

Submission from the New Zealand College of Sexual and Reproductive Health (NZCSRH)

Legislation (Definitions of Woman and Man) Amendment Bill

To: Committee Secretariat

Social Services and Community Committee

Parliament Buildings

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1. About NZCSRH

The **New Zealand College of Sexual and Reproductive Health (NZCSRH)** is the professional body representing clinicians working in sexual and reproductive healthcare across Aotearoa New Zealand.

Our members include doctors, nurses, midwives, nurse practitioners and specialists who provide contraception, abortion care, STI management, gender-affirming care, and broader reproductive health services.

NZCSRH's mission is to promote excellence in sexual and reproductive health (SRH) through leadership, training, and collaboration.

Our vision is to enable provision and access to culturally safe, Te tiriti-informed, safe, high-quality sexual and reproductive health care.

Our values are partnership and equity, respect and empowerment, diversity and inclusivity.

We are committed to honouring Te Tiriti o Waitangi.

We welcome the opportunity to comment on this Bill.

2. NZCSRH Position

NZCSRH **opposes** the Legislation (Definitions of Woman and Man) Amendment Bill and recommends that it does not proceed.

The Bill is unnecessary, medically imprecise, unsupported by evidence, and risks significant harm to public health.

3. Medical and Scientific Concerns

3.1 Sex is not strictly binary in clinical practice

While sex characteristics are often simplified for administrative purposes, in medicine:

- Biological sex exists on a spectrum,
- Intersex variations are natural and clinically recognised,
- Chromosomes, hormones, gonads, and secondary sex characteristics do not always align.

A single, fixed definition cannot capture this complexity and would force clinicians and agencies into inaccurate or unsafe categorisations. The Bill's proposed wording would not assist clinicians. Instead, it risks introducing confusion into areas where safe care already depends on nuanced clinical assessment rather than a single legal category.

3.2 Gender identity is clinically relevant and essential to SRH care

For many aspects of sexual and reproductive healthcare, **gender identity** — not solely biological sex — determines:

- Appropriate screening,
- Contraceptive options,
- Hormonal management,
- Pregnancy-related care,
- Mental health and wellbeing.

Rigid definitions risk misclassification, inappropriate care, and reduced access to services.

4. Impact on Healthcare Delivery

4.1 Disruption to gender-affirming care

The Bill would create uncertainty around:

- Eligibility for gender-affirming services,
- Access to appropriate facilities,
- Recognition of affirmed gender in clinical records.

This contradicts established clinical guidelines and would increase barriers to care, leading to worse health outcomes and high health costs.

4.2 Risk to sexual and reproductive health services

The Bill could affect:

- Access to contraception,
- Abortion services,
- Cervical and breast screening,

- Prostate screening,
- STI services,
- Pregnancy-related care,
- Clinical records, recalls and screening invitations.

Health services rely on nuanced, context-specific definitions. A single statutory definition would undermine safe practice.

4.3 Increased stigma and reduced healthcare engagement

Evidence consistently shows that:

- Transgender and intersex people already face significant barriers to healthcare,
- Stigma and discrimination reduce engagement with essential services,
- Legal exclusion worsens health outcomes.

This Bill is therefore not a neutral administrative change. It risks worsening existing inequities for already marginalised communities.

5. Legal and Ethical Concerns

5.1 Conflicts with existing legislation

The Bill is inconsistent with:

- The Births, Deaths, Marriages, and Relationships Registration Act,
- The Human Rights Act,
- Health and Disability Code of Rights,
- Existing case law recognising gender identity.

It would create confusion for clinicians, agencies, and the public.

5.2 No demonstrated need

The Bill does not identify any:

- Administrative failures,
- Clinical problems,
- Public health risks,
- Legal gaps.

There is no evidence-based justification for this legislative change.

6. Human Rights and Equity

NZCSRH is deeply concerned that the Bill:

- Undermines the dignity and rights of transgender, non-binary, and intersex people,
- Contradicts Te Tiriti-based commitments to equity and inclusion,
- Risks worsening health disparities for already marginalised groups.

Healthcare must be grounded in compassion, evidence, and respect — not exclusion.

7. Conclusion

NZCSRH strongly urges the Committee to **reject** the Legislation (Definitions of Woman and Man) Amendment Bill.

The Bill is:

- Medically inaccurate,
- Legally inconsistent,
- Harmful to public health,
- Detrimental to vulnerable communities,
- Unnecessary and unsupported by evidence,
- Not supportive of safe clinical practice.

Aotearoa's laws should reflect modern science, uphold human rights, and support equitable access to healthcare. This Bill does not meet those standards.
