



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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**Submission to the Ministry of Women's Affairs on the
Discussion Document: Women's Health Strategy**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 43 nationally organised societies. It has 34 branches spread throughout the country to which women from some 150 societies are affiliated.

INTRODUCTION

NCWNZ had policy on Women's health as early as the 1920s. Submissions have been made on a wide range of issues such as Biotechnology and Assisted Human Reproduction, a number of child health issues, Health Ethics, Community Care, Research, Medical illnesses and diseases and remuneration of Women in Health, Training and Conditions of Work.

Two and a half years ago, NCW ran a successful Maternity Services Survey for women who had a baby not older than six months. Information from that survey has been widely used and provides a baseline for the further review of maternity services. Last year a questionnaire survey was carried out on care for the elderly (over 75 years) and their carers. Useful information has been collected and is currently being analysed and studied.

NCWNZ continues to take an active interest in all women's health issues.

GENERAL COMMENTS

The Document for comment contains a number of typographical and grammatical errors and may not have been thoroughly proof-read. Many members made comment about these slips but those comments are not included in this submission.

Comments were received from members of the Health Standing Committee and from Branch members.

More than one respondent commented that the document was wordy and repetitious. Others wondered why it was prepared by the Ministry of Women's Affairs, rather than the Ministry of Health. Others again, commented that they would have liked to have seen some general principles being established with regard to each of the aspects of women's health, if need be disaggregating the principles on ethnic as well as gender grounds.

There was general agreement that a major shortcoming in achieving any of the proposed strategies would be that of funding - to provide the services identified by women as essential for their health and well-being. Strategies cannot solve any health problem without the funding being available to achieve the objectives identified for one or all of the age, ethnic or socio-economic





groups needing health care. Unfortunately, the report fails to tell us anything new about longevity, mental health, disability, violence in the home, diabetes, cardiac disease and so on. What it should be proposing are some achievable objectives to address the evidence indicated as being available on these matters. How these strategies will be funded and how the outcomes will be evaluated and monitored is not touched upon. For example, in Appendix 1 there is mention of collecting high quality health information to better inform Maori policy and research and focus on health outcomes but nothing is said to assure readers that such an ideal can be achieved through a proposal that there would be the allocation of adequate funding

Without exception those responding recognised that this was one of a number of strategies developed to complement the New Zealand Health Strategy, for example Public Health, Primary Care, Palliative Care, Mental Health, and Sexual Health. It was also well recognised by respondents that those strategies will probably require prioritisation for attracting the health dollar and in the past women's health has not been high on the list. This is beginning to change with the current screening programmes for women.

SPECIFIC COMMENTS

Most women commented that they appreciated the gender analysis of issues.

Page 24 – para 3 Access to Health Care

Members felt that maternity services must be seen to include the post-natal period to establish breast-feeding. More support may be required in rural areas to achieve this.

It was agreed by respondents that the priority objectives should contribute positively to gender equality and it is a belief of NCWNZ that improving men's and children's health contributes to women's health by reducing women's responsibilities as "caregivers". Several respondents commented about the impact of violence on women and in particular Maori women, and the means by which a reduction of this might occur.

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"Consultation with women has identified that women want health services developed in ways that provide choices in access of services which include alternatives to the medical model of care". This would suggest the midwifery model of partnership must be worthwhile as a model to follow.

Balance emphasis in areas of content, within the Strategy

Respondents felt that the disadvantages for women's in Maori and Pacific Island health. These are often portrayed as being one and the same throughout this document and it may be better to look in more depth at these specific areas so that important objectives are not missed.

As stated in the introduction, we have data on the elderly in New Zealand. This strategy would appear to place more emphasis on younger women and we feel that more thought should be given to the needs of elderly women to provide a reasonable balance.

Fertility issues need to be dealt with in more detail. Health professionals do not always give women enough detail, and they must be made aware of all methods and aspects of fertility.



CONCLUSION

Public transport and the cost of alternative travel are often critical factors for both rural women and the elderly. Helping isolated elderly women after limiting factors acquired through disability has not been mentioned and this can be a difficulty for these women. More research into the needs of elderly women would be helpful.

Help for solo or young parents to develop parenting skills must have a positive influence on mothers and children as they are the main carers for their families.

Several Rural women commented on the need for many more health services ranging from emergency help, after hours services, travel problems, and respite care for carers.

NCWNZ supports the principle of having a Women's Health Strategy but would like to see the strategy include well defined, specific, achievable and affordable objectives as well as being given a high priority.

Thank you for the opportunity to comment on this Discussion Document and we look forward to seeing a more developed version.

Barbara Glenie
National President

Elizabeth Bang
Convener, Health Standing Committee