

27th January 2020

Crimes (Definition of Female Genital Mutilation) Amendment Bill

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing



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The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Crimes (Definition of Female Genital Mutilation) Amendment Bill, and we acknowledge the women MPs, Jenny Marcroft, Golriz Ghahraman, Priyanca Radhakrishnan and Jo Hayes who jointly introduced this Bill to clarify the legal definition of female genital mutilation.

Introduction

Midwives in Aotearoa New Zealand work in partnership with women to provide the necessary skilled support, care and advice during pregnancy, birth, labour and the post-birth period. The midwifery continuity of care model supports midwives and women to develop quality relationships that enhance the midwife-woman connection and this fosters trust and meaningful dialogue about a range of concerns and issues. FGM is recognised internationally as a human rights violation and as being harmful to the health and wellbeing of girls and women. Midwives are key frontline health care professionals who work with pregnant and birthing women who have experienced female genital mutilation (FGM) and we are concerned about the complications and issues that arise for birthing women.

Feedback from the College is below.

1.0 The College supports the update of Section 204A of the Crimes Act 1961 to include all types of FGM.

- 2.0 The College notes that the World Health Organisation (WHO) classified female genital mutilation into four different types in 1997. They have now further subdivided these categories, to capture the varieties of FGM in more detail. We question whether there is a need, therefore, to describe the four major types, as defined by the WHO, in the update of section 204A of the Crimes Act 1961? The explanatory notes (194-1) state there are four types of FGM but this is not reflected in the wording of the Amendment Bill Section 204A(1).
- 3.0 The College recommend an expansion of description of the four types, such as described below, as this better reflects the WHO definitions.
- Type I. Partial or total removal of the clitoral glans, with or without, the prepuce/clitoral hood
- Type II. Partial or total removal of the clitoral glans and the labia minora, with or without,
 removal of the labia majora and/or the prepuce /clitoral hood.
- Type III. Narrowing of the vaginal opening by cutting and repositioning the labia minora, or labia majora, or both. (Described as infibulation)
- Type IV. All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterisation.

Conclusion

Updating Section 204A of the Crimes Act 1961 to include all types of FGM and ensure that all forms are illegal in Aotearoa New Zealand is likely to significantly improve protection for girls and women at risk, although the College does have some concerns that the law alone will be ineffective if support for increasing local community resources and education is not undertaken. The College supports this change which recognises the obligations of Aotearoa New Zealand in regards to human rights and the international conventions to which we are signatories, such as the Universal Declaration of Human Rights, The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and The Convention on the Rights of the Child (UNCROC).

The College welcomes an update to Section 204A of the Crimes Act 1961.

Ngā mihi

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