EXECUTIVE SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

WOMEN AND YOUNG PEOPLE WITH DISABILITIES IN FIJI

A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services

UNFPA

Australian Aid

Pacific Disability Forum
A partnership of Pacific organisations of and for persons with disabilities

WOMEN ENABLED INTERNATIONAL

Women and young people with disabilities living in Fiji face significant barriers that hinder their full and effective participation in society on an equal basis with others. In particular, they are prevented from fully realizing their sexual and reproductive health and rights (SRHR) and their rights to legal capacity and to be free of gender-based violence (GBV).

As a result of stigma and harmful stereotypes, many women and young people with disabilities only receive basic information about their SRHR and lack access to essential sexual and reproductive health (SRH) services. Where available, SRH services are neither fully accessible nor disability inclusive. As a result, those who do seek SRH services report feeling judged or receiving unfair treatment by service providers. Many women and young people with disabilities find that, instead of receiving accessible information to make their own SRH decisions, service providers and family members often make medical decisions on their behalf. These patterns of substitute decision-making and abusive medical care—coupled with the stigma around SRH and widespread misconceptions about contraceptive methods and their risks, benefits, and potential side effects—deter many women and young people with disabilities from seeking SRH services and negatively impact their SRHR.

GBV is both highly taboo and extremely prevalent in Fiji, however, women and young people with disabilities are typically discouraged from talking about and/or reporting GBV. When women and young people with disabilities overcome these attitudinal barriers and report instances of violence, the police and members of the judiciary often disregard the complaints and/or refer them to informal reconciliation procedures, leading to high rates of impunity and perpetuating the cycle of violence. GBV survivors with disabilities also report significant challenges to accessing social and protective services, especially in more rural areas.

General recommendations for the State to advance the rights of women and young people with disabilities in Fiji:

- Submit Fiji's initial report to the Committee on the Rights of Persons with Disabilities.
- Identify gaps in the implementation of the Rights of Persons with Disabilities Act of 2018, as well as national action plans and policies on reproductive health and violence against women.
- Conduct *talanoa* (dialogue and awareness raising) across government ministries about the rights of persons with disabilities, as well as common barriers and accessibility needs of persons with diverse disabilities.
- Invest adequate resources to ensure accessibility of SRH and GBV services for people with diverse disabilities.
- Invest in developing a network of accessible shelters and safe houses to facilitate better access to protective services outside of urban centers.

Formal and informal deprivations of legal capacity for women and young people with disabilities are permitted in Fiji

Despite the Rights of Persons with Disabilities Act establishing the right to enjoy equal legal capacity, women and young people with disabilities can face obstacles when trying to exercise agency over SRH decisions. According to many women and young people with disabilities, their family members and/or medical providers typically make medical decisions on their behalf, including in relation to family planning. This type of substitute decision-making can result in harmful practices, such as involuntary sterilizations.

> *"Only some Deaf women make their own decisions when seeing a doctor. …The doctors and nurses would make the decision for me [on] what family planning method to take even though I choose another family planning method."*
>
> — 27-year-old Deaf woman

Key steps the State must take to address this issue

- Ensure that the right to legal capacity, as recognized in the Rights of Persons with Disabilities Act (2018) is fully implemented, including by developing clear guidelines for securing informed consent for medical procedures; and bringing pre-existing laws and policies regarding legal capacity and substituted decision-making into compliance with the standards required by the Convention on the Rights of Persons with Disabilities (CRPD).
- Train service providers so that they can understand how their actions, words, and power imbalances can affect informed decision-making for patients with disabilities.

Sexual and gender-based violence cases involving women with disabilities are seldom processed through the formal justice system

Women and girls with disabilities face significant challenges in reporting GBV and ensuring that cases are processed through the formal justice system. In addition to being discouraged from reporting by family members or due to threats of retaliation from perpetrators themselves, women with disabilities often find that police do not take their complaints seriously–especially those filed by Deaf women and women with psychosocial disabilities– and encourage them to use reconciliation instead of continuing with their claim. When GBV cases progress through the formal justice system, magistrates often pity the perpetrator and dismiss the case.

> *"When the violence happens, people or perpetrators use reconciliation as a tool against [women with disabilities]. After they reconcile, they continue… abusing [them]. If the matter is reported and taken to court… the court will feel sorry for the perpetrator and dismiss the case."*
>
> — A 20-year-old woman with a visual impairment

Key steps the State must take to address this issue

- Invest in system-wide disability-inclusion capacity building for the justice sector.
- Strengthen and fund effective referral pathways between counseling services, GBV service providers, and DPOs to ensure that women with disabilities who report GBV have access to the support they need to be able to communicate with service providers and the justice sector and to pursue their complaints.

Harmful stereotypes and stigma limit access to SRH and GBV services for women and young people with disabilities and result in them being socialized not to talk about SRH and GBV

Families and communities in Fiji tend to think of women with disabilities as people that need to be taken care of and are incapable of having sex, getting married, or having a baby. These attitudinal barriers –coupled with social perceptions of disability as evil or as a curse– contribute to many women with disabilities not knowing their rights. Furthermore, as they are socialized not to talk about these issues, women with disabilities often feel uncomfortable discussing their experiences with SRH and GBV, lack awareness of options for legal recourse for GBV, and battle stigma and pressure not to access SRH and GBV services. This is particularly the case in more rural areas.

> *"[Since] our cultural beliefs and traditions do not allow us to openly talk about sex, family planning, and other sensitive topics... [As a result], women with disabilities lack information, knowledge, and decision-making about their bodily autonomy."*
>
> — A 25-year-old woman with a visual impairment

Key steps the State must take to address this issue

- Create and expand rights-based awareness-raising programs on disability rights and inclusion, GBV, and SRH, with a particular focus on ensuring that such programs are made available and accessible to women and young people with diverse disabilities and their family members.
- Develop a Women and Young People with Disabilities Community Health Liaison/ Advocate Program to recruit and train women and young people with disabilities to provide peer-to-peer education and accompaniment to SRH and GBV services to people with and without disabilities in their communities.

Negligence and stigma in health care and gender-based violence sectors impact the quality of services

Women with disabilities are discouraged from seeking SRH and GBV services as they usually feel judged or receive humiliating and sometimes abusive treatment from service providers. Some women with disabilities also report that service providers cannot understand their experiences or provide needed support.

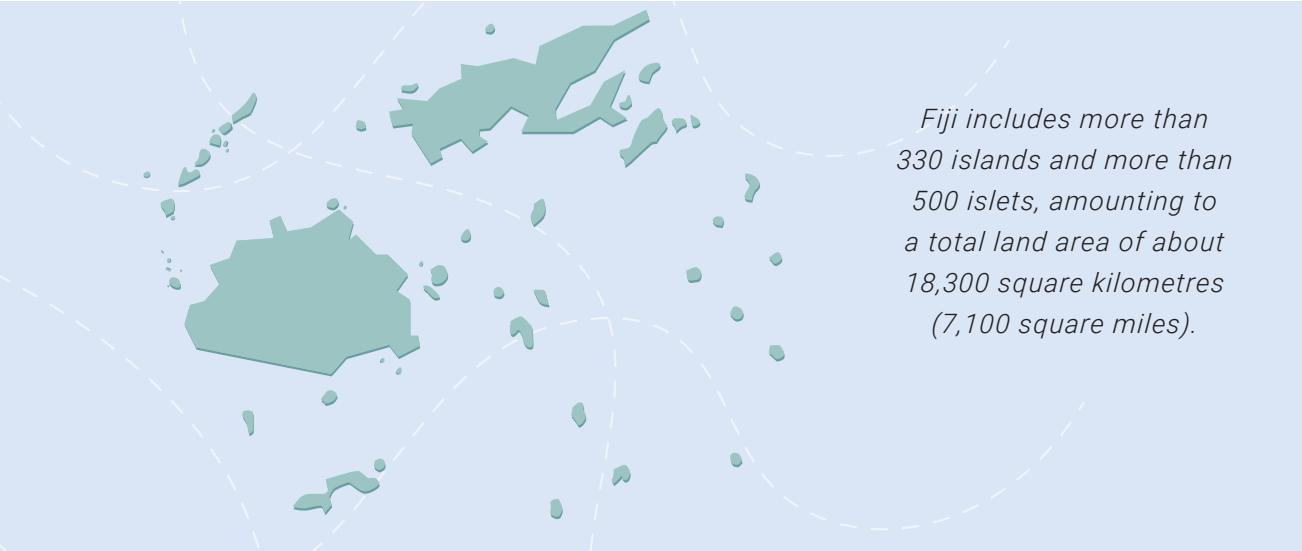
> *"The healthcare service was really, really nice when I gave birth to my first son. After my accident, … I was not treated the same way… I was in the labor room alone… and I had to help myself to get to the bathroom to clean myself."*
>
> — A 39-year-old woman with a visual impairment

Key step the State must take to address this issue

- Provide disability-specific values clarification trainings for a wide range of SRH and GBV service providers and for police and justice sector personnel, including by expanding successful models of disability-specific values clarification trainings to reach a wider range of actors who provide essential SRH and GBV services.

Geographic barriers prevent women and young people with disabilities from accessing SRH and GBV services

In Fiji, some remote islands lack police presence, making it virtually impossible to report GBV or access justice. Furthermore, although the Ministry of Health and Medical Services (MHMS) partners with NGO service providers to strengthen access to SRH and GBV services in more remote areas and outer-lying islands, outreach efforts in these regions tend to be resource-contingent. Between visits from NGO mobile clinics, women must either seek health care through community health workers and MHMS Nursing Stations –who are not typically trained to administer contraceptive services themselves or provide disability-inclusive services– or travel to urban centers, which can be onerous. Limited access to mobility aids can also pose a barrier for women with disabilities to access SRH services, even when mobile clinics are visiting a given area.



Fiji includes more than 330 islands and more than 500 islets, amounting to a total land area of about 18,300 square kilometres (7,100 square miles).

Key steps the State must take to address this issue

- Strengthen and expand accessible, disability-friendly mobile clinic outreach by SRH and GBV service providers.
- Ensure access to refresher trainings for nurses staffing MHMS Nursing Stations in remote areas to retain skills for administering a range of contraceptive methods.
- Integrate disability-specific training sessions into existing SRH training for nurses and community health workers to strengthen the integration of rights-based, disability-friendly practices.

Women and young people with disabilities lack accessible information on SRH and GBV and experience widespread misconceptions about contraception

Many women and young people with disabilities in Fiji report receiving only basic information about their health and bodies and very little about GBV. Moreover, SRH and GBV information is not widely available in accessible formats, especially in Easy Read and sign language.

Within this context, many women and young people with disabilities lack access to essential information about contraceptive methods and their risks, benefits, and potential side effects. Misconceptions about these issues frequently deter women with disabilities from starting or adhering to contraceptives.

> *"I told [my friend] 'you should stop taking [contraceptive pills] because in the future it's probably going to stop you getting pregnant or probably spoiled your chances of getting pregnant.'"*
>
> — A 26-year-old Deaf woman

Key steps the State must take to address this issue

- Develop accessible SRH and GBV information, education and communication (IEC) materials specifically targeting women and young people with disabilities.
- Disseminate IEC materials in a range of accessible formats, including digital and/or audio formats, simplified formats such as plain language and Easy Read, and sign language.

Lack of sign language interpretation significantly inhibits communication with SRH and GBV service providers

The lack of sign language interpreters in healthcare facilities results in women and young people with disabilities, especially Deaf people, being unable to communicate effectively with healthcare providers. For example, people are forced to compromise their confidentiality and be accompanied by a parent or another individual to assist with communication. Many providers do not even attempt to communicate directly with patients, communicating instead with family members, thereby increasing the risk of substituted decision-making occurring.

These communication barriers also extend to GBV services. The lack of sign language interpreters and other accessible communication devices makes it extremely difficult for Deaf people to report GBV or to seek out essential GBV services.

> *"It is very hard to ask for help when the violence happens because we are Deaf and [have] no sign language interpreter to help us."*
>
> — A 26-year-old Deaf woman

Key steps the State must take to address this issue

- Prioritize increasing accessibility in the healthcare and the justice sectors through improving and developing access to sign language interpretation and other accessible formats, such as text-to-talk apps and text-enabled GBV helplines.
- Plan for long-term investment in increasing the number of sign-language interpreters available in Fiji and the hiring of permanent interpreters within the health care and the justice sectors.
- Develop safeguards to maintain and guarantee patient confidentiality when communicating with service providers.

This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade and support from the United Nations Population Fund (UNFPA). The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government or UNFPA.

Women and young people with disabilities in Fiji: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services' is a joint production by UNFPA, WEI, and PDF with funding from the Australian Government. The report is available for download at https://pacific.unfpa.org/sites/default/files/pub-pdf/pwd_srh-gbv_needs_assessment_fiji_220422_highres.pdf.