

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY



POLICY STATEMENT

Family Planning Australia supports a human rights-based approach to disability, which recognises disability as a natural part of human diversity that must be respected and supported in all its forms¹. Family Planning Australia respects the right of people with disabilities to have autonomy over all matters related to their sexual and reproductive health and rights (SRHR).

Family Planning Australia supports people in Pacific Island Countries, including people with disabilities, to access the widest range of SRHR services and comprehensive sexuality education (CSE). This access should be free from coercion, discrimination and violence.

Family Planning Australia shares the vision and values of key international commitments to people with disabilities, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD)². This includes promoting the right to marry, to create a family and to access high quality sexual and reproductive education and care, on an equal basis with the rest of society³.

Our International Programme promotes the active participation of people with disabilities and organisations of people with disabilities (OPDs) in our programs, from the project design phase to implementation and evaluation. We develop partners with local Pacific organisations and governments, to advocate for disability inclusion and equity.

As a member of the Australian Council for International Development (ACFID), Australian Disability and Development Consortium (ADDC) and as a recipient of funding from the Australian Government Department of Foreign Affairs and Trade (DFAT), our disability strategies are also guided by the Australian Government's International Development Policy⁴. In alignment with DFAT's best practice, we adopt the twin-track approach⁵.

Links to the SDGs

Our policy also hopes to align with the achievement of Sustainable Development Goals (SDGs) in the Pacific, including:

SDG 3 – Good health and wellbeing

SDG 4 – Quality education

SDG 5 – Gender equality

SDG 10 – Reduced inequalities

SDG 17 – Partnerships for the goals

SCOPE

Family Planning Australia International Program.

POLICY DETAILS

Family Planning Australia recognises that:

- In the Pacific, people with disabilities experience higher levels of discrimination and abuse, which limits fulfilment of their SRH and education⁶.
- Intersectional aspects of identity, such as gender, sexuality, race and class contribute to many people with disabilities experiencing multiple layers of discrimination and stigma⁷.
- Women of the Pacific Islands experience some of the highest rates of gender based violence (GBV) in the world^{8,9}. Women with disability are particularly vulnerable to abuse and experience two to three times higher rates of GBV¹⁰.
- A lack of accessible infrastructure and transportation is a barrier to people with disabilities accessing quality SRH and education in the Pacific^{11,12}.
- There is a lack of research around the SRH of people with disabilities in the Pacific¹³. This exacerbates systemic inequalities and leaves people with disabilities at a heightened risk of poor SRH outcomes.

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...



- SRHR policies in the Pacific region commonly only reflect the medical model of disability which views disability as a personal impairment that should be 'fixed'.
- There is a lack of training provided around disability for project professionals working in the Pacific.

Family Planning Australia believes that:

- People with disabilities have the same human rights as any other member of society, including SRHR.
- People with disabilities have the capacity and right to form consensual relationships, to express their sexuality, and to make informed decisions about their SRH.
- Children and young people with disabilities have the same rights as other children and should be treated equally with others.
- People with disabilities are entitled to access mainstream SRH programs.
- Addressing barriers to SRH services and education will have a positive and transformative impact on the outcomes of people with disabilities and fulfilment of their rights.
- People with disabilities need to be represented in policies, this includes funding considerations for reasonable adjustments and protections to ensure they have autonomy to make their own legal decisions.
- People with disabilities, and organisations representing them, should be involved in all phases of the project cycle.
- Data that captures the diverse dimensions of intersectionality is essential for fostering inclusivity and addressing systemic inequalities experienced by people with disabilities.

Family Planning Australia is committed to:

- Advocating for the SRHR of people with disabilities in the Pacific.
- Consulting OPDs to understand barriers specific to the local region and country.
- Supporting governments and non-government organisations to strengthen disability equity and rights within their organisational policies and programmes.
- Ensuring active participation and leadership of people with disabilities in decision-making processes, ensuring that their voices and perspectives are valued.
- Sourcing and incorporating learnings from intersectional research to inform inclusive and strategic policies and programmes.
- Delivering awareness activities, training and capacity strengthening for health and education providers on SRH and disability equity in the Pacific.
- Continuing to advocate for the twin-track approach, with an emphasis on reducing barriers for people with disabilities to facilitate inclusion in mainstream programmes.
- Tailoring programs to ensure equitable access to education, resources and healthcare.
- Seeking opportunities to gather data and evaluate the extent to which projects and services are inclusive and promote disability equity and rights.
- Supporting our partners to gather, monitor and report on disability disaggregated data.
- Upholding ACFID and DFAT disability indicators. For example, ensuring adequate funding is allocated for disability equity, allocation of focal points to advocate for disability inclusion and sharing of best practices and approaches.

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...

SUMMARY OF EVIDENCE

Barriers to sexual and reproductive health among people with disabilities in the Pacific

It is estimated that 17% of people in Pacific Island countries live with a disability¹⁴. However, comprehensive data is lacking, which contributes to systemic inequalities¹⁵. Limited data is available regarding the different types of disability experienced by people in the Pacific, and SRH service usage such as access to contraception, cervical screening and treatment¹⁶. There is known to be significant unmet need for SRH services among people with disabilities¹⁷. For example, people with disabilities are known to face challenges such as high rates of unintended pregnancies, maternal mortality, sexually transmitted infections and gender-based violence¹⁸.

Physical barriers

A significant physical barrier for people with disabilities in accessing CSE and SRH services is the broad geographic size and inaccessibility of transport systems in many Pacific Island countries¹⁹. A recent literature review noted that people with disabilities in Pacific Island countries were among the groups with the most difficulty in physically accessing SRH services²⁰.

Communication barriers

To ensure people with disabilities have access to high quality CSE and SRH, it is critical to ensure information, education and communication (IEC) materials are inclusive and accessible. In the Pacific, informational materials are generally not disability-inclusive, as information is not available in sign language, braille, nor easy read²¹. Minimal data is available on access of informational materials to people with intellectual disabilities.

Social and attitudinal barriers

Globally and in the Pacific, stigma and discrimination are significant social barriers for people with disabilities to SRH. Cultural beliefs and family attitudes often discourage people with disabilities from accessing or participating in SRH programmes²². For example, people with disabilities are often infantilised or perceived as not having the desire or capacity to be sexually active or participate in consensual intimate relationships²³. Interviewees from six Pacific Island countries assessed by a UNFPA needs assessment reported experiencing discrimination, teasing or treatment refusal from healthcare workers in the public hospital system^{24,25,26,27}.

Misconceptions and a lack of awareness of healthcare professionals and educators contribute to people with disabilities not having access to SRH, education and services²⁸. In Pacific Island countries, people with disabilities are less likely to receive routine screenings for sexually transmitted infections and cervical cancer²⁹. They can also be subject to forced sterilisations, abortions and denied the agency to establish relationships and make decisions about whether, when and with whom to have a family³⁰.

Policy barriers

Laws and policies can both protect and discriminate against people with disabilities. In the past decade, there have been advancements in policies and legislations concerning the SRHR of people with disabilities. A 2018 report by the Pacific Disability Forum (PDF) found that these commitments have begun to translate into increased efforts and advancements in areas such as raising awareness, legal harmonisation with the Convention on the Rights of the Persons with Disabilities, disability disaggregated data and promoting inclusive education³¹. However, legislative frameworks generally do not adequately

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...

protect people with disabilities. This is evident when analysing policies at the intersection of gender and disability. For example, women and girls with disabilities are disproportionately vulnerable to various forms of non-consensual medical procedures, including forced abortion and sterilization³². The decision-making power is often deferred to families, which disregards the legal rights and autonomy of people with disabilities.

Approaches to advance the sexual and reproductive health and rights of people with disabilities in the Pacific

Working in collaboration with people with disabilities to achieve disability equity

Family Planning Australia recognises the importance of working in collaboration with people with disabilities and the organisations that represent them. This is critical to achieving disability equity and upholding human rights. Across the Pacific region, leading disability representative organisations advocate the principle of ‘nothing about us without us’. This means that people with disabilities have a central role in goal setting, planning and action^{33,34}.

Twin Track Approach

The twin-track approach in disability inclusion is designed to accommodate the diverse experiences of people with disabilities. It achieves this by combining targeted and mainstream approaches to include people with disabilities in all aspects of society³⁵. We encourage our partners to implement a balance between mainstreaming strategies, which reduce barriers and disability-specific initiatives, to support the empowerment of people with disabilities.

Intersectionality

Disability commonly intersects with other aspects of identity, such as race, gender, class and sexuality. Intersectional approaches acknowledge that individuals may experience multiple layers of discrimination and barriers. Women with disability experience unique challenges due to the intersection of gender and disability-based discrimination. Reports show women with disability are two to three times more likely than other women to experience gender-based violence³⁶. To ensure inclusivity and address the comprehensive needs of people with disabilities, it is essential to conduct intersectional research and design all programs and projects with intersectionality as a central consideration. This helps reduce discrimination, increase awareness, and effectively address the diverse needs of all people with disabilities.

Teacher training

Research in the Asia Pacific region has highlighted teacher capability and readiness as an important pillar in enhancing disability-inclusion and SRH knowledge³⁷. Many specialised disability schools in Pacific Island countries currently focus on teaching abstinence and STI prevention³⁸. Raising awareness and training educators can support the shift to a wholistic and rights-based approach to CSE.

Out-of-school CSE can offer a more flexible, informal and inclusive setting for young people to develop their SRHR knowledge. Seeking ways to develop more out of school disability inclusive or stand-alone programmes is an important avenue for achieving equitable SRHR experiences.

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...

Train the Trainer

A highly effective way to address attitudinal barriers among health professionals is to raise awareness and build capacity through in-house disability inclusion and skills training. Ideally, this sensitization and training needs to reach all staff involved in health provision, including doctors, nurses and administrative. In Fiji and Vanuatu, people with disabilities have reported having highly positive experiences in health clinics that have implemented disability friendly services across all their staff^{39,40}. “Train the Trainer” is the current model used by Family Planning Australia. This is a cost-effective and sustainable option to develop awareness and build capacity in low resource settings.

Peer-based approach

Peer-based models have improved sexual health knowledge, attitudes, and outcomes in other low-and-middle income countries^{41,42}. Peer-based programmes are low cost, effective at engaging young people and can reduce shame and stigma^{43,44}. Feedback from women with disability, who participated in a peer-based programme in the Philippines highlighted increased self-confidence, knowledge of their SRHR and pathways for seeking safety from GBV.

In recent years, many Pacific Island countries have ratified relevant international conventions, such as the Convention on the Rights of the Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as tracking progress against indicators for the Incheon Strategy (2023-2032)⁴⁵. The human rights approach underpins these conventions and pushes for the inclusion, equity and full participation of people with disabilities beyond the medical model of disability.

REFERENCES

1. United Nations Convention on the Rights of Persons with Disabilities, 2006. Available from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-32-international-cooperation.html>
2. United Nations Convention on the Rights of Persons with Disabilities, 2006. Available from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-32-international-cooperation.html>
3. United Nations Convention on the Rights of Persons with Disabilities, 2006. Available from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-32-international-cooperation.html>
4. Commonwealth of Australia, DFAT, Australia's International Development Policy. Canberra (AU), 2023. Available from <https://www.dfat.gov.au/sites/default/files/international-development-policy.pdf>
5. Australian Council for International Development. Guidance for the Development of a Disability Inclusion Policy, 2021. Available from <https://acfid.asn.au/wp-content/uploads/2022/05/ACFID-Guidance-for-the-Development-of-a-Disability-Inclusion-Policy-PDF.pdf>
6. UNFPA. Needs assessment of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Access to Essential Services for Women and Young People with Disabilities in Fiji. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_fiji.pdf
7. Sabik NJ. The Intersectionality Toolbox: A Resource for Teaching and Applying an Intersectional Lens in Public Health. *Front Public Health*. 2021;9:772301.
8. Ming MA, Stewart MG, Tiller RE, Rice RG, Crowley LE, Williams NJ. Domestic violence in the Solomon Islands. *J Family Med Prim Care*. 2016;5(1):16-9.
9. UN Women Ending Violence Against Women and Girls – Evidence, Data and Knowledge in Pacific Islands Countries. 2011. Available from: <https://asiapacific.unwomen.org/en/countries/fiji/ending-violence-against-women>
10. UN Women. Facts and figures: Women and girls with disabilities. Available from <https://www.unwomen.org/en/what-we-do/women-and-girls-with-disabilities/facts-and-figures#notes>.
11. Harrington RB, Harvey N, Larkins S, Redman-MacLaren M. Family planning in Pacific Island Countries and Territories (PICTs): A scoping review. *PLoS One*. 2021;16(8):e0255080.

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...

12. Baigry MI, Ray R, Lindsay D, Kelly-Hanku A, Redman-Maclaren M. Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review. PLOS ONE. 2023;18(1):e0280667.
13. Dawson A, Ekeroma A, Wilson D, Noovao-Hill A, Panisi L, Takala B, et al. How do Pacific Island countries add up on contraception, abortion and reproductive coercion? Guidance from the Guttmacher report on investing in sexual and reproductive health. Reproductive Health. 2021;18(1).
14. Pacific Community. Challenging perspectives around disability. Available from [https://www.spc.int/updates/blog/2024/04/challenging-perspectives-around-disability#:~:text=In%20the%20Pacific%2C%2017%25%20of,Programme%20\(SREP\)%20in%202020](https://www.spc.int/updates/blog/2024/04/challenging-perspectives-around-disability#:~:text=In%20the%20Pacific%2C%2017%25%20of,Programme%20(SREP)%20in%202020.). 2024.
15. Dawson A, Ekeroma A, Wilson D, Noovao-Hill A, Panisi L, Takala B, et al. How do Pacific Island countries add up on contraception, abortion and reproductive coercion? Guidance from the Guttmacher report on investing in sexual and reproductive health. Reproductive Health. 2021;18(1).
16. Dawson A, Ekeroma A, Wilson D, Noovao-Hill A, Panisi L, Takala B, et al. How do Pacific Island countries add up on contraception, abortion and reproductive coercion? Guidance from the Guttmacher report on investing in sexual and reproductive health. Reproductive Health. 2021;18(1).
17. World Health Organisation. World Report on Disability 2011. Available from <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>. 2011.
18. Harrington RB, Harvey N, Larkins S, Redman-Maclaren M. Family planning in Pacific Island Countries and Territories (PICTs): A scoping review. PLoS One. 2021;16(8):e0255080.
19. Economic and Social Commission for Asia and the Pacific (UNESCAP) Inequality, discrimination, and exclusion: assessing CRPD compliance in Pacific Island legislation 2021. Available from <https://www.unescap.org/kp/2021/inequality-discrimination-and-exclusion-assessing-crpd-compliance-pacific-island-0>
20. Baigry MI, Ray R, Lindsay D, Kelly-Hanku A, Redman-Maclaren M. Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review. PLOS ONE. 2023;18(1):e0280667.
21. UNFPA. Needs assessment of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Access to Essential Services for Women and Young People with Disabilities in Fiji. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_fiji.pdf
22. UNFPA. Women and Young People with Disabilities: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services Vanuatu. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_vanuatu-1.pdf
23. H. Stapleton D, V. Bossie S, L. Hall A, O. Lowery L. Sexuality and Disability [Internet]. Human Sexuality. IntechOpen; 2022. Available from: <http://dx.doi.org/10.5772/intechopen.104325>
24. UNFPA. Needs assessment of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Access to Essential Services for Women and Young People with Disabilities in Fiji. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_fiji.pdf
25. UNFPA. Women and Young People with Disabilities: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services 2021 Samoa. Available from <https://pacific.unfpa.org/en/publications/needs-assessment-people-disabilities-samoa>
26. UNFPA. Women and Young People with Disabilities: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services Vanuatu. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_vanuatu-1.pdf
27. UNFPA Sub-Regional Office. A Deeper Silence. The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga. 2013. Available from <https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf>.
28. Esmail S, Darry K, Walter A, Knupp H. Attitudes and perceptions towards disability and sexuality. Disabil Rehabil. 2010;32 (14):1148–55.
29. World Health Organisation. The WHO global disability action plan 2014–2021: better health for all people with disabilities. 2015. Available from <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021#:~:text=The%20action%20plan%20was%20endorsed,collection%20of%20relevant%20and%20internationally>
30. World Health Organisation. The WHO global disability action plan 2014–2021: better health for all people with disabilities. 2015. Available from <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021#:~:text=The%20action%20plan%20was%20endorsed,collection%20of%20relevant%20and%20internationally>

INTERNATIONAL DISABILITY EQUITY AND RIGHTS POLICY continued...

31. Pacific Disability Forum Pacific Disability Forum SDG-CRPD. From Recognition to Realisation of Rights: Furthering Effective Partnership for an Inclusive Pacific 2030. 2018. Available from: https://pacificdisability.org/wp-content/uploads/2024/04/Pacific-Disability-Forum-SDG-CRPD-monitoring-Report-2018_.pdf
32. UNFPA. Women and Young People with Disabilities: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services 2021 Samoa. Available from <https://pacific.unfpa.org/en/publications/needs-assessment-people-disabilities-samoa>
33. Pacific Islands Forum Secretariat, Pacific Regional Strategy on Disability 2010-2015. Rarotonga, Cook Islands, 2009. Available from https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Pacific-Islands-Forum_Pacific-Regional-Strategy-on-Disability.pdf
34. Australian Council for International Development, Disability Inclusion in the Australia Aid Program. Available from <https://acfid.asn.au/wp-content/uploads/2022/08/Election-Policy-Brief-Disability-Inclusion.pdf>
35. Australian Council for International Development. Guidance for the Development of a Disability Inclusion Policy, 2021. Available from <https://acfid.asn.au/wp-content/uploads/2022/05/ACFID-Guidance-for-the-Development-of-a-Disability-Inclusion-Policy-PDF.pdf>
36. UN Women. Facts and figures: Women and girls with disabilities. Available from <https://www.unwomen.org/en/what-we-do/women-and-girls-with-disabilities/facts-and-figures#notes>.
37. Harrington RB, Harvey N, Larkins S, Redman-MacLaren M. Family planning in Pacific Island Countries and Territories (PICTs): A scoping review. PLoS One. 2021;16(8):e0255080.
38. UNFPA Sub-Regional Office. A Deeper Silence. The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga. 2013. Available from <https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf>.
39. UNFPA. Needs assessment of Sexual and Reproductive Health and Rights, Gender-Based Violence, and Access to Essential Services for Women and Young People with Disabilities in Fiji. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_fiji.pdf
40. UNFPA. Women and Young People with Disabilities: A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services Vanuatu. 2022. Available from https://pacificdisability.org/wp-content/uploads/2022/09/pwd_srh-gbv_needs_assessment_vanuatu-1.pdf
41. Mason-Jones AJ, Freeman M, Lorenc T, Rawal T, Bassi S, Arora M. Can Peer-based Interventions Improve Adolescent Sexual and Reproductive Health Outcomes? An Overview of Reviews. J Adolesc Health. 2023;73(6):975–82.
42. Newman PA, Akkakanjanasupar P, Tepjan S, Boborakhimov S, van Wijngaarden JWdL, Chonwanarat N. Peer education interventions for HIV prevention and sexual health with young people in Mekong Region countries: a scoping review and conceptual framework. Sexual and Reproductive Health Matters. 2022;30(1):2129374.
43. Mason-Jones AJ, Freeman M, Lorenc T, Rawal T, Bassi S, Arora M. Can Peer-based Interventions Improve Adolescent Sexual and Reproductive Health Outcomes? An Overview of Reviews. J Adolesc Health. 2023;73(6):975–82.
44. Newman PA, Akkakanjanasupar P, Tepjan S, Boborakhimov S, van Wijngaarden JWdL, Chonwanarat N. Peer education interventions for HIV prevention and sexual health with young people in Mekong Region countries: a scoping review and conceptual framework. Sexual and Reproductive Health Matters. 2022;30(1):2129374.
45. Economic and Social Commission for Asia and the Pacific. Incheon Strategy strengthening the 2030 Agenda. <https://www.maketherightreal.net/data/profiles/TUV> (cited 15 November 2024).