2014 Mid Term Report to CEDAW

A response to New Zealand’s progress in addressing two recommendations from the Committee on the Elimination of Discrimination against Women
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Preamble
In its Concluding observations¹ on New Zealand’s seventh periodic report the CEDAW Monitoring Committee requested, within two years, written information on the steps taken to implement the recommendations contained in paragraphs 37 and 39:

37. The Committee recommends that the State party:

   (a) Provide in its next report data and information on the situation of women with disabilities, rural women, older women and women from ethnic minority groups, including with regard to their access to education, employment and health-care services;
   (b) Ensure that the ongoing welfare reforms do not discriminate against disadvantaged groups of women and that an independent evaluation of their gendered impact is made;
   (c) Ensure the gender mainstreaming of policies relating to the process of recovery from the 2011 earthquake, and engage in analysis of their gender impact by using data disaggregated by sex, age, ethnicity and other status.

39. The Committee recommends that the State party:

   (a) Revise the legal minimum age of marriage to 18 years without any exceptions for parental consent;
   (b) Introduce legal measures to prohibit underage and forced marriages and promote measures to protect women affected by polygamy and dowry-related violence.

Involved in the preparation of this report:
- Abortion Law Reform Association of New Zealand
- Family Planning
- Māori Women’s Welfare League
- National Council of Women of New Zealand
- New Zealand Council of Trade Unions (CTU). Women’s Council
- NZ Federation of Business and Professional Women
- PACIFICA Inc
- Rural Women New Zealand
- UN Women National Committee for Aotearoa New Zealand
- Women’s Health Action
- YWCA of Aotearoa New Zealand
- Zonta

Women with disabilities (37a)

There is little disaggregated data available where gender is intersected with disabilities. The 2013 Census figures and the Household Disability Survey results are not available for this report. Much information has been sourced from general research supplied by organisations that service and support people with disabilities, and information provided by disabled individuals and their caregivers.

- Multiple and intersecting forms of discrimination exacerbate the challenges faced by people with disabilities e.g. Māori, women or children.
- Availability of funds for unemployed women with disabilities to be part of the community is limited. The more significant the disability, the greater the challenge to choose a place to live, to be able to work, to have financial independence and to interact with family and society.
- Isolation is a significant issue for disabled women.
- Wives, partners and mothers of disabled men take on the primary caregiver role but husbands and partners of disabled women tend to leave.
- Access to suitable communication devices is not easily affordable.
- Private housing with disability access is not readily available. Accessibility to public buildings, services and shops, is controlled by the Building Act 2004\(^2\) and Building Code\(^3\) but is not mandatory for private homes. It is difficult to rent or purchase a home with disability access. The Royal Commission on the Canterbury Earthquakes have recently recommended that to reduce costs and speed up the rebuild, buildings would not need to comply with disability access.
- Domestic violence legislation does not cover all situations that disabled women live in such as residential facilities, nor all forms of abuse, for example hate crimes such as bullying, name-calling and physical assaults.
- There is a lack of understanding toward the sexual and reproductive health needs of people with disabilities. This is reflected in policy and legislation that fails to uphold the human rights of women with disabilities, e.g. the Crimes Act provisions on abortion discriminate against these women and use outdated, unacceptable terminology.
- Accessibility to transport is a major challenge for women with disabilities.
- There are minimal statistics on women with disabilities attending tertiary education and/or vocational facilities.
- Safe residential education places for girls with severe and/or significant disabilities are extremely limited.
- 60% of disabled New Zealanders are unemployed. Unavailability of part-time work also affects the rate of employment. Anecdotal evidence suggests that the 90 Day Rule\(^4\) and the Minimum Wage Exemption Permit\(^5\) are used to the disadvantage of people with disabilities. Disabled people in the workforce are victims of discrimination and bullying, of receiving low wages, often less than 25% of the statutory minimum wage and sometimes as low as 10%.


Rural women (37a)Rural Women NZ conducted a ‘Feeling Rotten’ survey in 2013 revealing that 70.5% of all respondents feel anxious some or all of the time through being overwhelmed or over-extended due to financial stress, or family issues. 74.8% of these respondents have suffered from depression and 59.8% currently receive or have received medication and/or counselling.

Fifteen of 67 districts across the country have either stagnant or declining populations of young adults, with a notable loss of women in the more fertile age range. Closure of adult education classes means migrant workers and their families are unable to get extra (or any) tuition.

Ministry of Social Development have a policy not to provide benefits to people in zones where there are few employment opportunities (an issue if returning to the home marae to care for whānau). It is also hard to get bank loans in areas of low employment (banks don’t necessarily accept an independent valuation for a proposed business, and won’t provide a loan).

Women have limited access to police protection in small towns where the male police officer in a sole charge station socialises with the perpetrators of violence. Sole operated police stations and distance are further barriers to getting help. The availability of firearms and poisons also contribute to 39% of rural women compared to 33% of urban women experiencing violence. In the rural sector, it is sometimes easier to get a prosecution on animal welfare than on family violence.

There are still large rural areas that do not have cellphone coverage. This creates issues for women who want to leave the family farm, and also for those seeking emergency help and safety. The Government’s Rural Broadband Initiative (RBI) does not address cellphone coverage for rural women. The RBI will reach around 93% rural people leaving around 34,000 people without access to broadband. They are left with the high cost option of satellite, and in some areas this is also not an option. For women alone this is unaffordable, which could leave them socially isolated.

Rural women’s access to abortion services is restricted because rural and many provincial areas do not have abortion facilities. Delays, waiting times and travel are likely to have an impact on women having abortions later than recommended. It can also exacerbate stress and limit support. The latest figures show that only 35% of abortions are performed at 8 weeks or earlier, and only 54% at 10 weeks or earlier.

While the 2013 Budget included $20m additional funding over four years for home support services to help older New Zealanders stay longer in their homes, this equates to only $250 per support worker per annum. It appears that the District Health Boards expect this funding to add volume, not improve the circumstances of the carers already in the workforce.

The female workforce in rural New Zealand is highly casualised.

There is only anecdotal data about family farms in Trusts showing that women are more likely than men to move into a family farm on marriage. Most farming businesses are set up in trusts – often multi-generational. As a working partner on the farm a woman may not get anything from the trust if the relationship breaks down without the goodwill of the family.

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7 Home environment and family
Māori women (37a)\textsuperscript{11}

1. **Findings:**

(a) There are some positive trends for Māori women, predominantly in education, however, positive trends are not present in other areas examined.

(b) Māori women remain more likely to be unemployed than Māori men and women in other major ethnic groups.

(c) Despite Māori women achieving academically, and noting the strong influence the wananga\textsuperscript{12} sector has had on this achievement, Māori women are still less likely to hold upper positions in their employment roles than Māori men.

(d) In the 2012 youth health survey, more young Māori women (25.5\%) than young Māori men (17.9\%) reported being unable to access healthcare when needed.

(e) Māori youth report poorer access to sexual and reproductive health care and health professionals are failing to meet the sexual and reproductive health needs of Māori youth.

(f) Although the rate of suicide for Māori women dropped from 2011/2012 to 2012/2013, the rates are still proportionately higher than women in other major ethnic groups.

(g) Māori teenage girls continue to be more likely than non-Māori teenagers to be teenage mothers but recent research has provided further strengths based context as to how this matter is viewed within Te ao Māori (the Māori worldview) and Māori researchers note that views about sexuality and pregnancy are diverse among Māori communities.

(h) While abortion ratios across all major ethnicities have been dropping, ethnic disparities remain. In the year ended 2012, the abortion ratio\textsuperscript{13} for Māori women was 208 per 1,000 compared with 175 per 1,000 for European women.

2. **Policy** Current government policy is closely aligned with iwi\textsuperscript{14} aspirations\textsuperscript{15}. Yet the machinery of government is identified as a source of barriers which cause discrimination for Māori women and girls access to services\textsuperscript{16}.

3. **Wai 2336:** In 2011 the Te Kohanga Reo National Trust (TKRNT) (and on behalf of 471 kohanga reo\textsuperscript{17}) filed a successful claim (Wai 2336) under urgency in the Waitangi Tribunal to address breaches of the Treaty of Waitangi\textsuperscript{18}.

4. Nearly three years after the Urgency Claim was filed in the Waitangi Tribunal for the Kohanga Reo Claim work on addressing the findings of *Matua Rautia* remains stalled.

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\textsuperscript{11} Response from the Māori Women’s Welfare League (MWWL), see See [www.mwwl.org.nz](http://www.mwwl.org.nz). Written on behalf of Māori women, representatives of iwi co-signatories to the Treaty of Waitangi on February 6\textsuperscript{th} 1840, with the Crown. A general overview of the latest position of Māori women in terms of access to education, employment and health is presented, analyzing 2013 census data against previous data, Government statistics collected more regularly than the census, and Te Kupenga (the Māori Well-being survey May 2014, see [www.stats.govt.nz](http://www.stats.govt.nz)), to report on the trends, progress and issues New Zealand faces with respect to Māori women and girls and their access to education, employment and health care services.

\textsuperscript{12} Māori language universities

\textsuperscript{13} Abortion Supervisory Committee. 2014. *Report of the Abortion Supervisory Committee 2013*. Available from: [http://www.parliament.nz/resource/en-nz/50DBHOH_PAP23739_1/224b90a3ac68f5d6fe32f5e144a0d0750bf4f1321](http://www.parliament.nz/resource/en-nz/50DBHOH_PAP23739_1/224b90a3ac68f5d6fe32f5e144a0d0750bf4f1321)

\textsuperscript{14} tribal


\textsuperscript{17} Early childhood Māori language institutions.

\textsuperscript{18} Evidence was heard in March 2012 and the report of this claim, *Matua Rautia*, was released in 2012. *Matua Rautia* reported that the Crown had breached of the Treaty of Waitangi in six areas (policy, promotion, lack of the development of what counts as quality in the kohanga context, funding, regulation and licensing and lack of evidence based research). A report of progress on the Claim was submitted to the Government in August 2013.
Pacific women (37a)

New Zealand’s Pacific community comprise 7.4% of the total population with a projected increase to 9% in the next few years given its youthfulness (46.1% less than 20 years old) and high proportion of females under the age of 15, high fertility rates 3.0% (1.9% for European) and a median age for Pacific mothers of 27 years (European population 30 years)\(^{19}\). Pacific women comprise 6.8% of New Zealand’s female population. There is a significant gap between Pacific and Pākehā women on almost all available indicators, eg

<table>
<thead>
<tr>
<th></th>
<th>Pacific women</th>
<th>Pākehā women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper secondary qualification</td>
<td>55.6%</td>
<td>71%</td>
</tr>
<tr>
<td>Jobless rate</td>
<td>8.2%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Median hourly earnings</td>
<td>$15.00</td>
<td>$17.22</td>
</tr>
</tbody>
</table>

By occupation, Pacific women are more likely to be in low skilled manual occupations. As a result they have lower incomes but they have high fertility rates and also send high levels of remittances to their family in their home countries. Significant numbers of Pacific women working 2 or 3 jobs to make sufficient money for basic needs.

How Pacific women are positioned in New Zealand as a migrant/minority group affects their social and economic participation as does their place within the customary/faaPasifika family systems. Data indicates Pacific women and families are in danger of becoming locked into a cumulative deprivation cycle wherein educational outcomes coupled with migration status and English language competency affects employment options and family quality of life including health outcomes and vulnerability to family violence. There is a high rate of isolation of non-Pacific single parents with Pacific children who are outside of the traditional church groupings.

Pacific people’s health is worse than other New Zealanders from childhood through to later stages of life. Pacific children and young people are disproportionately exposed to health risks and unhealthy behaviours that contribute to ill health and chronic diseases e.g. smoking is the leading contributor to death and Pacific women smoke more than Pacific males, particularly in the younger age group\(^{20}\). Infant mortality rates are high as are maternal mortality rates. Foetal and early neonatal mortality rates are higher for Pacific babies than the total population\(^{21}\). Pacific People do not recognise mental health issues. There are high cancer rates especially amongst those who are island born.

Steps have been taking to improve the health information environment and access\(^{22}\), however recent findings are that while Pacific women were enrolling in maternal health care they seldom returned after the first appointment because they had ‘not felt comfortable’ or there were language issues\(^{23}\).

Available data on the nature and extent of family based violence (drawn from multiple sources and using different research methods) indicates family violence-related offences in New Zealand has been increasing with Pacific peoples accounting for more than 12%. Other reports indicate Pacific women

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\(^{20}\) Ministry of Pacific Island Affairs and Statistics New Zealand. 2010.


\(^{22}\) Ministry of Health and Minister of Pacific Island Affairs. 2010.

Women from ethnic minority groups (37a)
There still appears to be a lack of data available on ethnic minority groups. There is data available on women in general and Māori and Pacific women but not much is available for other groups of women.

There is a need for some specific data on the healthcare services accessed by the ethnic women especially the under 25 age group. Although the 2012 data for overall abortion ratio was reported to be declining, the abortion ratio among Asian women, especially those aged below 25 years, still remains high.25

In terms of employment, there is no reliable data available on ethnic women but informal and anecdotal evidence suggest that ethnic women in general have higher level of university qualifications but are not well represented in leadership roles, management roles and higher paid employment. Migrant ethnic women with extensive work experience find it hard to get employment especially relevant full-time work. A lot of work has been done by the Office of Ethnic Affairs in this field but, it requires a coordinated, practical and strategic approach and the Ministry of Women’s Affairs needs to dedicate some of its resources to carry out some targeted research and develop relevant policies to improve the current status of migrant ethnic women.

Welfare reforms (37b)
There is no specific data available for disadvantaged groups of women.

The welfare reforms have changed the nature of the welfare system at a time of high unemployment, growing poverty and increasing levels of inequality. A particular objective of the welfare reforms is to reduce the number of sole parents who are on benefits. This disproportionately affects women who constitute over 90% of sole parents. An independent evaluation of the gendered impact of the welfare reforms is essential to ensure the impacts and experiences of the welfare policies and the sanctions and to robustly assess the full impact of the welfare reforms on women.

A key feature of the welfare changes is the use of financial sanctions to enforce social obligations including job searches and work preparation. Sanctions involve the loss of some portion or all of a beneficiary’s main benefit income and in some cases the loss of supplementary assistance if strict conditions are not met.

Though there are some components of the welfare reform that are constructive in the form of employment programmes, training programmes and labour matching, the dominating focus of the reforms has been to move people into jobs at any cost. That focus has not been accompanied by the necessary emphasis on quality employment and decent work. Nor have the work outcomes been properly assessed.

The Social Development Minister has previously announced that the welfare reforms are successful because people have gone off the Domestic Purposes Benefit and into work. But little is known about what is meant by ‘going into work’, whether this means a movement into permanent full-time work, if the jobs are low-paid and temporary or seasonal, or how long the employment lasts, or what the other consequences are, for example the effects on the children of sole parents.

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The Ministry of Social Development has undertaken a valuation report\textsuperscript{26} that examined the rate at which people return to being back on the benefit after exiting off the benefit. This report confirmed that 44\% of returning beneficiaries had been off a benefit for less than one year. It identified that possible causes of this high benefit return rate as seasonal work, casual work and the impacts of the 90 day trial periods.

Child Poverty Action in their report on benefit sanctions\textsuperscript{27} stated that there is very little publicly available information on the sanctions that have been applied, to whom and over what period. Nor is any information published about why sanctions have been imposed, or how many are the result of administrative error.

A facet of the welfare system that affects women is Section 70A of the Social Security Act\textsuperscript{28}. Welfare advocates are concerned about this section which means that a solo parent must either name the father of their child or face benefit sanctions. Though the enforcement of Section 70A is not new, it is a gender-specific welfare issue. It is discriminatory in that the sanction, which amounts to a deduction from the main benefit, would not be applied to a man. The circumstances in which the mother of a child is unknown are extraordinarily rare.

**Earthquake recovery (37c)**

There does not appear to have been any detailed analysis by the State Party of any disaggregated data that have been gathered.

The just released Household Labour Force Survey\textsuperscript{29} identifies an increase in women employed in some occupational groups including construction.

**Legal minimum age of marriage (39a)**

There is still a great variation among the ethnic minority groups with regard to this issue. Any legislation needs to be accompanied with an education and awareness programme targeting both genders and different generations. Furthermore, any such programmes need to be in the context of a) cultural background, b) religious practices and c) family background.

**Underage and forced marriages (39b)**

In 2012 NZ Police signed a ‘Letter of Agreement’ outlining an interagency response for victims of forced marriages in New Zealand. The signatories to the Letter of Agreement with the Police are Child, Youth and Family, Work and Income and Family and Community Services (all part of the Ministry of Social Development), Ministry of Education and Immigration New Zealand.

The Agreement has defined forced marriage as one where “a marriage is conducted without the valid consent of both parties where duress is a factor. Duress may include physical, psychological, financial, sexual and emotional pressure. Duress may occur prior to, during the arrangement of a forced marriage and continue once it has taken place.”


It was also felt that there is an urgent need to focus on prevention along with intervention. There needs to be a concerted effort to move away from vilifying the people involved in such practices and work with them in collaborative community settings to engage them in solving problems and becoming part of the ‘solution’ than remaining a ‘problem’. For this purpose, the community and religious leaders should be involved and engaged in finding solutions so that they can promote these solutions to their followers and in their circles of influence.

Appendix One

From Māori Women’s Welfare League (see 37a)

- **Education:** The data examined to inform the education analysis has included both participation (at early childhood level) and academic achievement (at high school and tertiary level). The indicators used are those used in the census and Ministry of Education data.

- Access to early childhood education is measured by participation of year 1 students. Māori participation in early childhood education has been increasing since 2000. The rate of Māori participation in early childhood education was 92.3% in 2013. Although the trend is increasing, this rate is lower than the rate of European (98.2%), Other (95.9%) and Asian (97%) rates of participation, with only the Pacific rate lower than the Māori participation rate. However, the Māori and Pacific rate of participation has increased the most across the other ethnic groups.

- Despite the rates of Māori participation increasing in this sector, and enrolments generally increasing across some of the early childhood services (such as education and care services and home-based services), enrolments in kohanga reo have fallen by 11%.

- 20% of Māori participating in early childhood education are participating in kohanga reo.

- The percentage of 18 year old Māori females leaving secondary education with a minimum of NCEA level 2 or equivalent has increased over recent years. In 2011 the percentage of Māori females leaving secondary education with such a qualification was 59.7%. In 2012 the percentage was 63.2%. This rate is higher than that of Māori males (being 54.5% in 2011 and 58.7% in 2012). Although the rate of achievement of Māori females has increased, the rate for Māori females is much lower than all other ethnic groups. In 2011, other ethnic groups ranged from 70.5% (Pasifika) to 86.7% (Asian). In 2012, other ethnic groups ranged from 72.3% (Pasifika) to 88.7% (Asian).

- Ministry of Education data report a new trend in which the achievement of Māori youth exceeds national averages in what is termed the Māori mainstream (schooling options that have created a Māori language and cultural immersion pathway from te kohanga reo in the early childhood sector, to kura kaupapa Māori in the primary sector and wharekura in the secondary sector). This trend has been reported in the 2011 Families Commission report *Whanau Yesterday Today Tomorrow*.

- Tertiary education: In 2013, 19.6 percent of Māori were participating in full-time and/or part-time study. This compares with 20.1 percent in 2006; 41.0 percent were men and 59.0 percent were women.

- In 2013, 12.3 percent of Māori women and 7.4 percent of Māori men stated a bachelor's degree or higher as their highest qualification. This is up from 8.4 percent for women and 5.6 percent for men.

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for men in 2006. Of the Māori who stated a bachelor’s degree or higher as their highest qualification in 2013: 75.0 percent had bachelor’s degrees; 13.2 percent had post-graduate and honours’ degrees; 10.0 percent had master’s degrees; and 1.8 percent had doctorate degrees.

- There has also been a decrease in Māori with no formal qualifications. In 2013, 33% of Māori aged 15 years and over had no formal qualifications in 2013, as compared with 39.9 percent in 2006. Māori women are more likely to have a formal qualification (69.8%) than Māori men (63.2%).

- The development and prominence of Wānanga in the tertiary sector has had a positive impact on the tertiary education of Māori, particularly Māori women. In 2012, 40,989 students were enrolled and studying with Te Wānanga o Raukawa, Te Wānanga o Aotearoa and Te Whare Wānanga o Awanuiārangi. The largest Wānanga was Te Wānanga o Aotearoa with 32,370 students or 79 percent of the student body. In 2012, 1,563 Full-Time Equivalent (FTEs) staff were directly employed by Te Wānanga o Raukawa, Te Wānanga o Aotearoa and Te Whare Wānanga o Awanuiārangi, with the greatest number of staff employed at Te Wānanga o Aotearoa (1,160). The following figure shows the spread of Māori enrolled at Wānanga compared to other tertiary institutions across qualification.

- In the mainstream sector, approximately 55 percent of all tertiary students were female in 2012, while 45 percent were male. Within the Wānanga sector, 70 percent of students were female and 30 percent were male.

- **Employment** The trend for Māori women in employment is that employment rates remain lower than they were in 2006 and the unemployment rates are higher. In 2006, the employment rate for Māori women was 62.6%. In 2013, the employment rate was 52.4%. In 2006, the unemployment rate for Māori women was 9.1%. In 2013, the unemployment rate was 11%. The employment rate for Māori women is comparably lower than that of Māori men (with Māori men having an employment rate of 74.7% in 2006 and 61.6% in 2013) and the unemployment rate of Māori women is comparably higher than that of Māori men (with Māori men having an unemployment rate of 7.7% in 2006 and 9.8% in 2013). This has been the trend (higher unemployment rates for Māori women and lower employment rates) since the 2006 census.

- The roles that women hold in their employment have been compared to that of Māori men. Of particular relevance to the Committee’s concerns, although the percentage of Māori women in professional work is comparably higher than that of Māori men, Māori men continue to hold the majority of the managerial positions.

- Further, the median income for Māori men continues to be higher than that of Māori women: in 2013 the median income was $27,200 for Māori men aged 15 years and over and $19,900 for Māori women.

- The primary issues for Māori women in employment are:

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39 Ibid.
40 Ibid.
41 Ibid.
42 Ibid.
43 Wānanga Ringahora, the economic contribution of the Wānanga sector, 2014, p.
44 Ibid.
46 The summary data used for this analysis, collected from Statistics New Zealand based on the census data, is set out at Appendix Two. The age group used was 15 years and over (which we understand to be the dataset that census New Zealand also uses).
47 See Appendix Two.
48 See Appendix Two.
50 Ibid.
(a) The rate of employment for Māori women is lower than that of Māori men.
(b) The rate of unemployment is higher than that of Māori men.
(c) Despite continuing to have higher rates of employment in Professional work than Māori men, Māori men outnumber Māori women in the managerial roles.

- In response to the Committee’s concerns, there has been no progress in terms of what the census 2013 data depicts. The issues identified by the Committee, amongst others, are still very much present in the employment of Māori women. The trends do not show the position of Māori women getting better.
- **Access to health care**: This section is focused on the primary areas of concern the Committee raised with respect to minority, and specifically Māori, women and girls namely the high rate of suicide amongst Māori women and the high rates of teenage pregnancy among Māori women.
- **Suicide**: The figure below shows the distribution of suicides across ethnicities from 2007-2013. Although the rate of Māori suicide has declined, this is largely due to the drop in male Māori suicide (youth in particular). In 2011/12 there were 94 male Māori suicides. In 2012/13 there were 72. Comparatively, there were 38 female Māori suicides in 2011/2012 and 33 in 2012/2013. Māori suicide rates continue to be higher for both Māori males and females compared to non-Māori.
- **Teenage pregnancy**: The 2013 census data has not yet been broken down to include detail about teenage pregnancy by ethnic groups. However, the 2006 census data shows that Māori have a higher rate of teenage pregnancy than other major ethnic groups: 9.3 percent of Māori teenage women were mothers, compared to 5.4% for Pacific, 3.2% for European and 1% for Asian. However, as the Families Commission observed in 2011, “Very little research has been undertaken on Māori cultural views or Māori approaches to what is now defined as ‘teenage pregnancy’, and there is no research that relates directly to the concept of ‘repeat’ pregnancies”. The Families Commission commissioned a literature review completed by Dr Leonie Pihama to offer some understandings of Māori teenage parenting.

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52 This conclusion is based solely on the rates of employment for Māori women, and the roles that Māori women hold in their employment, as depicted by the 2013 census statistics. These measurements are based on the concerns raised by the Committee in its 2012 Report.
53 Ibid, paragraph 33.
54 Ibid.
56 Ibid.
57 Ibid.
58 Ibid.
59 The youngest group that data can be obtained for by ethnicity is 15-29.