

Family Planning Annual Report

Purongo ā Tau

1 July 2020 to 30 June 2021

Chief Executive and President's Report

Whilst we continue to live in a world dominated by COVID19, change – or the promise of change - has been a constant across the year under review.

Structural reform to the health system was signalled in April 2021 with the long-awaited release of the Government's response to the Health and Disability System Review. The consequences of the announcements from Health Minister Andrew Little and the Transition Unit are yet to be realised. We are hopeful that one outcome will be a sharper focus on the delivery of services in primary care. Better funding and co-ordination of primary care services, including ours, will result in better and more timely care for clients.

In a year of big projects and big news, there was one piece of work which dominated. After months of planning we made the call in September 2020, amidst a COVID19 level change for our Auckland colleagues, to go ahead with the implementation of our new patient management system. Not only was this a big project for us, it was in fact the biggest ever primary health care information technology project in Australasia. We have more on this project later in this report but it is important to reflect that we will increasingly utilise new technological solutions to deliver a better service for clients. We acknowledge too, the additional challenges embedding this new system has provided to our clinical staff who have responded with professionalism and commitment. We want to use this Annual Report to formally and publicly acknowledge the challenges they have faced.



Minister of Health
Hon Andrew Little

Family Planning – Improving Equitable Access to Sexual and Reproductive Health Services

This initiative provides funding for price and volume pressures on Family Planning, Aotearoa New Zealand's only national provider of sexual and reproductive health services for primary health and sexual health promotion. This will ensure sexual and reproductive health services contracted through Family Planning can respond to changing national, regional and local needs and continue to prioritise health equity for those most affected by poor sexual and reproductive health outcomes.

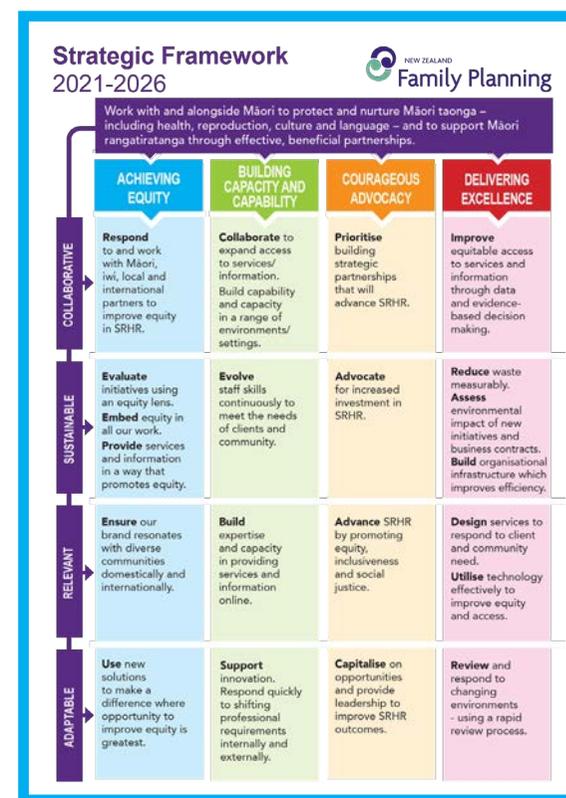
Vote	2021/22	2022/23	2023/24	2024/25	Operating Total	Capital Total
Health	0.941	0.941	0.941	0.941	3.764	-

Budget 2021 finally delivered a funding increase.

For most staff working here, it was the first time they can recall a budget increase, let alone for Family Planning to appear as a budget line within Vote Health. The increase applies across each of the next four years and makes provision for a cost of living increase alongside some additional funding. The funding is welcome but we will continue to make the case for a funding structure that reflects the complexity of our service delivery and the speciality of our service.

The promise of **abortion law reform** was partially fulfilled when we began offering an Early Medical Abortion (EMA) Service from our Whangārei Clinic in mid-October. Our focus, even prior to reform, was to expand into areas of high need where services are either not currently available or are hard to access. Family Planning Council approved a one-off funding from our reserves to get the service established while we look to get sustainable funding in place. This aligns with our vision of equity, access and choice and moves us closer to realising the goal we first announced in 2009 of becoming an abortion provider nationwide. Our experience as an EMA provider in Tauranga gives us lots of institutional knowledge and experience on which to build new services. We're grateful to Tauranga staff who have shared their expertise with their Whangārei colleagues to get this service underway. We continue to make the case for a change to the way abortion services are funded - to fully realise the intent of law reform will require funding change.

At the very close of the year under review, Family Planning Council signed off the **Strategic Framework** which will guide our work for the next five years. The framework has an overarching commitment to working with and alongside Māori to protect and nurture Māori taonga – including health, reproduction, culture and language – and to support Māori rangatiratanga through effective, beneficial partnerships. Each work area will have detailed plans sitting beneath the framework to guide their specific areas of focus.





This year marks two significant events in New Zealand's sexual and reproductive health (SRH) history. Firstly, 2021 marks Family Planning's 85th birthday. In early October 1936 a meeting was held in Wellington, at which the Sex Hygiene and Birth Regulation Society was formed. For the formidable women at that meeting, their primary concern was about access to information and services. It was common at that time for women to die from illegal abortions – so common in fact, that a Government inquiry (the McMillan Inquiry) in 1937 found that at least one pregnancy in five ended in abortion, and that the majority of women dying from illegal abortions were married with four or more children. The McMillan enquiry recommended contraceptive clinics be established and we began to promote the benefits of contraception.

Contraception options in New Zealand were limited until 1961 when the contraceptive pill first became available here. For the first time, married women (it was only married women who could get a prescription for the pill in those early days) had a reliable method of contraception. New Zealand women were enthusiastic pill-takers. By 1965, it was estimated that 40 per cent of married, fertile women in New Zealand were on the pill. While “the pill” continues to provide high quality, reliable contraception, increasingly our clients are turning to long acting contraceptives which are even more effective because they remove the element of user error. They're “get and forget” contraception.

The pioneers of Family Planning New Zealand worked tirelessly, sometimes at risk of imprisonment and often at risk of judgement, to improve sexual and reproductive health and rights for women in New Zealand. We continue to care about people and are committed to keep pushing boundaries, to be courageous advocates, and we are determined to always do the right thing for improving sexual and reproductive health and rights for New Zealanders.

Just as there was in 1936, when Family Planning New Zealand was established, there is still unmet need for essential SRH services, information and education in Aotearoa New Zealand. We're committed to ensuring equitable access to quality, culturally responsive sexual and reproductive health services, information and education.

Finally, it is impossible to reflect on the year that has passed without acknowledging the bravery of Hon Kiritapu Allan announcing her personal battle against Stage 3 cervical cancer. Her personal story became a significant national sexual and reproductive health story. The Minister's announcement encouraged women across the country to book for cervical screening. We acknowledge the bravery of Minister Allan who put her own personal circumstance to one side to encourage people to make sure they take the time to have a cervical screen. Her eloquent words below:

“ I've told a few folks by now, and often the question is, “is there anything I can do:” My answer now is yes. Please, please, please – encourage your sisters, your mothers, your daughters, your friends – please #SmearYourMea – it may save your life and we need you right here.”



Jackie Edmond MNZM
Chief Executive
Mana Whakahaere



Andreas Prager
President
Te Pou Whakarae

COVID19

COVID19 alert levels changed a number of times across the year – impacting our Auckland-based staff and the ongoing management of our clinics and health promotion teams in Tāmaki Makaurau. We updated and worked to the guidelines we had developed for how we would operate under Government and Ministry of Health COVID rules.

In early July 2020, we surveyed our staff about the way we had responded to COVID19 throughout lockdown (Level 4) and through Levels 3, 2 and 1. Staff comment to a large extent mirrored the review undertaken by senior management team and other managers. IT and communication infrastructure are priority work programmes across the new financial year and were identified by staff, and senior management, as critical to working well during COVID19.

In last year's Annual Report, we noted a one-off payment of \$427,000 in acknowledgement of the impacts of COVID19 on client volumes and costs. Another impact of COVID19, and one which perhaps hadn't been foreseen, was a shortage of contraceptive pills and pregnancy tests at various times across the year as supply chains have struggled in the wake of COVID19. Clinicians put temporary solutions in place while supply was limited and provided advice to Pharmac on alternative contraceptive medication for New Zealanders. STI testing was also impacted as the swabs and reagent needed for testing were the same as those needed for COVID19-testing.

Abortion law reform

Some 14 months after abortion law reform, the Health Select Committee is considering the Contraception, Sterilisation, and Abortion (Safe Areas) Amendment Bill. The Bill, a Members Bill in the name of Labour MP Louisa Wall, seeks to correct an anomaly from the last Parliament. When the abortion law was being debated it 'lost' a section during the committee stage. This occurred when MPs in favour neglected to call loudly enough for a formal counted vote on an amendment when the voice vote didn't go their way. (This sort of thing can happen on conscience issues when the whips step back from their roles and multiple amendments get quite confusing.) The section that was lost was designed to allow the Ministry of Health to mandate safe areas around hospitals and other health facilities to prevent patients seeking abortions from being harassed by protests.

We made a submission to the Bill and appeared before the Select Committee to speak to the legislation. We recommended that Parliament make safe areas automatic for all abortion services, rather than being established on a case by case basis. As this Annual Report was being developed, the Bill was with the Health Select Committee with their report to Parliament being due in November.

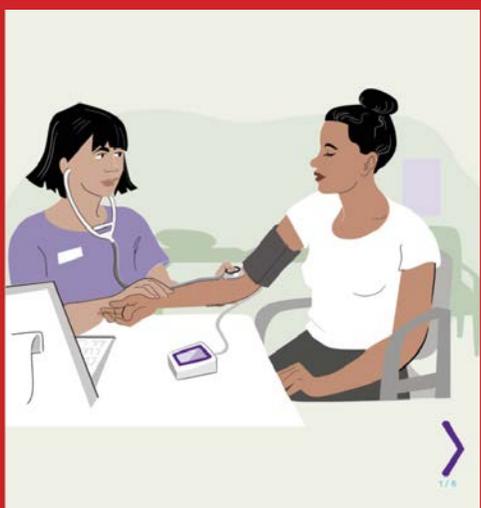


Jackie Edmond presenting to the Health Select Committee.

Meetings with Ministers

Briefing to
Incoming
MPs
2020

Family
Planning
New Zealand



We were successful in organising meetings with a number of Cabinet ministers across the year and took the opportunity at these meetings to put our issues in front of these key ministers. Our chief executive met with Justice Minister Hon Kris Faafoi, Minister for Women Hon Jan Tinetti, Associate Minister of Health Hon Dr Ayesha Verrall and Minister for the Prevention of Family and Sexual Violence Hon Marama Davidson.

As is our usual process after an election, in late 2020 we delivered a Briefing to Incoming Members of Parliament. We followed up this outreach by sending fact sheets to members of key Select Committees. Our engagement with MPs helps raise awareness among Parliamentarians of the important role of sexual and reproductive health to equity and wellbeing – and the key role of Family Planning in primary health care provision.

We shaped the briefing in a way that conveyed key messages for sexual and reproductive health services in New Zealand and identified what MPs can do to improve sexual and reproductive health outcomes for New Zealanders. We actively asked for increased funding, a key advocacy message for us across the year and a shift in the focus of our advocacy work which has historically focussed on issues like abortion law reform or funding for a particular contraceptive device.

The 2020 MP briefing came in both an interactive version and a printable PDF version. You can view them here:

[Briefing to Incoming Members of Parliament interactive presentation](#)

[Briefing to Incoming Members of Parliament printable version \(PDF\)](#)

National Contraception Training Service

In early December 2020, a significant milestone was reached with new national contraception guidelines (now named Aotearoa New Zealand's guidance on contraception) approved. This is the first time New Zealand has had national guidelines for contraceptives. Our national medical advisor Dr Beth Messenger was a member of the National Contraception Steering Group responsible for developing the new guidelines.

The online Contraceptive Counselling course we developed as part of our contract to deliver the National Contraception Training Service (NCTS) went live immediately the guidelines were published. Two further theoretical courses – Intrauterine Contraception (IUC) and Contraceptive Implant went live in early January along with a practical IUC and implant training and a Trainer and Assessor module went live a month or so later.

Development of this suite of NCTS courses was a demanding project involving contributions from staff across the organisation. It was also recognition from the Ministry of Health of our expertise as a specialist provider of contraception services.

Alongside the NCTS project, our Professional Training and Development team successfully put 11 of our 12 main courses either fully on line or transitioned to a blended learning programme which is a mix of online and face-to-face courses. Ten of our Health Promotion courses are now offered online or by virtual delivery. Changes to work patterns during COVID19 were a springboard to speeding up alternative delivery options for these courses.

Contraception Use Survey

Our 2020 survey aimed to learn more about what contraception people use, how they get it, and how Family Planning might improve access for all people who want to use it.

The survey, the results of which were released on World Contraception Day, attracted more than 6,700 responses and revealed that there are gaps in awareness of and access to contraception as well as stigma around the use of contraception here in Aotearoa New Zealand.

Respondents told us:

- The most common contraceptive methods people are currently using are the oral contraceptive pill (39%) and condoms (33%).
- Nearly a quarter (24%) are not using their preferred contraceptive method. The most common reason why, from the list of options provided, was because they have not found the time to get it (25%), followed by cost (20%).
- Five per cent (5%) reported experiencing conscientious objection from a healthcare practitioner when seeking contraception.

The report included three recommendations to improve contraception use: promote awareness and education about the full range of contraceptive options; reduce stigma and shame, particularly among young people, and; invest in sexual and reproductive health services.

Our clinics

Ō Mātou Whare Haumanu

Demand for clinic appointments remains high. Research published in the New Zealand Medical Journal in July 2021, goes some way to explaining this high demand and our struggle to meet it. The research, undertaken through the Margaret Sparrow Research Grant and completed with our colleagues at Te Whāriki Takapou, looked at contraceptive starts at our clinics in 2009, 2014 and 2019. The research shows that Family Planning clients are increasingly choosing to use a long acting reversible contraceptive (LARC). This has implications for how we provide contraception to New Zealanders. To achieve equitable reproductive health outcomes, it is essential there is equitable access to all available methods of contraceptives – including LARCs. The research shows that cost of the contraceptive is a barrier to use, but there are other differences in contraceptive starts by ethnicity and deprivation which cannot be explained by cost alone.



Hon Grant Robertson at the clinic opening with (from left to right) Mani Mitchell, Dame Margaret Sparrow, Jackie Edmond and Dr Gill Greer.

Our National Office and our Wellington Clinic are now co-located in the same building in Victoria Street, Wellington. Both were officially opened in late March by local MP and Deputy Prime Minister Hon Grant Robertson. Earlier, both spaces were blessed by Wellington Kaumatua Peter Jackson (Te Atiawa and Taranaki iwi).

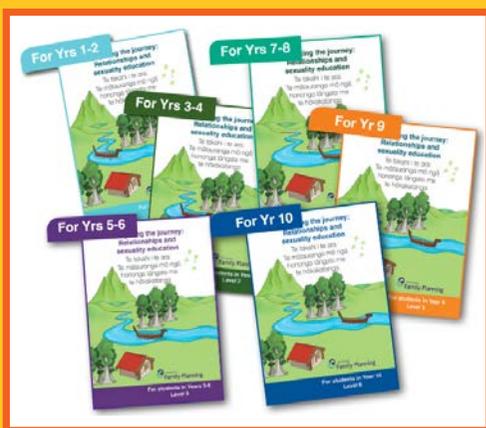
We opened a new clinic in New Lynn, West Auckland, in early April after the lease on our Henderson Clinic expired earlier in the year. Having a strong presence in West Auckland is important to us and planning is underway for another clinic in the area.

Our outreach clinic in Kaikohe is open in a new location at 113 Broadway every Thursday from 11am until 5pm.

The proceeds of a bequest were applied to having period products in seven of our clinics, identified as being in areas of highest need. The bequest fund allows us to provide free tampons and pads in these clinics and client response has been positive.

Education *Te Mātauranga me te Tuku Parongo*

New sexuality guidelines were released by the Ministry of Education in September 2020. We welcomed the release of the guidelines but noted that without nationally consistent implementation, our young people are not being well served. Holistic and comprehensive relationship and sexuality education is vital for healthy development and mental and sexual wellbeing. The guidelines are an important document providing schools with certainty and surety in this curriculum area. However, unless they are fully and nationally implemented and teachers and school leaders are provided with professional development and other support, we won't see progress.



This year, we reviewed our *Navigating the Journey* suite of relationship and sexuality education resources to ensure they aligned fully with the new guidelines and then reissued them. There's been positive uptake of the refreshed resource from schools across the country. Our data indicates that around 30 per cent of New Zealand schools are now using a Family Planning relationship and sexuality education resource.

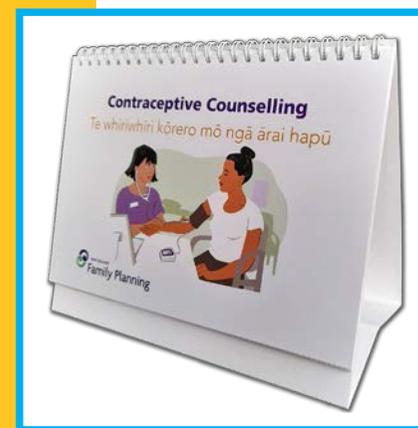
In addition, we offer a free 30-minute online course for teachers, school leaders and Boards of Trustees talking about the changes to the guidelines and how

schools can be supported with the implementation of these guidelines.

Our health promotion team had a presence at Waitangi this year, in collaboration with Ngāti Hine Health Trust. We had a range of period products free to give away. They provided a useful tool to start conversations with attendees at the Waitangi celebrations. Our health promoters continued to work across a range of agencies and organisations beyond the school environment. These include alternative education, youth justice, and teen parent units.

Resources *Ngā Rauemi*

We republished a number of resources across the year. Among them was our *Abortion, what you need to know* publication. This has been one of our most popular resources over many years but needed to be reworked to reflect the new abortion legislation. In particular, the booklet needed to reflect that people can choose the abortion service that best suits them and are no longer reliant on referral from another health provider.

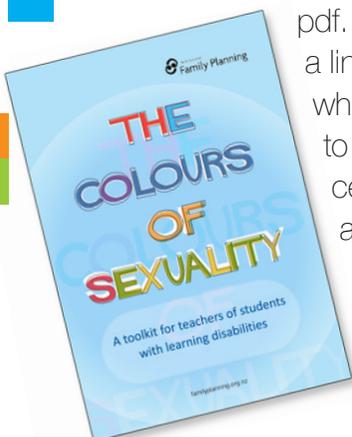


During the year we published a new clinical resource which we made available for sale through our web shop. *The Contraceptive Counselling Desktop Resource* was designed for contraceptive consultations in a clinic setting and in clinical training. The resource has

one side with patient information and a facing side with details for the clinician taking the consultation. The resource is sold as a standalone item and as a package with the *Contraceptive Pill Flip Card Set*.

Resources... *Ngā Rauemi*

Also during the year under review we republished our *Colours of Sexuality* e-resource. Like all our teaching resources, this is now published as a pdf. Purchasers are sent a link to the resource which they're encouraged to save to a server or central drive for access across their school.



Working and learning has changed globally with COVID19. We moved a number

of courses online during lockdown 2020 and continue to offer a suite of online courses. In health promotion, these courses include *Open and Honest* courses for parents and caregivers, *Gender and Sexual Diversity*, and *The Colours of Sexuality: Sexuality and Sexual Wellness for Young People with an Intellectual Disability*.

Professional Training and Development

Te Whakangungutanga Ringa Ngaio

Clinical training for doctors, nurses and midwives is a significant component of the work done by our Professional Training and Development team. In addition to the NCTS courses, our trainers support other clinicians to learn and develop their skills through a range of courses. From the four-day Family Planning Certificate in Contraception and Sexual Health through to ECP updates and Cervical Screening, our courses touch on every aspect of sexual and reproductive health. Courses are now offered across a range of platforms – in person, online or a combination of both.

Cervical screening

Associate Health Minister Hon Dr Ayesha Verrall announced big changes from July 2023 to the cervical screening programme. At that time, the primary test for cervical screening will change to a human papillomavirus (HPV) test, with the option of self-testing. The new test, will replace the current test for the 1.4 million people eligible for the test. Clinical modelling predicts the move to HPV screening will prevent about 400 additional cancers over 17 years and save 138 additional lives. Family Planning is one of the biggest cervical screening organisations in the country and our staff have been completing cervical screening since the mid-1950s. We also train other clinicians who wish to offer cervical screening for their clients.

International Programmes

Ngā Hotaka Puta Noa i te Ao

COVID19 significantly impacted our key partners; the Kiribati Family Health Association (KFHA) and the Vanuatu Family Health Association (VFHA). Nine of 15 KFHA staff were stuck in Fiji from March 2020 until their return home and release from quarantine on New Year's Eve. The KFHA team continued to remotely support the Healthy Families Project and their colleagues on the ground in Kiribati from Fiji. The VFHA team continued to provide essential sexual and reproductive health services to remote areas which were especially important following the destruction caused by Tropical Cyclone Harold during April 2020.

Despite the challenges of COVID19, Family Planning received additional funding for our projects in Kiribati and Vanuatu, thanks to the continued support from the Ministry of Foreign Affairs and Trade (MFAT).

Family Planning and KFHA kicked off phase three of the Healthy Families project at the start of July 2020. Phase three followed earlier successes in phase two including higher numbers of people getting tested for STIs and higher rates of women getting cervical screening. This comes at the same time as the Kiribati national survey announces a reduction in the number of women who are unable to access contraceptives.

Our project with VFHA, Planem Gud Famili Blong Yumi, started its second phase in June 2020. Successes from the first year of the phase included an increase in the uptake of long-acting reversible contraceptives and delivering training to community leaders in rural areas of the project.

International Programmes staff attended the biennial DevNet conference in Palmerston North.

The conference theme was 'development matters' and was attended by close to 250 participants representing local and international NGOs, researchers, academics, consultants and Government Ministries from New Zealand, the Pacific and beyond (virtually of course!). Family Planning joined a panel on "Gender in Emergencies" to share how sexual and reproductive health and rights are impacted in emergencies, including COVID19. In addition, we presented research on the "Knowledge, access and barriers to family planning in rural Vanuatu" at the Asia Pacific Conference on Reproductive and Sexual Health. This was a great way to showcase the work of our Pacific partners, the contributions that Family Planning makes to the international research space, and highlight the enablers and barriers that many Ni-Vanuatu experience in regard to their sexual and reproductive health. The research report can be found on [our website](#).

Ms Angie Warren-Clark MP was elected as the new Chair of the New Zealand Parliamentarians' Group on Population and Development (NZPPD) in December 2020, following Minister Radhakrishnan. The group heard from various speakers during the year including on sexual and reproductive health and rights progress and challenges in Kiribati and MFAT's new Gender Action Plan 2021-2025.



Anna Ravendran from Family Planning International Programmes presenting at the DevNet Conference, December 2020.

Changes and Honours

Our Chief Executive, Jackie Edmond, was honoured at Government House for her work in sexual and reproductive health by being appointed a Member of the New Zealand Order of Merit. She attended an investiture ceremony at Government House in November 2020.

Newmarket Senior Medical Receptionist Anne Hilliard retired on 10 December after 47 years with us. Anne was our longest-serving staff member and was an invaluable member of the Newmarket Clinic and the wider organisation.

Newmarket Nurse Linda McKechnie retired in late November after working with us for 37.8 years. Linda worked across a number of Auckland Clinics and was one of the first Auckland nurses to train as an IUD inserter. Sadly, Linda passed away very soon after her retirement.

Dr Pat Boulton (Pat Parsons) passed away in February 2021. Dr Boulton worked for Family Planning for 29 years before retiring in 2012. Having had some previous experience working for Family Planning in the United Kingdom, Pat then found her way to Family Planning as a doctor at our New Plymouth clinic. Pat was an Honorary Life Member of Family Planning and will be remembered for her amazing contribution to our organisation and her expertise that many clients benefited from.

Hamilton nurse Jan Gilby retired in January 2021 after 35 years with us. Jan was an enthusiastic early adopter of expanding nursing practice and always worked hard to ensure local nurses were well trained and maintained good standards.



Jackie Edmond at her honours ceremony with the Governor General Dame Patsy Reddy.

NZCSRH recognition

Newmarket doctor and former National Medical Advisor Dr Christine Roke has been presented with New Zealand College of Sexual and Reproductive Health (NZCSRH) life membership. Fellowship of NZCSRH was granted to both Dr Inge De Villiers (Manukau) and Dr Luci Montgomerie (Hamilton).

NZ Family Planning

Financial Summary for Annual Report

FY2021

Income

Government contracts	13,842,804
Grants revenue	650,444
Clinical fees	1,700,463
Other non-exchange income	350,010
Finance income	114,016
Revenue from exchange transactions	599,411

Expenses

Employee costs	12,071,643
Rent & property costs	1,719,637
Other expenses	3,199,940
Depreciation & Amortisation	320,690

Current assets

Cash and cash equivalents	3,416,225
Investments	6,072,980

Total Equity

2021	8,124,692
2020	8,179,454
2019	8,233,147
2018	7,541,251
2017	7,284,390

Our People

Ko mātou



President:
Andreas Prager



Deputy President:
Dr Jacky Percy

Council:

Te Rūnanga



Carol Bellette



Madeleine Hawkesby



Dr Lily Fraser



Elizabeth McLean



Dr Maira Haimona



Waimarama Matena



Jackie Curtis
(from AGM 2020)



Dr Tammy Steeves

Senior Management Team

Te Tira Whakahaere Matua



Chief Executive:
Jackie Edmond, MNZM



**Deputy Chief Executive/
National Director
Operations:** Kirsty Walsh

National Medical Advisor: Dr Beth Messenger

National Nurse Advisor: Rose Stewart

National Health Promotion Advisor: Dr David Evans

Business Improvement Manager: Chris Plummer
(until 25 May 2020)

Communication Manager: Sue Reid

Honorary Vice Presidents

Dr Katharine Bowden MNZM, Dame Silvia Cartwright PCNZM, DBE, QSO, Dr Margaret Catley-Carlson, Rt Hon Helen Clark, Margaret Dagg, Hon Lianne Dalziel, Hon Christine Fletcher QSO, Dame Jenny Gibbs DNZM, Professor John Hutton, Dame Areta Koopu DNZM, CBE, Halfdan Mahler, Professor Malcolm Potts, Dean Reynolds, Rt Hon Dame Jenny Shipley DNZM, Dame Margaret Sparrow DNZM, MBE, Hon Judith Tizard, Dame Catherine Tizard ONZ, GCMG, GCVO, DBE, QSO, Dame Marilyn Waring CNZM, Dame Fran Wilde DNZM, QSO

Honorary Life Members

Dame Sue Bagshaw DNZM, Daphne Bell MNZM, Dr Pat Boulton (deceased January 2021), Dr Katharine Bowden MNZM, Jan Brown, Hon Steve Chadwick, Candis Craven ONZM, Margaret Dagg, Helen Eskett MNZM, Sue Farrant, Dame Jenny Gibbs DNZM, Dr Maxine Gray, Dr Gill Greer MNZM, Naomi Haynes, Peggy Kelly, Dr Win Kennedy, Dr Elspeth Kjestrup QSO, Jean Lawrie, Jan Lockyear, Gill Lough, Linda Penno ONZM, Dean Reynolds, Dr Helen Roberts, Dame Margaret Sparrow DNZM, MBE, Sheila Stancombe, Dawn Wardle, Glenys Wood MNZM, Valda Woods, Simon Woolf.

Anniversaries

30 years:

Dunedin doctor **Alison Jenkin**. January 2021.

25 years:

Takapuna senior medical receptionist **Phillipa Sagar**. June 2021.
Invercargill doctor **Dianne Denholm**. February 2021
Blenheim medical receptionist **Angela Cull**. June 2021

20 years:

Hamilton doctor **Luci Montgomerie**. September 2020.
Takapuna nurse **Michele Grainger**. June 2021.
Henderson medical receptionist **Julie Webster**. January 2021.

15 years:

Manukau medical receptionist **Georgina Turner**. July 2020.
Midlands clinical services manager **Rochelle Keane**. August 2020.
New Plymouth medical receptionist **Evelyn Patterson**. June 2020.
National resource development specialist **Jill Stewart**. July 2020.
National Medical Advisor **Dr Beth Messenger**. January 2021.
Christchurch medical receptionist **Vicki Grindley**. June 2021.
Christchurch doctor **Monica Ford**. February 2021.

10 years:

Timaru nurse **Jo MacDonnell**. June 2021.
Dunedin doctor **Katie Graham**. February 2021.

Looking for a meaningful way to support our work?

Become a Family Planning member and join our loyal base of supporters and advocates who care about the sexual and reproductive health and rights of New Zealanders. You can easily sign up online. Visit familyplanning.org.nz/support-us/become-a-member and become a Family Planning member today. Your support is greatly appreciated.



NEW ZEALAND

Family Planning

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