

13th August 2020

Sex and gender identity statistical standards: Consultation

New Zealand College of Midwives

PO Box 21 206

Christchurch 8143

Tel (03) 377 2732

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

13th August 2020

Stats New Zealand

identity@stats.govt.nz.

Sex and gender identity statistical standards: Consultation

Introduction and background

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the sex and gender identity statistical standards. Midwives work in partnership to provide care for pregnant and childbearing women and people who self-identify as lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+ / Takatapui), and aim to provide culturally safe, respectful and positive midwifery, pregnancy and birthing experiences to all.

The College supports the development of policies which recognise the human rights of transgender, gender non-binary and intersex people, and consider that midwives have a professional responsibility to become informed about the needs of people in their care who identify as transgender, gender non-binary, and intersex and to support access to maternity care which is respectful, compassionate, and free from discrimination and abuse. In terms of equity of access to resources and care, we support appropriate data collection methods as a potential means to achieve a degree of equality monitoring that can better meet human rights, needs, and support policy development and service delivery.

The College recognises the need to address the problem of limited inclusiveness of intersex and transgender populations, and we fully support updating the definitions used in data collection. We do have a focus on midwifery and maternity, and women represent the overwhelming majority of our work. We have actively worked towards gender equity for many years, and the invisibility of women and women's rights is an ongoing concern. We support an additive-use approach in our work to ensure we do not undermine or eliminate the primacy of women in birth. This means we will continue to prioritise the use of the words wāhine, woman and / or women in our documents, and use additional gender-inclusive language to ensure inclusivity.

Feedback in response to the questions is below.

7. Gender by default principle

We propose that the 'gender by default' principle is adopted in the updated standard. This is an approach that defaults to the use of gender data as opposed to sex at birth. Collection of sex at birth information should be viewed as an exception. In most cases a person's gender – their social and personal identity – is most relevant for policy making and research rather than their sex at birth. Gender based analysis is used in a range of areas, from income equality to health and education. Recent guidance has recommended that in most cases when sex or gender information is required, gender is most relevant to collect.

To what extent do you agree or disagree with the gender by default principle in the proposed standard?

b. Agree - with reservations as below

8. Please explain the reason for your rating: The College would like to see a more contextual approach for sex at birth data rather than viewing this as an exception. Collecting sex at birth data for health-related purposes where necessary and for census collection, may be important for health care, particularly reproductive services including maternity and midwifery. The College considers that maintaining data about sex and gender is important to equality monitoring. We also feel an option to refuse to answer what could be seen as a sensitive question should be available. A question which asks if gender identity matches sex as registered at birth, for example, should include a 'prefer not to say' option.

9. 'Gender' concept definition

We propose the following gender definition: 'Gender refers to a person's social and personal identity as male, female, or another gender such as non-binary. Gender may include how a person describes themselves ('gender identity'), and/or the gender a person publicly expresses ('gender expression') in their daily life. A person's current gender may differ from the sex recorded at their birth and may differ from what is indicated on their current legal documents. A person's gender may change over time. Some people may not identify with any gender.'

To what extent do you agree or disagree with the proposed definition for gender?

b. Agree

10. Please explain the reason for your rating: -

11. Another gender

We propose 'another gender' as the category for classifying responses as opposed to 'gender diverse'. This both renames that classification (which is currently known as 'gender diverse') and limits it to those who specify their gender as 'another gender'. In the New Zealand context, the term 'gender diverse' is

often used and understood as an umbrella term, similar to the terms trans or transgender. However, some trans people may not use the term and not all gender diverse people may identify as trans (Oliphant, 2018). This consistent approach also avoids ascribing an umbrella term that may not be a good fit for some respondents. It will also more clearly indicate that data reported in this third 'another gender' category does not represent all transgender people (as many will have selected male or female responses) and avoid the confusion created under the current 'gender diverse' classification.

b. Agree

12. Please explain the reason for your rating: -

13. Two-step method

We propose use of the two-step method in the updated standard. This involves asking a question about sex at birth, combined with a question on gender. The twostep approach is considered best practice for use in population representative data collections, where reflecting the transgender population is required. It is also the approach implemented by Statistics Canada in some of their surveys.

b. Agree

14. Please explain the reason for your rating: -

15. 'Sex at birth' concept definition

We propose introducing a specific definition and question module based on 'sex at birth' for use in surveys, used solely in the two-step method (where identifying transgender populations is required). Sex at birth refers to the sex recorded at a person's birth (e.g. recorded on their original birth certificate).

b. Agree

16. Please explain the reason for your rating: The College agrees that a question about sex at birth should be included in surveys. We are confused, however, by an apparent contradiction between Q7 which states "*Collection of sex at birth information should be viewed as an exception*" and Q15.

17. Intersex information needs

We propose adoption of an intersex variation question where intersex population data is required. Where intersex population data is required, international best practice is to use a separate question asking whether a person was born with an intersex variation.

b. Agree

18. Please explain the reason for your rating: The College considers that this question should also include a 'prefer not to say' option. We note that the NZ Human Rights Commission expressed some concerns about the potential to create assumptions that all intersex people belong in one 'intersex

category', whereas most intersex people identify as male or female, and there are over forty distinct sex characteristic variations.¹ Further work with the intersex community would be optimal.

Conclusion

The College supports changes to sex and gender identity statistical standards that will respect the human rights of diverse communities, and support the development of equitable access to services and appropriate service development. We also feel strongly that people should be able to refuse to answer questions about gender identity / diversity and recommend an option for refusal, 'prefer not to say' be incorporated.

We also support rigorous testing of any changes, and further consultation prior to the adoption of new standards as there may be small numbers of respondents which may generate perceived or real disclosure risks, and a significant proportion of unanswered questions which may render the collected information of limited value.

Thank you for the opportunity to provide feedback.

Ngā mihi

Carol Bartle

Policy Analyst

New Zealand College of Midwives

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa

.

¹ New Zealand Human Rights Commission. (2020). *PRISM: Human rights issues relating to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in Aotearoa New Zealand – a report with recommendations*. Wellington, HRC.
376 Manchester Street / PO Box 21106 Edgeware Christchurch / Telephone (03) 377 2732 / Facsimile (03) 377 5662 / Email nzcom@nzcom.org.nz