

Thematic Brief | Inclusion of Pacific women with disabilities

This Thematic Brief provides a broad summary of information and analysis on the inclusion of women and girls with disabilities in the Pacific Islands region. The summary included references to associated research and information.

This is one in a series of Thematic Briefs released by the Pacific Women Lead (PWL) at the Pacific Community (SPC) programme, termed PWL at SPC. The briefs have been updated to include COVID-19 considerations and recent programme information, based on the original briefs developed by the former programme, Pacific Women Shaping Pacific Development (Pacific Women).

The PWL at SPC programme has more than AUD55 million dedicated to its work under the Australian Government's AUD170 million Pacific Women Lead portfolio. This partnership with the Australian Government commits SPC to deliver the PWL at SPC programme as the cornerstone for the portfolio.

One of the largest global commitments to gender equality, Pacific Women Lead aims to promote women's leadership, realise women's rights, and increase the effectiveness of regional gender equality efforts. Among Pacific Women Lead's four delivery partners, SPC is the key implementing partner. Other central partners include the AIR (Amplify – Invest – Reach) partnership of women's funds, civil society organisations and coalitions. There is also PWL Enabling Services (PWLES) delivering monitoring, evaluation and other services, along with the Australian Government's direct relationships with development partners for regional programmes, such as the United Nations (UN) and International Planned Parenthood Foundation (IPPF).

Six key messages

Six key messages, outlined below, provide background information on the importance of inclusion to women and girls with disabilities in the Pacific, particularly during the COVID-19 pandemic response, and why PWL at SPC is supporting women and girls with disabilities to become more empowered to participate at all levels of society.

1. Women and girls with disabilities experience multiple forms of discrimination (intersection of gender and disability) that are exacerbated during a crisis, such as the COVID-19 pandemic.
2. Women with disabilities are much more likely to live in poverty.
3. Women with disabilities are particularly vulnerable to physical violence, rape and sexual abuse, with perpetrators rarely brought to justice.
4. Women with disabilities are skilled, capable and able to make decisions for themselves and care for their families and to share equal rights with people without disabilities. They are parents, community members, workers and leaders.
5. Participation is central to effective disability inclusion and ensuring women and girls with disabilities participate in decisions that relate to them and reflect their aspirations, abilities and contributions.
6. There has been significant progress in the past decade on disability inclusion in the Pacific.

Pacific Women Lead at SPC programme (PWL at SPC)
Regional Office – Private Mail Bag, Suva, Fiji,
Phone: +679 337 9450 or email: pwl@spc.int
SPC website: <https://hrsd.spc.int/pacific-women-lead>



SPC Facebook: @spc.int



PWL at SPC Facebook: @PacificWomenLead



SPC Twitter: @spc_cps



PWL at SPC Twitter: @PacWomenLead

Introduction

Throughout the Pacific region, in both urban and rural communities, women with disabilities are far more likely to live in poverty and face multiple attitudinal, physical and economic barriers to full participation in political, economic and social life.¹ Access to education, assistive devices, health care and community services are a few examples of the factors shaping the experiences of women with disabilities. In resource-poor settings with higher rates of poverty and less publicly funded social protection systems, women with disabilities and their carers are less likely to access the resources and support they need to participate fully and effectively in society.

Women and girls with disabilities are disproportionately affected by crises and shocks, including climate-related extreme weather events and the COVID-19 pandemic.²

Pacific Island countries have shown strong commitment for disability inclusion, with 15 Pacific Island countries that have signed or ratified the United Nation's Convention on the Rights of Persons with Disabilities (CRPD). Pacific Islands Forum member countries have also jointly adopted the 2016–2025 Pacific Framework for the Rights of Persons with Disabilities.

Recognising the intersecting discrimination and challenges experienced by women and girls with disabilities is critical to inclusive development and the achievement of “development for all”.³

Message 1 Women and girls with disabilities experience multiple forms of discrimination (intersection of gender and disability) that are exacerbated during a crisis, such as the COVID-19 pandemic.

Why?

Women and girls with disabilities experience multiple forms of discrimination resulting from the intersection of gender and disability. This intersection creates new and potentially greater challenges and forms of discrimination, which often remain unrecognised in social protection schemes and development programming.

Women and girls with disabilities experience disability differently from men and boys due to discriminatory and unequal gender norms. Typically, women and girls have less access to education and employment opportunities and, often, they experience discrimination by family as well as by wider society.

In resource-poor settings, this inequality is likely to be heightened even further. Women with disabilities comprise three quarters of all people with disabilities in low- and middle-income countries.⁴ Women are at increased risk of acquiring a disability due to poor health care, poor working conditions and gender-based violence.⁵ Disability also impacts the wider household: female family members who are usually the primary carers of people with disabilities are impacted, as are all family members in households with mothers with disabilities.

During times of crisis and hardship, such as the outbreak of the COVID-19 pandemic, marginalised groups face increased vulnerabilities, including heightened health risks, hunger, neglect and violence. This is due to existing discrimination and inequality (which are heightened during crises and shocks) as well as lowered availability and access to public health information and services.

The evidence

The reported disability prevalence in the Pacific ranges from 1.9 per cent (Samoa) to 14 per cent (Solomon Islands).⁶ This data is taken from national census and survey data, which can vary according to context, population characteristics and definitions.⁷

Research on women with disabilities from the Pacific indicates that, despite some helpful laws and policies, women with disabilities are more disadvantaged than men with disabilities or women without disabilities. Women with disabilities are less educated, poorer and more isolated, have lower social status, experience higher rates of unemployment and worse health outcomes, and are more likely to experience violence.⁸

For the Pacific Islands region:

- In Solomon Islands, girls with disabilities attend school at half the rate of girls without disabilities.⁹
- In Fiji, 49 per cent of women and girls with disabilities do not attend school compared with 32 per cent of men and boys with disabilities.¹⁰
- In Fiji, women with disabilities have a lower labour force participation rate (19.8 per cent) than men with disabilities (39.8 per cent).¹¹
- In Tuvalu, people with disabilities face multiple barriers to participating in family and community events.¹²
- In Fiji, women with disabilities participate in social household activities, on average, only half the time of men with disabilities. This increases their social isolation.¹³
- In Samoa, the lack of health services for women has led to 49 per cent of women with physical disabilities not having their disabilities assessed. Women with intellectual disabilities are even less likely to receive support.¹⁴ This impacts their health needs and awareness.
- In the Pacific, research shows that women with disabilities are less likely to be married than men with disabilities. In Samoa, for example, 10 per cent of women with disabilities are married, compared with 22 per cent of men with disabilities.¹⁵

Globally:

- The prevalence of disability among women and girls is higher than for men and boys.¹⁶
- About 20 million women each year acquire a disability as a consequence of pregnancy and childbirth, mainly due to a lack of access to appropriate health care services.¹⁷

For women and girls with disabilities, COVID-19 brings particular risks.¹⁸ People with disabilities face barriers in accessing critical public health information, which is not in accessible formats or does not use clear and simple language.¹⁹ The Pacific Disability Forum has highlighted that public health recommendations in relation to COVID-19, such as social distancing or home isolation, may not be options for people who rely on assistance to perform daily tasks.²⁰ Furthermore, people with disabilities are often unemployed and live in poor living conditions increasing their exposure to illnesses, including COVID-19, due to poor sanitation and infrastructure, while reducing options for implementing recommended protective measures.²¹



Message 2 Women with disabilities are much more likely to live in poverty.

Why?

There is a direct link between disability and poverty. This is because people with disabilities are less likely to attend school, receive skills training and have access to job opportunities. They may also have increased household expenditures on health care and reduced access to rehabilitation and treatment.

Living in poverty also increases the likelihood of acquiring a disability. Women and girls living in poverty are particularly vulnerable to complications during childbirth, lack of adequate nutrition and unsafe working conditions – all of which can cause disability.²²

Caring for family members with disabilities also affects the wider household. If a family's resources are stretched and public health care services are not resourced, women are less likely to receive the health care they require. During a crisis, such as a cyclone or the COVID-19 pandemic, reduced access to resources can be exacerbated. Caring responsibilities can also reduce social and economic opportunities for other family members, particularly women and girls, who are often the primary carers for household members with disabilities.

The evidence

Throughout the Pacific region, in both urban and rural communities, people with disabilities are far more likely to live in poverty and face multiple attitudinal, physical and economic barriers to full participation in society.²³

During a health crisis, such as the COVID-19 pandemic, reduced employment and poor living conditions increase exposure to illnesses through, for example, poor sanitation and reduced capacity to implement protective measures.²⁴

Information and data about people with disabilities in the Pacific and globally is provided below.

- Of the world's population, 80 per cent of people with disabilities live in developing countries.²⁵
- Disability prevalence is higher for women than men and among rural populations, compared with urban residents.²⁶ Women with disabilities living in rural and remote areas face even greater challenges, including unavailability and inaccessibility of services, information, awareness and income. This increases the isolation and invisibility of women and girls with disabilities.²⁷
- Only 19.6 per cent of women with disabilities are employed, compared with 52.8 per cent of men with disabilities.²⁸
- In Tuvalu, more than 20 per cent of people with disabilities live in hardship²⁹ and women with disabilities are twice as likely to live in hardship compared with men with disabilities.³⁰
- In Samoa, 77 per cent of women with physical impairments need transport to health care services and 64 per cent need some form of mobility assistance.³¹

Message 3 Women with disabilities are particularly vulnerable to physical violence, rape and sexual abuse, with perpetrators rarely brought to justice.

Why?

Women and girls with disabilities are at greater risk of all forms of violence compared with men and women without disabilities.³² Women and girls are particularly vulnerable to abuse by family members, carers and strangers due to social isolation, lack of public services, low self-esteem, communication challenges and discriminatory norms and stereotypes that perpetuate impunity for perpetrators.³³ Women with disabilities face substantial challenges reporting abuse to the police, accessing survivor services and navigating justice mechanisms.

The evidence

Women and girls with disabilities are two to three times more likely to be victims of violence, rape and sexual abuse than women without disabilities.³⁴ For women with intellectual disabilities, the risk of abuse is tenfold.³⁵

Some Pacific Island countries have the world's highest rates of violence against women and girls. There is evidence indicating that high rates of family violence result in women developing disabilities due to severe injury. In Papua New Guinea, 80–90 per cent of injuries of women presenting to health facilities are reported to be the result of family violence, many of which lead to permanent disability.³⁶ A study in Fiji found that 47 per cent of women who experienced violence in their lifetime were severely injured, with the impact that one in 50 are now living with a permanent disability.³⁷ However, there is little data on women with disabilities in the Pacific, which likely further conceals widespread and severe violence and abuse.

Message 4 Women with disabilities are skilled, capable and able to make decisions for themselves, care for their families and share equal rights with people without disabilities. They are parents, community members, workers and leaders.

Why?

It is important to recognise that women with disabilities have diverse abilities and requirements and to ensure they have access to the services they need to participate fully and effectively in society. This includes ensuring women and girls with disabilities can make choices about their lives, including their sexual and reproductive health and rights.

The evidence

Supporting women to exercise their agency is fundamental to empowering women with disabilities.

Widespread stigma and negative social stereotypes against women with disabilities prevent women with disabilities from participating in society.³⁸ Negative and misinformed attitudes are significant barriers faced by people with disabilities, reinforcing their social marginalisation and isolation. A study conducted in Tonga, Solomon Islands and Kiribati found that, although women with disabilities – like women without disabilities – engage in relationships, are sexually active, and assume parental responsibilities for their children, the sexual and reproductive health needs of women with disabilities are often neglected due to discriminatory attitudes and taboos.³⁹ Recognising the actual and potential contributions of people with disabilities to their communities lends to enduring social and economic benefits for individuals, families, and societies.

Message 5 Participation is central to effective disability inclusion and ensuring women and girls with disabilities participate in decisions that relate to them and reflect their aspirations, abilities and contributions.

Why?

“Nothing about us without us” is the central message of the disability-rights movement. This refers to actively engaging and seeking the firsthand expertise of people with disabilities and their representative organisations in all decisions that relate to them. Women and girls with disabilities are often left out of government and development decision-making, including community, national and regional meetings and processes. If the presence and voices of women with disabilities are ignored, their interests, needs and contributions are not considered. This reduces the inclusivity and effectiveness of development policy and programmes.

The evidence

Participation is critical to promote inclusion and to recognise that people with disabilities are typically the best placed to know how to address the issues and challenges that pertain to them. Further, meaningful participation promotes more effective and sustainable development programming as it empowers people with disabilities to bring about positive change themselves.

In the Pacific, DPOs have been the leading advocates for the ratification and implementation of the CRPD. Strong participatory partnerships between governments, donors and DPOs have led to significant progress in areas, such as inclusive education, vocational training, disaster risk reduction and social protection. The “leave no one behind” principle underlying the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs) has been an important rallying point for DPOs to demand inclusion of people with disabilities. Disability is referenced in many of the SDGs, notably in relation to education, growth, and employment and inequality. Disability is also encompassed in data collection and monitoring of the SDGs.

Despite efforts in favour of inclusion, research indicates that women with disabilities in the Pacific participate at a much lower rate than men with disabilities and 28 per cent lower than women without disabilities.⁴⁰ They also face challenges when seeking to have a voice in gender and disability-specific decision-making forums. For example, women with disabilities are likely to have fewer years of schooling than men with disabilities, which can limit their involvement in DPOs and advocacy groups that represent their rights.⁴¹

Message 6 There has been significant progress in the past decade on disability inclusion in the Pacific.

Why?

Pacific Island country leaders have strengthened their commitment to address the barriers faced by people with disabilities, but more needs to be done.

The evidence

Pacific Island countries have shown strong commitment towards disability inclusion. Fifteen Pacific Island countries have signed or ratified the CRPD and have also jointly adopted the 2016–2025 Pacific Framework for the Rights of Persons with Disabilities. However, for most countries in the

Pacific (except for Fiji, Tuvalu and Kiribati), overall domestic resource allocation for the inclusion of people with disabilities is below 0.15 per cent of Gross Domestic Product (GDP).⁴²

The 2016–2025 Pacific Framework for the Rights of Persons with Disabilities recognises that women with disabilities are a particularly vulnerable group. Outcome Four of Goal 3 promotes women with disabilities, through its objective for women with disabilities to be appointed to leadership positions within government ministries, private sector organisations, DPOs and civil society organisations.⁴³

What can be done?

Women and girls with disabilities experience multiple forms of discrimination (the intersection of gender and disability). To address this issue, there is a need to recognise the gender dimensions of disability and consider the gendered experiences of women and girls with disabilities and their right to participate in the decisions that affect their lives. There is also a need to ensure: disability-related programmes and services involve and consider women and girls with disabilities in all stages – design, implementation and monitoring and evaluation; women and girls with disabilities are included as key stakeholders in gender equality policies, strategies and programmes; and the needs of carers of people with disabilities are considered, as well as the impact that disability has on a household.

Given that women with disabilities are much more likely to live in poverty, it is also critical to ensure that women with disabilities have access to physical and mental health care, education, and opportunities that meet their needs and requirements for training and income generation. Economic empowerment initiatives should include women with disabilities and accommodate their unique learning needs, including education materials in braille or sign language, accessible infrastructure and flexible timing. Both skills development training and income-generating initiatives in the formal and informal sectors should be adapted to the specific skills and capabilities of women with disabilities to enable their participation in each.

Development programming and public services should respond to and, where possible, include women with disabilities and their family members in the design and implementation of programmes. This involves responding to the needs of carers and families of people with disabilities, including specific financial assistance, accessible and funded public health care, and income-generating opportunities that align with caring responsibilities.

Women with disabilities are particularly vulnerable to physical violence, sexual abuse and rape, with perpetrators rarely brought to justice. For prevention and service delivery programmes to benefit women with disabilities, there must be a clear understanding of the links between violence and disability. There is a need to ensure that the rights of women and girls with disabilities are recognised and respected on an equal basis by families, carers and the wider community. Increased awareness of the risk of abuse to women and girls with disabilities and social and legal condemnation of perpetrators are each critical. Services, such as counselling and shelters, must be accessible to women with disabilities. This includes training for staff and first responders on how to respond to the risk of violence faced by women and girls with intellectual and mental disabilities.⁴⁴ Further, women must be supported to pursue justice through legal support and advice.

Women with disabilities are skilled, capable and able to care for their families. They share equal rights with people without disabilities. Women with disabilities must be supported to access formal opportunities to share ideas, learn and lead, and be included in learning forums, research and events, ensuring that they have the opportunity to participate as trainers, facilitators and

researchers, and that their voices are heard. The public participation and visibility of women with disabilities is important to ensure that civil society action for legal and social change encompasses the aspirations and requirements of women with disabilities.

Women with disabilities should be supported to pursue their rights through the implementation of national laws and regional rights instruments, such as the Pacific Framework on the Rights of Persons with Disabilities.

Women and girls with disabilities also must be able to access inclusive sexual and reproductive health education and services.

Participation is central to effective disability inclusion and the integration of the perspectives and experiences of women and girls with disabilities into the decisions that relate to them, to reflect their aspirations, abilities and contributions. Women with disabilities should be supported to lead and participate in all decision-making forums, including within the disability movement and the women's movement.

Recognising the added value that women with disabilities bring to decision-making processes and programming is central for meaningful inclusion. It is important to actively encourage the involvement of women with disabilities in leadership programmes, including international forums, panels and boards, leadership training opportunities, and mentorship opportunities.

Governments, civil society groups, the private sector and donors must consult and collaborate with DPOs and support the active engagement of women with disabilities. They should be encouraged to provide institutional support, such as the establishment of women with disabilities organisations. It is important to be aware that DPOs are often overstretched and under-resourced due to competing sectoral priorities, as well as advocacy and resource mobilisation, and management by volunteers and limited staff members.

There has been significant progress in the past decade on disability inclusion in the Pacific. While most Pacific Island countries have signed or ratified the CRPD, the translation of the CRPD's provisions into domestic policies and regulations and budget allocation have not been consistent:

In July 2018, the Pacific Disability Forum produced the "Pacific Disability Forum SDG-CRPD Monitoring Report" outlining regional progress towards the SDGs and the CRPD.

In relation to CRPD Article 6 (Women with Disabilities) and SDG 5 (Gender Equality), the report made the following two recommendations:

- Further the inclusion and involvement of women with disabilities in all regional and national initiatives, policy, programmes and services for gender equality as well as the empowerment of women with disabilities, including sexual and reproductive health and rights.
- Ensure that disability-related programmes and services are gender-sensitive and contribute to the empowerment of women with disabilities.⁴⁵

Overall, the SDG-CRPD report found that there has been strengthened commitment by Pacific Island leaders to address the barriers faced by persons with disabilities, but there is a need for much greater domestic resource allocation, more effective regulation across sectors, and development of comprehensive support services "to enable significant improvement in the life of persons with disabilities and their families".⁴⁶

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⁷ These major differences in reported disability prevalence may be due to multiple factors, including: data collection methods; population characteristics (such as ageing and life expectancy); and definitions of disability that vary between countries, organisations and censuses. In addition, due to the stigma around disability, women may not be willing to be identified as having disabilities.

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⁹ Stubbs and Tawake (2009), See: note 5.

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¹³ Stubbs and Tawake (2009), See: note 5.

- ¹⁴ Stubbs and Tawake (2009), See: note 5.
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- ²⁸ World Health Organization (2011), See: note 16.
- ²⁹ 'Hardship' refers to size of house, water and sanitation hygiene conditions and ease of movement, among other indicators.
- ³⁰ Tavola (2018), above note.
- ³¹ Stubbs and Tawake (2009), See: note 5, p. 25.
- ³² Stubbs and Tawake (2009), See: note 5, p. 18.
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