Sep 2022)

Background

1. In the List of issues prior to reporting (CRC/C/NZL/QPR/6), the Child Rights Committee requested that New Zealand:

“22. Please provide information about the current extent of accessibility for children to adequate health services, including age-appropriate mental health services, across the State party’s territory, and about measures taken to:

c) Provide sexual and reproductive health services and education to children in view of the still high rate of teenage pregnancy and the increasing rates of sexually transmitted diseases.”

In its response to the Child Rights Committee, New Zealand government wrote¹:

- a. “MOH funds a broad range of sexual and reproductive health services, programmes and initiatives. Services are delivered through general practice, hospitals, and other community-based service providers such as New Zealand Family Planning, laboratories, specialist fertility services, and health promotion providers. Schools and other government agencies also undertake work in this area.
 - b. Relationships and Sexuality Education is compulsory learning in the New Zealand Curriculum from years 1–10 (ages 5–15) and covers education on sexual and reproductive health, including contraception and sexually transmitted infections. MOE recently released refreshed [Relationships and Sexuality Education resources](#) for both primary and secondary schools to ensure Boards of Trustees, principals and teachers have clear and up to date guidance for expected learning in this area and information on how to create safe, healthy, and inclusive school environments.”
2. This thematic report seeks to provide additional information about the provision of sexual and reproductive health services and education to young people in Aotearoa New Zealand.
 3. Family Planning is New Zealand’s only national provider of sexual and reproductive health services for primary health and sexual health promotion. We are a non-governmental organisation (NGO) operating 29 clinics throughout Aotearoa New Zealand as well as services in schools and through community partnerships. We offer accredited clinical courses and workshops for doctors, nurses, midwives and other clinicians working in sexual and reproductive health, and health promotion courses for teachers, parents and the community.
 4. Family Planning services are free for young people under age 22. In 2021, over one-third (33%) of Family Planning clients were under age 22 and 9% were under age 18. Family Planning provided nearly 10,000 consultations to young people under age 18 in 2021.

Sexual and reproductive health and rights and human rights

5. Realising sexual and reproductive health and rights is central to fulfilling the full range of human rights. All young people have a right to sexual and reproductive health and wellbeing including access to free, confidential sexual and reproductive health services and information and relationship and sexuality education. Young people should be empowered to exercise their human rights and evolving capacity and to live free from discrimination, abuse and coercion.
6. Young people’s sexual and reproductive health can impact their health and wellbeing throughout their lives. Young people have particular reproductive and sexual health needs,² including youth friendly health care services, information and education so they can make sense of their rapidly changing bodies and emotions, explore their identity, and develop the skills and knowledge to be healthy and safe.

¹ Replies of New Zealand to the list of issues in relation to its sixth periodic report <https://www.msdc.govt.nz/documents/about-msdc-and-our-work/publications-resources/monitoring/uncroc/reporting/new-zealand-sixth-periodic-report-under-crc.pdf>

² Braeken, D., Rondinelli, I. (2012) Sexual and reproductive health needs of young people: Matching needs with systems. *International Journal of Gynecology and Obstetrics*. 119, S60–S63.

7. The Committee on the Rights of the Child has strongly advocated for the sexual and reproductive health and rights of young people.^{3,4} Other UN bodies, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Committee on Economic, Social and Cultural Rights (ESCR Committee) and the Human Rights Committee have also been clear that sexual and reproductive health and rights of young people are central to fulfilling human rights.⁵
8. In Aotearoa New Zealand, Māori (indigenous people of Aotearoa) rights to good sexual and reproductive health are guaranteed under the Treaty of Waitangi. It is also an obligation under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Sexual and reproductive health services for young people – inequity in access

9. There is currently inequitable access to sexual and reproductive health services in New Zealand for young people, particularly Māori and Pacific young people, and inequitable health and social outcomes. This inequity is described in the Family Planning thematic report submitted to the Child Rights Committee in 2020 to inform the list of issues prior to reporting. This report provides some further evidence.
10. A substantial research report⁶ on sexual and reproductive health of secondary school students was published in November 2020. The report finds that while New Zealand young people, like young people around the world, continue to delay engaging in sexual activity, and there are declining rates of teenage pregnancy and abortion, among secondary school students who are sexually active, fewer in New Zealand are using contraception and condoms as compared to over a decade ago. For example, the proportion of sexually active young people reporting that they always use contraception declined from 62% in 2007 to 52% in 2019. It is discouraging to see not only no improvement – but declines – in consistent contraception and condom use over the past decade.
11. There has been investment in school-based health services over the past decade, with funding for more nurses in more schools.⁷ However, there is inconsistent provision of sexual and reproductive health services through school nurses, despite it being one of the main reasons students visit a school nurse.⁸ Inconsistent provision is due to a range of factors including limitations imposed by school boards and leadership, job descriptions and whether the nurse has trained to be able to prescribe independently as a registered nurse prescriber or can work with an authorised prescriber like a GP under standing orders. Also, not all nurses are trained to insert long-acting reversible contraceptives (LARCs) and the school setting may not allow for the provision of this type of contraceptive.

³ Center for Reproductive Rights (2014) Reproductive Rights Under the Convention on the Rights of the Child. https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Wright_Glo%20Adv_7.15.14.pdf

⁴ Committee on the Rights of the Child (2013) General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

⁵ Human Rights Committee (2018). General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life* Retrieved from: https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf

⁶ Clark, T.C., Lambert, M., Fenaughty, J., Tiatia-Seath, J., Bavin, L., Peiris-John, R., Sutcliffe, K., Crengle, S., & Fleming, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Sexual and reproductive health of New Zealand secondary school students. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

⁷ New Zealand School Nurses (2019) <https://www.nzschoollnurses.org.nz/article/budget-2019>

⁸ Denny S., Grant S., Galbreath R., Clark, T.C., Fleming, T., Bullen, P., Dyson, B., Crengle, S., Fortune, S., Peiris-John, R., Utter, J., Robinson, E., Rossen, F., Sheridan, J., Teevale, T. (2014). Health Services in New Zealand Secondary Schools and the Associated Health Outcomes for Students. Auckland, New Zealand: University of Auckland.

12. Researchers exploring health services in New Zealand secondary schools report that “Comments from the health staff surveyed indicate that the limitations set by school authorities are most commonly in the area of sexual and reproductive health. Some schools do not allow any sexual or reproductive health services at all on school grounds (but may allow health staff to arrange appointments or take students to services they need elsewhere); others rule out certain aspects only (such as contraceptive services); and some allow sexual and reproductive health services so long as they are not spoken about openly or advertised within the school.”⁹
13. There is significant variation in what sexual and reproductive health services school nurses are enabled to provide. Unpublished research¹⁰, based on a survey of school nurses in 2018, found only 8 nurses across the country reported that they were able to provide the contraceptive implant to students seeking contraception.
14. There have been no systematic or consistent strategies to improve access to condoms among sexually active young people in secondary school. For example, there are no condom availability programmes in New Zealand schools despite evidence of their success overseas.¹¹
15. There is no one size fits all option for ensuring young people have access to sexual and reproductive health services and information. Young people should have a suite of available options including access through a school nurse, their own GP, a specialist primary care provider like Family Planning or a youth one-stop shop, or a Māori health provider.
16. Currently young people face numerous barriers accessing sexual and reproductive health services in primary care including cost, stigma, lack of trained providers, lack of youth friendly services and concerns about confidentiality.¹² Researchers have found that Māori and Pacific young people are more likely to have not been able to access a health provider when they needed to as compared to European New Zealanders.¹³
17. These barriers are compounded when accessing long-acting reversible contraception (LARC), which is the most effective type of contraception. New Zealand research has found varying attitudes among general practitioners toward providing LARCs to adolescents.¹⁴ Recent research about Māori young people’s access to long-acting reversible contraceptives (LARCs)¹⁵ shows that stigma, lack of information about the full range of contraceptives, and cost of accessing LARCs were key barriers to accessing this type of contraception.
18. While some primary care health providers offer free sexual and reproductive health services to young people, there is no national consistency in access to these services as there can be different criteria for free services in different regions. Specialist sexual and reproductive health providers like Family Planning or sexual health clinics offer free or low cost services but these services are not available in every community, and there can be long wait times due to high demand for services and limited resourcing.

⁹ Ibid. Page 19.

¹⁰ Cammell, C. (2021). Defining the role and Scope of a School Nurse. New Zealand School Nurses. <https://www.nzschoolnurses.org.nz/article/defining-the-role-and-scope-of-a-school-nurse>

¹¹ Algur E, Wang E, Friedman HS, Deperthes B (2019) A Systematic Global Review of Condom Availability Programs in High Schools. *Journal of Adolescent Health*. 64 (2019) 292–304.

¹² Rose SB et al. (2021) *Sexual Health*, 18(5), 394–404. doi:10.1071/SH21092

¹³ Peiris-John, R., Farrant, B., Fleming, T., Bavin, L., Archer, D., Crengle, S. & Clark, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Access to Health Services. Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand

¹⁴ Duncan R, Paterson H, Anderson L, Pickering N. 'We're kidding ourselves if we say that contraception is accessible': a qualitative study of general practitioners' attitudes towards adolescents' use of long-acting reversible contraceptives (LARC). *J Prim Health Care*. 2019 Jul;11(2):138–145. doi: 10.1071/HC18105. PMID: 32171356. <https://www.publish.csiro.au/hc/pdf/HC18105>

¹⁵ Southey K, Green A, Lawton B, Matthews TO, Tipene J, Laurence R (2022) Te Kaha o te Rangatahi Rangatahi Access to Long-Acting Reversible Contraception in Counties Manukau.

Recommendation: Expand equitable access to a range of free or low-cost youth-friendly sexual and reproductive health services in primary care, including school-based health services.

Relationships and Sexuality Education

19. As reported by the government, “Relationships and Sexuality Education is compulsory learning in the New Zealand Curriculum from years 1–10 (ages 5–15) and covers education on sexual and reproductive health, including contraception and sexually transmitted infections. [The Ministry of Education] recently released refreshed Relationships and Sexuality Education resources for both primary and secondary schools to ensure Boards of Trustees, principals and teachers have clear and up to date guidance for expected learning in this area and information on how to create safe, healthy, and inclusive school environments.”
20. While the release of new resources is positive, there has been limited investment in professional development for teachers and school leaders to utilise the resources and limited support to ensure implementation of the Ministry of Education guidelines.
21. An unpublished 2021 survey of primary school teachers¹⁶ found that nearly half of teachers surveyed were not aware of Ministry of Education Guidelines for teaching relationships and sexuality education. The guidelines are intended to ensure consistent, quality relationships and sexuality education in every school.
22. Numerous surveys and research reports show that relationships and sexuality education is not consistently taught in New Zealand schools and many students are missing out on relationships and sexuality education that meets their needs.^{17,18,19}

Recommendation: Support improved delivery of relationship and sexuality education in all schools across New Zealand by providing increased support for effective and consistent implementation of Ministry of Education guidelines including professional learning and development.

Opportunities for Aotearoa New Zealand

23. There are several important opportunities for New Zealand to address inequity in access to sexual and reproductive health services and education for young people.
24. New Zealand is currently undertaking reform of the entire health and disability system. The reform is taking place at a national level, with new health entities and systems to plan, deliver and monitor the provision of health care in all regions of the country. Health system reform

¹⁶ Dixon, Rachael (2021) Webinar presentation: RSE: Research and teacher supports. Unpublished.

¹⁷ Education Review Office (ERO) (2018) Promoting wellbeing through sexuality education. Retrieved from: <https://www.ero.govt.nz/publications/promoting-wellbeing-through-sexuality-education/>

¹⁸ Family Planning (2019) Young People’s Experiences of Sexuality Education https://www.familyplanning.org.nz/media/303990/youth-survey-summary-report_march2019_final.pdf

¹⁹ Ellis, S. J., & Bentham, R. M. (2021). Inclusion of LGBTIQ perspectives in school-based sexuality education in Aotearoa/New Zealand: An exploratory study.

presents an important opportunity to ensure free or low-cost access to sexual and reproductive health services for young people in every community from a range of primary care providers, including specialist primary care providers like Family Planning and youth one-stop shops, school nurses, general practice and Māori health providers.

25. As part of healthy system reform, there is a new legislative requirement for government to have a Women's Health Strategy.²⁰ This is a first for New Zealand. There has never been a national strategy for women's health. This presents another opportunity to prioritise and ensure equitable access to sexual and reproductive health services for girls, including equitable access to contraception, STI testing and treatment, menstrual management and support for managing endometriosis.
26. The Ministry of Education is currently refreshing the New Zealand Curriculum,²¹ which is a national curriculum for all students in Aotearoa. In 2024, the Health and Physical Education area of the curriculum will be under review. This is an opportunity to clarify the intentions for teaching and learning in relationships and sexuality education. It also provides an opportunity to identify and develop mechanisms to improve accountability for teaching and learning in this area of the curriculum.

²⁰ Pae Ora (Healthy Futures) Act 2022. Section 45.

<https://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575405.html>

²¹

<https://www.education.govt.nz/our-work/changes-in-education/curriculum-and-assessment-changes/curriculum-refresh/>