From silence to solutions: **Understanding the menstrual health experiences of women with disabilities in the Pacific**

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Acknowledgments

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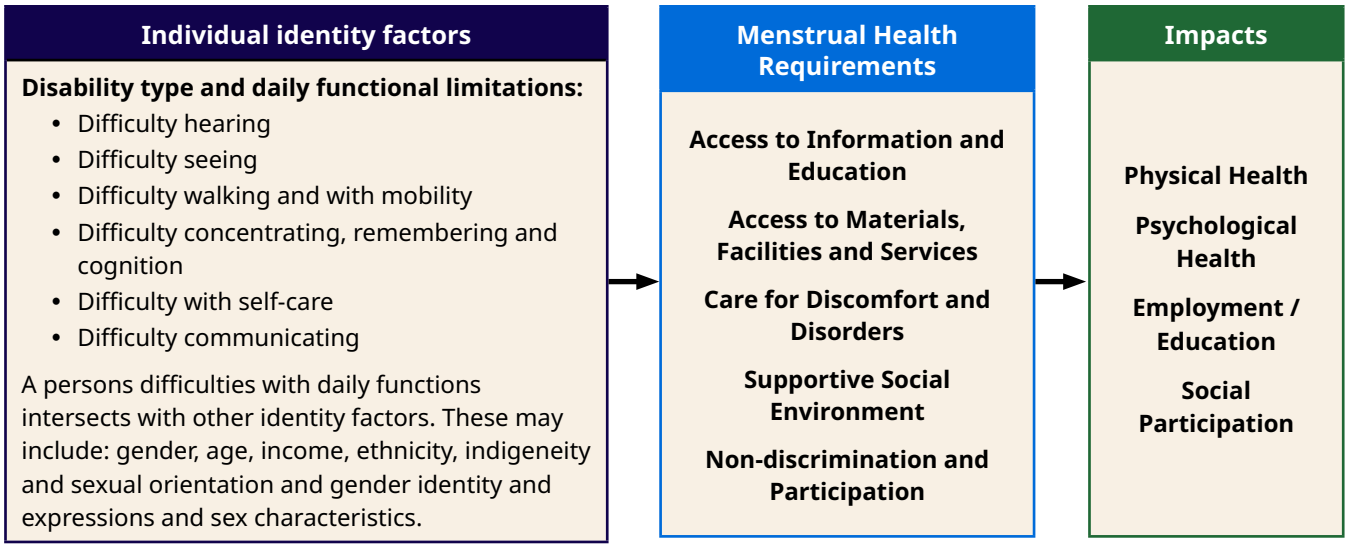
Snapshot:

Understanding the menstrual health experiences of women with disabilities in the Pacific

Despite growing attention to menstrual health as a determinant of gender equality, women and girls with disabilities in the Pacific remain disproportionately affected by barriers to safe, effective, and appropriate menstrual health services and outcomes. This review of the menstrual health experiences of women with disabilities in Fiji, Papua New Guinea, and Vanuatu conducted by the Pacific Menstrual Health Network and WaterAid in 2025 aimed to address an evidence gap on the intersection of disability, gender, and menstrual health in these three Pacific Island countries. The review purpose was to:

1. Explore the experiences of women with disabilities and carers in managing their menstrual health in three Pacific Island Countries through a desk review and in-depth interviews; and to
2. Develop practical recommendations to inform future policy and programming efforts to promote disability-inclusive menstrual health across the Pacific.

A conceptual framework was developed overlaying disability equity and rights to the global definition of menstrual health, as follows:



Data from a comprehensive desk review which explored the existing literature and policy documents was analysed utilising the framework to identify gaps on disability-inclusive menstrual health in the region. 49 interviews were conducted with women with disabilities and their carers across Fiji, Papua New Guinea and Vanuatu and findings analysed by the framework.

49 Total of 49 interviews conducted across Papua New Guinea, Fiji and Venuatu:

26 Women with disabilities who menstruate

7 Women with disabilities who had reached menopause

16 Carers to women and girls with disabilities (15 female relatives, 1 father)

Key findings

A desk review of national policies found that government commitment across the Pacific remains limited. National policies revealed few examples that integrate multiple areas, with most attention confined to the education sector. There were some promising policy developments such as Vanuatu's National Disability Inclusive Development Policy and the WASH in Schools and National WASH policies in Fiji and Papua New Guinea which demonstrate emerging efforts to link menstrual health with disability inclusion. Drawing on a literature review and 49 in-depth interviews with women with disabilities and their carers, the review identifies key challenges and opportunities across five domains aligned with the Global Menstrual Collective's definition of menstrual health:

1. **Access to Information and Education:** Many women and girls with disabilities receive little menstrual or menopause education, often learning only after their first experience. Communication barriers, inaccessible information formats, and societal assumptions that women with disabilities "don't need" such knowledge deepen exclusion. 70% of women with disabilities interviewed who were experiencing menopause reported they didn't have prior knowledge of menopause.

"Some people think that because people have disability, they should not have access to such information of self-care and good hygiene practices."- Carer of a young woman with cognitive difficulties, age 51, Papua New Guinea

2. **Access to Products, Facilities and Services:** Physical and economic barriers limit access to affordable menstrual products, and WASH facilities. In Papua New Guinea, water insecurity is particularly acute; in Fiji and Vanuatu, the cost and availability of products were the main constraints.

"I prefer to stay at home because the facilities are accessible and that I am not in the way of others." - Woman with difficulty seeing, age 40, Fiji

3. **Care for Discomfort and Disorders:** Limited health system capacity and stigma restrict access to appropriate care. Many participants self-manage menstrual pain with home remedies. Discrimination within healthcare settings further discourages women with disabilities from seeking support.

"While I was [at the hospital], I had my monthly period with [a] very heavy flow... I was being stigmatised and told bad words from the health workers." - Woman with cognitive difficulties, age 34, Fiji

4. **Supportive Social Environments:** Persistent menstrual stigma and disability-related discrimination compound one another, restricting open discussion and community support. Cultural and religious taboos reinforce silence and exclusion, though emerging evidence suggests improving male engagement and carer support.

"Deaf women face a lot of challenges in the area of information and communication and due to this, they are not able to discuss about menstrual health within family gatherings and in the community as well." - Woman with difficulty hearing, age 55, Fiji

5. **Non-Discrimination and Participation:** Menstruation and menopause often disrupt participation in education, work, and community life due to stigma, lack of products and facilities, and fear of embarrassment. However, women who feel confident managing their menstruation report greater independence and social inclusion.

"Overall, I've developed a routine that helps me stay comfortable and carry on with my daily activities." - Woman with difficulty seeing, age 40, Fiji

Recommendations

This review presents five recommendations to advance disability-inclusive menstrual health in the Pacific, drawing on interviews, partner input, and desk review findings:

1. **Empowering partnerships for disability-led research and programming:**
   - Centre the voices of women and girls with disabilities in developing effective solutions.
   - Strengthen the role of Organisations of People with Disabilities (OPDs).
   - Develop peer-led approaches to inclusive menstrual health education and incorporate menopause.
2. **Facilitate cross-sectoral collaboration for disability-inclusive menstrual health:**
   - Utilise the Pacific Menstrual Health Network to foster cross-sectoral collaboration across gender and disability to embed disability-inclusive menstrual health into SRHR, WASH, education, climate and other sectors.
   - Establish channels for knowledge sharing across sectors and countries to develop evidence-based practices strengthen disability inclusive practice.
3. **Improve accessibility of menstrual health services and facilities:**
   - Consult with local OPDs to develop solutions to improve accessibility and affordability of menstrual health products e.g. subsidies, hygiene kits.
   - Develop and share guidance to support carers of women and girls with disabilities to practically manage menstrual health, including male carers.
   - Invest in disability-inclusive WASH solutions and accessible infrastructure to meet the needs of all impairment types.
4. **Improve reach and accessibility of menstrual health information:**
   - Partner with OPDs for guidance on accessibility of campaigns (plain language, sign interpreter, captions, screen-reader compatibility, film etc).
   - Develop accessible community-based education campaigns which challenge stigma surrounding menstruation and disability.
   - Develop and disseminate accessible menopause education.
   - Develop education campaigns which address men's attitudes and knowledge to challenge taboos around menstruation, menopause and disability.
   - Develop menstruation and menopause information for carers.
5. **Bolster health providers capabilities to support women and girls with disabilities menstrual health:**
   - Strengthen health system capability to respond to comprehensive SRHR needs of women and girls with disability, including menstrual health.
   - Consult with OPDs to remove barriers to health service access (e.g. sign language interpreters).

1. Introduction

Menstrual Health is often overlooked by policymakers and throughout development programs, despite growing recognition of the importance of menstrual health in promoting health and gender equality (1). Across the Pacific, many women, girls and people who menstruate lack access to water, sanitation and hygiene facilities, and menstrual products as well as accurate information to safely and effectively managing their menstrual health needs (2). Cultural and religious beliefs can perpetuate harmful stigma, secrecy and taboos surrounding menstruation, which limits access to information and may contribute to social exclusion for Pacific women, girls and people who menstruate (3).

Emerging evidence indicates that Pacific women and girls with disabilities face additional challenges in managing their menstrual health compared to women and girls without disabilities (2). However, there is a scarcity of evidence which documents the unique menstrual heath challenges faced by women with disabilities in the Pacific.

To address this gap, the Pacific Menstrual Health Network with support from WaterAid conducted a scoping review to explore the experiences and barriers faced by women and girls with disabilities[1] in navigating menstrual health in three Melanesian countries: Fiji, Papua New Guinea and Vanuatu. This included a desk review of key literature and in-depth interviews with 49 women with disabilities and their careers. This report seeks to provide practical recommendations for key stakeholders (e.g. NGOs, policy-makers, government-run service providers etc) to strengthen disability inclusion in menstrual health efforts and reduce inequality experienced by those living with disability.

Purpose

This review seeks to explore the experiences and perspectives of menstrual health amongst women with disabilities and their carers in Fiji, Papua New Guinea and Vanuatu. This review aims to:

1. Explore the experiences of women with disabilities and carers in managing their menstrual health in three Pacific Island Countries through a desk review and in-depth interviews.
2. Develop practical recommendations to inform future policy and programming efforts to promote disability-inclusive menstrual health in the Pacific region.

1 Note: While this report will largely refer to 'women and girls with disabilities', it is important to acknowledge that menstrual health can impact a range of people with diverse gender identities, expressions and sex characteristics.

Methods

Desk review

A desk review was conducted to explore the existing literature and policy documents to summarise evidence and identify gaps on disability-inclusive menstrual health in the region. This review combined peer-reviewed publications, grey literature and policy documents from across the region, and specifically the three target countries of Fiji, Papua New Guinea and Vanuatu.

Participant Snapshot

Total of **49** interviews conducted across Papua New Guinea, Fiji and Vanuatu:

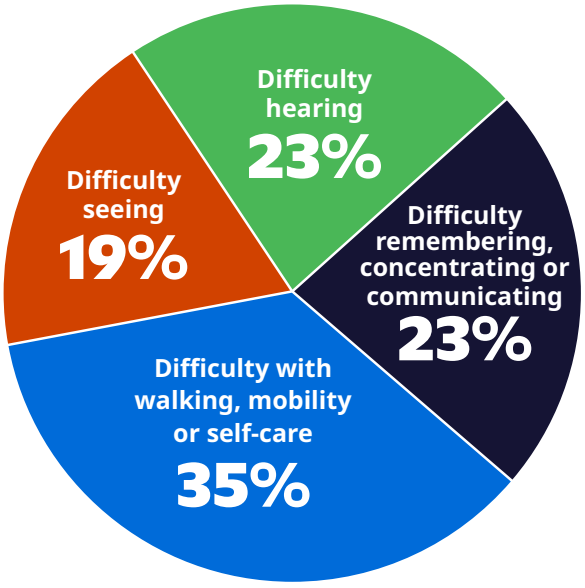
- **26** Women with disabilities who menstruate
- **7** Women with disabilities who had reached menopause
- **16** Carers to women and girls with disabilities (15 female relatives, 1 father)

In-depth interviews

The reviewed involved 49 interviews conducted with women with disabilities and their carers across Fiji, Papua New Guinea and Vanuatu.

Participant interviews				
	Women with disabilities experiencing **Menstruation** (19 -50 years)	Women with disabilities experiencing **Menopause** (53 – 65 years)	Carer of a woman with a disability	Total participants by country
Fiji	11	6	1	18
PNG	5	1	5	11
Vanuatu	10	0	10	20
Total	26	7	16	49

The interviews were led by local partners of the Pacific Menstrual Health Network, including women with disabilities in Fiji. The interview data was analysed using qualitative methods, with consultation with local partners to verify interpretations and provide regional context. The Washington Group Short-Set (WG-SS) on Functioning Questions were used to determine the disability status of participants and to assess the degree of daily functioning activities that participants undertook. Participant data was classified into WG-SS six domains, with inclusion of participants who responded they had difficulty 'some', 'a lot' or 'cannot do at all'. The six domains were grouped together into four categories for ease of analysis with participants reporting two functional types: 'mobility' and 'self care' grouped together and participants reporting 'cognitive' and 'communication' functional limitations grouped together (36). For participants in the "Carer" group, the primary impairment type of the people they provide care for was used in analysis. As depicted in chart, the interviews captured the experiences and perspectives of women with a diverse range of functional limitations.



Participants of the review represented by their daily functioning experiences

Women with disabilities co-led data collection

The methodology was developed in partnership with the Pacific Disaibility Forum and their network of local OPDs. Women with disabilities led or co-led interviews in PNG and Fiji. Consent processes were followed using accessible information and supported by carers. Safeguarding training was provided to interviewers. The findings were shared through workshops to validate, sense-check and co-develop recommendations (37, 38).

2. Integrating disability inclusion and menstrual health: A conceptual framework

The Global Menstrual Collective developed five evidence-based requirements (see Table 1) for the achievement of Menstrual Health (2021) (15), with a global definition that states *"Menstrual Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle"* (15, p.2) .

This definition acknowledges the broader implications of menstrual health on an individual's physical, mental and social health and wellbeing and recognises that menstrual health is not restricted to the menstrual period, and includes *"changes experienced throughout the life-course"* (15, p.2). This includes menopause, which describes the transition in which an individual's menstrual period stops permanently (16). While distinct from menstruation, people experiencing menopause can face comparable challenges when they lack the conditions required to effectively navigate this health stage.

Table 1. Menstrual Health Requirements and their definitions.

Menstrual Health Requirements		Definitions
	**Access to Information and Education**	Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices
	**Access to Materials, Facilities and Services**	Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.

	Care for Discomfort and Disorders	Access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
	Supportive Social Environments	Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
	Non-discrimination and Participation	Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

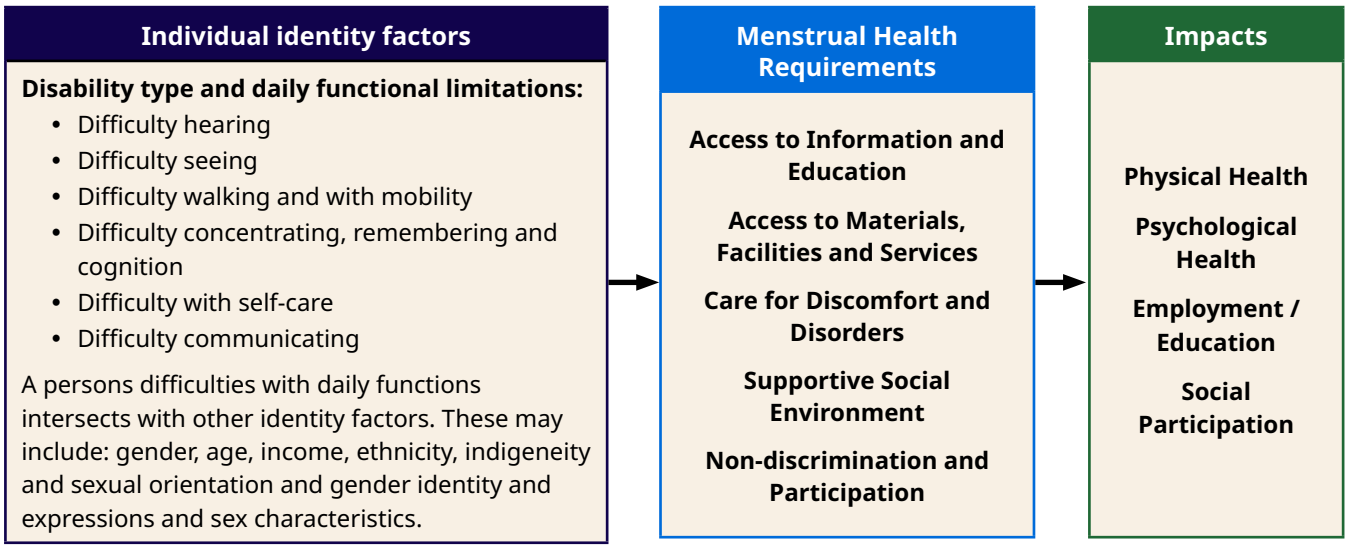
Definitions from: Hennegan J, Winkler IT, Bobel C, Keiser D, Hampton J, Larsson G, et al. Menstrual health: a definition for policy, practice, and research. Sex Reprod Health Matters. 2021;29(1):1911618.

To conceptualise the intersection of menstrual health and disability inclusion in the Pacific, a conceptual model was developed which applied the five domains of menstrual health. The model aims to synthesise concepts of disability and menstrual health, including:

- the Social Model of Disability (6, 7);
- the Global Definition of Menstrual Health (15);
- Hennegan et al.'s Integrated Model of Menstrual Experience (39).

Throughout this review, the conceptual framework was applied to analyse data collected through the desk review and interviews. By mapping the underlying factors and the broader impacts of menstrual health experiences, this model seeks to reflect the multifaceted nature of menstrual health experiences for people with disabilities.

A Conceptual Framework of Disability Inclusive Menstrual Health



3. Context

Disability in Fiji, Vanuatu and PNG

In 2020, it was estimated that 15% of the population are living with some form of disability across the Pacific (8). Across the region, reporting of disability prevalence can vary in accuracy. The UN Convention on the Rights of People with Disabilities defines disability as the result of interaction between long-term impairments and societal barriers that hinder full participation (4). The social model of disability highlights the need to remove physical, attitudinal and institutional barriers to promote disability equity (5,6 and 7).

Due to the distinct geographical, cultural and historical characteristics of the three Melanesian countries, the findings of this review may differ from the experiences across Polynesia and Micronesia regions within the Pacific. In the target countries, the percentage of the population (aged 15+) classified as people with disabilities varies from:

- **3.3%** in Vanuatu,
- **4%** in Fiji,
- to **8.63%** in Papua New Guinea (12-14).

Papua New Guinea lacks up-to-date disaggregated data capturing the experiences of people with disability nationally, however, a 2023 study by the Humanitarian Advisory Group indicated that gaps exist in access to basic services, employment and human rights (11). Promisingly, the country has a growing network of Organisations of People with Disabilities (OPDs) which represent and advocate for the needs of people with disabilities (11).

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In comparison, Vanuatu has a greater amount of data available which describes the experiences of people with disabilities. Compared to people without disability, people with disability in Vanuatu experience lower levels of employment and education and increased levels of poverty (9, 14). Marginalisation of people with disabilities is also prevalent in the country, due to harmful cultural beliefs and barriers to participation. However, Vanuatu also has a network of OPDs, including Vanuatu Disability Promotion and Advocacy Association operating at a national level (9).

In recent years, Fiji has made significant progress in the development of national data on disability, with the inclusion of disability indicators in the 2017 census (12). Census data indicated that Fijian people with disabilities are also disproportionally burdened by socioeconomic disadvantage, impacted access to services, education and employment opportunities (12). Sex-disaggregated data highlighted that women with disabilities have a heightened risk of exclusion from economic activities, due to gendered domestic expectations (12).

Menstrual Health in Melanesia: Fiji, Vanuatu and PNG

The five menstrual health requirements are often not being met for people who menstruate in Fiji, Papua New Guinea and Vanuatu. Access to water, sanitation and hygiene is varied in the region, and is impacted by factors such as geographic location, water shortages and climate-related events (2).

Demographic profile of Fiji, Papua New Guinea and Vanuatu

	Fiji	Papua New Guinea	Vanuatu
Female population of reproductive age (15-49 years) in 2025	248,205	2,789,557	81,876
Total population in 2025	933,155	10,762,817	335,169
Unmet need for family planning in 2025	22.5%	23.9%	19.2%
Access to at least basic sanitation services in 2024	92.75% of households	23.57% of households	47.81% of households

Note: Data sourced from United Nations (17) and WHO/UNICEF JMP (18)

There has been efforts to address menstrual health in the region, with a large focus on school-based interventions to improve menstrual health facilities and services (e.g. supply of products, disposal bins)(19). However these efforts fails to address the menstrual health challenges faced by adult women and girls who do not attend school, including girls with disabilities (20).

Globally, evidence suggests that women and girls with disabilities are disproportionately impacted by menstrual health challenges (21). This has been attributed to a “double stigma” which describes how the intersecting forms of discrimination due to gender and disability compound to create unique barriers in achieving menstrual health (22). This highlights the need for disability-inclusive menstrual health responses which address these barriers and minimise health and social inequities faced by this population group.

4. Findings

Integration of Disability and Menstrual Health into National Policies

Overall across the Pacific there is a lack of policy that integrates disability inclusion and menstrual health (1). A review of national government policies from Fiji, Papua New Guinea and Vanuatu found little attention was given to disability-inclusive menstrual health outside the education sector in all three countries (see Annex 1) (1). The review identified some positive examples of national policy which integrate disability and menstrual health. For example, Vanuatu is one of the first countries in the Pacific to integrate menstrual health into their national disability policy (23). Fiji and Papua New Guinea have developed comprehensive WASH in Schools Policy with specifications for both menstrual health and disability inclusion (24, 25). Papua New Guinea's WASH policy acknowledges the unique needs of people with disabilities and women and adolescent girls. The policy endorses the adoption of participatory approaches in WASH service delivery which involves people with disabilities and women and adolescent girls (26)

Disability inclusion across five menstrual health requirements

The scoping review findings from the existing literature and rich insights from qualitative interviews has been categorised into the following five menstrual health requirement domains below.

Domain 1: Access to Information and Education

Evidence shows that Pacific women and girls with disabilities often lack comprehensive and timely education on menstruation and menopause, often not receiving information until they experience it themselves (21).

This was reflected in the interviews, with 46% of women with disabilities interviewed reporting that they did not know about menstruation prior to menarche. Similarly, 71% of women with disabilities who had reached menopause reported not knowing about menopause prior to experiencing it.

Limited access to timely menstrual health information is a significant barrier felt by Pacific women and girls with and without disabilities (2). However, the interview participants reported the different ways in which having a disability created additional barriers to accessing timely and appropriate menstrual health information, including:

- **Communication barriers,** where information is not provided in accessible formats.
- **Attitudinal barriers,** where many people incorrectly believe that women with disabilities do not need, or cannot understand, menstrual health information.

> **"Some people think that because people have disability, they should not have access to such information of self-care and good hygiene practices."**
>
> Carer of a young woman with cognitive difficulties, age 51, Papua New Guinea

These insights are consistent with the findings of the available literature. The UNFPA conducted sexual and reproductive needs assessments across the Pacific, including Fiji and Vanuatu, which explored the implications of harmful stereotypes which inaccurately suggest that women with disabilities are incapable of menstruation and/or sexual activity (9, 10).

The literature indicates that lack of access to disability-inclusive menstrual health information for people with disabilities and their carers can result in sub-optimal menstrual health practices, such as social exclusion and forced sterilisation (40). However, programmes which promote access to inclusive education have been successful in empowering women with disabilities to effectively manage their menstrual health (10, 41).

The interviews highlighted a desire for education-based menstrual health interventions targeted at women and girls with disability, as majority of women experiencing both menstruation or menopause recommended the introduction of education and awareness activities to address menstrual health.

The interviews highlighted common sources of trusted menstrual health information, with many women indicating that they were informed about menstruation by their teachers, mothers and peers (e.g. classmates, sisters). Women with disabilities who had reached menopause indicated that health workers and female relatives were their most common source of menopause-related information. Peer-led education may be an appropriate method for disability-inclusive menstrual health education, as many women expressed a desire for targeted education that was tailored to their impairment type.

"Since communication and information [is a] main barrier, having this information provided to deaf women will better inform them on areas regarding menopause."

Woman with difficulty hearing, age 53, Fiji

Domain 2: Access to Products, Facilities and Services

Evidence suggests that women and girls with disability are less likely to have access to suitable WASH facilities and menstrual products to assist in managing menstruation (2). The interviews highlighted the regional differences in access to products, facilities and services between the three countries. In Papua New Guinea, the challenges of water insecurity was a theme reported by all 5 women with disabilities interviewed about menstruation. This is reflected in the literature, as a recent study found that 92% of people with disabilities lack accessible WASH in their households in Papua New Guinea (42).

"I usually wash in the sea when I have my menstruation. Because we have issues finding water."

Woman with difficulty walking, age 25, Papua New Guinea

Water insecurity is a prominent challenge for women in managing menstrual health in the Pacific, as water is required for bathing, handwashing and cleaning of reusable menstrual products/cloths. The challenges of water insecurity are heightened for women with disabilities, as many women interviewed described how they require assistance from others in fetching water and bathing. Additionally, research revealed how cultural norms around menstruation exacerbate these challenges for women with disabilities, as women are expected to complete such tasks without assistance while menstruating (3, 43).

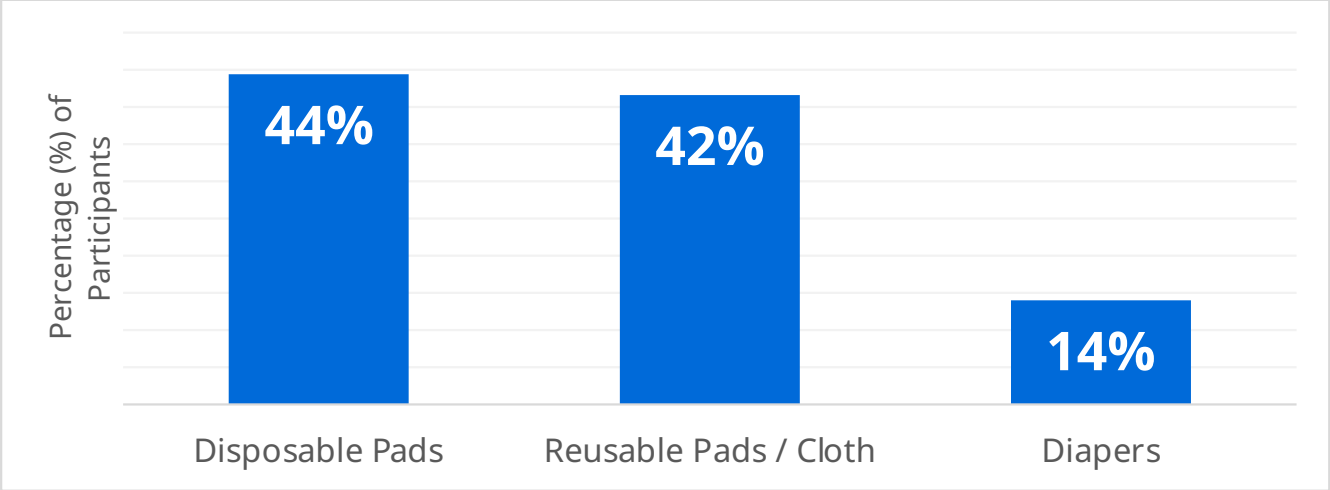
Compared to Papua New Guinea, Vanuatu and Fiji have higher levels of access to WASH to support women with disabilities in managing menstruation. Therefore, in these countries the women interviewed highlighted menstrual product availability as a key challenge for managing their menstrual health. Of the 21 women with disabilities interviewed across these two countries, 64% of women from Fiji and 70% of women from Vanuatu expressed pad availability as a key concern.

The literature suggests that Pacific women and girls with disability are less likely to have access to preferred menstrual health products than their peers without disabilities (2). In the interviews, participants described a range of factors which influenced menstrual product use, including:

- **Cost**: As women with disabilities are less likely to receive an income than women without disabilities.
- **Availability**: Which is influenced by supply chains and reliance on others to purchase products.
- **Personal experiences and preferences:** Women described how allergies, personal preferences and fear of staining contributed to menstrual absorbant material choices.

Below is a summary of the menstrual materials used by women who participated in managing their menstruation, with many women (38.5%) indicating that they used more than one type of menstrual product, depending on factors like availability and menstrual flow.

Summary of Menstrual Products used by 26 Women with Disabilities who menstruate across Fiji, Papua New Guinea and Vanuatu.



Note: 38.5% of participants reported the use of more than one menstrual product type.

Without adequate access to products and facilities, women with disabilities reported that they are more likely to stay home while experiencing bleeding. This resulted in reduced participation in social, economic and cultural activities for women with disabilities across both the menstruation and menopause cohorts.

The Pacific region, including PNG, Fiji and Vanuatu, is high risk of natural disasters, which are increasing in frequency and severity due to climate change. Extreme weather events compromise menstrual health by reducing access to menstrual products and WASH facilities (44). The literature indicates that efforts to promote menstrual health during emergency crises are often not disability inclusive, as they do not consider access barriers for people with disability, who may rely on carers or have limited mobility to travel for menstrual health packages. (40).

"I prefer to stay at home because the facilities are accessible and that I am not in the way of others."

Woman with difficulty seeing, age 40, Fiji

Domain 3: Care for Discomfort and Disorders

The desk review revealed a lack of information in the literature relating to care for menstrual health-related discomfort and disorders in the region, particularly for women and girls with disabilities.

In the interviews, women with disabilities and their carers shared self-management methods (e.g. heat compresses, bed rest), which were most commonly used to manage pain and discomfort due to menstruation and menopause. Health care utilisation for menstrual health was uncommon amongst women interviewed regarding menstruation, with 2 out of 26 women mentioning their experiences accessing health services during/for menstruation. One of the participants, a woman from Fiji with a psychosocial disability, recounted her experience of getting her monthly period while attending a psychiatric hospital, in which she was discriminated against by the hospital workers.

> **"While I was [at the hospital], I had my monthly period with [a] very heavy flow... I was being stigmatised and told bad words from the health workers."**
>
> Woman with cognitive difficulties, age 34, Fiji

This case reflects how the health systems may lack menstrual health support for patients with disabilities. Research conducted in Fiji and Vanuatu by the UNFPA highlighted how women with disabilities report receiving unfair treatment when accessing health services due to their disability (9, 10). This is compounded by menstrual stigma, with many women expressing how health providers are ill-equipped to support menstrual health. Additionally, women with disabilities face broader barriers to accessing services like health care, such as:

- Lack of sign language interpreters for women with hearing impairments
- Challenges in communicating symptoms for women with intellectual disabilities (41)
- Lack of confidence and trust in organisations and services due to prior negative experiences.

In contrast to this, healthcare utilisation was commonly reported amongst women with disabilities who had experienced menopause. 70% of women with disabilities interviewed about menopause described how they accessed health services to obtain information and diagnoses of menopause. In many cases, the participants indicated that their healthcare utilisation was the result of low levels of awareness and education surrounding menopause, as they were unaware of the cause of their symptoms.

> **"I am aware [of the available supports] but they are unreliable".**
>
> Carer of a young adult with mobility difficulty, age 65, Papua New Guinea

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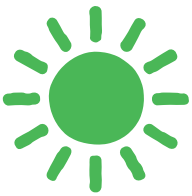
Domain 4: Supportive Social Environment



Across the Pacific, women with and without disabilities are impacted by cultural beliefs that view menstruation as unclean and taboos which prevent menstrual health from being discussed publicly. Research has demonstrated how these cultural beliefs and attitudes can impact menstrual health behaviours and limit the ability for women to seek support and information relating to their menstrual health (3). This was reflected in the interview data, as participants across all three countries expressed how cultural norms and taboos impact their ability to manage their menstrual health and menopause.

However, the impact of stigma and taboos are exacerbated amongst women and girls with disability, who often face additional discrimination due to their disability (22). For example, interview participants described how taboos surrounding menstrual health combined with communication barriers to make it difficult for women with hearing impairments to discuss menstrual health:

"Deaf women face a lot of challenges in the area of information and communication and due to this, they are not able to discuss about menstrual health within family gatherings and in the com-munity as well."

Woman with difficulty hearing, age 55, Fiji

In addition to menstrual stigma, harmful cultural beliefs and attitudes towards disability is pervasive in the Pacific, and often rooted in traditional and religious beliefs (11, 43).

The stigmatisation of disability poses a significant barrier to women and girls with disability experiencing a supportive social environment and adequate menstrual health care. As aforementioned, an example of this is harmful stereotypes resulting in the exclusion of women and girls with disability from sexual and reproductive health information, such as menstrual health education (9, 10). Disability-related discrimination is also experienced differently within the population, due to intersecting factors such as impairment type, geographic location and LGBTQIA+ status (11). This is reflected in the interview responses, as disability-related discrimination was more commonly reported amongst women with psychosocial and cognitive impairments.

"... her disability is a result of some cultural family disagreement".

Carer of a woman with cognitive difficulties, age 51, Papua New Guinea

The participants' perceptions of male attitudes towards menstruation and menopause varied greatly. Due to cultural and gender norms, men are generally excluded from menstrual health education. Most interview participants expressed that men's attitudes towards menstrual health was poor and resulted in a lack of support and respect for women during menstruation and/or menopause. Additionally, some participants spoke generally about gender inequalities and the heightened risk of gender-based violence experienced by women and girls with disabilities. This theme highlights how disability and gender interact to shape inequalities for women and girls with disability in the Pacific, who experience higher rates of gender-based violence than those without disabilities (45).

"Men joke about menstruation".

Woman with difficulty seeing, age 32, Vanuatu

Conversely, participants across the region expressed that there have been recent improvements on men's attitudes and reported how their husbands were supportive during menstruation. Historically, male carers have been excluded from menstrual health information due to their gender. However, there is emerging evidence which highlights the importance of engaging men in menstrual health solutions. For example, an educational campaign for women and girls with intellectual disabilities and their carers in Vanuatu showed promising results amongst male carers, who reported an increased ability to provide menstrual health care (41).

Domain 5: Non-discrimination and Participation

The literature review and interview data provided rich detail about the factors influencing participation in all spheres of life during menstruation and menopause. Majority (81%) of the women with disabilities interviewed about menstruation indicated that menstruation disrupts their daily life and participation in social, economic and/or domestic activities. These factors which influenced their participation included:

- **Cultural norms and beliefs:** For example, commonly held beliefs that menstruating women should not handle or prepare food. These cultural beliefs contribute to the normalisation of social exclusion during menstruation.
- **Ability to manage bleeding from menstruation and menopause:** including access to suitable products, facilities, menstrual health information and pain-management methods. Participants who felt confident in managing their menstrual health needs were less likely to report reduced participation.
- **Fear of staining and embarrassment:** Stigmatisation of menstrual blood contributes to fear of staining and embarrassment, often resulting in social exclusion during menstruation. In some cases, this was exacerbated by impairment types which impacted the individual's capacity to prevent and monitor stains.

Participants who had confidence in managing their menstruation were more likely to continue usual participation, as seen in the below quote:

> **"Overall, I've developed a routine that helps me stay comfortable and carry on with my daily activities."**
>
> Woman with difficulty seeing, age 40, Fiji

Women with disabilities who had reached menopause reported experiencing the same barriers to participation during perimenopausal bleeding. In addition to this, some women described how the stigma associated with their psychological symptoms (e.g. mood swings) further contributed to their social exclusion in this period. Conversely, one participant described the positive impact of menopause on her social participation, as she is not longer disrupted by the challenges of managing her monthly cycle:

> **"And now that I am in my menopause, I am free, no disturbances and I am happy."**
>
> Woman with mobility difficulty, age 57, Papua New Guinea

This domain also recognises the importance of engaging with women and girls with disabilities in the development of policy and programming for menstrual health. Centring the voices of women and girls with disabilities can lead to the adoption of menstrual health strategies which are need-based and accessible (7). As demonstrated by the policy analysis, there is a lack of government-level commitment to disability inclusion in menstrual health responses.

There has been some progress towards disability inclusion in menstrual health approaches by non-government organisations operating in the region (1, 2). WaterAid's community engagement package has supported communities in East Sepik, Papua New Guinea in involving women's organisations and organisations for people with disability in discussion in WASH (46). This program demonstrates how the active involvement of people with disability in community decision making can promote equitable and sustainable menstrual health solutions.

Recommendations

This scoping review proposes the following five recommendations to promote disability-inclusive menstrual health in the Pacific region. The recommendations have been developed based on insights provided by the interview participants, discussion with local partners, and evidence from the desk review.

Recommendations to improve menstrual health experiences of women and girls with disabilities in the Pacific region

Recommendation	Relevant Actors	Relevant Domain
Empowering approaches and partnerships for disability-led research and programming: • Centre the voices of women and girls with disabilities in developing effective solutions. • Strengthen the role of Organisations of People with Disabilities (OPDs) in addressing disability-inclusive menstrual health. • Develop and scale-up peer-led approaches to disability-inclusive menstrual health education. • Ensure disability-inclusive menstrual health, incorporates a life-cycle approach and experiences of menopause	Government and local authorities Development agencies / NGOs Health Researchers	
Facilitate cross-sectoral collaboration for disability-inclusive Menstrual Health: • Utilise the Pacific Menstrual Health Network to foster cross-sectoral collaboration across gender and disability sectors to embed disability-inclusive menstrual health into SRHR, WASH, education, climate and other sectors. • Establish channels for knowledge sharing across sectors and countries to develop evidence-based practices strengthen disability inclusive practice. • Promote the integration of disability inclusion into menstrual health policy and programming.	Pacific Menstrual Health Network Government Develpment partners / NGOs	
Improve accessibility of menstrual Health services and facilities: • Consult with local organisations to develop context-specific solutions to improve availability and affordability of menstrual health products e.g. subsidies, hygiene kits. • Invest in disability-inclusive WASH solutions and accessible infrastructure designed to cater to a range of impairment types. • Develop guidance to support carers of women and girls with disabilities to practically manage menstrual health, including male carers.	Ministries of Education Local authorities Development partners, NGOs Organisations of People with Disabilities Carers	

Recommendation	Relevant Actors	Relevant Domain
Improve reach and accessibility of menstrual health information: • Partner with OPDs for guidance on accessibility of campaigns (plain language, sign interpreter, captions, screen-reader compatibility, film etc) • Develop community-based education campaigns which are accessible and disability inclusive, and challenge stigma surrounding menstruation • Develop and disseminate menopause education and information which is accessible and increases menopause knowledge and practices. • Develop education campaigns directed at addressing men's attitudes and knowledge to shift social norms and challenge taboos around menstrual health and menopause. • Develop menstruation and menopause information for carers, to build their knowledge and support practices including hygiene behaviour change	Community leaders Local authorities	 
Bolster health providers capabilities to support women and girls with disabilities menstrual health: • Strengthen health system capability to respond to comprehensive SRHR needs of women and girls with disability, including menstrual health; • Consult with OPDs to remove barriers to health service access (e.g. sign language interpreters) • Collaborate with health providers to design and implement community-based education	Health Ministries / Authorities Organisations of People with Disabilities	 

Annex 1. Analysis of relevant policy in Fiji, Papua New Guinea and Vanuatu

Policy	Provisions on disability inclusion and menstrual health
Fiji	
Rights of People with Disability Act 2018 (27)	• **Disability**: Strong policy framework for disability inclusion, with gaps in implementation and monitoring • **Menstrual Health**: Stipulates the right of access to clean water, but no explicit mention of menstrual health
Disability Allowance Scheme (28)	• **Disability**: Financial support for people with permanent disabilities • **Menstrual Health**: No mention
National Gender Policy 2014 (29)	• **Menstrual Health**: Mentions the provision of menstrual health products in public facilities. • **Disability**: Provides framework for integrating gender into policy, including disability policy.
Minimum Standards on WASH in Schools Infrastructure 2012 (24)	• **Menstrual Health**: Outlines the requirements for menstrual health management in schools. • **Disability**: Provides specifications to accommodate students in wheelchairs, but no considerations for other disability types.
Papua New Guinea	
National Policy on Disability (2015-2025) (11, 30)	• **Disability**: Comprehensive policy to support disability inclusion, but lack of transparency in implementation. • **Menstrual Health**: Prioritises empowerment of women with disabilities, but no mention of menstrual health.
National Health Sector Gender Policy 2014 (31)	• **Disability**: Refers to the integration of gender into the National Policy on Disability • **Menstrual Health**: No mention
National Water, Sanitation and Hygiene (WaSH) Policy 2015-2030 (26)	• **Menstrual Health**: Recognises importance of prioritising menstrual hygiene and encourages the involvement of women and adolescent girls in WASH programmes. • **Disability**: Recognises importance of disability equity and encourages the involvement of people with disabilities in WASH programmes.
WASH in Schools Policy 2024-2028 (25)	• **Menstrual Health**: Menstrual health management is a key component of policy. • **Disability**: Specifications for inclusive design for students with disabilities
GST-Free Essential Goods for PNG 2025 (32)	• **Menstrual Health**: Removed the GST on sanitary products as part of a larger initiative to address rising cost of living.
Vanuatu	
National Disability Inclusive Development Policy 2018-2025 (9, 23)	• **Disability**: Thorough implementation plan, but hindered by insufficient resources and monitoring mechanisms • **Menstrual Health**: Includes menstrual health needs in promoting disability-inclusive WASH solutions
Disability Database System (33)	• **Disability**: Established to improve evidence base and deliver services and programs to people with disability
National Sanitation and Hygiene Policy 2014-2030 (34)	• **Menstrual Health**: Gender equity and menstrual health are key components. • **Disability**: Disability inclusion mentioned briefly, but not integrated into policy
National Gender Equality Policy 2020-2030 (35)	• **Menstrual Health**: Inclusion of menstrual health in the context of gender equity in workplaces • **Disability**: Considers multisectoral integration to ensure disability inclusivity.

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