

EXPLORING THE INTERSECTION OF CLIMATE CHANGE AND WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: A FIJI SCOPING STUDY



Pacific Centre for Peacebuilding in Collaboration with the Asian-Pacific Resource
and Research Centre for Women (ARROW)

September 2024



PACIFIC CENTRE FOR
PEACEBUILDING



ACRONYMS

ARROW Asian-Pacific Resource and Research Centre for Women

SRHR Sexual and Reproductive Health and Rights

PCP Pacific Centre for Peacebuilding

SGBV Sexual and Gender Based Violence

CEFM Child Early and Forced Marriage

CSO Civil Society Organisation

NGO Non-Government Organisation

SSVM Soqosoqo Vakamarama-I-Taukei

GBV Gender Based Violence





ACKNOWLEDGEMENT

The Pacific Centre for Peacebuilding is grateful to the following organisations and individuals for providing the much-needed support and information that allowed this scoping report to be completed:

Our Implementing Partner

The Asia Pacific Resource and Research Centre for Women (ARROW)

Our Scoping Research Support Partners

1. The Pacific Women Mediators Network with support from the Global Fund for Women
2. The Fiji Police Force
3. The Ministry of Health
4. Brigham Young University, Hawaii:
Professor David Whippy
Sophia Lestina Gunter
Jonah Gunter

Our Scoping Research Communities

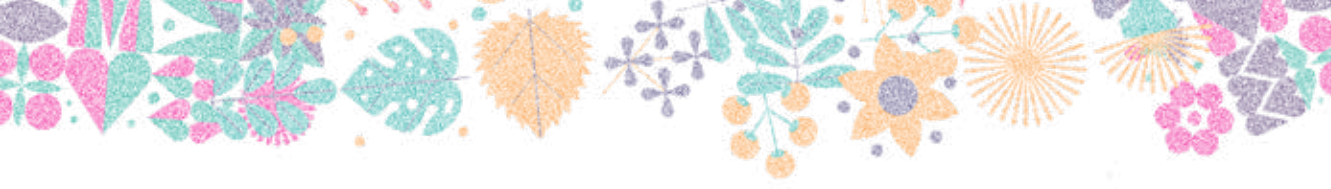
1. Soqosoqo Vakamarama:
Serua Province
Ra Province
Naitasiri Province
Tailevu Province
Narata, Nadroga
Naisaumua, Tailevu
2. Then India Maathar Sangam (TISI):
Suva Branch
Sigatoka Branch
Rakiraki Branch
3. Dudley Methodist Women's Fellowship
4. Soroptimist Group, Sigatoka
5. PCP Volunteer: Fusi Mauhinga
6. Former PCP Staff: Swashna Devi



TABLE OF CONTENTS

- 1. FOREWORD**
- 2. SCOPING STUDY OVERVIEW**
- National Policies, Legislation, and Initiatives.....
- 3. INTRODUCTION**
- 4. LITERATURE REVIEW**.....
- 5. OBJECTIVES**
- 6. METHODOLOGY**
- 6. SCOPE and LIMITATIONS OF THE STUDY**
- 7. UNDERSTANDING the LINKAGES BETWEEN CLIMATE CHANGE and SRHR**.....
- 8. KEY FOCUS AREAS and ISSUES**
- 9. FINDING and ANALYSIS**.....
- Central Division Women’s Convening for Data Collection
- Understanding the Dynamics of Climate Change
- Indigenous Knowledge.....
- Effects on Communities
- Gender
- Assistance, Responsibility, and Legislation.....
- Regional Countries
- Major Issues of SRHR.....
- 10. WESTERN WOMEN’S CONVENING**.....
- Understandings of Climate Change and Its Effects.....
- Indigenous Knowledge.....
- Effects on Communities
- Gender
- Personal Effects
- Major Issues of SRHR in Fiji.....





TAILEVU WOMEN'S CONVENING

- Understandings of Climate Change and Its Effects.....
- Indigenous Knowledge.....
- Effects on Community.....
- Gender.....
- Personal Impacts.....
- Understanding of SRHR.....
- Major Issues of SRHR in Fiji.....

THE OVERALL FINDING FROM THE RESEARCH

CONCLUSION

RECOMMENDATIONS FOR ADVOCACY.....

CASE STUDY

LESSONS LEARNT.....

REFERENCES

APPENDIX A

APPENDIX B



FOREWORD

Research on sexual health and reproductive rights (SRHR) is important in the context of climate change due to the close connection between these issues. This connection is sometimes subtle and often not spoken about, especially in our communities. Nevertheless, the impacts of climate change exacerbate existing inequalities and pose significant risks to sexual and reproductive health, particularly for marginalised people and communities. The Pacific Centre for Peacebuilding (PCP) has been conducting scoping research on “Exploring the Intersection of Climate Change and Women’s Sexual and Reproductive Health and Rights: A Fiji Case Study” since late 2023. Climate change programs tend to focus on, among other things, building resilience, adaptation, mitigation, disaster risk reduction, and relocation. Climate change, on the other hand, directly affects SRHR in various ways, some of which we observed during the course of this scoping survey. These include the impact on health services, as extreme weather events can disrupt access to essential health services, including contraception and maternal care. Gender-based violence (GBV), including sexual violence, is associated with climate-related crises. Economic stress and displacement can exacerbate these risks, particularly for women and girls who already face significant barriers to accessing SRHR. Other research has also shown that changes in temperature and air pollution result in adverse maternal and neonatal health.

Climate change’s indirect effects on SRHR are equally concerning. Climate change can lead to food insecurity and economic instability, which disproportionately affect women. This instability can limit women’s ability to access healthcare services, including those related to reproductive health. Climate change acts as a social determinant of health, influencing access to education and healthcare, which are vital for realising SRHR. Marginalised groups, including women, ethnic minorities, and those with diverse sexual orientations, face increased barriers due to existing social inequalities.

The intersection of climate change and sexual health and reproductive rights, as highlighted in this brief scoping research and other reports, underscores the urgent need for interdisciplinary research and policy interventions that address these linked challenges. By prioritising SRHR in climate action, societies can work towards greater resilience and equity.

A qualitative listening exercise using a Talanoa approach was part of the methodology. After collecting the data, we conducted a preliminary synthesis and analysis. We carried out a sense-making analysis with partners’ support, leading to the creation of this document. During all these stages, PCP continued consultations with accessible target groups to verify information and build relationships.

We thank all the participants for fully engaging with us in the research, as well as our donors, development partners, government institutions, and research assistants for their support, which enabled PCP to undertake this important research.



This was a small scoping research project, and we hope to conduct more detailed research on the nexus between SRHR and climate change soon, building on the information already at hand.

A handwritten signature in black ink, appearing to read 'Florence Swamy'.

FLORENCE SWAMY
Executive Director





SCOPING STUDY OVERVIEW

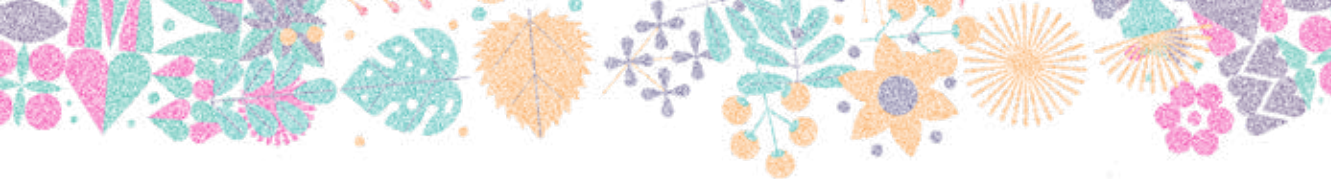
The Pacific Centre for Peacebuilding (PCP), based in Suva Fiji, is a non-governmental organisation specialising in conflict analysis, resolution, and transformation. PCP responds to conflicts emerging from changing contexts caused by globalisation, political instability, ethnic tensions, foreign direct investments, migration, climate change, and issues that affect its target groups. Four thematic areas deliver the work: community peacebuilding, restorative justice, climate change and conflict, and women's peacebuilding leadership. Target groups include community leaders, women, youth, sexual, gender, and ethnic minorities, and people living with disabilities. Through the partnership with ARROW, PCP conducted a scoping study from October 2023 to February 2024, which produced findings and recommendations on the interlinkages of climate change and SRHR in communities in Fiji.

According to the 2017 Fiji Bureau of Statistics Population Census, Fiji has a total population of 884,887. Out of this, 436,292 are women. In the last decade, the net population growth rate has decreased to 1.8 per year, while the total fertility rate has reached 2.7, and the crude birth rate has stabilised at 21 per 1000. According to the Republic of Fiji Vital Statistics Report 2016-2021, there are around 20,000 annual births in Fiji. In 2020, there was an increase in the number of births from 20,000 to 21,040 before declining to 20,217 in 2021. More investigations have begun to identify possible reasons for the rise in 2020. (The Republic of Fiji Vital Statistics Report 2016-2021)

The Ministry of Health and Medical Services, Reproductive Health Policy (Page 8: 1.4) shows that Fiji continues to face significant challenges and constraints that impede the delivery of quality reproductive health services at all healthcare system levels. These are primarily related to staffing and human resources shortages, inadequately equipped facilities, weak health systems, poor facilities, shortages of medicines, and inadequate coordination and management of programmes and service.

The Fiji Reproductive Health Policy also represents national commitments to support reproductive health care at the highest level, and it calls for responsive action at all levels of healthcare delivery. The development of the Reproductive Health Policy provides a unique opportunity to redefine a shared vision and mission, revisit goals and objectives, identify program priorities, assess emerging issues, reprioritise areas for action, and establish a roadmap for strengthening the delivery of a results-based program. Sexual and reproductive health and rights are issues of concern for women, men, and members of the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) community in Fiji.

Access to information about sexuality for young people is inadequate. It is a contributing factor to the high number of teenage pregnancies, which in 2021, according to the World Bank Gender Data, was 27 out of every 1000 girls aged 15- 19. With 44% of the Fiji population below the age of 25, it is crucial now more than ever that Fiji look towards providing better Sexual Rights and Reproductive Health (SRHR) education for this key



demographic. The Ministry of Health, in its reproductive health policy (page 7), cited several health issues faced by women. While the cases of HIV recorded in this report are small, there is an observation that they are underreported. Fiji does not have legalised abortion, and numerous cases of unsafe abortions are reported to medical facilities. This information suggests that the use of contraceptives in the context of unmet family planning needs is low or not used at all. Over the last decade, cervical cancer has become quite common in Fiji and is the primary cause of cancer-related deaths. It is estimated to affect 109 new cases annually, or 51.3 cases per 100,000 people (Ministry of Health Reproductive Health Policy). I-Taukei women have a higher disease burden and mortality rate due to cervical cancer compared to Indo-Fijian women.

National Policies, Legislation, and Initiatives

Fiji has the following legislation in place, and several women's networks and organisations are well-positioned to monitor these, which include the following:

1. The Climate Change Act

As a Small Island Developing State (SIDS), Fiji is highly susceptible to rising sea levels, intensifying coastal erosion, and extreme weather events. climate change in Fiji is an exceptionally pressing issue. Due to these escalating changes and increased temperatures, Fijian families are experiencing displacement in their communities with the expectation that things will worsen in the foreseeable future. Women's networks play a critical role in bolstering families, strengthening the economic well-being of communities, and empowering them to adapt to these changing environments, all while safeguarding traditional and cultural practices.

2. National Disaster Management Act

The impact of extreme weather events, such as more severe storms, erratic rainfall patterns leading to floods and droughts, and ocean acidification, harms marine ecosystems that sustain local communities.

3. Fiji National Action Plan to Prevent Violence Against All Women & Girls 2023-2028

Women can speak out on behalf of their safety and security concerns. Still, they can also make a more significant impact by engaging with different networks on issues related to women's safety and security in general and the prevention of gender-based violence. They can use a bottom-up approach to influence policy by building capacity within their communities. Topics involved are grassroots mobilisation, leadership development, data collection, storytelling focused on women's experiences, and facilitating communication and collaboration between women's groups and organisations.

In all three national legislations mentioned above, enhanced capacity will result in greater engagement among the women we now engage with. This approach empowers women at the local level, ensuring that the realities faced by women on the ground inform policy decisions.





INTRODUCTION

This study aims to foster the linkages between climate change and SRHR in the social context of Fiji. As development practitioners, PCP seeks to tackle various development challenges and issues. Problems lead to conflict, which we find ourselves constantly engaged in. The study will be an essential tool for advocacy at all levels: national, regional, and global, as it includes qualitative and quantitative data with testimonials from respondents to enrich the analysis.

During inception meetings held in communities around Fiji at the start of this program and during scoping visits, which were conducted as part of PCP's program activities, conversations centred around SRHR issues. This served as the basis for generating evidence at both national and local levels in the context of climate change. These issues included sexual and gender-based violence, access to contraception, and safe abortion, with a particular focus on indigenous women and girls with disabilities.

PCP concentrated its work on this study in Fiji's Central and Western Divisions. The study involved I-Taukei and Indo-Fijian women from Narata village in the province of Nadroga, Sigatoka's rural communities, and women from Naisaumua village in the province of Tailevu, totalling 30 women. PCP also convened 30 from the provinces of Ra, Naitasiri, Tailevu, and Serua to study in Suva.

During the study phase, PCP underwent key administrative changes that affected the research timeline. These changes led to realigning responsibilities for other programme work and rescheduling, which prolonged the implementation delay. Additionally, the information-gathering sessions were falling within the Christmas period, and this prevented PCP from fully reaching out to and engaging with the intended number of participants.

LITERATURE REVIEW

Prior to going out to the communities, and in order to understand the different issues related to SRHR and also acknowledge that not a lot of work was done in PCPs target communities relating to this, it was important to understand the subject so as to have meaningful conversations with our target groups. The following are some of the key research documents and publications that were reviewed to inform this scoping study:

<p>The Role of Culture and Religion on Sexual and Reproductive Health Indicators and Help-Seeking Attitudes amongst 1.5 Generation Migrants in Australia:</p> <p>A quantitative pilot study</p>	<p>Dune T, Ayika D, Thepsourinthone J, Mapedzahama V, Mengesha Z. The Role of Culture and Religion on Sexual and Reproductive Health Indicators and Help-Seeking Attitudes amongst 1.5 Generation Migrants in Australia: A Quantitative Pilot Study. <i>Int J Environ Res Public Health</i>. 2021 Feb 2;18(3):1341. doi: 10.3390/ijerph18031341. PMID: 33540735; PMCID: PMC7908584.</p>	<p>There was no significant difference between ethnocultural groups or levels of cultural connectedness in relation to sexual and reproductive health help-seeking attitudes. The results do suggest differences between religious groups in regard to seeking help, specifically from participants' parents. Notably, participants who reported having 'no religion' were more likely to seek help with sexual and reproductive health matters from their parent(s). Managing cross-cultural experiences is often noted in the extant literature as a barrier to sexual and reproductive health help-seeking. However, while cultural norms of migrants' country of origin can remain strong, it is religion that seems to have more of an impact on how 1.5-generation migrants seek help for SRH issues. The findings suggest that 1.5-generation migrants may not need to adapt their religious beliefs or practices, despite entering a new ethnocultural environment. Given that religion can play a role in the participants' sexual and reproductive health, religious organisations are well placed to encourage young migrants to adopt help-seeking attitudes.</p>
<p>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</p> <p>Research Study</p>	<p>Baigry MI, Ray R, Lindsay D, Kelly-Hanku A, and Redman-MacLaren M. Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review. <i>PLoS One</i>. 2023 Jan 26;18(1):e0280667. doi: 10.1371/journal.pone.0280667. PMID: 36701390; PMCID: PMC9879431.</p>	<p>The number of young people utilising sexual and reproductive health services in Pacific Island countries and territories remains low despite the availability and the existence of the fundamental rights to access these services. Adolescents and youth need accurate information and timely access to contraceptives to prevent adverse consequences associated with unintended pregnancies, abortion, childbirth and untreated sexually transmitted infections. This scoping review identifies and analyses factors contributing to young people's low access to sexual and reproductive health information and services in this region.</p>



Safeguarding youth sexual and reproductive health and rights in the context of increasing climate-related disasters in the Pacific: A scoping review of policies and responses
author links to an open overlay panel

Journal Article

Nabreesa Murphy, Peter Azzopardi, Meghan A. Bohren, Safeguarding youth sexual and reproductive health and rights in the context of increasing climate-related disasters in the Pacific: A scoping review of policies and responses, *International Journal of Disaster Risk Reduction*, Volume 86, 2023, 103561, ISSN 2212-4209, <https://doi.org/10.1016/j.ijd.rr.2023.103561>. (<https://www.sciencedirect.com/science/article/pii/S2212420923000419>)

Pacific youth (15-24 years) experience multiple challenges to realising their sexual and reproductive health and rights (SRHR). Climate-related disasters compound pre-existing social and health inequities, including for youth SRHR. Meaningful youth engagement is crucial to understanding their risks and forming inclusive disaster responses. This scoping review aimed to explore if and how both youth SRHR and youth engagement are identified in disaster policies and reported in humanitarian responses. We focus on the 2020 Tropical Cyclone (TC) Harold as a disaster event, providing a real-world example of current approaches to youth SRHR and youth engagement in disaster policies and disaster responses in Fiji, Vanuatu, and Tonga. We extract current disaster risk reduction (DRR) policies (Pacific regional framework, national policies, and publicly available provincial policies from Fiji, Vanuatu, and Tonga), and TC Harold response reports available during the response period from April-September 2020. Using an intersectional policy analysis framework, we conduct descriptive and narrative analyses for inclusion and identification of youth SRHR and youth engagement in policies and response reports. An analysis of 9 policies and 28 responses highlights an existing gap between prioritising youth engagement in policies and the reality of meaningful youth engagement in practice. We highlight the need for regionally consistent disaggregated data to identify youth-specific risks and emphasise the importance of cross-sector collaboration to effectively address youth SRHR. Sociocultural barriers such as misconceptions and stigma and unilateral decision-making by community power holders underscore the critical importance of applying a rights-based approach to Disaster Risk Reduction (DRR) in the Pacific.





OBJECTIVES

The study's objectives were as follows:

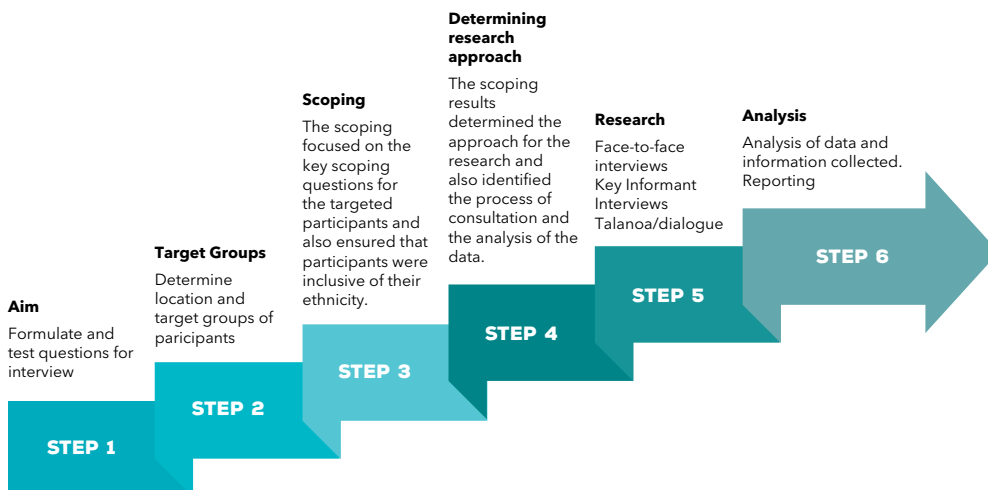
1. To carry out a scoping study as a general framework to establish the connections between gender, SRHR, and climate change in Fiji.
2. To determine SRHR concerns and generate evidence at the local and national levels regarding climate change.
3. To co-create safe spaces for women to reclaim agency over women's SRHR and well-being.

METHODOLOGY

The PCP research team used several different approaches to gather information. In Fiji, PCP conducted extensive scoping of urban, peri-urban, coastal, and inland communities. As part of other programmes, these scoping studies informed this research and identified areas for focus. The research selected its study areas based on the vast geography and diverse demography of ethnic Solomon Islanders, iTaukei (indigenous communities), and Indo-Fijians.

As a result, this report uses a mixed-method approach that includes desk research, dialogues, and “talanoa” with community women using the listening methodology and face-to-face interviews with various individuals and key informants. The team conducted face-to-face interviews in both English and the vernacular language for non-English speakers. The listening methodology engaged participants in flexible and informal conversations (talanoa), avoiding a more formal interview process. The talanoa approach did not have fixed questions; instead, it created a space in which women felt comfortable sharing their concerns and issues that were most important to them. This methodology also encouraged women to talk about sensitive topics.

The team collected and analysed the data based on the posed questions. The approach covered is best illustrated as follows:





SCOPE AND LIMITATIONS OF THE STUDY

Given the nature of this study, one of the challenges was culture and the restrictive space to discuss women's bodies and sexual reproductive functions. Conversations about sex, reproduction, and sexual health remain taboo subjects in many communities, resulting in discomfort when having open discussions on this matter. In these areas, there is much work to be done to build rapport, trust, and advocacy.

Leading from this, the team also saw the women's struggle to connect climate change and SRHR. Some respondents stated that this was their first time to hear about this concept. The scoping process further revealed that all participants in this study, regardless of location or profession, had little or no knowledge of this subject. This was the first time they had even heard about women's sexual reproductive health and rights and linking the changes in their health and bodies to climate change. Another challenge was that the consultation was not extensive. The team could not cover all the areas, so in this study, we express the views of women in only a limited number of I-Taukei villages and in other settlements and rural areas. These women were from only five (5) provinces out of a total of 14 provinces in Fiji. As such, we could not unpack all the issues women face throughout Fiji concerning SRHR.

A significant research challenge was the availability of disaggregated data on SRHR. Analysing this could identify the gaps and missing components in SRHR.

The majority of the interviews took place in English. Translating to vernacular languages took a lot of work, as finding appropriate words with the same meaning was difficult. Time and budget also prevented us from reaching out to experts for appropriate translation. Also, in relation to budget, we were limited in the number of researchers that could go out to talk to women in communities to sensitise researchers to the topic and also to get more people on board to cover a greater geographical area.



UNDERSTANDING THE LINKAGES BETWEEN CLIMATE CHANGE AND SRHR

Climate change has significant implications for SRHR. The study looks at, among other things, how climate change affects access to sexual and reproductive health care. The sections below highlight these findings.

Extreme weather events like cyclones severely impact women's accessibility to health services. During disasters, women naturally prioritise survival, protection, and care. They often neglect their personal needs, such as packing birth control pills and sanitary products during evacuation, which could lead to unwanted pregnancies, as well as unhygienic and unsafe personal care. The latter often results in compromised health conditions for women.

During extreme weather conditions, members of many communities find themselves living in evacuation centres, sometimes for extended periods. Gender inequalities intensify in these situations, heightening the likelihood of gender-based violence and other safety and security concerns. Additionally, the increased prevalence of GBV complicates the provision of health assistance, as it restricts access to these services. In these cases, maternal and infant health is at risk due to extreme heat, air pollution, and insufficient hydration due to climate change. Other issues include the lack of access women have to contraceptives and professional medical assistance. SRHR information and services may not be accessible to people with disabilities, and they may be more at risk of gender-based violence. Sexual violence happens during times of crisis because many people live together in confined spaces without proper protocols, which protect people. In these spaces, people living with disabilities are more at risk because their usual safety nets are disrupted in these vulnerable situations. Racial discrimination and denial of rights can hurt the sexual reproductive health of ethnic and racial minorities and Indigenous people as their safety nets and assistance protocols are also disrupted.



KEY FOCUS AREAS AND ISSUES

The study focused on climatic events that become natural disasters for communities in Fiji. For example, in the village of Narata, in the western province of Nadroga, extreme droughts have destroyed crops and caused Water Sanitation and Hygiene (WASH) issues. The lack of access to clean drinking water has resulted in community members using unclean water for daily use. This has resulted in general community wide hygiene and health concerns. Community members face challenges in securing stable, clean water sources for daily use. In these rural communities, we found that it was particularly stressful for women and girls to manage their monthly menstrual cycles in the absence of regular and clean water. Poor menstrual hygiene can lead, and has led, to other health problems, such as skin infections.

Furthermore, the prolonged drought significantly impacted women, who were primarily responsible for locating sources of clean water for washing and cleaning, as they were travelling further from their homes to look for water, compromising their well-being and safety. In one Western Division community (Indo-Fijian), husbands and wives leave their homes after midnight to go to clean water sources, an hour away from their homes, to collect water before animals go in the morning. They were leaving young children sleeping at home, which also posed a risk to their safety.

Category five (5) cyclones destroyed homes, shelters, roads, bridges, crops, schools, health facilities, and other service-related infrastructure in many parts of Fiji. The fact that residents had to live in tents or evacuation shelters for months before the construction of proper housing exacerbated the difficulties. This scoping study also underscores how these circumstances affected people's sense of dignity. Families in Fiji's communities, housed in shelters or the homes of other relatives, were unable to continue with their daily normal lives. The shelters offered neither seclusion, privacy, or security for all members of the community. Sharing housing with family or neighbours puts individuals at all sorts of risk in addition to sexual exploitation. Also, relationships were affected, which led to a breakdown of family structures. As they were not able to spend their normal time in school, children began to socialise in the shelters, where they could also engage in sexual experimentation.

Spouses struggled to locate private areas, compromising their dignity. Additionally, there was no access to family planning alternatives because there was no transportation to the evacuation shelters, which prevented village nurses and community health workers from restocking their supplies or going to the health centres.

Diseases were prevalent during these times, as health services were disrupted and the accessibility to medications and treatment were unavailable or restricted. Social structures and safety nets broke down. People often overlooked the nuances of Indigenous culture and leadership roles, as their primary focus was on survival.

Rising tides have resulted in saltwater intrusion, causing damage to crops and gardens and



leading to poor, irregular, and insufficient crop yields. This affected income as there was not much that could be sold in markets. Flash floods and unfavourable weather frequently washed crops away, again impacting household income. In these situations, providing at least two meals a day for families became the top priority, causing other necessities, such as the purchase of sanitary pads for women and girls, to be low priority. Fresh food was scarce, so families increasingly buy processed food from shops, which is often not nutritious. In these cases, people also turned to unhealthy food alternatives that were cheaper. All of this affected health generally.

During the post disaster, women focused on providing for their families and maintaining safety. Sources of income such as selling women's crafts and small and medium enterprises were barely functional, which meant that the family had to rely on less income to survive.

Ever-increasing high tides and king tides flood many homes in coastal areas regularly, leading to the erosion of burial grounds and cutting off access to them, loss of buildings and infrastructure, and more. Due to the constant flooding, there is a lot of stagnant water in the communities, which attracts mosquitoes and algae breeding. Flood waters also bring in a lot of rubbish and pollution from other places. The constant moving around in stagnant waters leads to the prevalence of skin diseases such as scabies.

Natural disasters are also traumatic events. The target groups the team spoke with suggested an increase in mental health cases. When communities construct evacuation

centres, they often overlook the privacy of women and girls in their design plans. During these disasters, women bear the additional responsibility of ensuring the safety of their families, not only in these evacuation centres but also in their homes. Researchers also observed that women prioritised feeding everyone in evacuation centres over themselves.

During our meeting with the National Health Emergency and Disaster Coordinator at the Ministry of Health and Medical Services, it was mentioned that the Ministry now views climate change as a health security issue. Disease patterns have shifted, leading to sudden surges in endemic diseases. Women and children are particularly vulnerable to these diseases due to increased flooding, among other factors. This is because women venture out into these contaminated waters to rescue their belongings. Children go with them and frolic in the water. Animals also excrete waste, adding to contamination. Poor diet, among other factors, has reduced immunity, making humans vulnerable to common animal diseases like leptospirosis. Access to healthy food is diminishing, and there is an increase in non-communicable diseases and undernutrition. The Ministry of Health in Fiji is focusing on a "Transformation of Primary Health Care" to respond to climate change and health. The National Adaptation Plan (NAP) processes present an opportunity to address the impacts of climate change on SRHR.



FINDINGS AND ANALYSIS

The research findings on the specific impacts of climate change on sexual reproductive health and rights include the following challenges and issues. Below is a list of the information and data we analysed during the research project

Central Division Women's Convening for Data Collection

This event brought together 30 women of different ethnicities, religions, professions, age groups, and locations to discuss SRHR issues. Discussing women's health in climate change was a unique opportunity for comparative and new learning. The data and analysis below reflect women's knowledge about SRHR and climate change impacts.

Understanding the Dynamics of Climate Change

All respondents (24/24) in the Central Division understood climate change as changes in weather patterns, with the majority (19/24) identifying rising sea levels as the most commonly discussed issue regarding climate change in their community. 10/24 mentioned drought as a widely discussed concern, and in descending order, other topics mentioned were flooding (9/24), cyclones (6/24), food and water shortages (5/24), and soil erosion (4/24).

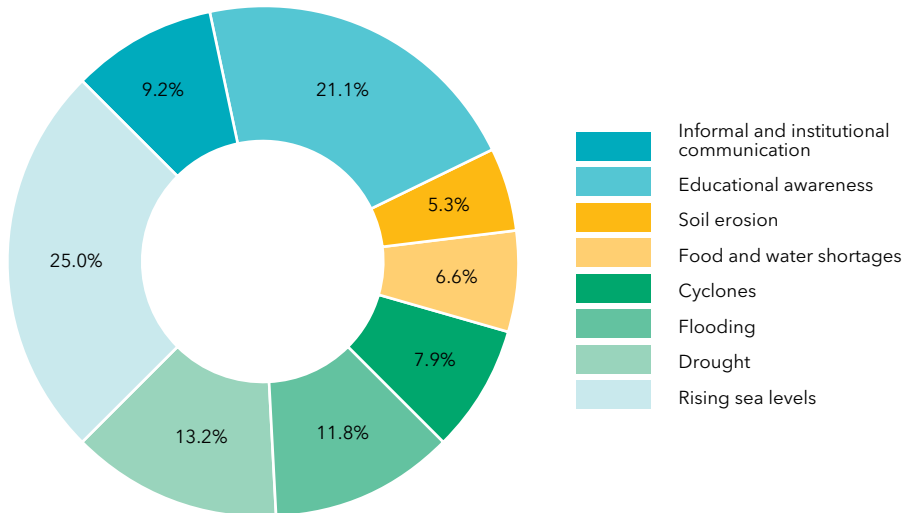
16 out of 24 respondents observed that the community and other levels were addressing climate change through educational awareness campaigns, discussions about sustainability, and planting trees to mitigate global warming. 7/24 noted that informal and institutional spaces speak about climate change by making advertisements on television about it and its impacts, organising workshops, and communicating through data and statistics.

Below is the pie chart visualising the understanding and discussion of climate change issues in the Central Division based on the responses of 24 individuals:





Understanding and Discussion of Climate Change Issues in the Central Division



Indigenous Knowledge

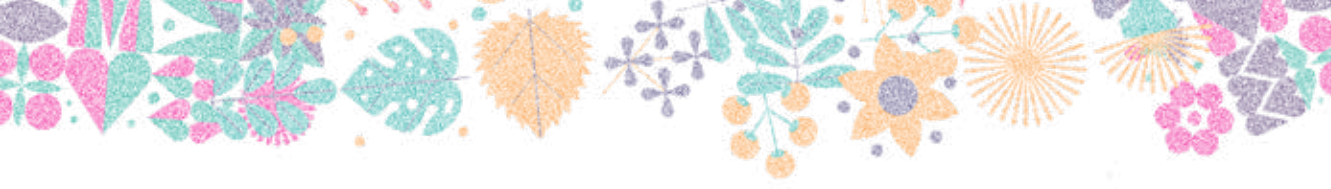
Four out of twenty-four (4 out of 24) respondents shared that one aspect of Indigenous knowledge surrounding climate change, specifically its effects on flooding, was that the elderly were more likely to inform everyone to move to higher ground to ensure their security before government intervention, thereby empowering communities to take responsibility for their well-being. These respondents also indicated that they would uproot all cassavas before a flood occurred. 4/24 respondents agreed that local and indigenous knowledge contributed to sustainable development through climate observation. Another essential practice of Indigenous knowledge is crop rotations, which allow the rotational crop spaces to rest and nourish. 2/24 respondents indicated a need to return to the old fishing methods of nets and fishing lines rather than using modern methods involving chemicals.

The discussion also encompassed the impacts of drought. Four out of twenty-four (4 out of 24) respondents indicated that droughts affected the water supply in the dams in their village, thereby making it necessary to build more dams. Additionally, droughts affect the supply of drinking water and water for other personal needs, especially for women and girls.

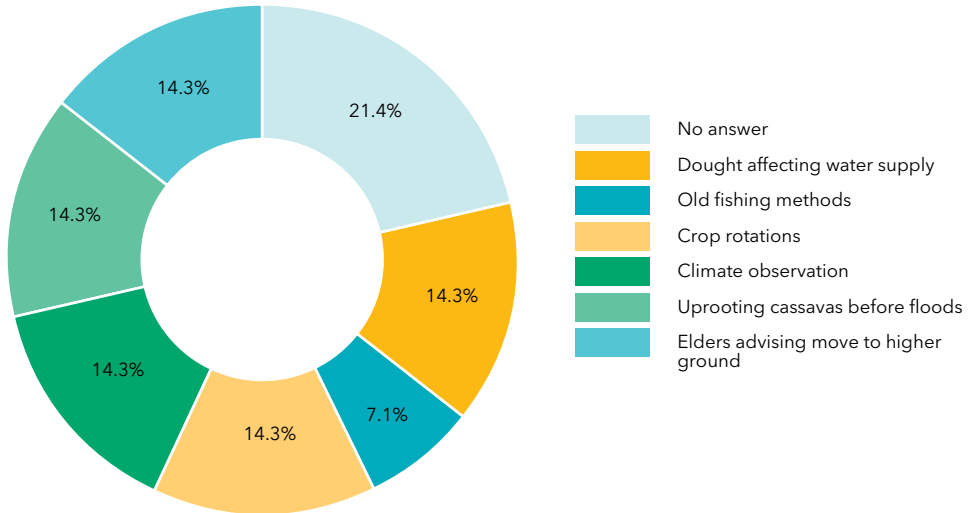
Six out of twenty-four (6 out of 24) respondents did not answer.

Below is the pie chart visualising the aspects of Indigenous knowledge and practices related to climate change among respondents:





Indigenous Knowledge and Practices Related to Climate Change Among Respondents



Effects on Communities

Concerning the effects of climate change on rural and informal communities, thirteen out of twenty four (13 out of 24) respondents marked agriculture and food supply as an effect of climate change on rural and informal communities. Some of the explanations for this response were that climate change intensifies droughts and floods, disrupts the food supply, and reduces access to water. Out of the twenty-four respondents, five expressed concern about the impact of climate change on their health conditions. These concerns included a lack of health insurance coverage, increased risk of contracting water-borne diseases, and difficulty traveling between the village and hospital during natural disasters.

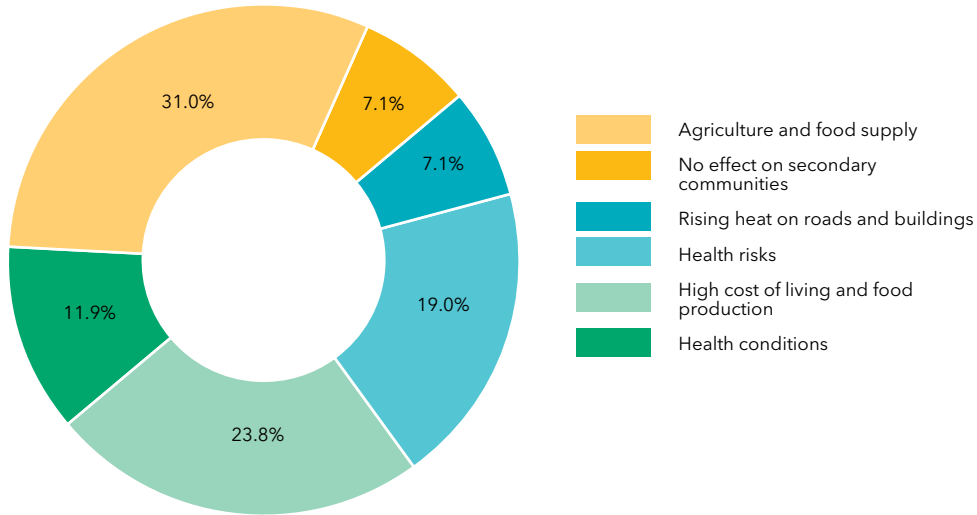
Ten out of twenty-four communities identified climate change as having the most significant impact on the high cost of living and food production. Specifically, the availability of produce (vegetables and livestock) has decreased, causing an increase in their prices. The second principal concern for respondents was health risks (8 out of 24), noting that those living in low-income neighbourhoods with limited access to green spaces and air conditioning had higher risks of health problems with heat waves. Three out of twenty-four respondents pointed out that the rising heat on roads and buildings exacerbates rising temperatures.

Three out of twenty-four (3 out of 24) said climate change did not affect secondary communities.



Effects of Climate Change on Rural and Informal Communities

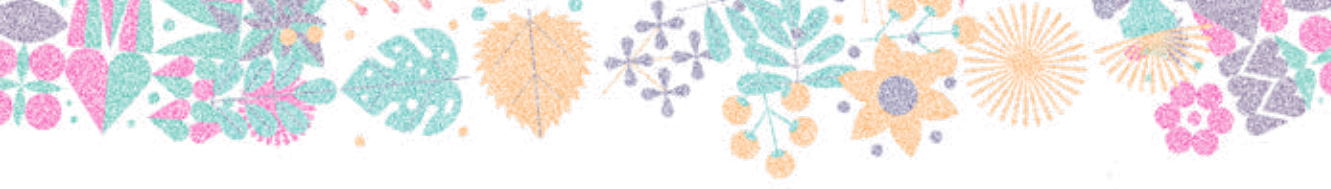
Below is the pie chart visualising the effects of climate change on rural and informal communities based on the responses of 24 individuals.



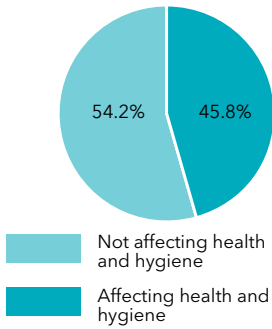
Gender

Eleven out of twenty-four (11 out of 24) respondents said that climate change was affecting the health and hygiene of women and girls, as well as women and girls with disabilities. Nine out of twenty-four (9 out of 24) shared that climate change added burdens to obtaining daily supplies and resources. Four out of twenty-four (4 out of 24) shared that women and girls with disabilities were facing disproportionate challenges due to social and cultural roles. Seven out of twenty-four (7 out of 24) organisations shared that they were involved in community-based networking as their connection to the climate change-gender-SRHR space in Fiji. Seven out of twenty-four (7 out of 24) did not answer, four out of twenty-four (4 out of 24) mentioned their work in reforestation, and three out of twenty-four (3 out of 24) indicated their involvement in health impacts and services, and three out of twenty-four (3 out of 24) noted their involvement in the well-being of women and girls. Additionally, eight out of twenty-four (8 out of 24) respondents mentioned that climate change had impacted their SRHR by limiting access to health care services; seven out of twenty-four (7 out of 24) did not answer; five out of twenty-four (5 out of 24) mentioned that climate change had impacted the maintenance of SRHR; and four out of twenty-four (4 out of 24) indicated that it had limited access to educational training.

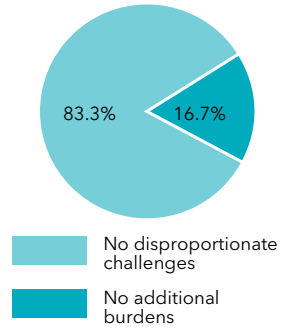
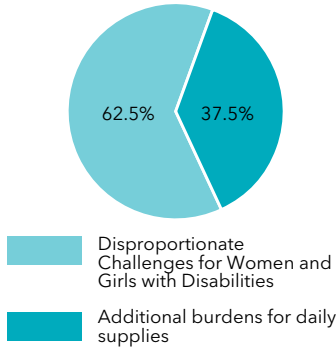




Impact on Health and Hygiene

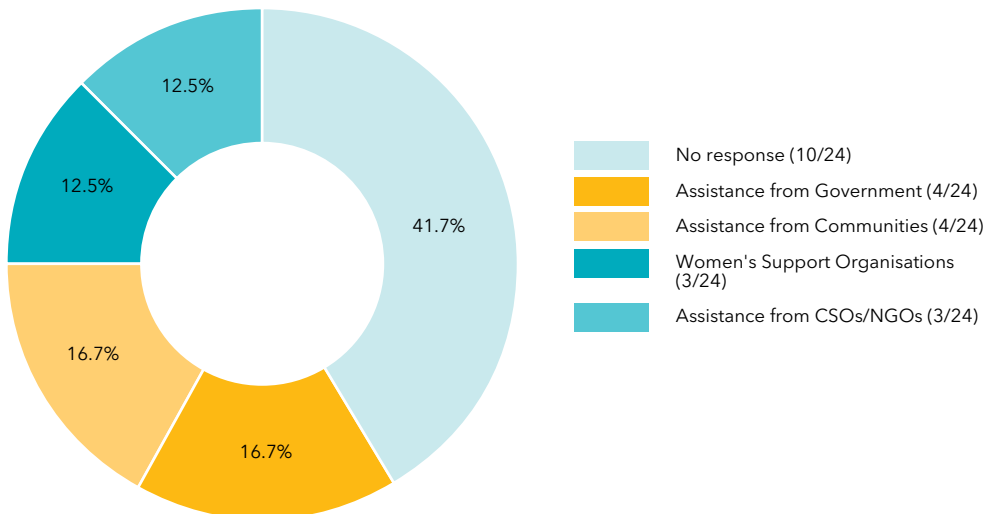


Impact on Daily Supplies Disproportionate Challenges for Women and Girls with Disabilities



Assistance, Responsibility, and Legislation

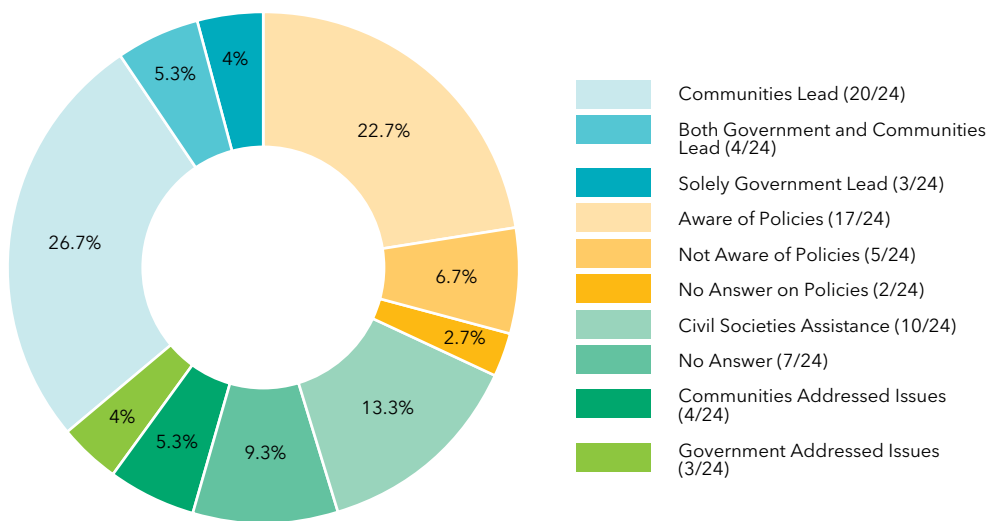
The pie chart below visually represents the responses from twenty-four organisations regarding the assistance they received from various sources, such as the government, communities, women’s support organisations, and CSOs/NGOs. The chart highlights the percentage of organisations that did not respond and those that received assistance from specific sources.

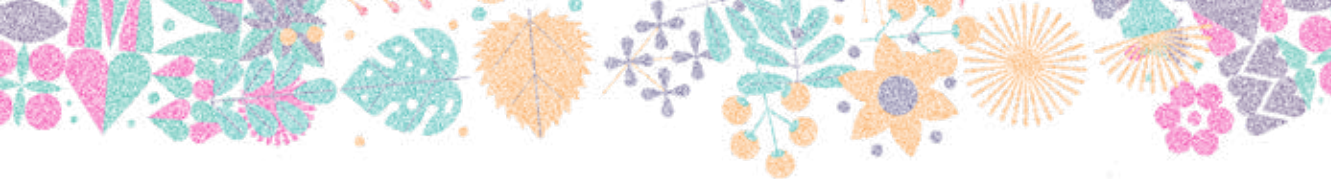




- **No Response** (41.7% - 10/24): The largest segment of the chart, indicating that 41.7% of the organisations did not respond when asked if they had received assistance from any source.
- **Assistance from Government** (16.7% - 4/24): This segment shows that 16.7% of the organisations reported receiving assistance from the government.
- **Assistance from Communities** (16.7%-4/24): Another 16.7% of the organisations mentioned that they received 16.7%-4/24 of the communities, particularly through mutual aid.
- **Assistance from Women’s Support Organisations** (12.5%-3/24): Representing 12.5%, this portion of the chart indicates that some organisations received assistance from women’s support organisations, mainly in the form of dignity kits.
- **Assistance from CSOs/NGOs (12.5%-3/24)**: The remaining 12.5% of organisations reported receiving assistance from CSOs or NGOs, notably from Then India Sanmarga Ikyā Sangam (TISI Sangam) (Fiji) in terms of funds, groceries, and other necessary items.

Meanwhile, the pie chart below provides a visual representation of the responses from twenty-four participants regarding assistance in addressing issues, leadership in tackling climate change, gender, and SRHR issues, and awareness of policies and legislation around SRHR in Fiji. The chart highlights the predominant roles of civil societies, communities, and the government, as well as the participants’ perspectives on who should take the lead in these areas.





- **Civil Societies Assistance (41.7% - 10/24):** The largest segment of the chart, indicating that 41.7% of the participants reported receiving assistance from civil societies. These societies have helped address issues through training, workshops, and building trust.
- **No Answer (29.2% - 7/24):** Representing 29.2% of the participants who did not provide an answer regarding assistance providers.
- **Communities Addressed Issues (16.7% - 4/24):** A smaller portion, showing that 16.7% of participants noted that their communities had addressed issues themselves.
- **Government Addressed Issues (12.5% - 3/24):** The smallest segment in terms of assistance, with 12.5% indicating that the government had addressed the issues.
- **Communities Lead (83.3% - 20/24):** A significant majority, 83.3% of the respondents, believe that their communities should take the lead in addressing climate change, gender, and SRHR issues.
- **Both Government and Communities Lead (16.7% - 4/24):** Reflecting 16.7% who feel that both the government and communities should share the leadership role in these areas.
- **Solely Government Lead (12.5%-3/24):** A segment indicating that 12.5% believe the government alone should lead.
- **Aware of Policies (70.8% - 17/24):** A large portion, 70.8%, of participants are aware of policies and legislation around SRHR in Fiji, recognising the government's efforts to promote access to comprehensive sexual and reproductive health services.
- **Not Aware of Policies (20.8% - 5/24):** Representing 20.8% of participants who are not aware of such policies.
- **No Answer on Policies (8.3% - 2/24):** The smallest segment, showing that 8.3% chose not to answer regarding their awareness of policies and legislation.

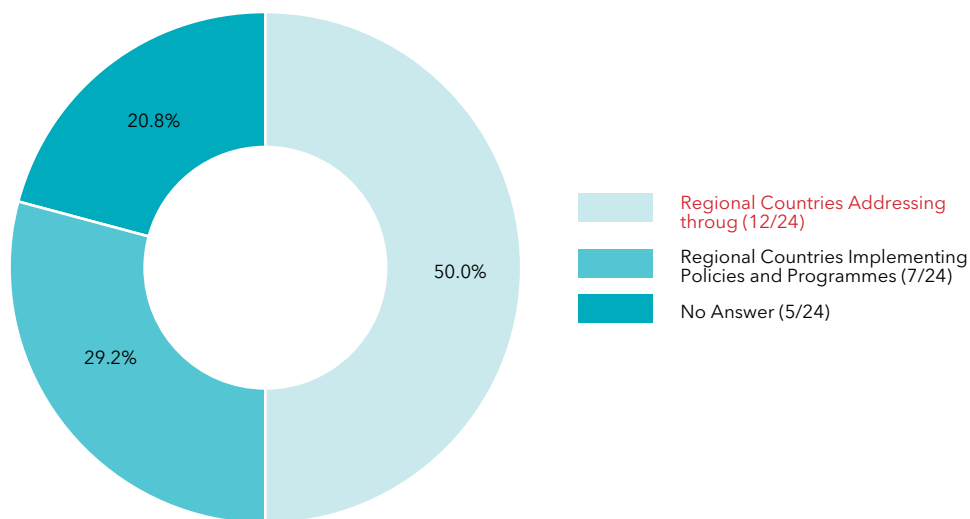




Regional Countries

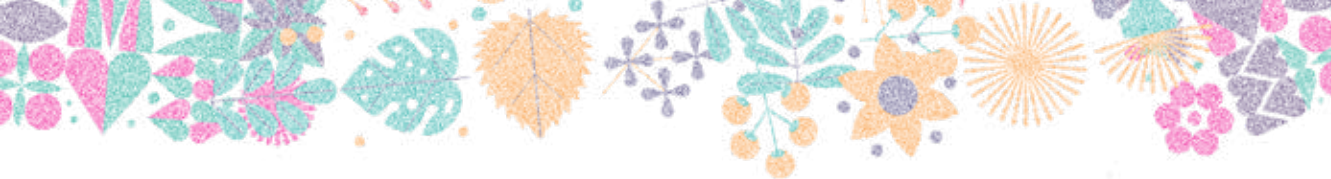
Twelve out of twenty-four (12 out of 24) respondents mentioned that regional countries were addressing climate change and SRHR for women and girls in their spaces through the use of education and awareness, particularly by creating awareness in villages and communities to empower women. Seven out of twenty-four (7 out of 24) said that regional countries were implementing programmes such as policies and other programmes that promote gender-responsive climate action and the prioritisation of the needs and rights of women and girls. Five out of twenty-four (5 out of 24) chose not to answer.

The pie chart below visually represents the responses from twenty-four participants regarding how regional countries are addressing climate change and SRHR for women and girls. It shows the percentage of respondents who mentioned specific methods of addressing these issues, including education and awareness, policy implementation, and those who chose not to answer.

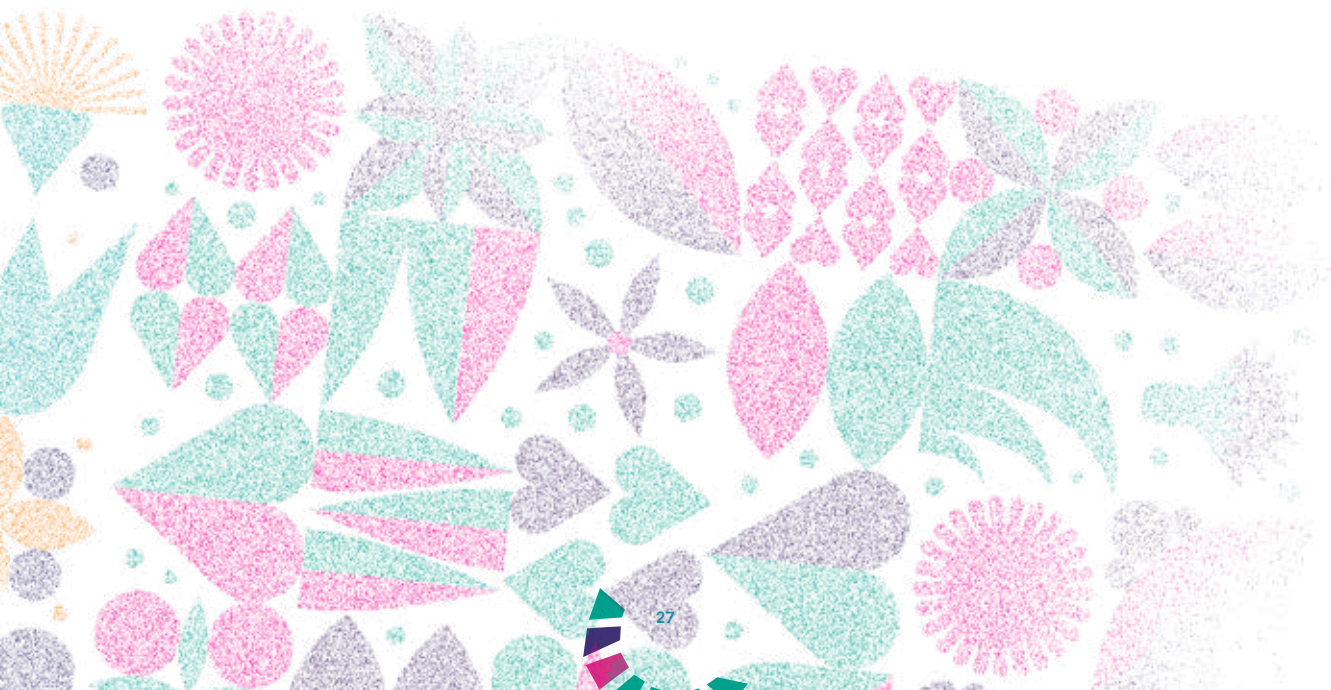
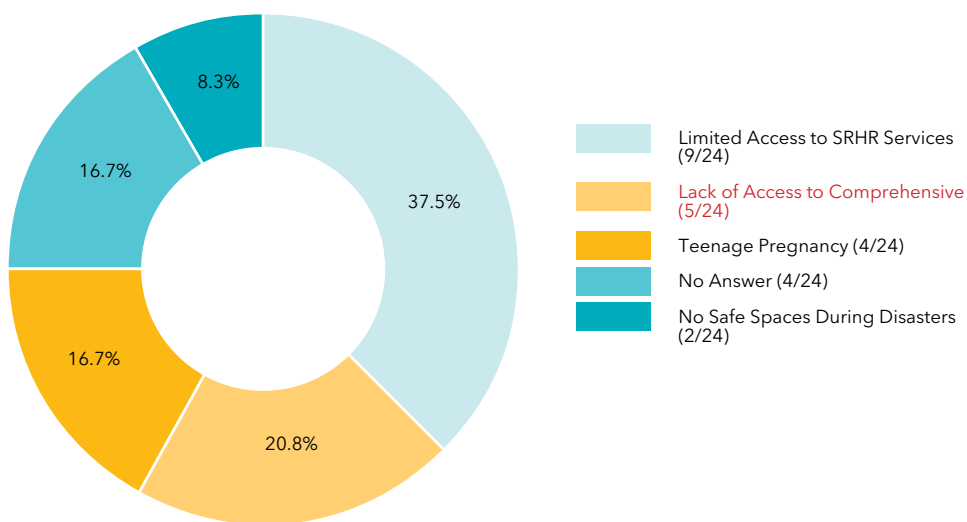


Major Issues of SRHR

Nine out of twenty-four (9 out of 24) respondents said that the major issue with SRHR in Fiji was limited access to SRHR services. Five out of twenty-four (5 out of 24) pointed out a lack of access to comprehensive sexual education, noting that women and girls have limited knowledge about SRHR. Four out of twenty-four (4 out of 24) identified teenage pregnancy as a major issue involving a lack of modern contraceptives, unsafe abortions, and violence. Four respondents, out of a total of twenty-four, did not provide an answer. Two out of twenty-four (2 out of 24) noted that there were no safe spaces during disasters, which was a major issue around SRHR.



The pie chart below visually represents the responses from twenty-four participants regarding significant issues with SRHR in Fiji. It highlights the percentage of respondents who identified specific issues, including limited access to services, lack of comprehensive sexual education, teenage pregnancy, lack of safe spaces during disasters, and non-responses.





WESTERN WOMEN'S CONVENING

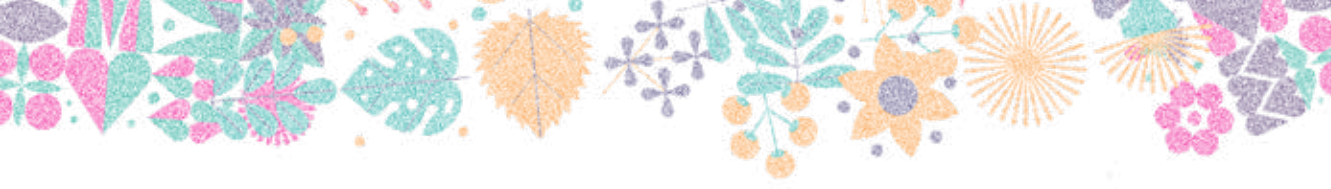
The Western Women's Convening data included 20 women from various ethnic backgrounds, religions, and locations in Sigatoka, including women from the police force who assist women in the area. Like the central division's convening, this event was a platform for comparative and new learning, marking the initial discussion of women's health within the climate change framework.

Understandings of Climate Change and Its Effects

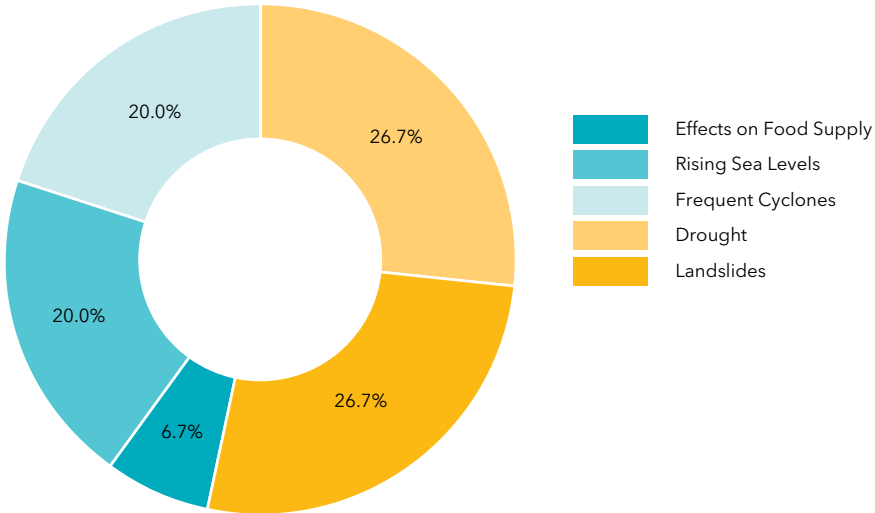
All respondents, fifteen out of fifteen (15/15), understood climate change to mean a change in weather patterns over a period of time. Some of the commonly discussed issues around climate change in their communities that were mentioned were: four out of fifteen (4 out of 15) noted landslides, four out of fifteen (4 out of 15) mentioned drought, three out of fifteen (3 out of 15) said frequent cyclones, three out of fifteen (3 out of 15) noticed rising sea levels, and one out of fifteen (1 out of 15) mentioned its effects on food supply. The latter explained that climate change is disrupting the natural economic and social systems the community depends on and affects the food supply, infrastructure, and financial market. In terms of areas that speak about climate change, eight out of fifteen (8 out of 15) noted that communities and other levels were speaking about climate change, with four out of eight (4 out of 8) noting fear of landslides, three out of eight (3 out of 8) fear of staying in low-line areas because of sea level rise, and one out of eight (1 out of 8) saying they discussed climate change's effects on hindering development. Seven out of fifteen (7 out of 15) chose not to answer, and 0% said that informal and institutional spaces were speaking about climate change.

The pie chart visualises the commonly discussed climate change issues in various communities based on the responses of fifteen individuals. Each segment represents a specific climate change issue and its corresponding proportion among the total responses:





Commonly Discussed Climate Change Issues in Communities



Indigenous Knowledge

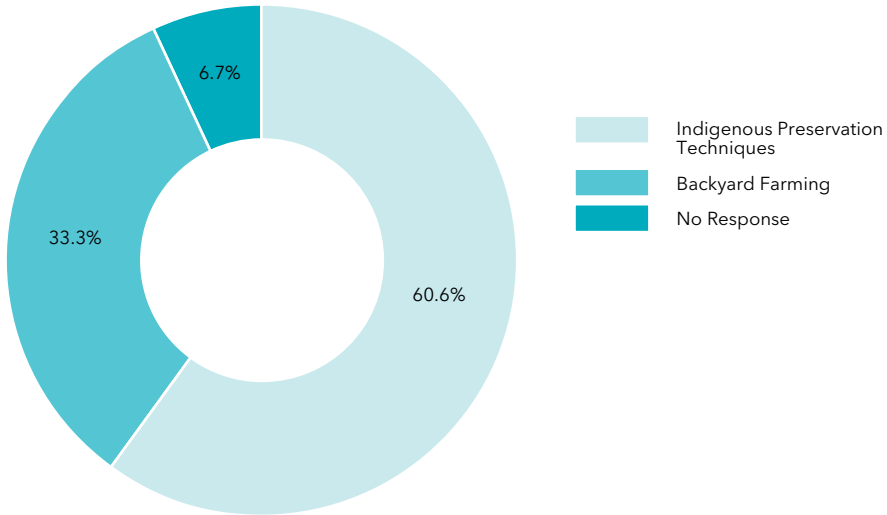
Nine out of fifteen (9 out of 15) respondents stated that alternate discourses on climate change included indigenous preservation techniques such as smoking fish, salting meat, and using mustard oil to preserve vegetables. Five out of fifteen (5 out of 15) mentioned backyard farming, and one out of fifteen (1 out of 15) chose not to respond.

The pie chart below visualises the alternate discourses on climate change among the respondents. Each segment represents a specific discourse and its corresponding proportion among the total responses:





Alternate Discourses on Climate Change

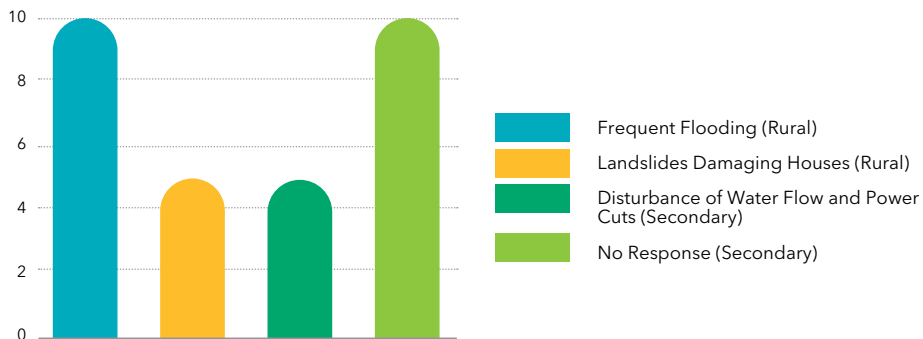
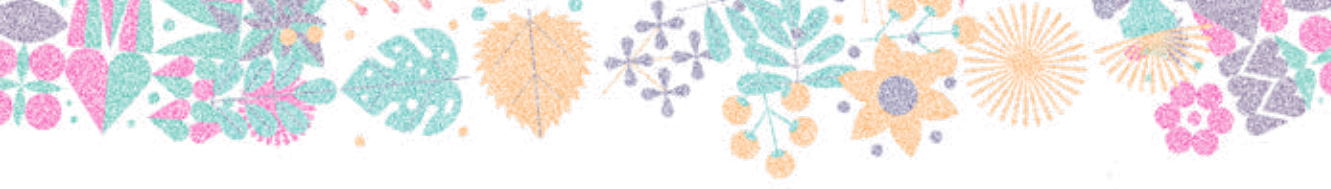


Effects on Communities

Ten out of fifteen (10 out of 15) listed frequent flooding, which damages water sources, as an effect of climate change on rural and informal communities. Five out of fifteen (5 out of 15) landslides were noted as damaging houses. In terms of climate change's effects on secondary communities, including urban towns and cities, the primary effects noted by five out of fifteen (5 out of 15) respondents were the disturbance of water flow and power cuts. Ten out of fifteen (10 out of 15) chose not to answer the question.

The bar graph below visualises the effects of climate change on both rural/informal communities and secondary communities based on the responses of fifteen individuals. Each bar represents a specific effect and its corresponding number of respondents.





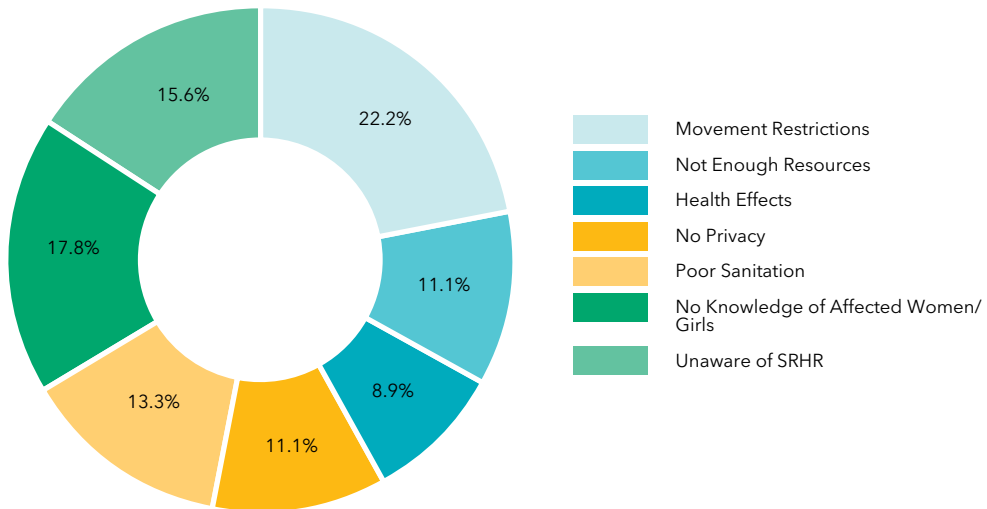
Gender

Six out of fifteen (6 out of 15) women and girls stated that poor sanitation was a result of climate change, five out of ten (5 out of 10) said there was no privacy as a result, and four out of fifteen (4 out of 15) said it affected their health. Five out of fifteen (5 out of 15) respondents stated there weren't enough resources, and ten out of fifteen (10 out of 15) respondents mentioned that movement restrictions (during cyclones) were one way that climate change affected women and girls with disabilities. Seven out of fifteen (7 out of 15) respondents claimed they were unaware of SRHR prior to attending a PCP-hosted seminar, while eight out of fifteen (8 out of 15) respondents said they did not know of any women or girls affected by it in Fiji's climate change-affected areas.

The pie chart visualises the various effects of climate change on women and girls with disabilities. Each segment represents a specific effect and its corresponding proportion among the total responses:



Effects of Climate Change on Women and Girls with Disabilities

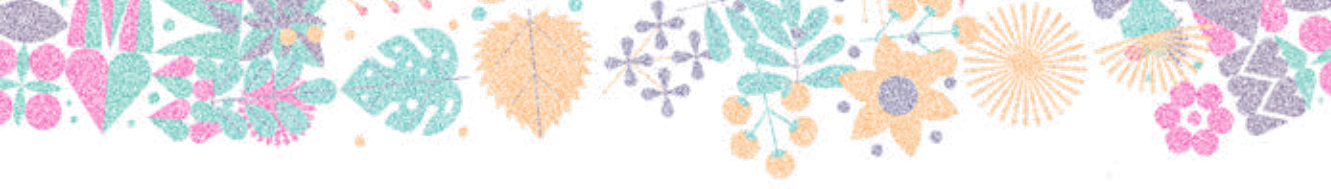


Personal Effects

Respondents noted several personal impacts that climate change had on their health. Eleven out of fifteen (11 out of 15) said that it was too hot, making them feel lazy, angry, and stressed. Three out of fifteen (3 out of 15) noted that extreme rain meant that there was not enough food to harvest. And one out of fifteen (1 out of 15) noticed climate change breaking up families as parents left to seek better lifestyles, leaving grandparents to care for the children they left behind. Nine out of fifteen (9 out of 15) respondents said they had talked about these personal impacts with someone, and six out of fifteen (6 out of 15) said they had not. They were either too embarrassed to bring these issues up in some lifestyles or were so focused on survival that they did not think about these issues.

Five out of fifteen respondents claimed that neither the government, civil society, regional partners, communities, religious organisations, women’s support organisations, nor men or men’s groups within their communities are addressing climate change. Government, civil society, regional partners, communities, religious organisations, women’s support organisations, nor men or men’s groups within their communities. Four out of fifteen (4 out of 15) said the government was addressing the issues, but only in the form of relocation and infrastructure, not local issues. Three out of fifteen (3 out of 15) said civil society played



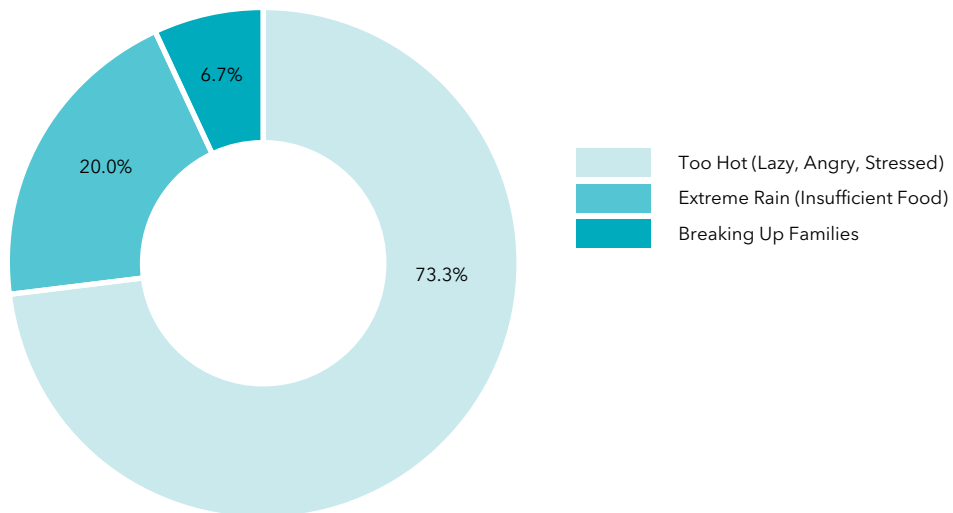


a role in raising awareness, and two out of fifteen (2 out of 15) noted that communities are addressing climate change by planting mangroves and Vetiva grass near river banks to prevent soil erosion. One person out of the fifteen did not answer the question.

Six out of fifteen (6 out of 15) respondents believe it is the community's responsibility to address climate change, gender, and SRHR issues in which men and women should be making decisions and taking responsibility. Five out of fifteen (5 out of 15) said that all of the above-listed bodies are responsible sectors for climate change, gender, and SRHR issues. Three out of fifteen (3 out of 15) said it was the government's responsibility. One person did not answer the question. Fourteen out of fifteen (14 out of 15) respondents did not know of any policies or legislation around SRHR in Fiji. Only one person knew the policies and legislation around SRHR in Fiji.

The pie chart below highlights the multifaceted effects on health, emphasising the importance of addressing both direct physical impacts and indirect socio-economic consequences. It reveals several key insights into how climate change is affecting the health and well-being of respondents:

Personal Impacts of Climate Change on Health

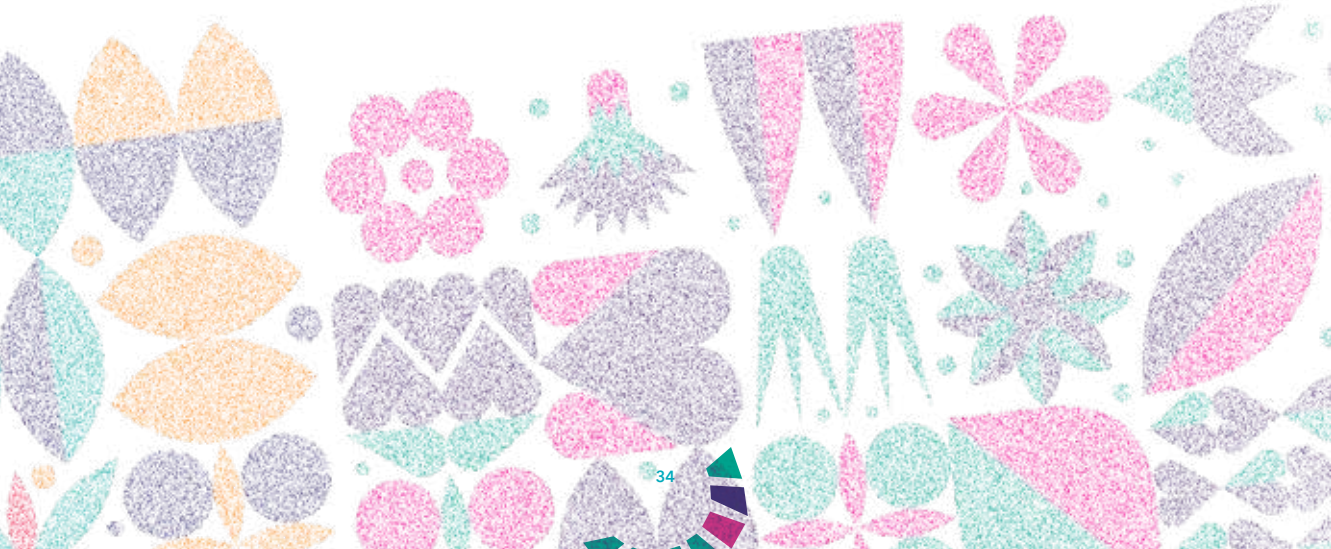
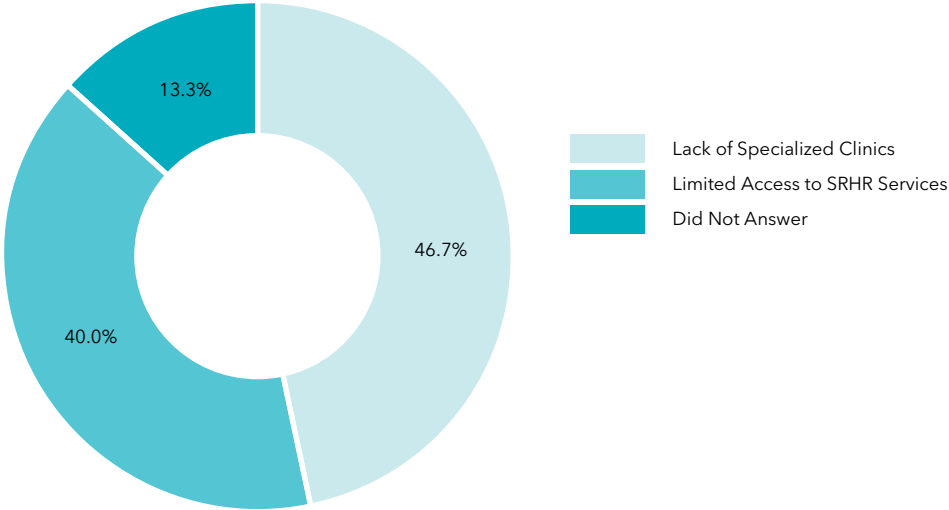




Major Issues of SRHR in Fiji

Seven out of fifteen (7 out of 15) respondents indicated that the lack of specialised clinics was a significant issue for SRHR in Fiji; six out of fifteen (6 out of 15) indicated limited access to SRHR services; and two out of fifteen (2 out of 15) did not answer.

Issues for SRHR in Fiji



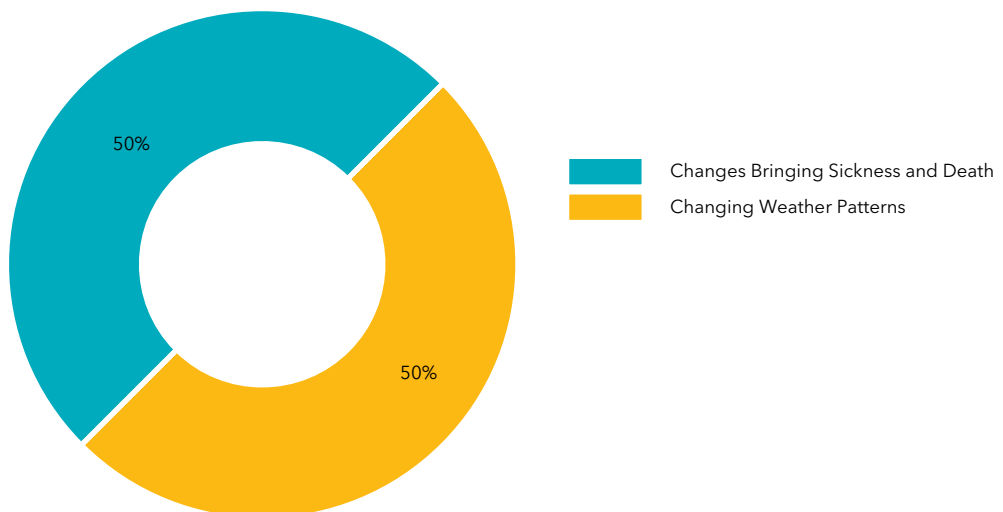
TAILEVU WOMEN'S CONVENING

The Tailevu Women's Convening was an informal "talanoa" focus group discussion with the women of Naisaumua and their village nurse to track changes in health patterns and the support available. It was also an intergenerational discussion examining the weather and health patterns. The purpose was to encourage the women to look at their health and how climate change impacts them. Below is the analysis of the information received from the women.

Understandings of Climate Change and Its Effects

Half of the respondents, six out of twelve (6 out of 12), understood climate change to mean changing weather patterns over time. The other half, six out of twelve (6 out of 12), understood climate change to mean changes that bring sickness and people dying at a young age. All twelve (12) respondents indicated that they had not discussed climate change in their community. Six out of twelve (6 out of 12) respondents noted that there had not been any discussion around issues related to climate change in their community; four out of twelve (4 out of 12) indicated that there had been discussions regarding rising sea levels; and two out of twelve (2 out of 12) mentioned the rise of NCDs, by which many young people are dying. The pie chart visualises the respondents' understanding of climate change:

Understanding of Climate Change Among Respondents

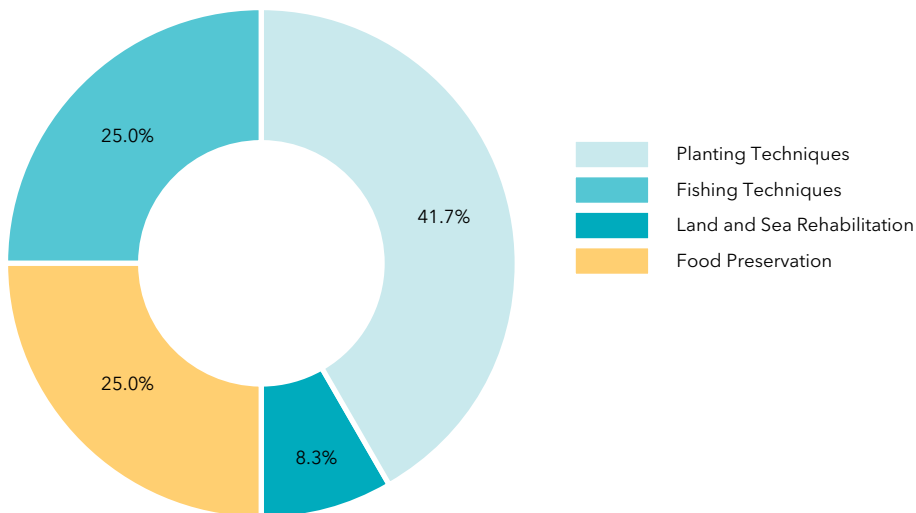




Indigenous Knowledge

Five out of twelve (5 out of 12) respondents noted planting techniques as indigenous knowledge that addresses climate change; three out of twelve (3 out of 12) noted food preservation; three out of twelve (3 out of 12) indicated fishing techniques applied to issues of climate change because elders know the months of the year and what different fish and seashells it brings; and one out of twelve (1 out of 12) mentioned land and sea rehabilitation. The pie chart visualises the various types of indigenous knowledge that respondents noted as addressing climate change:

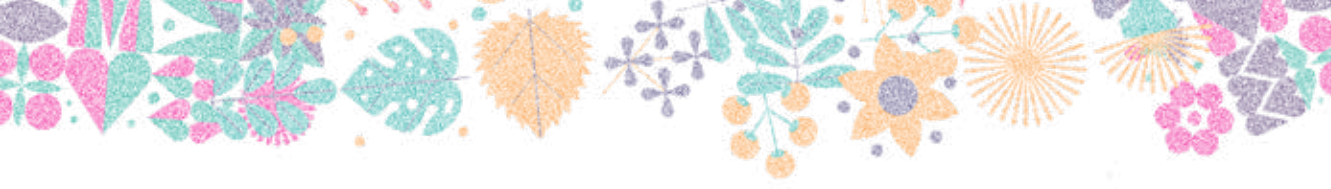
Indigenous Knowledge Addressing Climate Change



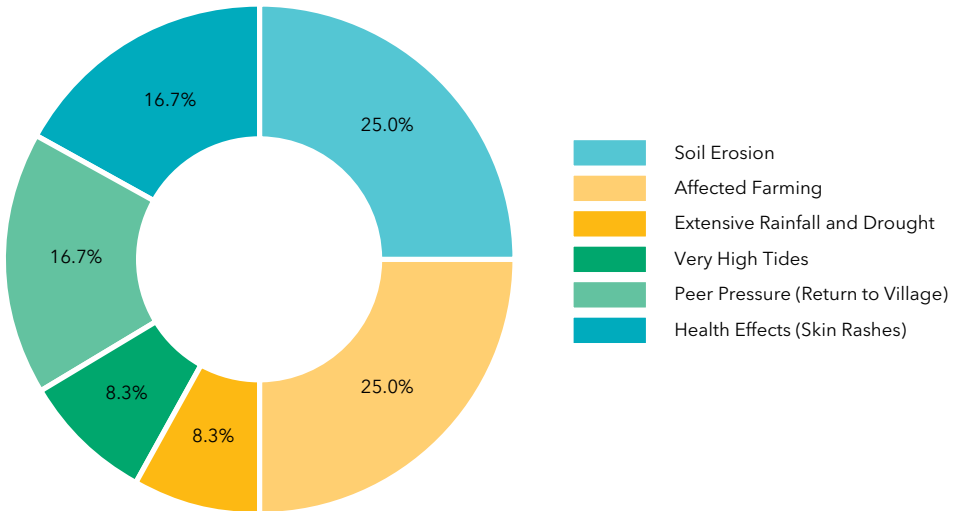
Effects on Community

Three out of twelve (3 out of 12) said that climate change had affected farming; three out of twelve (3 out of 12) included soil erosion; two out of twelve (2 out of 12) indicated health effects like skin rashes; two out of twelve (2 out of 12) noted peer pressure, suggesting that students are not going to school or finishing their education because of peer pressure to return to the village; one out of twelve (1 out of 12) noticed very high tides; and one (1) correspondent also noticed extensive rainfall and drought.





Effects of Climate Change Noted by Respondents



Gender

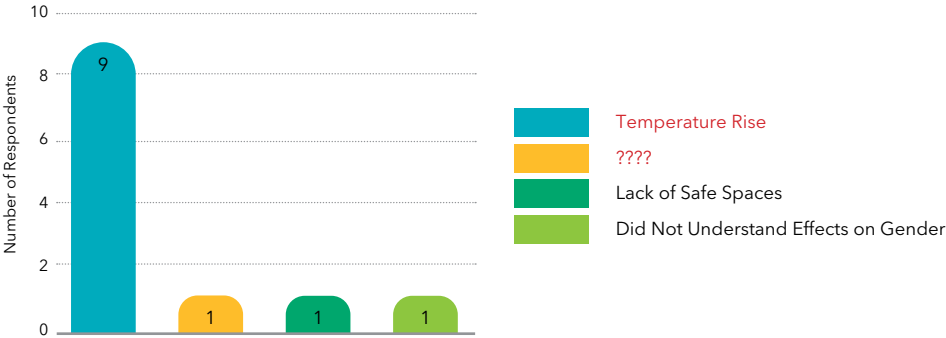
Regarding climate change effects on women and girls, nine out of ten (9 out of 10) indicated that a temperature rise resulted in little work getting done and, thereby, less exercise. Thus, women and girls develop an unhealthy lifestyle that contributes to an increase in the number of people with NCDs. One out of twelve (1 out of 12) indicated, in particular, that pregnant women have high blood pressure and anemia. One out of twelve (1 out of 12) indicated the lack of safe spaces, sharing that women used to have safe spaces in the home, but because of frequent cyclones, they do not feel secure as they live together in evacuation centres. One out of twelve (1 out of 12) said they did not understand what the effects on gender were.

Concerning women and girls with disabilities, five out of twelve (5 out of 12) said the government assists them; seven out of twelve (7 out of 12) chose not to answer.

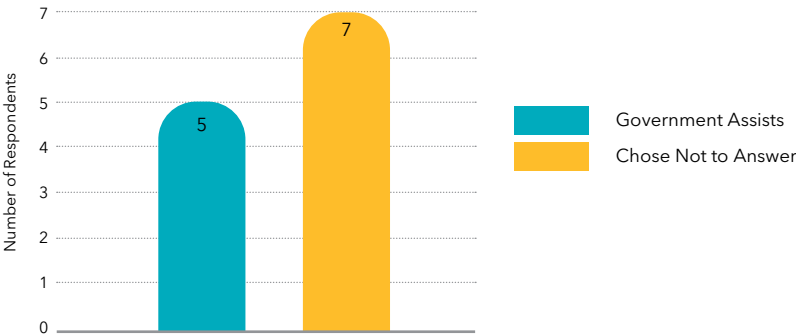
Notably, five out of twelve respondents (5 out of 12) shared that they did know women and girls who had experienced SRHR in climate change-affected areas. In contrast, seven out of twelve respondents (7 out of 12) said they were unaware of any women or girls who had experienced the effects.



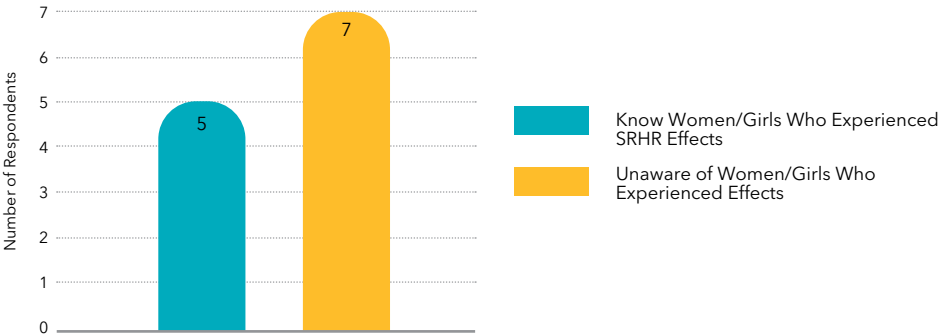
Climate Change Effects on Women and Girls

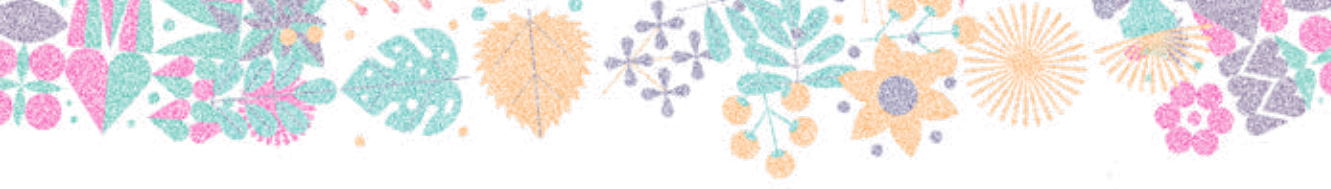


Government Assistance to Women and Girls with Disabilities



Awareness of SRHR Experience in Climate Change-Affected Areas





Personal Impacts

All 12 respondents shared that the rising temperatures had the most significant personal impact on them, making them feel lazy and stressed while also developing knee pains. The respondents also shared that planting and fishing resources are either unavailable or cannot be done anymore, which they used to do. Seven out of twelve (7 out of twelve) respondents shared that they had talked with someone about these impacts, but five out of twelve (5 out of 12) said they had not.

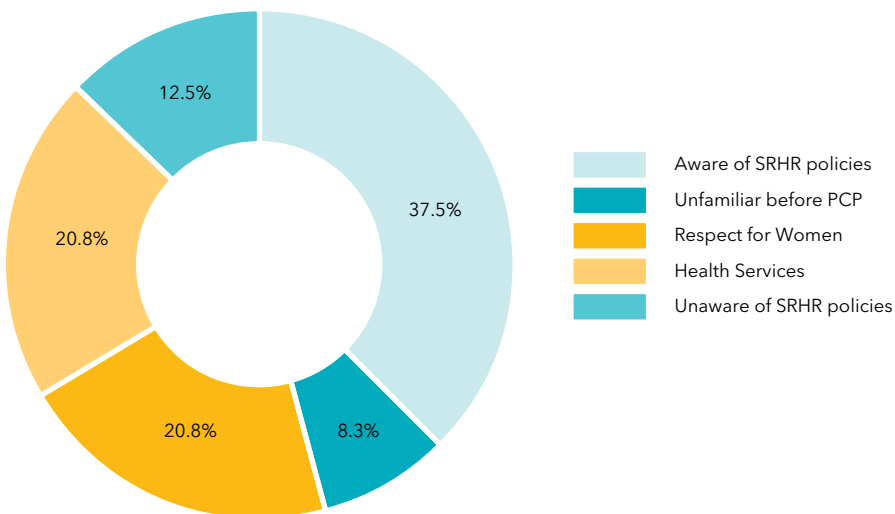
Understanding of SRHR

Five out of twelve (5 out of 12) respondents understood SRHR to suggest health services, including clinics and pap smears. Five out of twelve (5 out of 12) understood SRHR to mean respect for women, indicating they should have access to necessary space. Two out of twelve (2 out of 12) shared that they had been unfamiliar with SRHR before the PCP explained.

Additionally, nine out of twelve (9 out of 12) respondents were aware of policies and legislation around SRHR in Fiji, including health screenings, Pinktober, pap smears, and cancer screening. However, three out of twelve (3 out of 12) said they did not know any policies or legislation for SRHR.

The pie chart below visually represents the understanding and awareness of SRHR among respondents:

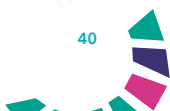
Understanding and Awareness of SRHR Among Respondents





Major Issues of SRHR in Fiji

Six out of twelve (6 out of 12) respondents indicated that poor health services were a major issue of SRHR in Fiji, and six out of twelve (6 out of 12) respondents shared that more awareness was needed.



THE OVERALL FINDINGS FROM RESEARCH

As mentioned earlier, dialogues and convenings were held to gather information from women on their understanding of SRHR and the link to climate change. Group conversations were held, and the information that PCP gathered is summarised as follows:

Central Division Women's Convening	Western Women's Convening	Tailevu Women's Convening
Understanding of climate change and its effects		
<ul style="list-style-type: none"> Climate change involves changes in weather patterns. The women also identify rising sea level, flooding, and droughts as the most common issues regarding climate change. 	<ul style="list-style-type: none"> Women understand climate change as changes in weather patterns over a period of time. 	<ul style="list-style-type: none"> Climate change involves changes in weather patterns. These changes have caused a lot of illness and death at a young age.
Indigenous knowledge		
<ul style="list-style-type: none"> Indigenous knowledge is passed down through the elders in the community. Local and indigenous knowledge contributes to sustainable practices of preserving food, etc. during disasters. 	<ul style="list-style-type: none"> Indigenous knowledge on preservation of food has been passed down but is limited. 	<ul style="list-style-type: none"> Knowledge on planting and food preservation, as well as fishing techniques.
Climate change effects on communities		
<ul style="list-style-type: none"> Agriculture and food supplies are mostly impacted. Shortage of water during droughts. Risk of diseases during droughts Childbirth occurs during disasters. 	<ul style="list-style-type: none"> Water sources are often damaged during flooding. Frequent landslides during heavy rainfall 	<ul style="list-style-type: none"> Farms are affected, disrupting the food supply. Extensive rainfall causes flooding, and children cannot attend school.
Gender		
<ul style="list-style-type: none"> Climate change affects the hygiene of women and girls. Women and girls are not accessible to daily supplies of menstrual resources, family planning, or disasters such as cyclones and flooding. Limited access to health care services. Limited access to educational trainings and advocacy on SRHR 	<ul style="list-style-type: none"> Poor sanitation There is no privacy for women, especially during natural disasters, and people need to move to evacuation centres. There is restricted movement for women with disabilities. 	<ul style="list-style-type: none"> A rise in temperature results in little work being done, and women develop an unhealthy lifestyle, which contributes to a rise in non-communicable diseases.
Understanding SRHR		



- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Limited access to SRHR services• Lack of access to sexual education• Limited knowledge• Lack of modern contraceptives.• There is no safe space for women during disasters. | <ul style="list-style-type: none">• Lack of specialised clinic• Limited access to SRHR services | <ul style="list-style-type: none">• Women need to be respected and given the spaces they need.• Women are also aware of policies and legislation. |
|--|--|--|





CONCLUSION

The women participants in this study, although initially unaware of the link between climate change and SRHR, presented an interesting perspective on SRHR, especially regarding climate change. Extreme weather events can also have a negative impact on sexual and reproductive health rights by disrupting sexual and reproductive health services. The perception of climate change in Fiji is always about disasters and structures. In the climate conversations for now, the final solutions for most of the communities were:

1. Relocation and safe spaces are important to protect women and gender diverse people who face violence and other threats to their security. In climate change where relocation is concerned and in the case of evacuation centres, if these spaces are safe, women and girls can socialise, receive support, acquire skills to manage their situations, and access services without fear or judgement. In creating these safe spaces, it is important that all stakeholders identify local risks, identify the local actors and stakeholders that can provide safety and protection, identify policies and infrastructure that can assist groups in danger, and also identify, understand, and respond to changing contexts and social norms to keep women and girls safe.
2. Strengthening the infrastructure is critical to building climate resilience, as it is important for safe and sustainable relocation for communities. Investing in climate resilience infrastructure can help protect lives and livelihoods. This requires a coordinated effort involving everyone, including women, from designing appropriate infrastructure to its implementation and management.
3. Relocation as a result of climate change is not only difficult but also complex, and in Fijian communities, consideration of social and cultural factors must be carefully considered to ensure that holistic needs of communities are factored in. These include the rights of individuals, preserving social and cultural identity, reducing negative impacts on vulnerable groups, addressing gender issues and needs, providing livelihood support, and empowering women, youth, and other groups through education and capacity building.
4. More research is also needed on the linkages between climate change and SRHR. This research, however, has allowed us to return to the communities and examine how climate change-initiated disasters impact the communities' sexual and reproductive health rights by revisiting those social impacts and examining the SRHR element.



We know that climate change and the disaster it brings destroy the social infrastructure that strips away one's ability to protect and safeguard the human dignity of persons, especially women and girls, to live their right to reproduction fully with the freedom we are all born with.

This scoping study confirms there has been no conversation or linking of climate change or SRHR, and spaces have not convened to look at this. Our discussions with the Ministry of Health, even with medical professionals, are positive regarding doing more work in this area.

However, this scoping study was a tool for advocacy and created awareness of climate change and SRHR.





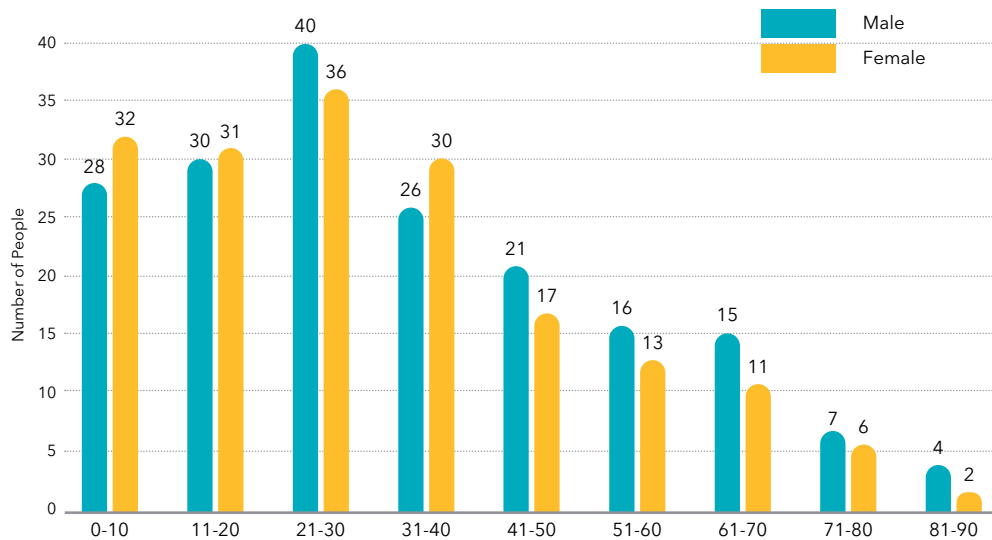
RECOMMENDATIONS FOR ADVOCACY

- A. Climate change-related events will occur and are ongoing events that will affect Fiji and its communities. The rehabilitation and response phases of work should address human dignity issues, specifically reproductive problems, and all that surrounds them with equal importance and not be treated as a dirty little secret.
- B. Advocate for the creation of safe spaces for dialogue on SRHR. The research findings showed indirect issues relating to climate change that women are unaware of and cannot connect with. Therefore, awareness and education need to be done to properly inform communities and women of their rights. Through these platforms, women can adequately access the information they need and who they can talk to about intimate concerns relating to their health with other women facing similar issues. And they will become support groups for each other.
- C. Increased capacity-building training for women and girls. Women play a huge role in managing the changes that are brought about by climate change. They need to be educated on the detrimental potential of climate change for their sexual and reproductive health. It is essential to conduct awareness training on climate change and how it is linked to sexual reproductive health. These trainings need to concentrate more on the grassroots communities, who, according to this research, lack or have no knowledge at all about SRHR. Awareness and understanding of SRHR need to be advanced so that women and girls can address their right to live, their right to exist, their right to access health services, their right to associate, and their right to live out their reproductive rights with the freedom it deserves when the world adapts to climate change.
- D. Review of legislation and policies covering SRHR. The laws on sexual reproductive health need to be reviewed, and the definitions and language should be expanded to encompass issues of social injustice related to addressing climate change policies and the issues of SRHR. There is a need to advocate for the integration of SRHR in climate change policies.
- E. Create spaces for collaboration between actors working in climate change, health, and women's rights to effectively design and implement programs that promote gender transformative action, addressing the linkage between climate change and SRHR. In this space, it's important to engage frontline workers who can share lived experiences.
- F. This scoping needs to revisit the participants to determine what has changed in their understanding and practice of climate change and sexual reproductive health rights. More intensive scoping studies in other communities must be conducted to corroborate the findings of this study.
- G. The scoping study in this area must be supported.

CASE STUDY

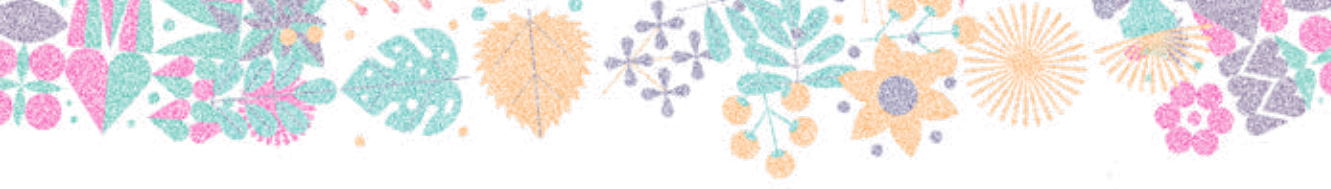
Naisaumua village in the province of Tailevu is a rural iTaukei community with a population of 365. Of this, 178 are females, and the rest (187) are males, displayed in the following age ranges:

Population Distribution by Age and Gender



The seaside village has experienced the effects of climate change through a rise in sea level, high tides, high soil salinity, and ongoing flooding.

The seaside village has experienced the effects of climate change through a rise in sea level, high tides, high soil salinity, and ongoing flooding. As such, the villagers have found that the sea food, which had always been easily accessed in the mangrove swamps and the sea near the village is no longer there. The fishermen spent more time fishing and had to go deeper into the sea to catch fish compared to 10 years ago.



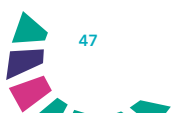
Box 1: Climate Change and Women's Health in Naisaumua

Naisaumua's community health worker Vitalina Qase stated that the women in her village, including herself, are not aware that the impacts of climate change have resulted in many issues that the women are experiencing in her community. According to Vitalina, the majority of the young pregnant women in her community either suffer from anemia or high blood pressure. This is a result of unhealthy diets and sometimes the consumption of kava. They travel to the main hospital in Suva (about 60 km from the village) for prenatal check-ups because of their health condition, instead of traveling to a nearby clinic or health centre. More money is spent on bus fares, and sometimes they stay overnight at a relative's place in Suva if a further check-up is needed. The majority of them are admitted to the hospital for their medical conditions. The effects of salt intrusion into the soil have reduced the quality and size of the food that is planted. These changes affect personal health when such food is consumed.

Box 2: Rising Tides and Rising Diseases

"When I started my work as the community NCD health worker in my village about 12 years ago, there were not many cases of non-communicable diseases compared to now. The number of NCD cases increased from 12 in 2016 to 30 in 2024. People are too lazy to go to their plantations to plant because it is either too hot or raining heavily. Women find it difficult to help out on the plantation because of the extreme heat conditions. The change in temperature has also stopped the women from going out into the sea to catch fish, crabs, or collect seashells. Some families in the community were able to earn more "When I started my work as the community NCD health worker in my village about 12 years ago, there were not many cases of non-communicable diseases compared to now. The number of NCD cases increased from 12 in 2016 to 30 in 2024. People are too lazy to go to their plantations to plant because it is either too hot or raining heavily. Women find it difficult to help out on the plantation because of the extreme heat conditions. The change in temperature has also stopped the women from going out into the sea to catch fish, crabs, or collect seashells. Some families in the community were able to earn more money thanks to an increase in the workforce. Alina has found that people are eating less local foods at supermarkets. "Our village used to enjoy an abundance of fresh vegetables and fruits, but because of the impacts of climate change, these fruit trees have changed and are no longer bearing fruit."

For the women of Naisaumua, this was the first time they heard about climate change, its impacts on women's health, and, most importantly, its linkage to SRHR. "You are the first organisation that has come to our community to talk about the linkage between climate change and sexual reproductive health and rights," says Vitalina, the village health worker. She shared that even though she is a native of Naisaumua, women from her village find it hard to talk about their health issues with her for fear of being gossiped about in the village. Because she is the village health care worker, she has to gain their trust before they confide in her.





LESSONS LEARNT

1. Advocacy for SRHR needs to reach women in rural communities because they need to be aware of their health and SRHR. More advocacy from respective CSOs and the Ministry of Health is needed. From the response to our dialogue, it was clear that the women of Naisaumua did not know about their sexual reproductive health and rights.
2. PCP will return to the community and gather feedback from participants on the effects of the advocacy and dialogue on SRHR.
3. Young expectant mothers are educated to have healthy diets to avoid complicated pregnancies.
4. It will also be helpful to have focus group conversations for women in their own ethnic groups before bringing them to inter-ethnic dialogues. This is in respect to cultural dynamics.



REFERENCES

Palinkas, L.A.; O'Donnell, M.; Kemp, S.; Tiatia, J.; Duque, Y.; Spencer, M.; Basu, R.; Del Rosario, K.I.; Diemer, K.; Doma, B., Jr. (2021). "The Role of Culture and Religion on Sexual and Reproductive Health Indicators and Help-Seeking Attitudes amongst 1.5 Generation Migrants in Australia: A Quantitative Pilot Study."

Baigry MI, Ray R, Lindsay D, Kelly-Hanku A, and Redman-MacLaren M. (2022). "Barriers: Regional Research-Practice-Policy Partnerships in Response to Climate-Related Disparities: Promoting Health Equity in the Pacific."

Murphy, N.; Azzopardi, P.; Bohren, M.A. (2023). "Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review."

SRHR Factsheet Online. Available at: <https://hrsdc.spc.int>.

Fiji's Reproductive Health Policy. Available at:

https://www.health.gov.fj/wp-content/uploads/2014/09/1_Reproductive-Health-Policy.pdf

https://getinthepicture.org/sites/default/files/resources/FJ%20Vital%20Statistics%20Report%202016-2021_Highlights.pdf

<https://genderdata.worldbank.org/en/economies/fiji>

Fiji Bureau of Statistics Population Census 2017:

<https://experience.arcgis.com/experience/fd6bb849099f46869125089fd13579ec>

https://mics-surveys-prod.s3.amazonaws.com/MICS6/East%20Asia%20and%20the%20Pacific/Fiji/2021/Snapshots/Fiji%202021%20MICS%20Snapshot%20of%20Key%20Findings_



APPENDIX A

The Listening Methodology–Talanoa/Dialogue

The Listening Project–Focus Groups General Guidelines:

Observe all appropriate cultural protocols.

It is important to build rapport to make the interviewee feel comfortable.

Start the interview by introducing yourself and explaining the project; use the following script: • Start the focus group by welcoming everyone and ‘explaining the project and its purpose. As a guide, you can say, “We are [names] and we are from The Pacific Centre for Peacebuilding (PCP). PCP is a not-for-profit organisation established in 2007, PCP works with all communities to reduce, prevent, and transform violence and conflict. PCP is based in Suva and runs a range of programmes in areas including restorative justice and community Peacebuilding. We are conducting some research to better understand your experience of climate change impacts and whether these impacts have caused any challenges for maintaining a peaceful community. We appreciate your time and help in this important Project.” Emphasise to participants that they are important knowledge holders, that we have come to learn from them and that we would like everyone to participate. Also emphasise: There are no right or wrong answers. Every person’s experience and opinion are important. We expect and want to hear a wide range of opinions and we do not anticipate consensus, just sharing.

Hand out and collect the informed consent form (or fill it out for them with their assistance). Remind them that the focus group will be recorded and a facilitator will also be taking notes during the focus group. We don’t identify anyone by name in our findings. You will remain anonymous.

Reminders

In a focus group, it is not necessary to specifically ask every question exactly. Rather, the questions are a guideline for a more free-flowing conversation. Sometimes a topic will arise naturally before asking a question. In that case, the interviewer will just say, “You have already addressed this question, but I will ask you just in case you want to add anything” (or something similar).

The researcher should also take note of the following:

1. Be observant of the interviewee
2. Note any new things that the interviewees are saying that are related to conflict.
3. Ask permission to record the interview and take a photograph for our PCP records; consent forms are needed.

Some questions that were used in the interview

1. What do you understand about climate change?
2. What are some of the most commonly discussed issues around climate change in Fiji? In your community? In the country?



3. How do our specific development areas 'speak' about climate change? A. in formal and institutional spaces; B. community and other levels.
4. What are the untold stories and alternate discourses (such as indigenous knowledge in addressing climate change) of climate change?
5. How is it affecting your rural and informal communities?
6. How is it affecting secondary communities—urban towns and cities?
7. How does climate change affect women and girls? Women and girls with disabilities?
8. How is your organisation connected to the climate change, gender, and SRHR spaces in Fiji?
9. What assistance are you getting, if any, and from whom? 1) government; 2) civil society; 3) regional partners; 4) communities; 5) religious organisations; 6) women's support organisations; 7) men and men's groups in your communities
10. How is it being addressed by the following?
 - a. Government
 - b. Civil society
 - c. Regional partners
 - d. Communities
 - e. Religious organisations
 - f. Women's support organisations
 - g. Men and men's groups in your communities
11. Whose responsibility do you think it is addressing the climate change—gender—SRHR issue in our communities?
 - a. Government
 - b. Civil society
 - c. Regional partners
 - d. Communities
 - e. Religious organisations
 - f. Women's support organisations
 - g. Men and men's groups in your communities
12. Do you know if there are any policies and/or legislation around SRHR in Fiji?
13. How are regional countries addressing women and girls climate change and SRHR in their spaces? What are the major issues around SRHR in Fiji?
14. In climate change affected areas in Fiji, how are women and girls (including those with disabilities) SRHR affected?

APPENDIX B

Figure 1: Women police officers at the central division data convening in Suva in December 2023. This convening was attended by six (6) women police officers.



Figure 2 : Discussions with the young women at the central division convening in Suva in December 2023.



Figure 3: Talanoa and Dialogue with the Women at the Western Women's Convening



Figure 6: Dialogue at Tailevu Women's Convening



Figure 4: Women of Naisaumua in a talanoa session during the Tailevu Women's Convening







**PACIFIC CENTRE FOR
PEACEBUILDING**

arrow

asian-pacific seminars & research
centre for women

