

women talking politics women talking politics

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Two websites of interest to readers:
APSA Women's Caucus:
<http://auspsa.anu.edu.au/about/wcaucus.htm>

A new website for the Gender, Politics and
Policy Research Committee of the International
Political Science Association: <http://ipsa-rc19.anu.edu.au>

If you have a website or any other information
you would like advertised, please forward me
the information in an email.

Once again, I am grateful to those women who have written articles for this edition of the newsletter. I think this is a very interesting and thought-provoking edition and I am sure you will enjoy reading it. If you would like to write something for the newsletter, the next edition is planned for March 2005. I would love to hear from you. My thanks also to Louise Le Grange, my dedicated assistant editor, for her help when exams loomed so close! Finally, thanks to those who included a donation to the newsletter with your subscription.

Women Talking Politics is going to have a 'new look' in 2005, with a website planned to allow easier access to subscription forms and links to affiliated organisations and individuals. If you have any information you would like added to the website, please contact me.

There is still a feeling that the newsletter might 'upgrade' to a refereed journal, but debate continues as to what is in the best interests of the community of writers and readers who have supported the publication for so many years. If you would like to make a comment on this, send your thoughts to me in an email. It would be good to hear from you.

I hope you all have a very happy holiday season.

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From Campus to Commission: Issues Facing the New Electoral Commissioner

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These are my personal views and not necessarily the views of the Electoral Commission

After 17 years as an academic in Political Science departments in the UK and Auckland, in March this year, I took a step off campus to take up a three-year appointment as the Chief Executive of the Electoral Commission. The commission, an independent crown entity, has a number of statutory roles relating to registering parties and overseeing their disclosure of financial matters. The role that takes the greatest amount of time and has the widest remit is the briefly and loosely termed 'education on electoral matters'. One of the interesting aspects of this shift is that I am now trying to create strategies which act upon academic knowledge. For instance rather than just noting and understanding declining levels of electoral participation and political literacy, I am now seeking to develop education projects which will have an impact on the decline.

Since the commission was created in 1994, annual surveys on voter understanding of MMP have shown that levels of understanding are lower amongst Maori, Pacific peoples, people under the age of 25 and women. Given that in combination these groups account for well over half of the population then it seems we have a significant problem. In fact the different categories compound so that, for instance, young Maori understand less and young women understand less. Overall levels of understanding decline in the years between an election and then rise at election time. This cycle has repeated at each election using MMP. As an example, the percentage of respondents who knew that the party vote is the one that determines the overall share each party wins in Parliament was 50% in the last survey at the end of 2003, and was 49% in 2001 but rose to 79% just after the 2002 election. Even fewer people can recall the details of the threshold which parties have to cross in order to be part of the proportional allocation of seats: 54% knew about getting 5% of the vote immediately after the 2002 election which has now dropped to 33% remembering. Unfortunately no-one conducted regular surveys in the past so we do not know how low levels of understanding were under the old First Past the Post system.

Given a desire to increase levels of understanding and encourage electoral participation, what is the best strategy? One approach is to accept that people are only interested in the details of how the electoral system works when they are about to use that system. Therefore the best strategy is to mount a really good information campaign once an election has been called. This approach means that little education work is needed between elections. I am not drawn to this strategy, in part because while it provides information for those who are receptive it does nothing to try to increase the level of interest. One finding from the UK work on declining turnout which I found very interesting was that over half of those who did not vote in the election had decided not to vote at least six months before the election and thus when the election came around paid no attention to the campaign or any information about elections. So it seems that one part of the problem is the extent to which people have tuned out politics from their areas of interest.

With turnout declining in most western democracies the issue of why people vote is exercising the minds of voting behaviour academics. Two sets of ideas hold sway at present. On one hand are the arguments related to Robert Putnam's ideas of social capital. Simply, as individuals we are all involved in fewer communal and group activities than was the case in the past and this has had a negative impact on levels of social capital. With high levels of social capital in society, individuals feel connected to a range of communities and are interested in civic life and thus are likely to have views on what is happening to people within their society and thus will vote. In these arguments the way to increase interest in politics is to revitalise ideas of civic duty and community identity. From that basis can be built education campaigns around the political process and the ways in which individuals and groups can participate. The aim is to encourage informed and active citizens.

Mark Franklin's new book contains the other key argument about declining electoral participation. Based around rational choice arguments, he suggests that people will only vote if they think that the activity is worthwhile. To be worthwhile your vote has to make a difference and this is more likely when the election is competitive. Of course, the electoral system used has an impact on the extent to which each vote has a chance of making a difference. Franklin argues that electoral participation in later life depends upon early experiences. If a new voter dips their toes in the electoral water and finds the experience satisfying then they will vote again but the opposite is also true. So electoral participation is generational, dependent upon the political situation at the time the voters gained the franchise. Under this

scenario, attempts to increase political participation need to concentrate upon new voters, who we know have a low level of understanding and connection. Of the people in New Zealand who are eligible to enrol and are not enrolled, 46% are under the age of 25. As far as we know, most young people know that they should be enrolled and how to do so but 'have not got round to it'.

Another common refrain from those who do not vote is that their one vote cannot make a difference to the result so why bother. This sentiment fits with Franklin's ideas of voting only if it seems worthwhile. Whilst this sentiment was true for most electorates when we used the First Past the Post electoral system, it is no longer true under MMP. Every party vote is counted equally, regardless of where people live. Admittedly the final result does not reflect the votes of those who give their party vote to a party that does not cross the threshold of either winning 5% of the party vote or winning at least one electorate. In 2002, 4.89% of all votes cast went to a party that did not gain any seats. In 2002, a small switch in votes would have changed the party which won the last seat: if 381 National voters had voted for United Future then National would have had one fewer MP and United one more. If 4,377 people who did not vote had voted Labour then they would have won the last seat rather than National. 4,377 is 0.16% of all enrolled voters.

So what are we doing? Clearly a small number of votes can make a difference to the result. So I take one of the strategies to be to emphasise the importance of the party vote in determining the overall make-up of Parliament and that every vote counts and it only takes a small shift to make a difference. Our aim is to provide people with the information needed to cast an effective, rather than just a valid vote. So the general information campaign stresses the roles of the two votes and seeks to explode some of the common myths about MMP (see box below).

Young voters have been our primary area of focus and here we are taking a long-term view. We are creating lesson plans to be used in schools around the next election. The first material we are creating is aimed at primary schools and looks at basic concepts around the reasons that groups have rules and the different ways in which a group can decide on rules and laws. If these lessons are used next year, then my hope is that in 13 years' time these young people will have some interest in using their first vote. We decided to concentrate upon earlier school because then all children receive the lessons and we get in before teenage cynicism strikes. To aim lessons at the students just about to turn 18 means competing for time against NCEA subjects. Another long-

term strategy is lobbying for the social studies curriculum in schools, from age 5, to have a focus on citizenship education. I mean citizenship education in the positive sense and not saluting the flag and learning nationalism as some seem to imagine when the idea is raised. Canada and the UK are doing very interesting things with citizenship education at present.

I have now moved on to consider strategies aimed at Maori voters but have got no further than deep frustration at a lack of good data and research in this area. Watch this space.

Want to test yourself against the myths? How many of the following are true?

1. The government must hold another referendum on MMP
2. You have to have 120 MPs for MMP to work
3. A majority vote in parliament can abolish the Maori seats
4. You have to make 2 ticks to cast a valid vote
5. The 51 list MPs are not elected by the people
6. The government has to be a coalition
7. Parliaments under MMP are more representative of the population
8. More Maori voters are on the Maori roll than the general roll

Reading

Franklin, Mark (2004) *The Dynamics Of Voter Turnout In Established Democracies Since 1945* New York: Cambridge University Press

Putnam, Robert (2000) *Bowling Alone* : new York: Simon & Schuster

Electoral Commission (2004) *Annual Report*

<http://www.elections.org.nz/pandr/publications.html>

UK Electoral Commission Reports : on participation and gender

<http://www.electoralcommission.gov.uk/about-us/gender.cfm>

young people

<http://www.electoralcommission.gov.uk/templates/search/document.cfm/6188>

ethnic minorities

<http://www.electoralcommission.gov.uk/templates/search/document.cfm/6190>

Answer: 3 are true: 2, 7, and 8

The Challenges of Campaigning in a New Environment

Ann Chapman JP
Deputy Mayor
Kapiti Coast District Council

The election of 2004 will be very different for residents of Kapiti, a long narrow, district to the north of Wellington and consisting of a large centre and three smaller communities. It will be a challenge, both for candidates and for voters. In Kapiti, where I live, the Local Government Commission served up an unholy mixture for the community to come to grips with.

During the review of method of election, the Kapiti Coast District Council decided, by a small majority only, to change from a council of 14 elected by ward plus community boards, to a council of 10 elected at large with no community boards. This dramatic and unexpected decision is at variance with the wishes of the majority of residents and was appealed by those residents who believed that a district with separate and distinct communities would not be well served by *at large* elections across the district. Certainly the two smaller communities at either end of the district felt marginalised by the population density at the centre. Residents of Paekakariki and Otaki with a much smaller population base, than that of Raumati, Paraparaumu and Waikanae, did not believe that they would manage to elect a local member to secure adequate representation.

Enter the boffins from Wellington. The Local Government Commission heard submissions over a whole day, mainly arguments against the council's decision. Their final determination had a touch of Solomon about it. They created a hybrid, dividing the two extremes and determined that there would be a council of 10; 5 to be elected at large and 5 by ward. They confounded the council and confused the residents with an unexplained and apparently irrational decision. Furthermore, candidates could not stand for both, and they had to balance the potential make-up of council with their chances of being elected. The Commission also reduced numerically the existing community board members but created an additional one.

I had argued consistently and strongly for the importance of ward councillors and community boards, so after much soul searching I decided to stand for the ward. This decision did not find favour with some candidates but my decision was

based on what I had argued for, what was good for my community and what was potentially better for me. Regrettably there is no altruism in politics and my priority was to be re-elected so I took what seemed to be the best option, both for me and my community. It was a decision that I would have preferred not to make.

Kapiti Coast District Council had previously made the decision to move to the Single Transferable Voting system, a decision I fully supported. Council had no knowledge of any other potential changes when it made this decision and I doubt that we would have made that change had we foreseen the dramatic changes wrought by the LGC.

The community is now faced with a very different and unknown scenario which may turn some people off voting in this election. That would be a regrettable result. There could have been a further dynamic as the Wellington Regional Council is still using First Past the Post (FFP) so potentially we might have had STV for the District Health Boards and the Council and FFP for the regional council. However Kapiti's candidate was elected unopposed so we need only focus on STV and ward/district councillors.

One of the challenges for women is the ability to fund a campaign and to raise one's profile. The system we now have may stop many women standing especially as many of the sitting councillors have chosen to stand for their wards. Standing *districtwide or at large* will require a significant war chest for those candidates as they try to reach across the district into 40,000 residents' hearts and minds, many of whom will be outside their usual circles.

In my particular case, the one available seat I am contesting had three positions at the previous election. I am standing against another sitting councillor, the chair of the community board and a newcomer. Even as deputy mayor and well known in the town, the competition is fierce for that one seat and with STV it is very difficult to predict what will happen with preferences. I am not taking anything for granted and my campaign this year is very different to previous years.

This year I will produce a pamphlet for inclusion in our local monthly newspaper, which I have not done since my first campaign. I have hired a room in our local town centre for an open day and am arranging to address as many groups as I can. In addition I am advertising in the local paper. Campaigning is a difficult science, particularly for new-comers seeking election. It requires money, contacts and gall. Women find it difficult to talk about their achievements and to discuss the value of their work in the community. Even after four elections I still need help to write profiles and

describe my personal qualities to encourage the voters to give me their vote. It's very easy to undersell yourself and my group of friendly advisors, mainly my husband and daughter, are quick to point this out.

This is a challenge I am still coming to grips with. If it is a challenge for an old hand like me, I hate to think how difficult and intimidating it is for someone new to the business. Coming forward to represent your community should not be as difficult and as intimidating as it now is in Kapiti.

Editor's note: at the time this went to print, Ann had been elected in the Otaki Ward, although the result was still preliminary. Congratulations Ann!

Action Plan for New Zealand Women

Raelene Cook
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New Zealand has a proud tradition of being a world leader in women's rights. The *Action Plan for New Zealand Women*, launched by the Minister of Women's Affairs Ruth Dyson on 8 March 2004 – International Women's Day, gives us a unique opportunity to be at the forefront again.

The *Action Plan for New Zealand Women* is unique in that it is a whole-of-government approach to improving the lives of women. The Plan sees a large number of key government agencies working together to bring about changes for women in the workplace, home, community and as members of New Zealand society.

The results the government is aiming to achieve for women through the Action Plan reflect the diversity of women and contemporary issues facing them and New Zealand – as conveyed through the nationwide consultation undertaken in 2002 and 2003.

Work has been prioritised in three key areas:

1. improving women's economic independence
2. helping women and families/whanau achieve a greater balance between paid work and life outside work
3. improving the quality of life (health and social outcomes) for all New Zealand women.

The Action Plan gives us a clear direction for going forward and sets out milestones to be achieved over the next five years. Significant progress has already been made and a number of milestones met.

Economic sustainability

- The Women in Enterprise Steering Group has been established with the Ministries of Women's Affairs and Economic Development taking a leading role. The Steering Group aims to identify success factors for small and medium-sized enterprises to enhance sustainable business growth among businesses owned and operated by women.
- The Pay and Employment Equity Taskforce reported back to government on how the factors contributing to the gender pay gap apply in particular parts of the public service, public health and public education sectors and recommended a five-year plan of action to address those factors.
- Increases to family income assistance were announced as part of the Working for Families package in Budget 2004. The package will provide more support for nearly 300,000 working families.
- Changes to the parental income thresholds for student allowances will allow more students under 25 to get full or partial allowance and reduce the reliance on the Student Loan Scheme. This will also mean a reduction in the length of time women take to repay their loan.

Work-life balance

- The Paid Parental Leave scheme has been extended allowing parents to take 13 weeks from 1 December 2004 and 14 weeks from 1 December 2005. Parents will also be eligible for paid parental leave if they have been in the same job for at least six months, rather than a year as at present.
- The Work-Life Balance Project, set up a year ago to promote policies and practices to help people achieve a better work-life balance, released their consultation report which highlighted a number of barriers people face to balancing work and life outside work. The next step is for government to consider what steps, if any, need to be taken to help achieve the vision of New Zealand being a great place to live and work.
- Increased access to childcare and early childhood education was announced in Budget 2004. Childcare can be a major barrier to parents entering employment.

Well-being

- The pilot of Language Line, a telephone interpreting service for migrants, was so successful that the government has made a commitment to fund it permanently.
- Initiatives to reduce family violence were outlined in Budget 2004 including the establishment of a new Family Violence Intervention programme within Work and Income and four Family Safety Teams set up to provide a collaborative approach to dealing with family violence issues.
- Government has announced an extra \$415.7 million over three years to provide more affordable primary health care for those New Zealanders belonging to Primary Health Organisations – currently over 3.5 million people.

Delivering the Plan will involve the support and involvement of many government agencies. Much of the Policy work is being led by other agencies with the Ministry of Women's Affairs working in close collaboration. The Ministry's role is to identify trends and emerging issues affecting women; lead policy work and thinking on some issues; and influence the policy work of others.

A Chief Executive Steering Group, led by the Ministry of Women's Affairs, will oversee the implementation of the Action Plan. Chief Executives from the Ministries of Economic Development, Social Development, Pacific Island Affairs, Treasury, Te Puni Kokiri and the Department of Labour are part of the Steering Group who will meet twice a year to check up on progress made.

The interaction with members of the Steering Group will also provide an opportunity to raise understanding across government of strategic issues affecting women and a way for the Ministry of Women's Affairs to engage with other departments to progress the objectives of the government's Action Plan.

The *Action Plan for New Zealand Women* is available online at www.mwa.govt.nz under 'publications' or by contacting the Ministry of Women's Affairs on (04) 915 7112.

An Opinion Piece: How [B]rash is That?

Tania M. Ka'ai

Professor and Dean, Te Tumu, School of Maori, Pacific and Indigenous Studies, University of Otago

On 27 January 2004, Dr Don Brash addressed the Rotary Club at Orewa as Leader of the National Party. The focus of his address was "the dangerous drift towards racial separatism in New Zealand, and the development of the now entrenched Treaty grievance industry." He claimed that the motivation for this topic was the announcement by the government, just before Christmas 2003, of its seabed and foreshore policy. Dr Brash couched his entire address within the frame of nationalism appealing to his audience about "what sort of nation [did they] want to build? Is it to be a modern democratic society, embodying the essential notion of one rule for all in a single nation state? Or is it the radically divided nation, with two sets of laws, and two standards of citizenship...?" He developed his argument of "building a prosperous nation of one people, living under one set of laws", with a distortion of historical narratives about the settlement of Aotearoa/New Zealand including Te Tiriti o Waitangi and posits that the Treaty grievance industry in contemporary society has created a culture of dependence and grievance for Maori. Brash is disparaging and patronising toward Maori throughout his address, "The Indigenous culture of New Zealand will always have a special place in our emerging culture, and will be cherished for that reason. But we must build a modern, prosperous, democratic nation based on one rule for all. We cannot allow the loose threads of 19th century law and custom to unravel our attempts at nation-building in the 21st century."

The perpetual advancement of nationalism by Brash could well appeal to the dominant majority of New Zealand citizens as it proposes a shared "Kiwi" identity through a common language, culture, ancestry and if Brash has his way, through a Government committed to homogenising all citizens under the guise of unification. However, this position completely ignores the status of Te Tiriti o Waitangi relegating it to an artefact of the past and with it the recognition and rights of the Indigenous people of Aotearoa/New Zealand who have their own language, culture, ancestry and political voice. Brash's argument of nationalism feeds on the notion that we must be New Zealanders first and thereafter women or men, Pacific Island or

Maori or Asian, Catholics or Anglican and so on. It is founded on harnessing the energies of the critical mass population based on their patriotic feelings toward their nation. Therefore, it would seem relatively easy for the dominant majority to support nationalism as they stand to benefit from a government which prioritises their language, culture and political voice. It is no wonder that Brash's address has fuelled Maori as he proposes a National Government based on policies of nationalism that are bred out of ethnocentrism and completely ignores Maori as tangata whenua.

There has been much reaction to the Brash address. The Labour Government has appointed a non-Maori Minister of Race Relations and the National Party now has a non-Maori Minister of Maori Affairs, side-lining their most senior Maori list Party member who is celebrated as the first Maori woman lawyer; the Labour Government has undertaken an investigation into affirmative action policies throughout the Ministry's in Wellington to determine if Maori are being advantaged over non-Maori including ethnically driven scholarships; the Seabed and Foreshore Bill has been written in a way which further alienates and marginalises Maori; there is a review underway of the Te Ture Whenua Act and the need for consultation with Maori; we have witnessed an outrageous statement by the Minister of Education on the need for *pohiri* in schools and the culturally incorrect interpretation of the invisibility of Maori girls during this ritual; a call by the leader of the New Zealand First Party for all Treaty claims to be completed by 2015. Finally, Brash himself chose to expose one of his own member's partners in a popular Maori magazine. Denise Henare, a Maori and a lawyer, was asked by Brash to edit his Orewa address. Apparently she provided feedback, only some of which Brash chose to accept. This is yet another example of a Maori woman being marginalised and compromised by the leader of the National Party.

Maori reaction has been manifested in events such as staging protests at Waitangi on Waitangi Day and the hikoi to Wellington. While the hikoi is a direct strike at the Labour Government in opposition to the Seabed and Foreshore Bill, it can also be attributed to the hostility engendered by the Brash address in January. These feelings amongst Maori continue as they rally for yet another hikoi in Auckland on October 16 in further protest over the Bill. There appears to be a groundswell of iwi support at the flax root level of Hone Harawira and Haami Piripi's views of growing civil unrest amongst Maori because of government policies which continue to marginalise Maori as they do not reflect the principles of Te Tiriti o Waitangi. One of the most significant events has been the emergence of the

Maori Party led by Tariana Turia. This has generated enormous support from Maori despite its infancy and the fact that its policies will not be announced until later in the year or even into the new year.

Te Tiriti o Waitangi is the foundation document of our nation. It provides for the Indigenous people of Aotearoa/New Zealand to be self-determining and therefore have the right to exercise sovereignty over their own affairs. Until the legal system and parliamentary system is overhauled to reflect this, Maori as tangata whenua will continue to reject nationalism as defined by Brash or any other political statesman advocating the one people, one law, one nation, one identity ideology. While this political stance echoes Hobson's words at the signing of Te Tiriti o Waitangi on 6 February 1840, "He iwi tahi tatou" (We are now one people), the reality for Maori is having to forfeit our rights to be self-determining. At least Hobson provided two blankets and a small quantity of tobacco to those chiefs who signed the document. What then is Brash offering to Maori in return for his nationalism policies?

Too Precious to Push: The Case for Freedom to Choose Medically Non-Indicated Caesarean Sections.¹

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In New Zealand in 2002, 22.7% of all births were performed by caesarean section.² This is up from 11.7% in 1988 and significantly higher than the World Health Organisation's (WHO) 1985 recommendation of a rate between 10–15%.³ New Zealand is not alone in having more caesarean sections than WHO recommend. A higher rate is common throughout the Western world. Although there is no consensus in New Zealand about what an ideal rate is, there is agreement that something is not right.⁴ Indeed,

¹ These are caesareans that are medically unnecessary. They sometimes get called social caesareans, a term I reject because it discounts them as being trivial. The reasons women ask for them are varied. They range from the less admirable, for example, convenience, to the more comprehensible, for example, concern for the safety of the baby or fear of childbirth.

² Ministry of Health, *Report on Maternity: Maternal and Newborn Information 2002, 2004*, p. 8.

³ *Ibid*, p. 42.

⁴ *Ibid*, p. 42.

earlier this year the Ministry of Health issued a statement that indicated disapproval of the rate and suggested that something must be done to reverse the trend. It was also stated that caesarean sections must not be performed using public funds unless the caesarean is medically necessary.⁵ In this piece I explore one of the implications of taking freedom of choice for women in maternity care seriously. That is, women might want to opt for a medically non-indicated caesarean as their preferred mode of delivery. It is not the purpose of this piece to necessarily contradict received wisdom and argue for a higher rate of caesarean section. However, it may be that a commitment to freedom of choice for women in maternity care could result in this. But freedom is not the only important value here. Caesarean sections are major abdominal surgery and should not be embarked upon lightly; there are risks involved for both mother and baby. Moreover, they do not come cheap and the question arises of who should foot the bill. Thus there is a trilemma: how exactly should a commitment to freedom, a desire to prevent harm to mother and child, and a need to stop health spending spiralling out of control be handled?

Of the 22.7% of caesarean sections that were performed, 37% were elective (planned prior to labour) and 63% were acute (arising during labour and deemed necessary for the health of the mother and/or baby).⁶ Of the elective caesareans, most will be medically indicated, that is, performed for valid health reasons. These could include pelvic disproportion, breech presentation, or placenta previa, to name but a few. There are a few cases when caesareans are performed without any medical reasons. It is hard to get an exact figure on this because it is not a widely condoned practice and can be easily disguised with a spurious health justification. Private obstetrician Dr Philip Beattie, estimates that 3–5% of caesareans sections in New Zealand were performed on request of the woman.⁷ Although, based on this estimate, this practice would account for around only 1% of all births in New Zealand, it has certainly received a lot of coverage in the popular press. Victoria Beckham's decision to have medically non-indicated caesareans inspired the phrase "Too Posh to Push" and fuelled a debate on the benefits of surgical versus vaginal birth. However, the popular press are not renowned for their ability to clarify issues of great ethical complexity. Therefore it seems important to promote informed debate on this topic prior to policy decisions that might need to be made on the matter.

⁵ Ministry of Health, Media Release, 6 July 2004.

⁶ *Report on Maternity 2002*, p. 36

⁷ Veronica Schmidt, "Untimely from the Womb", *Listener*, p. 27.

The first component of the trilemma is freedom of choice. In 1990 midwifery regained its status as an autonomous profession.⁸ This heralded the expansion of choice for women who could now choose a midwife as their lead maternity carer, an obstetrician, a GP, or some combination of the three. This change meant that maternal autonomy was returning to women. The 20th century had seen an erosion of the status and involvement of midwives in the birthing process. A medicalised model of pregnancy and birth that paid scant attention to the needs and desires of pregnant women had superseded this ancient profession that prided itself on its sensitivity to the women and children it helped. The move to autonomous midwifery was a move to empower women and to enhance their freedom. One of the logical consequences of this empowerment is to allow women to choose a medically non-indicated caesarean if they want it. This might seem somewhat paradoxical since the move against medicalisation of birth has been a driving force in midwifery. However, I am not advocating a return to the days of induction and surgical intervention to suit the golfing timetable of the consultant. Rather for that small minority who want a surgical birth, a caesarean should be available without having to fabricate a medical reason to get it.

One possible response to this argument is to note that, although freedom is generally a good thing, it isn't always good to get more of it. If the extra options you are free to choose between are ghastly or they are too hard to distinguish between, then no good can come from having them. This raises the question of whether or not the freedom to choose a medically unnecessary caesarean is like this. It is certainly not like the latter feature of freedom of choice: it is very easy to distinguish between a caesarean section and a vaginal birth. It is arguable that they are like the former: having the option for a medically unnecessary caesarean is a dangerous option to have. To prevent the potential harm that can arise from them, it would be better not to allow them at all. This leads to the second problem in the trilemma: how should we account for the risk of harm?

The first thing to do is to outline some of the potential harms that can arise in a caesarean section. As previously stated, it is major abdominal surgery. Any surgery runs risks for the recipient. Side effects of anaesthetic, blood clots, post-operative pain and infection are just some of the risks of any operation. Added to this are some problems unique to the fact that surgery involves both a mother and baby. Regret at not experiencing natural delivery, bonding and

⁸ <http://www.midwife.org.nz>

feeding difficulties have all been attributed to caesarean section. For the baby, potential risks involve respiratory complications, prematurity and operator error (a euphemism, in part, for being cut).

Although caesarean section is a risky venture, it is not without its benefits. Allowing a woman to choose the method, time, and place for her birth respects autonomy. It mirrors the weight we give to the choices parents make on behalf of their child once the child has been born. It must also be noted that caesarean section is not alone in being risky. All pregnancies and labours run the risk of complications for both mother and child. A medically non-indicated elective caesarean can alleviate some of the risks associated with vaginal delivery (episiotomy for the woman, asphyxiation for the baby). It can also reduce the risks associated with acute caesareans (the effects of surgery on an exhausted mother and child). There is something to be said for having your obstetrician awake and operating at a convenient 9.15am rather than a fraught 2.45am. Likewise, recovery time for the woman is likely to be much quicker if she has not had to have surgery after a gruelling labour.

Most of the evidence about the risks of caesarean section comes from acute or emergency caesareans. However, it is extremely difficult to determine anything about elective caesareans in general, let alone medically non-indicated caesareans, from this. As with most surgery, it is always more desirable to have a healthy strong patient than an unwell enfeebled one. So it is plausible to expect that there would be fewer risks for these births. Combine this with the different benefits associated with different modes of delivery and it becomes hard to say that one method of birthing is obviously objectively better than the other. In cases where it is too close to call, where the individuals have so much at stake, and where they are likely to know their own preferences best, it seems sensible to leave the choice in their hands.

So far I have argued that a commitment to maintain freedom where possible, a desire to alleviate harm and to encourage benefit, place the decision making power in the hands of the women giving birth. But it is one thing to say that women have a right to ask for a medically unnecessary caesarean, it is another thing to say they actually have a right to have it. Firstly, to have such a right would entail a duty on health professionals to provide this service. This is not plausible given that it could be the kind of surgery that troubled the consciences of both midwives and obstetricians alike. Secondly, it is not clear who ought to fund this right. Given that there is another way that these babies can come out,

government might have legitimate grounds for refusing to fund these operations. This does not mean that they should necessarily be prohibited. Rather they could be paid for privately. This poses another problem common to private health care, and that is that services are available only for the wealthy. Moreover, it sidesteps issues such as: what ought we to do if costs between the different births become comparable and, more problematically, who is actually our focus of concern in maternity services? Free care for the mother extends as long as she is a vessel for gestating the child. Child-bearing complications receive public funding, whereas child-rearing problems such as ongoing lactation difficulties, post-natal depression or post-traumatic stress disorder are largely the burden of the family. If free maternity care is largely supposed to benefit the child, we generally let the woman choose what will be in the best interests of the child, and we accept caesarean section is a part of the legitimate scope of practice of obstetrics, then we might need to be committed to public funding medically unnecessary elective caesareans.

Medically non-indicated caesarean sections are highly problematic. There are those who think that the women who seek them are being too precious to attempt a vaginal birth. Certainly, it is hardly admirable to choose a caesarean because of a trivial timetabling requirement. But lacking admirable motives should not automatically make something impermissible. Unless the harms done obviously outweigh the benefits, a liberal society requires the freedom for people to make dodgy choices. Moreover, not all women do have banal reasons for choosing a caesarean. For them, the baby is just too precious to risk and rightly or wrongly, vaginal birth appears too risky. Surgery gives them the feeling of control in a situation they feel could easily spin out of control. Bonding between mother and child generally goes best when the birth goes best. There is no one universalisable good birth for all women. A pluralistic society requires a plural approach to birth. In general, the best way to ensure this is to empower women to choose the birth that they want, even when it is not the birth that we would choose.