



Auckland Women's Health Council

Oral Submission on the Contraception, Sterilisation, and Abortion (Safe Areas) Amendment Bill

Ata mārie. Ko Sue Claridge taku ingoa. Thank you for the opportunity to make an oral submission today on the matter of the Contraception, Sterilisation, and Abortion (Safe Areas) Amendment Bill.

I am representing the Auckland Women's Health Council, a voluntary organisation of individual women and women's groups who have an interest in and commitment to women's health issues. The organisation was formed in 1988 to provide a voice on women's health issues in the Auckland region.

Our vision is that all women have agency over their physical, mental, emotional and spiritual well-being and are fully informed of health services available and have access to them.

Since the legislative changes that took effect in March 2020, abortion has been a health issue like any other. The Auckland Women's Health Council believes that all New Zealanders should be able to freely access any lawful health service without fear of harassment or intimidation, and that their right to do so should not be outweighed by any individual or group's right to free speech.

Safe areas should be automatically assigned to every facility providing abortion advice, counselling or medical or surgical abortion services. We believe that the proposed Contraception, Sterilisation, and Abortion (Safe Areas) Amendment Bill does not go far enough in protecting New Zealanders seeking abortion services.

We would not tolerate harassment, intimidation, judgement, or tacit or explicit name calling of people accessing any other health service, and this should be extended to any New Zealander, and their whānau and supporters when it comes to access to abortion services. It would be unconscionable if men seeking vasectomies suffered such harassment, or if those seeking maternity services for their third or subsequent child, were verbally abused for having more children by an environmentalist who believes the planet is already overpopulated. Similarly, we would not tolerate harassment of people on methadone programs picking up their medication. There are many such examples in which people may judge their fellow New Zealanders for decisions regarding their health, but we would not tolerate interference under the guise of permitting free speech.

The decision to end a pregnancy is not always an easy decision – and the reasons are complex and often socially driven – for example, being a single mother still often has stigma attached. We live in a society where eugenics is hidden behind routine antenatal screening and choosing to not have such screening can be seen as being irresponsible.

The decision to have an abortion may even go against a person's own beliefs, or may involve a much wanted baby. A pregnancy may be the result of rape or incest, or the foetus maybe so disabled that it would not survive birth or early infancy. To to be confronted by anti-abortion placards, protests and accusations as one

arrives at a clinic or abortion facility must add to the emotions and grief experienced by the woman and her partner.

We have known a number of women who have sought to terminate their pregnancies; all have found it a very difficult and traumatic decision to make. I know of one who was confronted by protestors, those who were exercising their so-called right to free speech, and she is still too traumatised by her experience to discuss it, to do much more than to allude to it.

AWHC has always defended the right of women to make decisions about their reproductive health, including the right to choose to end a pregnancy. My own personal story is that after my second child was born when I was 37, I was horrified by the thought of having another baby. I had difficult labours, I was run down, exhausted and sleep deprived. I did not want another, and we couldn't really afford to raise a third child.

I had a couple of pregnancy scares, which forced me to consider abortion; much to my relief those scares turned out to be nothing, but it made me very aware of how difficult a decision it would be to end a pregnancy with a baby that was a full sibling to my two very wanted and much-loved children. Had I been forced to make that decision, being confronted with placards would have made an already unbearable situation so much more traumatic.

No New Zealander should fear that they will be judged and pilloried in order to access any lawful health service. Safe areas must be implemented across the board for all abortion services providers and facilities. This should not be applied on a case-by-case basis and New Zealanders should not have to wait until someone has been harassed and intimidated before safe areas are applied.

While the proposed Contraception, Sterilisation, and Abortion (Safe Areas) Amendment Bill corrects the grievous omission of safe zones from the Abortion Legislation Act 2020, it does not go far enough, and the Auckland Women's Health Council requests the laborious process set out in the proposed bill be replaced with automatic safe areas to be applied to all current and future abortion facilities.