

## EXECUTIVE SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

# WOMEN AND YOUNG PEOPLE WITH DISABILITIES IN VANUATU

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



People with disabilities living in Vanuatu experience extreme forms of marginalization and significant restrictions to their autonomy and self-determination. This is due in large part to the limited implementation of the Convention of the Rights of Persons with Disabilities (CRPD) and the national legal and policy frameworks on gender and disability rights. In particular, people with disabilities 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).

Women and young people with disabilities face high rates of GBV both within their families and in their communities. Marginalization and restrictions to personal autonomy also result in survivors with disabilities being unable to recognize and/or report GBV independently, a situation compounded by the lack of accessible information about GBV and available services, and persisting social attitudes that condone violence against women. Even when they decide to report, many GBV survivors with and without disabilities do not have access to the formal justice system, due to the extremely limited outreach of GBV services in rural and remote areas, the lack of adequate training among justice service providers on how to provide procedural accommodations and other support measures, and the lack of sign language interpreters and alternative forms of communication.

Although the State has committed to advancing SRHR for persons with disabilities, fully accessible and disability-inclusive sexual and reproductive health (SRH) services are still extremely scarce in Vanuatu. In particular, many women and young people with disabilities experience derogatory treatment from healthcare workers who are not adequately trained on how to provide these services. These attitudinal barriers –coupled with other physical and communication barriers– result in many persons with disabilities refraining from requesting SRH services. This situation is compounded for young persons with disabilities, many of whom lack access to alternative sources of information and services due to their exclusion from the education system, the delays in the implementation of the Family Life Education (FLE) curriculum, and the fact that SRHR is highly taboo in many families and communities.

SRHR violations occur even when services are available. For many women and young people with disabilities seeking SRHR information and services, healthcare providers often communicate directly with family members and support persons. This occurs even when obtaining informed consent for medications or procedures, oftentimes in violation of the right to legal capacity.



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

- ▶ Enact comprehensive disability legislation to advance domestic implementation of the CRPD, including legislation enumerating the right of people with disabilities to legal capacity.
- ▶ Mainstream the interests of women and young persons with disabilities across national action plans, strategies, and policies on gender equality, health, COVID-19, and disability rights.
- ▶ Develop a National Sign Language.
- ▶ Ensure people with disabilities have access to inclusive education and effectively implement the FLE curriculum.



## Formal and informal deprivations of legal capacity are commonplace in Vanuatu, including in the provision of SRH services

Although they are generally entitled to equal recognition under the law, women and young persons with disabilities are formally and informally denied this right due to disability-related stigma. Policy frameworks restrict the right of women and girls with intellectual or psychosocial disabilities to make autonomous decisions when accessing family planning services. Furthermore, many women and young people with disabilities find that healthcare providers communicate directly with family members, including when obtaining informed consent for the provision of SRH services. This form of substitute decision-making results in harmful practices, such as forced sterilizations.

*“Because of my disability, at home, I am seen as nobody.  
I cannot make my own decisions.”*

— Woman with a physical disability from Port Vila

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

- Bring the normative and policy framework on legal capacity into compliance with article 12 of the CRPD.
- Develop and implement service provision protocols, along with safeguards, to ensure people with disabilities can provide informed consent for SRH services, following informed counseling.
- Train SRH service providers on understanding legal capacity and how to obtain informed consent from people with disabilities themselves.
- Create awareness-raising programmes for people with disabilities and their families relating to legal capacity, autonomy, and SRH.

## Stigma and harmful stereotypes result in high rates of GBV against persons with disabilities and denials of their autonomy and self-determination

Many families prevent women and young people with disabilities from making their own decisions due to disability-related stigma, including leaving their homes, accessing contraception, having or raising their own children, and participating in their community. People with disabilities also frequently face violence at home and in their communities, most often sexual violence. Even when they are not perpetrators, many family members –as well as members of the communities–condone the violence against people with disabilities.

*“I know of girls with a disability who are not allowed to go out. If they do, the families will hit or smack them.”*

— A woman of short stature

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

- Adopt policies to address the extreme community marginalization of women and young persons with disabilities by improving their access to inclusive education and employment and ensuring they are meaningfully consulted in decision-making processes that affect their rights.
- Support and expand existing Organisations of Persons with Disabilities (OPD) -led rights-based awareness-raising programmes on disability rights and inclusion and other initiatives aimed at dismantling harmful stereotypes against people with disabilities.
- Partner with OPDs to recruit and mentor women and young people with disabilities as SRH officers involved in awareness-raising activities –with an emphasis on SRHR, GBV, and the right to legal capacity– targeting women and young people with disabilities and their communities.

## Social attitudes towards women and persons with disabilities impact access to justice for GBV survivors

Marginalization and restrictions to personal autonomy also result in survivors with disabilities being unable to classify and/or report GBV independently, a situation compounded by the lack of accessible information about GBV and available services and persisting social attitudes that condone violence against women. Even when they do report GBV, many survivors with disabilities do not have access to the formal justice system due to the minimal outreach of GBV services in rural and remote areas, the lack of adequate training among justice service providers on how to provide procedural accommodations and other support measures, and the lack of sign language interpreters and alternative forms of communication.

*“[A friend of mine with disabilities] was raped on a bus while going home. Her family filed a report at the police station, but nothing has happened ever since.”*

— A woman with a physical disability from Port Vila

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

- Strengthen the decentralization of the formal justice system and GBV services to ensure they are available in rural and remote areas.
- Support existing NGO- and OPD-led initiatives to raise awareness among community leaders on gender equality, women’s rights, and GBV, so that they engage in GBV prevention and support survivors in accessing the formal justice system and other GBV services.

## Lack of appropriate training and stigma among providers impact the accessibility and quality of SRH and GBV services

Due to the lack of training among healthcare workers on how to provide disability-inclusive services, many persons with disabilities receive humiliating and sometimes abusive treatment at healthcare facilities. As a result, many people are discouraged from requesting SRH services. This is particularly problematic as people with disabilities may not have access to alternative sources of SRH information since these issues are still highly taboo in many communities, particularly in rural and remote areas.

*“[When] I went to a health care center... everyone ignored me and discriminated against me. I felt ashamed. I covered my head with my Calico and went back home.”*

— 47-year-old Deaf woman from Tongoa

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

- Partner with OPDs to deliver comprehensive and regular training programmes for a wide range of SRH and GBV service providers and police and justice sector personnel on disability inclusion, gender equality, and GBV.

## Geographic barriers prevent women and young people with disabilities living in rural and remote areas from accessing SRH and GBV services

Although the State has implemented actions to decentralize services, access to SRH and GBV services is still particularly challenging for communities living in rural and remote areas, including women and young people with disabilities. The absence of health services further contributes to the barriers they face accessing SRH information and services, which are highly taboo.

*“Even though we [now] have a clinic [in our community], there is still lack of necessary things that a clinic needs. There are not enough beds for women to deliver babies. Most times the clinic will run out of medicine and you will find the clinic closed.”*

— 44-year old woman with a visual disability from Sanma

Similarly, survivors willing to report GBV face several geographical and financial barriers to accessing police stations that are located far away from their communities. These barriers include expensive and unsafe transportation, poor roads, and infrequent flights and boats. Even when survivors with disabilities can overcome these barriers, they often find that their allegations are not investigated and that impunity prevails.

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

- Adopt appropriate and expedited measures to ensure disability-inclusive SRH and GBV services are available to women and young persons with disabilities living in rural and remote areas.
- Invest adequate resources to expand accessible and disability-friendly mobile clinic outreach and home visits by SRH and GBV service providers.
- Support NGO- and OPD-led initiatives to assist survivors in having access to SRH and GBV services, including by providing adequate financial support.



## Women and young people with disabilities lack accessible information on SRH and GBV

Many people with disabilities living in Vanuatu do not have access to –and are afraid and/or ashamed of asking for– information about SRHR, GBV, and the services available in their communities. Moreover, they are often discouraged from participating in community activities addressing these topics due to the perception that they do not need this information. As a result, many women and young people with disabilities do not have knowledge about contraception, menstruation, and the functioning of their bodies. This situation is compounded for Deaf and hearing-impaired people –due to the lack of National Sign Language– and for young people with disabilities, many of whom lack access to comprehensive sexuality education and other sources of information.

*“I think most women or girls [with disabilities] will be scared to go to hospital and ask questions [about SRH]. Mostly, we are afraid to ask questions.”*

– A woman of short stature from Port Vila (age not disclosed)

Many children and young people with disabilities living in Vanuatu are excluded from the education system. Even when they have access to the education system, students with disabilities do not have access to Family Life Education (FLE).

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

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

(continued)

- Train healthcare providers and support staff to provide information on SRH and GBV in a manner that is gender- and disability-inclusive, age-appropriate, and culturally sensitive.
- Adopt adequate measures and invest adequate resources to ensure persons with disabilities have access to inclusive education in a safe and healthy learning environment free from bullying, discrimination, harassment, and violence.
- Take appropriate steps to implement the FLE curriculum effectively, and ensure it responds to the learning and accessibility needs of people with disabilities.
- Develop and implement trainings for teachers to provide quality FLE to people with disabilities.
- Develop community-based FLE programmes in non-education settings, and peer-to-peer networks to better reach people with disabilities who do not attend school.

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