

## EXECUTIVE SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

# WOMEN AND YOUNG PEOPLE WITH DISABILITIES IN SAMOA

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



Women and young people with disabilities in Samoa experience a range of restrictions to accessing sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) services on an equal basis with others and to realizing their rights to sexual and reproductive health, legal capacity, and freedom from violence.

The barriers to accessing services manifest in many ways. These include informal deprivations of legal capacity, encumbered access to justice, and weak referral pathways between sexual and reproductive health, GBV, and disability-service providers. Moreover, women and young people with disabilities in Samoa experience pervasive stigma and discrimination, especially those with intellectual disabilities. Physical and telecommunication barriers further impede communication with service providers and access to facilities. Inaccessible SRHR and GBV awareness-raising programmes and information, education, and communication materials, along with the absence of disability-inclusive sexuality education, create even more entrenched barriers.



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

- ▶ Pass comprehensive legislation harmonizing Samoan law with the Convention on the Rights of Persons with Disabilities (CRPD).
- ▶ Monitor the Samoa *National Policy for Persons with Disabilities 2021-2031* implementation.
- ▶ Submit Samoa's State Party report to the Committee on the Rights of Persons with Disabilities, including by engaging women and young people with disabilities in the reporting process and in the implementation of Concluding Observations.
- ▶ Invest adequate resources to ensure that sexual and reproductive health (SRH) and GBV services are accessible to people with diverse disabilities. Support Organizations of Persons with Disabilities (OPDs) as they strengthen and expand their SRH and GBV trainings on disability inclusion.
- ▶ Integrate the requirement that SRH and GBV providers ensure that their mainstream services are accessible and that their staff is trained on disability inclusion into SRH and GBV programming.
- ▶ Ensure any humanitarian emergency planning development, implementation, and monitoring is disability-inclusive.



## Informal deprivations of legal capacity are commonplace in Samoa, particularly in healthcare settings

Although women and young people with disabilities in Samoa are generally entitled to equal recognition under the law, in practice, many experience a denial of their right to make decisions for themselves, particularly in healthcare settings. Healthcare providers frequently communicate directly with their family members, including when obtaining consent for the provision of SRH services. This can result in substitute decision-making, which can lead to harmful practices such as forced procedures.

*“I cannot go to the doctor by myself or make a decision.”*

– Woman with a visual impairment

Women and young people with disabilities –especially those who are Deaf and hearing-impaired and those with psychosocial and intellectual disabilities– also report being prevented from making their own decisions by their family members, particularly as it relates to their access to romantic partners, their freedom to leave the house, and their ability to have or raise their own children.

### Key steps the State must take to address this issue

- Pass legislation enumerating the right of people with disabilities to legal capacity consistent with Article 12 of the CRPD.
- Develop policies and monitoring mechanisms to address common forms of informal deprivations of legal capacity, particularly in SRH settings.
- Create awareness-raising programmes for people with disabilities and for their families relating to legal capacity.
- Invest in system-wide disability-inclusion capacity building for healthcare providers. Support OPD engagement in such capacity-building programmes.

## Access to justice is limited for people with disabilities in Samoa, particularly for women and young people experiencing GBV

Women and young people with disabilities in Samoa are often discouraged and/or prevented from reporting GBV. This is often due to the inaccessibility of justice system information and reporting systems, stakeholders without training on disability inclusion, and the disempowerment of people with disabilities, among other insurmountable barriers. Within this context, when they do report GBV, women and young people with disabilities prefer to resort to a church representative or the village council rather than filing a claim with the police.

*“[Following my rape], my cousin took me to [the] police. She was unfamiliar with [the] procedures. My cousin didn’t understand my signs [and the] police didn’t quite understand... The police didn’t file our case.”*

— Deaf woman

### Key steps the State must take to address this issue

- Invest in system-wide disability-inclusion capacity building for the justice sector, which should include both the formal and customary systems. Support OPD engagement in such capacity-building programmes.
- Increase accessibility of GBV and SRHR services through improving and developing access to sign language interpretation and other accessible formats, including by partnering with OPDs to train service providers on sign language and to coordinate interpretation services.
- Plan for long-term investment in increasing the number of sign-language interpreters available in Samoa and the hiring of permanent sign language interpreters within the healthcare and the justice sectors.

## Referral pathways between SRH, GBV, and disability-service providers require strengthening

Referral pathways between the health sector and GBV services require strengthening, especially for people with disabilities. Counseling services in general require improvement, including with respect to counselors trained to also serve as case coordinators identifying SRH and GBV issues and referring victims/survivors with disabilities to essential services.

*Only three of the twenty-one women and young people interviewed for the needs assessment research reported being referred to or seeing a counselor for psychosocial support by healthcare providers.*

### Key steps the State must take to address this issue

- Establish and/or strengthen effective referral pathways between key SRH, GBV, and disability services, including by further enumerating the roles and responsibilities of service providers, OPDs, and State agencies and ensuring adequate funding is available.
- Develop and support training programmes for SRH and GBV counselors on how to support people with disabilities and implement strong case coordination through effective referral pathways.

## Women and young persons with disabilities in Samoa experience ongoing stigma and discrimination

A general lack of comprehensive understanding of the equal rights of people with disabilities results in attitudinal barriers preventing full disability inclusion in Samoa. In the SRH and GBV contexts, these barriers manifest in the form of families who do not recognize the rights of their family member with a disability; healthcare practitioners who refuse to speak directly to the person with the disability; and perpetrators targeting people with disabilities because of their perceived vulnerability.

Women and young men with disabilities report experiencing being teased because of their disability and experiencing other forms of discrimination such as exclusion, isolation, and violence. These experiences extend to the SRH and GBV service-provision realm and in relation to having children.

*“When I went to have a baby, some doctors and nurses were very good. But some... they don't say it, but their body language... it's like I've committed a sin.”*

— Woman with a physical disability

### Key steps the State must take to address this issue

- Develop disability-specific values clarification trainings – particularly for healthcare providers– aimed at dismantling harmful stereotypes about people with disabilities and providing training on soliciting informed consent from people with a variety of disabilities.
- Support and expand existing OPD-led rights-based awareness-raising programmes on disability rights and inclusion and other initiatives aimed at dismantling harmful stereotypes against persons with disabilities.

## Women and young people with intellectual disabilities in Samoa face unique forms of discrimination

Under-diagnosis of disabilities and inadequate early intervention systems are systemic problems in Samoa. Samoans with intellectual disabilities face increased isolation, a lack of support services, and limited educational services, which further impede their access to empowering opportunities, including SRH and GBV programming.

Health services, including SRH services, are rarely independently accessible for persons with intellectual disabilities. As they are seldom trained to offer services to people with cognitive disabilities, service providers frequently seek consent directly from the person's parent and never speak to the person alone.

*People with intellectual disabilities interviewed as part of the needs assessment research had received very little SRH information and expressed discomfort or an inability to discuss SRH-related topics.*

### Key steps the State must take to address this issue

- Address the under-diagnosis of intellectual disabilities in Samoa and invest in the development of an early intervention and support-services system for people with intellectual disabilities and their families.
- Support the development of empowerment and self-advocacy programmes aimed at people with intellectual disabilities, particularly those that prioritize training and empowerment on SRH, GBV, and informed decision-making.



## Physical accessibility in Samoa, particularly telecommunication accessibility, requires ongoing investment and improvement

SRH and GBV services in Samoa are not always accessible. Improving physical accessibility and establishing accessibility standards for public transportation for all people with disabilities to enable independent access to SRH and GBV services is essential. Due in part to the lack of accessible telecommunication options available, SRH and GBV services are primarily only accessible to people with disabilities through in-person visits to providers' offices. Accessible talk-to-text hotlines or other accessible mechanisms for soliciting services independently are not currently available.

*Nuanua O Le Alofa (NOLA) helps facilitate appointments for people with disabilities at SRH and GBV service providers, particularly for people who cannot make an appointment themselves by phone.*

### Key steps the State must take to address this issue

- Incorporate accessibility for SRH and GBV services into all relevant initiatives and activities in Strategic Outcome 5 of the *National Policy for Persons with Disabilities*.
- Conduct an accessibility audit with people with diverse disabilities of policies, plans, and facilities to identify specific areas for strengthening.
- Develop a strategic plan relating to disability-accessible telecommunication, addressing barriers to accessing SRH and GBV services.
- Provide accessibility-specific funding for public and non-governmental SRH and GBV service providers, including for accessible telecommunication services (e.g., phone lines, and information materials).

## SRH and GBV awareness-raising information, including information, education and communication materials at health facilities, is often inaccessible in Samoa

In Samoa, many women and young people with disabilities report feeling uncomfortable accessing and discussing SRH services, particularly family planning methods. This pattern is perpetuated by the lack of accessible awareness-raising materials on SRH and the services available in the communities. Within this context, many women and young people with disabilities report having never received an SRH check-up or family planning services.

*“I am not sure about parts of the body. I do not know that sort of information...I don't know anything about sex or body parts. I see neighbor (...) girls having babies; I don't know how it happened.”*

— Deaf woman

Even when they do seek healthcare services, many women and young people with disabilities in Samoa cannot access them independently as doctors cannot communicate with them in accessible ways. This leads to impeded care and can contribute to a violation of their right to privacy, informed consent, and accessibility on an equal basis with others. This is particularly so for Deaf people and people with hearing impairments who require sign language interpretation. The inaccessibility of health facilities in Samoa also results in GBV survivors with disabilities being discouraged from seeking healthcare services.

### Key steps the State must take to address this issue

- Develop –in association with OPDs and NGOs– accessible SRH and GBV information, education and communication materials specifically targeting women and young people with disabilities.
- Develop and disseminate accessible Information, Education, and Communication materials for healthcare, particularly SRH services, and GBV services.

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- Establish a community health-liaison program to provide accurate and accessible information, particularly in rural areas. Recruit people with disabilities to serve as health liaisons.
- Ensure the Nation-Wide Gender-Based Violence Awareness Program and the Village Family Safety Committees meaningfully include people with diverse disabilities and that good practices are expanded country-wide.

## People with disabilities usually do not have access to family life education in Samoa

Comprehensive sexuality education is still not broadly available in Samoa. Furthermore, since there are limited educational services for students with disabilities in Samoa, where Family Life Education (FLE) is available in schools, many young people with disabilities cannot access it.

*“The reason I got expelled [was] because I fought. I didn’t understand [, and there was] no interpreter to interpret lessons. I got hit in school for not knowing how to do other subjects i.e. math.”*

— Man with a hearing impairment

## Key step the State must take to address this issue

- Ensure broad consultation with a range of OPDs, disability service providers, and specialized schools in the development of Samoa’s FLE programing to guarantee that course content and materials are accessible and tailored to people with diverse disabilities, including students with intellectual disabilities, psychosocial disabilities, and who are Deaf.

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