



family  
planning  
australia

Reproductive & Sexual Health

**Working together to  
advance the reproductive  
and sexual health and rights  
of people with disability  
in the Pacific Region**



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## OUR PURPOSE

Family Planning Australia is working to assist people living in poverty and disadvantaged communities in the Pacific region to improve access to comprehensive reproductive and sexual health services.

We are a non-government organisation supported by funding from the Australian Government, grants and private donors.

We are recognised as a leading provider of reproductive and sexual health services and are committed to promoting and protecting the rights of all people to make choices about their reproductive and sexual health. We treat every person with respect, dignity and understanding.

We are committed to long term capacity building for non-government organisations and health system strengthening to address areas of reproductive and sexual health needs.

We promote the rights of all people to achieve reproductive and sexual health and wellbeing while respecting the cultural values of each community. Our goal is that men and women have access to the widest range of family planning methods and services.

Family Planning Australia is committed to making a difference to the lives of people with disability living in the Pacific region. Drawing on our 35 years of experience working with people with disability in Australia and more recently in the Pacific, we have developed a plan to achieve this goal. Our plan adopts a framework developed by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) which outlines five priorities for the full inclusion of people with disabilities: establish partnerships; raise awareness; reach and service, policy, laws, budgets; and promote research.

Family Planning Australia provides assistance to disadvantaged communities in the Pacific region. We work to improve access to comprehensive reproductive and sexual health services.

Our work with people with disability includes:

- advocating for the rights of people with disability
- providing clinical reproductive and sexual health care to people with a disability
- supporting lesbian, gay, bisexual, transgender and intersex people with disability
- training health care workers and disability workers
- education for family members and carers
- developing resources for people with a disability and to support our professional and community education activities.

Family Planning Australia recognises the value of working together with people with disability, government and non-government organisations in development, disability and reproductive and sexual health.

We work with partners to create disability inclusive reproductive and sexual health services and we support the principles and strategies outlined in *Development for All 2015-2020: strategy for strengthening disability inclusive development* in Australia's Aid Program. These are:

1. support an active and central role for people with disability
2. develop policies and programs based on evidence
3. take into account the interaction of gender and disability
4. improve inclusion of a diverse range of people with disability.

## Family Planning Australia recognises that:

People with disability have the same human rights as everyone, including reproductive and sexual health rights.

People with disability have the right to realise the full extent of their capacities for physical, social, emotional, sexual and intellectual development.

People with disability have the right to form consensual relationships to express their sexuality and to make informed decisions about their reproductive and sexual health.

This plan will:

- Highlight how government and civil society in the Pacific region can support the rights of people with disability to have good reproductive and sexual health and be able to make their own choices about relationships, family and sexuality.
- Describe what Family Planning Australia can do to support our partners to deliver services that reflect the reproductive and sexual health rights and needs of people with disability.

Family Planning Australia is a member of the **Australian Disability and Development Consortium** that promotes the rights and inclusion of disabilities within development activities.

We are a member of the **Australian Council for International Development (ACFID)** and adhere to the ACFID Code of Conduct which sets standards for the non-government development sector.

We are fully accredited by the **Australian Department of Foreign Affairs and Trade**.

Through Family Planning Australia Alliance we are the liaison of the **International Planned Parenthood Federation and the Asia Pacific Alliance for Sexual and Reproductive Health and Rights**.

## INTRODUCTION

People with disability have the right to be productive healthy active members of their communities. However they are more likely to have poorer health, less opportunity for education, less opportunity for economic participation and higher rates of poverty than people without disability.

Disability is defined in the United Nations Convention on the Rights of People with Disabilities as “those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.<sup>1</sup>

Increasingly it is recognised that people are disabled by environmental factors as well as by their bodies.<sup>2</sup>

The World Bank and WHO report that approximately 15 per cent of the world’s population, or around 750 million people, have a disability.<sup>2</sup> Of these, it is estimated that at least 110 million (2.2 per cent) have significant difficulties in functioning. Approximately 80 per cent of people with disability live in developing countries.<sup>3</sup> Among those living in poverty in developing countries, 20 per cent are estimated to live with disability.

### **Disability is linked to poverty - disability may increase the risk of poverty while poverty increases the risk of disability.**

Society has low expectations about the contribution people with disability can make to the community. These come from the negative views of the value or capacity of people with disability. Consequently they are often socially excluded and denied education, employment and health services. Their silence and invisibility mean that the needs of people with disability are poorly understood and easily ignored.

### **People with disability have a right to good reproductive and sexual health and wellbeing.**

When people have a disability and live in poverty they also have poor health. They face many barriers including not being supported to access services, stigma and discrimination, exploitation and abuse. They often do not receive education about their reproductive and sexual health. They are not supported or allowed to make choices about relationships and families.

Barriers that restrict participation by people with disability in the community also impact on their ability to use reproductive and sexual health services. These include:<sup>2</sup>

- negative attitudes and stereotypes
- limited or poorly designed services
- inadequate funding for specialised services
- lack of accessibility due to mobility limitations
- lack of understanding of the benefits of inclusion to the prosperity of the whole community
- lack of consultation and involvement
- poor understanding of need because of poor data and limited research
- inadequate policies and standards to redress these factors.

Barriers that prevent access to reproductive and sexual health services need to be removed. In 2006 the United Nations Convention on the Rights of Persons with Disability made rights, including reproductive and sexual health rights, an international priority.

The stigma that surrounds disability can be one of the largest barriers to full participation in community and economic life. Using this plan and working together as partners in action Family Planning Australia, Government, civil society, and people with disabilities can address this stigma, creating a more inclusive environment and promoting the reproductive and sexual health rights of people with disability.

By focussing on the five priorities for the full inclusion of people with disabilities developed by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) Family Planning Australia will raise people with disability from a position of social exclusion and invisibility, give voice to their needs and desires and build their capacity to contribute effectively to their communities.

## WHY PEOPLE WITH DISABILITY HAVE SIGNIFICANT REPRODUCTIVE AND SEXUAL HEALTH NEEDS

Most people with disability go through normal sexual development, experience sexual feelings and want to be able to make their own choices about relationships and families.

They have the same need for reproductive and sexual health services as everyone. They require information, education and services about family planning, safe sex, preventative screening, pregnancy support and other issues. However these are often overlooked by families and not provided by health workers.

### Negative attitudes of health care workers

One of the challenges reported by people with disability accessing reproductive and sexual health services is the negative attitude of health care workers.<sup>4</sup> Health workers may not be confident that they have the necessary skills or experience to provide services to people with disability. They may also believe common negative myths about people with disability such as that they are asexual. They may feel that reproductive and sexual health services are not necessary.

### Physical barriers that prevent access to services

Physical barriers can prevent reproductive and sexual health services being accessible to people with disability. Stairs make access by a person using wheelchair impossible; examination tables may be hard to get on to; brochures may be too complicated to read for someone with low literacy; consultations without a signing interpreter will not work for someone who is deaf. In many places a major barrier is the lack of affordable and suitable transportation to get to a health facility.<sup>5</sup>

### Disadvantage faced by women and girls with disability

Gender inequality disadvantages all women. Women and girls with a disability are doubly disadvantaged.<sup>15</sup> They are less likely to go to school, have a job and more likely to live in poverty.<sup>15</sup> They experience higher rates of sexual exploitation and violence, may be subjected to forced sterilisations and abortions and may not be supported to choose to have a family.<sup>15</sup>

Violence against women and girls is common throughout the world and despite low levels of reporting, incidences of violence against women and girls is thought to be high throughout the Pacific. It is estimated that people with disability are up to three times more likely to be victims of physical and sexual abuse and rape than people without disability. Women with intellectual disability are most at risk of being sexually assaulted. People with disability may have little or no access to police, lawyers and courts for protection. They may also have less access to medical interventions to address the results of violence such as miscarriage, sexually transmissible infections and unintended pregnancy.<sup>6</sup>

## MYTHS AND STEREOTYPES ABOUT THE SEXUALITY OF PEOPLE WITH DISABILITY

Myths and stereotypes about the reproductive and sexual health lives of people with disability persist. In some Pacific countries disability is associated with ancestral curse, parental misdeed and witchcraft.<sup>8</sup> Even where these beliefs are not prevalent there are still many common myths about the sexuality of people with disability that reflect negative attitudes and stereotypes.

### Myths about the sexuality of people with disability:

- people with disability are asexual
- women with disability who are single are celibate
- all people with disability are heterosexual
- only independently functioning people can handle relationships<sup>10</sup>
- women with disability cannot be mothers
- people with disability will have children with disability and this should be prevented
- women with disability should be grateful for any sexual activity they have<sup>10</sup>
- people with disability are not sexually active and do not have sufficient life expectancy to warrant preventative screening
- youth and beauty are essential to sexuality<sup>10</sup>
- men with disability cannot control their sexuality – they may be dangerous
- no one would sexually assault a person with disability
- educating people with disability about sexuality will only make them want to have sex.

**These myths reflect negative attitudes and stereotypes about the sexuality and abilities of people with disability. The facts are:**

- people with a disability have the right to choose whether they are sexual or not, whether they have sexual relationships with people of the same or different sex and whether they will have children
- people with disability have the right to live free from exploitation, abuse and violence
- education and information are essential if people with disability are to make healthy decisions, form positive relationships and reduce vulnerability to abuse.

These perceptions impact on the provision of services and programs to people with disability. For example, women and girls may not be included in outreach efforts as they are not perceived as at risk for sexually transmissible infections (STIs), including HIV infection.<sup>3</sup> The myth that women with disabilities are asexual may mean that doctors do not ask them about their contraceptive needs.<sup>12</sup>

## REPRODUCTIVE AND SEXUAL HEALTH ISSUES

### Puberty, pregnancy and menopause

The sexual development of people with disability progress is not the same as people without disability. They have the right to information, education, counselling and health care when they need it.

**Puberty** - boys and girls need information and education to understand physical and emotional changes, their developing sexuality and to learn about becoming adults. Most girls with disability can learn how to manage their menstruation if they have good education. They have the right to learn how to be as independent as possible.

**Pregnancy and childbirth** – women with disability are often not given a choice about becoming a parent.

**Menopause** has been a stage of life that has been neglected for many women with disability. For some this may be a time of physical and emotional change. Often behavioural and emotional changes that are caused by the changes during menopause are thought to be part of having a disability. Women with disability should receive education and support to understand this time in their lives and if necessary, have medical support.

Our education:

### Being a Healthy Women

This is a book to help women with intellectual disability learn more about their health. We co-wrote this book, in collaboration with key partners, for the NSW Government.

#### BEING A HEALTHY WOMAN



An educational resource for women with intellectual disability, their families, health care providers, carers and support workers



NSW HEALTH

The approach taken was to make sure reproductive health and sexual health was included within overall advice on how to stay healthy.

This book can also be used as a teaching tool to help women with intellectual disability learn about their health.

Download: [http://www0.health.nsw.gov.au/pubs/2010/being\\_healthy\\_woman.html](http://www0.health.nsw.gov.au/pubs/2010/being_healthy_woman.html)

## Contraception and family planning

People with disability have the right to decide when and how many children they have. Women with disability are often denied the information, education and support that is needed to make informed decisions about contraception and family planning. Women with disability have the right to freely make their own choices on the number and spacing of their children. They have the right to access age appropriate information on reproductive and family planning education that will enable them to exercise these rights. Women with disability should have access to information on all available contraceptives, including long acting reversible contraceptives, which are safe, highly effective and don't rely on daily compliance. Men with disability also require an understanding of contraception for themselves and their female partners.

## Forced sterilisation and abortions

Women with disability have the right to make their own decisions about their fertility. Forced sterilisation and abortions have been imposed on women with disability due to discriminatory attitudes.<sup>15</sup> Governments, medical and legal experts, even in some cases families and care givers, promote sterilisation as in the 'best interest' of the women.

The reasons used to justify forced sterilisation include a fear that disabled women will produce children with genetic defects, the 'burden' that they place on resources and services, the 'burden of care' menstrual management places on families and carers, and a view that women cannot be effective parents.<sup>16</sup> These all serve to justify taking away a woman's right to make her own decisions. In most countries it is against the law to force a woman to be sterilised or have an abortion.

## Prevention of cervical cancer and breast cancer

Women with disability have the right to access reproductive and sexual health prevention and treatment. Cervical cancer is the second most common cancer found in women worldwide and is the primary cause of cancer in women in low resource settings.<sup>17</sup> The risk factors for cervical

and breast cancer are the same for all women so women with disability have the same need and right to information and services to prevent cancer, such as through vaccination and screening programs. However women with disability are underrepresented in such programs. This may be because information is not provided in a way that they can use or understand. They may not be given support to access services and outreach services may not target them.

## STIs including HIV

It is often assumed that people with disability are not at risk of HIV and other STIs due to the myth that they do not have sex. While there is a lack of data on STI and HIV rates among people with disability, it is incorrect to assume people with disability are not sexually active. People with disability face the same sexual risk factors for STIs and HIV as people without disability such as illiteracy, poverty, stigma and marginalisation.<sup>18</sup>

High rates of sexual abuse experienced by women and girls with disability also make them more vulnerable to STIs including HIV.<sup>19</sup> People with disability are often excluded from STI and HIV education which increases their vulnerability.<sup>20</sup>

## Sexual assault and exploitation

People with disability have a right to live free from violence, sexual abuse and exploitation. They are up to three times more likely than people without disability to be victims of physical and sexual abuse and rape.<sup>21</sup> Women with disability are particularly at risk of sexual assault. When people with disability try to report abuse, the medical, legal and social services systems are often ill-equipped to respond and are often physically inaccessible.<sup>22</sup>

## A HUMAN RIGHTS APPROACH TO DISABILITY

There is a shift away from viewing people with disability as being dependent on 'charity' or 'welfare' or as a 'medical' problem to be treated, towards focusing on the rights of people with disability so that they can be fully participating members of society.

Sexual and reproductive health rights are described in the United Nations Convention on the Rights of People with Disability.<sup>1</sup> These include the rights to make their own choices in relation to marriage, family, parenthood and relationships. They also have the right to reproductive and sexual health care and programs and family planning education.

### Specific conditions of the Convention include:

#### **Article 16: Freedom from exploitation, violence and abuse**

- Taking all appropriate legislative, administrative, social, educational and other measures to protect people with disability, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

#### **Article 21: Freedom of expression and opinion, and access to information**

- Providing information intended for the general public to people with disability in accessible formats and technologies appropriate to different kinds of disabilities, in a timely manner and without additional cost.

#### **Article 23: Respect for home and the family**

- Eliminating discrimination against people with disability in all matters relating to marriage, family, parenthood and relationships.
- The right of all people with disability who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses.

- The right of people with disability to decide freely and responsibly on the number and spacing of their children and to have access to age appropriate information, reproductive and family planning education and the means necessary to enable them to exercise these rights.
- The right of people with disability to retain their fertility on an equal basis with others.

#### **Article 24: Education**

- Recognising the right of people with disability to education without discrimination and on the basis of equal opportunity ensuring an inclusive education system at all levels and lifelong learning.
- Enabling people with disability to learn life and social development skills to facilitate their full and equal participation in education and as members of the community.

#### **Article 25: Health**

- Providing people with disability with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including the area of reproductive and sexual health.

Our advocacy work:

## Love & Kisses – Taking action on the reproductive and sexual health and rights of people with disability.



This advocacy plan was developed to help guide Australian Governments on policy, service delivery, funding, legislative and regulatory decisions. This plan makes recommendations on how to improve sexuality and relationships education in schools, enhance training and skill development for clinicians, health professionals and disability workers, and better support parents and carers. Since the launch we have been implementing the four year plan by meeting with peak bodies, government and service providers to advocate for change and develop new partnerships for action.

Download Love & Kisses: [www.fpnsw.org.au/loveandkissestakingaction](http://www.fpnsw.org.au/loveandkissestakingaction)

## DISABILITY INCLUSIVENESS

Disability is a development issue. Without the inclusion of people with disability in development efforts it will be impossible to attain the United Nations Sustainable Development Goals (SDGs). With the commencement of the SDGs, “the international community has before it a critical opportunity to ensure the inclusion of disability, which was not sufficiently visible in the Millennium Development Goals (MDGs), in the emerging global development agenda.”<sup>23</sup>

“The international community has before it a critical opportunity to ensure the inclusion of disability, which was not sufficiently visible in MDGs, in the emerging global development agenda.” —*Panel discussion at United Nation HQ NY Dec 2014*

The Australian Government has prioritised disability inclusion as a cross cutting issue in its international aid program. *Development for All: 2015-2020 Strategy for strengthening disability inclusive development in Australia’s aid program*. The strategy aims to ensure people with disability are included in, and benefit equally from, development efforts. Underpinning all efforts, it promotes and enables active participation and contributions by people with disability. Australian non-government organisations that are members of the peak development body, the Australian Council for International Development (ACFID) adhere to the ACFID Code of Conduct which is disability inclusive.

In the Pacific region there is an increasing awareness that it is necessary to build an inclusive society and to ensure that national plans, policies and priorities address the concerns of people with disability. There have been a series of recent regional commitments to disability inclusiveness:

- **Asia and Pacific Decade of Disabled Persons** (1993-2002) led many Asia and Pacific countries to implement the targets and actions of the United Nations Economic and Social Commission for Asia

and the Pacific. The theme and goal of the decade was full participation and equality of people with disability.

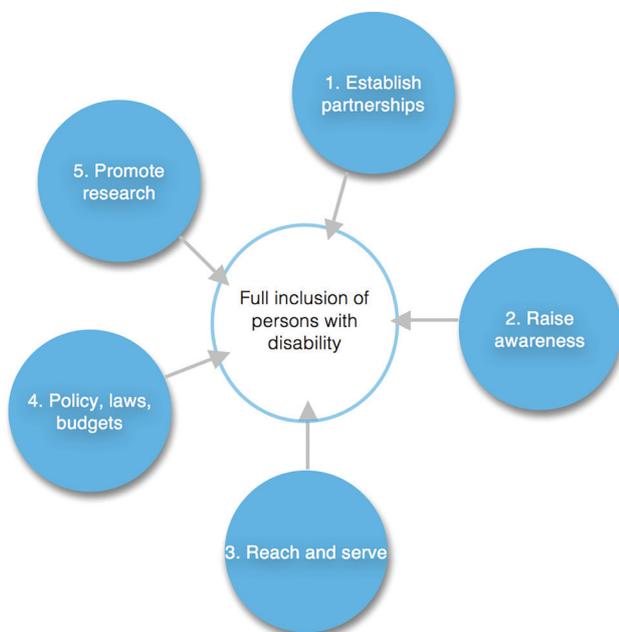
- **The Biwako Millennium Framework for Action: Towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific** (2002-2012) and the **Biwako Plus Five** followed on from the work of the Decade of Disabled Persons. They have been adopted by many countries and provided guidance for action to create an inclusive society.
- **The Pacific Regional Strategy for Disability 2010-2015** aims to protect and promote the rights of people with disability. It provides a framework for the coordination of development partners, governments and civil societies in building a disability inclusive Pacific and strengthening the commitment of all stakeholders to implement of the Convention on the Rights of Persons with Disabilities.

Together these regional commitments have brought the rights of people with disability to the forefront of the attention of governments and provided strategies for shifting towards a society that respects and values people with disability.

# TOWARDS FULL INCLUSION OF PEOPLE WITH DISABILITY IN REPRODUCTIVE AND SEXUAL HEALTH PROGRAMS

Achieving disability inclusion in reproductive and sexual health services is achievable. WHO and UNFPA have developed a framework to help achieve this goal. It identifies five priorities required to bring about positive change:

1. **Establish partnerships** - involve people with disability in planning and organisation.
2. **Raise awareness** - raise awareness about the needs of people with disability.
3. **Reach and serve** - ensure people with disability have access to all programs and services.
4. **Policy, laws and budget** - address disability in national reproductive and sexual health policy, laws, and budgets.
5. **Promote research** - create the evidence base.



This plan has organised the actions that are required around the five priorities for the full inclusion of people with disability.

WHO/UNFPA Framework for full inclusion of the reproductive and sexual health of persons with disability.

## Establish partnerships

People with disability should not be viewed as just recipients of programs and services. They should be involved in all aspects of policy development, program and service planning and implementation. 'Nothing about us without us' is a key organising principle for many people with disability. The Convention on the Rights of People with Disability supports people having the opportunity to be actively involved in decision making processes. The Pacific Regional Strategy recognises the central role of people with disability and their organisations in addressing issues relevant to their health and well-being.<sup>24</sup>

The Pacific Disability Forum was established in 2002 as the regional peak body for Disabled Persons Organisations (DPOs) in the Pacific. The Pacific region has many DPOs, advocates and supporters. However reproductive and sexual health is not always on the agenda.

### What is needed

- The active participation of people with disability in the design and development of reproductive and sexual health policies, programs and services.
- The creation of effective and sustainable partnerships between reproductive and sexual health services and people with disability.

### What Family Planning Australia can offer

- An understanding of how government, non-government and Disabled Persons Organisations can work together to address the reproductive and sexual health rights of people with disability in the Pacific to inform planning and service delivery.
- Assistance in the development of partnerships between reproductive and sexual health services, people with disability and government departments such as in health and education.
- Work with others to identify specific actions at the regional level to address the reproductive and sexual health rights of people with disability.

## Raise awareness

Raising awareness of the rights of people with disability is a key strategy to towards disability inclusiveness. Awareness raising can challenge myths and stereotypes about people with disability.

One of the first steps that has been identified for non-government organisations working in development is to proactively address disability inclusion within their whole organisation.<sup>25</sup>

A frequently identified barrier to ensure programs are disability inclusive is a lack of skills and knowledge of staff about how to create inclusive organisations.<sup>25</sup> Workforce development can focus on building partnerships with people with disability, developing skills in communication, addressing negative values. In addition it can build capacity on how to uphold the reproductive and sexual health rights of people with disability.

Tools are available that can help raise awareness and provide directions where further action is required. The WHO/UNFPA Guidance Note includes a checklist to enable reproductive and sexual health services to assess their accessibility. It promotes a whole-of-organisation approach that includes staff training, policy development, appropriate resources as well as physical access.

### What is needed

- Increased awareness of the rights of people with disability within reproductive and sexual health services.
- Professional development training that is inclusive of reproductive and sexual health rights and strategies for upholding them.

### What Family Planning Australia can offer

- Training that builds capacity of Boards, management, staff and volunteers to understand and uphold the reproductive and sexual health rights of people with disability.
- Technical advice about how to make clinical services accessible.

- Workshops to develop the knowledge and skills of people with disability and their supporters to understand and claim their reproductive and sexual health rights.
- Support to conduct an audit of the accessibility and inclusiveness of reproductive and sexual health services and assistance with taking any actions for improvement.

### Ten key messages that raise awareness

1. Disability is everyone's business.
2. People with disability are not necessarily sick.
3. People with disability have sex too.
4. Access means more than ramps.
5. People with disability want the same things in life that everyone wants.
6. For people with disability prejudice can be the biggest barrier.
7. Everywhere and always, people with disability are entitled to self-determination, privacy, respect and dignity.
8. It is best and usually easy to mainstream health services that accommodate people with disability.
9. People with disability are a crucial constituency in all programs.
10. Programs best suit people with disability when people with disability help to design them.

*Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA Guidance Note*

## Reach and serve

Everyone requires information and services at different times in their life relevant to their age and experience. It is the same for people with disability. When given appropriate support most people with disability will be able to make their own decisions about their reproductive and sexual health.

Generally, programs can meet the reproductive and sexual health needs of most people with disability. Modest adaptations can accommodate a wide range of needs. Many changes will be a positive for everyone. For example, information can be in plain language and with pictures that everyone understands. Staff with improved communication skills and positive values will make a service more friendly for all people.

Sometimes additional resources will be needed for people to be able to access a service. For example, access ramps for people with mobility needs are important and signing interpreters for people with hearing impairment are an essential part of the ability to communicate.

Our education work:

### Sex, Safe and Fun

Sex, Safe and Fun teaches people with intellectual disability about consent, enjoyment, intimacy, privacy and safety in relation to a range of sexual activities. We developed an easy-to-read booklet and a new condom pack, with step by step instructions, that show how to use a condom. For carers and supporters we developed a guide and short video on how to use the resources.

Download Love & Kisses: [www.fpnsw.org.au/oveandkissestakingaction](http://www.fpnsw.org.au/oveandkissestakingaction)

- Provision of comprehensive sexuality education which is appropriate to age and need.
- Removal of physical barriers that prevent people accessing services.
- Trained health workers who can communicate effectively and without judgement and can support a person to make their own decisions.
- Educational resources (books, videos, pamphlets) to support health workers to understand and support appropriate decision making by people with disability.

### What Family Planning Australia can offer

- Training packages for health workers to provide reproductive and sexual health services to people with disability and support their decision making.
- Workshops to support carers so that they can support the reproductive and sexual health needs of people with disability.
- Assistance to teachers to develop comprehensive sexuality education programs and teaching resources.
- Technical advice on developing sexual and reproductive pamphlets and books for people with disability that use large print, plain language and pictures.
- Practical solutions to ensure the involvement of people with disability in the development of reproductive and sexual health services and programs.
- Health promotion training to develop appropriate messages for people with disability, using a variety of strategies such as advocacy, communication, media and community education.

### Ask people with disability what changes would assist them to use a service

## What is needed

## Policy, laws, budgets

The reproductive and sexual health rights of people with disability need to be recognised in relevant national policies and laws and these should align with the rights outlined in the Convention on the Rights of People with Disability.

### Important legal and policy areas include:

- Sexual violence – how people with disability are supported to report violence, strategies for prevention, services to provide protection and support.
- Gender inequality – the specific disadvantages faced by women with disability including poor school attendance, limited access to reproductive health services including family planning and domestic violence.
- Sexual and gender diversity – recognising that people with disability will also be diverse in sexual orientation and gender.

### What is needed

- Government action to fulfil their obligations as outlined in the Convention.
- Review of legislation and policies to ensure the rights of people with disability are aligned with the Convention.
- Recognition of the reproductive and sexual health rights of people with disability in public policy and health services.
- Involvement of people with disability in services, programs and policies that are addressing reproductive and sexual health.

### What Family Planning Australia can offer

- Technical advice to reproductive and sexual health service organisations on policy development that is inclusive of people with disability.

- Work alongside Disabled Persons Organisations and other disability organisations to advocate governments for a legal and policy environment that protects people with disability from abuse, neglect and exploitation and also upholds their rights to services and supports that enable participation in the community

## Promote research

Government looks for evidence to understand what services and programs are able to make a difference to the health and wellbeing of populations. Research, monitoring and evaluation inform policy and program decision making, including the allocation of resources.

The lack of data and research about the reproductive and sexual health needs of people with disability means that they are invisible to policy makers and programmers. The Australian Government has identified that improving quality data collection is a priority to help improve understanding how development and aid can be inclusive of disability.

CBM Australia has identified a research agenda for disability and development in the Pacific region. Reproductive and sexual health for people with disability has been identified as an area requiring further research including research and evaluation on successful strategies to overcome barriers.

Participatory research that involves people with disability as partners, will help ensure that research reflects the needs, experiences and aspirations of people with disability.

### What is needed

- Improved data collection and health information systems on the needs of people with disability
- Research on reproductive and sexual health issues facing people with disability, particularly how to overcome barriers to accessing reproductive and sexual health services.

### What Family Planning Australia can offer

- Work with people with disability to support their voice, their needs and their choices.
- Support our partners to identify and collect appropriate data on the inclusion of people with disability.
- Support our partners to implement quality review processes using data they have collected on service access by people with disability.

- Implement and support research studies on the reproductive and sexual health needs of people with disability within the Pacific region.

Our capacity building work:

## Disability Awareness and Inclusiveness Training

Family Planning Australia has worked with organisations on disability inclusiveness.

We have implemented a training program with Reproductive and **Family Health Association (RFHAF) Fiji** for staff and volunteers.

This three day training program is aimed to increase the organisation's capacity to provide disability inclusive education and clinical reproductive and sexual health services.

In **Papua New Guinea** our training of nurses and health extension officers in sexual and reproductive health is aimed to raise awareness of disability issues. One of ten modules is focused on disability and anecdotally, has had a big impact on increasing awareness. This is a necessary first step towards further action.

## ACTION PLAN

Achieving disability inclusion in reproductive and sexual health services is achievable. WHO and UNFPA have developed a framework to help achieve this goal. It identifies five priorities required to bring about positive change:

Priority Area	Goal	Actions	Timeframe
1. Partnerships with people with disability	Active participation of people with disability in the design and development of reproductive and sexual health (RSH) policies, programs and services	Create and maintain a database identifying key stakeholders across the Pacific region and current action on reproductive and sexual health rights (RSHR) for people with disability	Year 2 and ongoing
		In partnership with Reproductive and Family Health Association of Fiji (RFHAF) and Vanuatu Family Health Association (VFHA), engage with Disabled Persons Organisations to promote RSHR and partnership opportunities	Year 1
		In partnership with RFHAF and VFHA review national health and education policies and strategies for disability inclusion	Year 2
		With local partners, meet with Ministries of Health and Education in Fiji and Vanuatu to advocate for the RSHR of people with disability	Year 2
		Seek funding to expand RSH disability inclusiveness to other countries in the Pacific	Year 3 and ongoing
		Develop a strategy for communicating with stakeholders about RSHR of people with disability	Year 2 and ongoing
	Effective and sustainable partnerships between RSH services and people with disability	Work with national Disabled Persons Organisations and partner organisations to determine strategies for advocating to government on RSHR for people with disability	Year 3 and ongoing
		Advocate to regional peak organisations and DFAT to expand the regional research agenda for disability to RSH issues such as cervical cancer prevention, access to comprehensive sexuality education, sexual and gender based violence	Year 2 and ongoing
		Seek funding to build capacity of Disabled Persons Organisations and other relevant organisations to conduct research on specific actions that promote RSHR	Year 3 and ongoing

Priority Area	Goal	Actions	Timeframe	
2. Partnerships with people with disability	Raised awareness of the rights of people with disability within RSH services	Test a disability inclusion audit tool to identify actions to improve access for people with disability to RSH services in Fiji and Vanuatu	Year 1 and 2	
		Document and publish results of disability inclusion audit and share learnings with interested stakeholders	Year 3	
		Conduct disability inclusion audit with new partners where appropriate	Year 3 and ongoing	
		Projects are planned with partners to incorporate strategies identified in disability inclusion audits	Year 3 and ongoing	
		Disability is included in reporting, as relevant, to funders, Australian public, regional audiences and media	Year 1 and ongoing	
	Professional development training that is inclusive of reproductive and sexual health rights and strategies for upholding them	Seek funding to work with Disabled Persons Organisations, peak bodies and international non-government organisations to develop and deliver an educational program to a range of audiences to promote RSHR for people with disability	Year 2 and ongoing	
		Include disability content in training modules and programs developed by Family Planning Australia for the international program, as relevant	Year 1 and ongoing	
	3. Reach and serve	Provision of comprehensive sexuality education appropriate to age and need	Develop and trial a workforce training program on disability inclusion with Reproductive and Family Health Association of Fiji	Year 1
			Develop a workforce training program and resources on RSHR for health workers and teachers	Years 2 – 3
		Trained health workers who can support people with disability to make their own RSH decisions	Promote the workforce training program in the region	Year 2 and ongoing
Seek funding to deliver to deliver the workforce training program across the region			Year 3 and ongoing	
Educational resources to support health workers to understand and support appropriate decision making by people with disability		Promote Family Planning NSW disability specific resources across the region	Year 1 and ongoing	
		Develop new resources, as required, that are relevant for the country using them	Year 3 and ongoing	
		Ensure international project design considers the needs of people with disability in all projects	Year 2 and ongoing	
		Take up advocacy opportunities with DFAT and the Australian Disability and Development Consortium to promote workforce training and resources	Year 1 and ongoing	

Priority Area	Goal	Actions	Timeframe	
3. Reach and serve	Provision of comprehensive sexuality education appropriate to age and need	Develop and trial a workforce training program on disability inclusion with Reproductive and Family Health Association of Fiji	Year 1	
		Develop a workforce training program and resources on RSHR for health workers and teachers	Years 2 – 3	
	Trained health workers who can support people with disability to make their own RSH decisions	Promote the workforce training program in the region	Year 2 and ongoing	
		Seek funding to deliver to deliver the workforce training program across the region	Year 3 and ongoing	
	Educational resources to support health workers to understand and support appropriate decision making by people with disability	Promote Family Planning NSW disability specific resources across the region	Year 1 and ongoing	
		Develop new resources as required that are relevant for the country using them	Year 3 and ongoing	
		Ensure international project design considers the needs of people with disability in all projects	Year 2 and ongoing	
		Take up advocacy opportunities with DFAT and the Australian Disability and Development Consortium to promote workforce training and resources	Year 1 and ongoing	
	4. Policy, laws and budget	Policies of partner organisations are aligned with the United Nations Convention on the Rights for People with Disabilities	In partnership with RFHAF and VFHA review national health and education policies and strategies for disability inclusion [priority area 1 & 4]	Year 1
			Support in-country partners to advocate for legislative reform	Year 2 and ongoing
Use appropriate advocacy opportunities at regional level to influence legislative reform and resourcing of implementation of reforms			Year 2 and ongoing	
Recognition of the reproductive and sexual health rights of people with disability in public policy and health services		Work with in-country partners, Disabled Persons Organisations and key stakeholders to 1. develop guidance notes on writing disability inclusive policy on RSHR 2. design an education module to train health workers to implement the guidance notes	Year 4 and ongoing	
People with disability are involved in the development of services, programs and policies that address reproductive and sexual health		Promote the disability inclusion audit to health services in the region as a mechanism for identifying strategies for increased involvement of people with disability	Year 3 and ongoing	

<b>Priority Area</b>	<b>Goal</b>	<b>Actions</b>	<b>Timeframe</b>
5. Research	Data collection and health information systems incorporate information on the needs of people with disability	Conduct the disability inclusion audit in Fiji and Vanuatu to identify data gaps and actions for addressing gaps in data collection	Year 2
	Research on RSH issues facing people with disability, particularly about how to overcome barriers to accessing RSH services	Work with national and regional stakeholders to promote inclusion of RSH issues on research agendas	Year 2 and ongoing
		Seek funding for research on RSHR for people with disability	Year 3 and ongoing
		In partnership with Disabled Persons Organisations and other stakeholders, share learnings about outcomes and evaluations of disability inclusion projects by promotion at conferences and through publications	Year 2 and ongoing

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