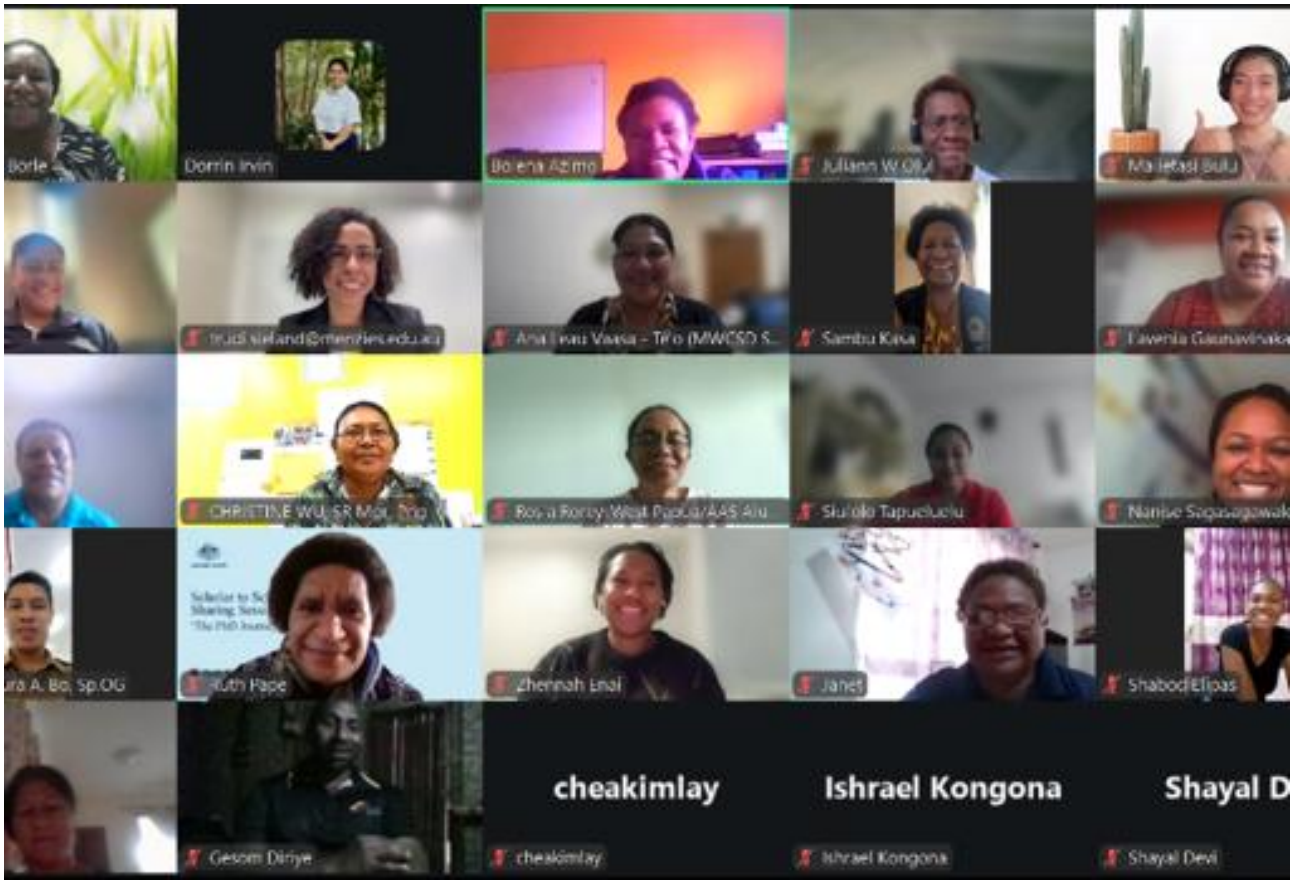
Leadership, Culture, and Policy: Rethinking SRHR in the Pacific

Summary Paper



About Women Leading and Influencing

Australia Awards Women Leading and Influencing (WLI) is an Australian Government initiative developing the skills, confidence, and connections of leaders to drive positive change in the Pacific region. An on-Award (in-Australia) and reintegration (in-Pacific) enrichment program, WLI offers a range of developmental leadership offerings to Pacific Australia Awards scholars studying at Australian universities and institutions. The program builds on the preceding Women's Leadership Initiative Pilot (2017–2022) to enhance support for WLI alumni returning home to the Pacific, and the role of men supporting women as change agents.

Introduction

In June 2026, WLI hosted an online Learning & Networking event which brought together Pacific scholars, policy experts, and practitioners to examine the evolving Sexual and Reproductive Health and Rights (SRHR) landscape in the Pacific through the lenses of leadership, culture and policy. It highlighted how leadership choices, cultural norms, and policy frameworks intersect to shape SRHR outcomes across different Pacific contexts. The discussion aimed to strengthen understanding of SRHR as a leadership and policy issue, promote informed dialogue, and encourage greater engagement by Pacific leaders and communities in advancing inclusive, culturally grounded, and rights-based approaches to SRHR in the region. The event featured a live expert panel discussion, audience Q&A, and break-out groups.

The Panel

- The event was facilitated by Malietasi Bulu, Australia Awards WLI Alumna, Community Development Advocate, Vanuatu
- Sister Bolena Azimo, Midwife Specialist and Co-Founder of, Waniati Maternal Waiting Home, Papua New Guinea
- Ana Leau Vaasa-Te'o, Assistant CEO, Samoa Ministry of Women, Community and Social Development, Samoa
- Dr Lavenia Gaunavinaka, Medical Doctor, Ministry of Health and Medical Services, Fiji
- Pam Rugkhla, Assistant Director, Pacific Culture and Gender, Office of the Pacific, Department of Foreign Affairs and Trade (DFAT).

Sexual and Reproductive Health and Rights in the Pacific

SRHR have become a critical yet contested area of development across Pacific Island countries. While many Pacific governments have made progress in strengthening health systems and expanding access to health services, evidence shows that SRHR outcomes remain uneven across the region, shaped by leadership decisions, cultural norms, and policy environments (UNFPA Pacific, 2022). In many Pacific communities, conversations around sexuality, reproduction, and bodily autonomy remain sensitive, influenced by tradition, faith, and long-standing social expectations.

Across the region, governments in countries such as Fiji, Samoa, Solomon Islands, Kiribati, and Tonga have made commitments to SRHR through national health, gender, and development policies, as well as through regional and global frameworks (UNFPA, 2022). In Fiji for example, SRHR has been integrated into national health and adolescent health strategies. Samoa and Tonga have introduced policy measures linked to maternal health and gender-based violence, while Kiribati and Solomon Islands have prioritised adolescent pregnancy and reproductive health in national planning. Despite these commitments, putting policy into practice remains uneven. Significant gaps persist between policy intentions and people's lived realities, especially for women and girls, youths, persons with disabilities, and others whose experiences fall outside socially accepted norms.

SRHR in the Pacific is shaped not only by policy, but by culture and leadership. Traditional values, faith institutions, and community structures continue to provide protection and belonging for many people, yet silence around sensitive issues can also contribute to stigma, exclusion, and unmet needs. Leadership at community, institutional, and national levels plays a critical role in determining whether culture is engaged in ways that promote dignity, inclusion, and open dialogue, or used to justify inaction.

Leadership Culture and Policy

According to Pam Rugkhla, Australia is committed to advancing SRHR including in the Pacific, where 'unmet need for family planning and rising adolescent birth rates continue to limit opportunities for women and girls'. 'SRHR is fundamental to women's empowerment, gender equality, and sustainable development — it's about choice, agency, and control over one's own life. When women and girls can make informed decisions about their bodies, they're more likely to stay in school, join the workforce, and take on leadership roles,' says Rugkhla.

Rugkhla stated that Pacific aid programs support the same range of SRHR services available in Australia, subject to partner countries' laws, including education, maternal health, STI / HIV prevention and treatment, and abortion where legal.

> Our approach is locally led; we listen to, learn from, and are guided by our partners, support civil society engagement, and amplify the voices of women and girls.
>
> Pam Rugkhla

Discussing the current SRHR landscape across Pacific island countries and how leadership culture and policy shape outcomes, the panel members shared unique perspectives relating to Papua New Guinea (PNG), Samoa and Fiji.

Sister Bolena Azimo—a prominent midwife specialist, volunteer healthcare leader, and community pioneer from PNG, widely celebrated for her lifesaving impact on maternal and child health in the Eastern Highlands Province—highlighted how in PNG, SRHR is highly complex issue because of the country's traditional customs.

'Men are the head of the family and often they make the decisions in the family. Women don't have much power, which contributes to the prevalence of sexual and physical violence. Discussing sexual and reproductive health is also heavily stigmatised in PNG, which acts as a major barrier to SRHR education and the use of contraception among adolescents and unmarried women', says Sister Azimo.

> The majority of PNG's political parties are dominated by male leaders, too, so SRHR isn't prioritised, in fact it's de-prioritised at a national level.
>
> Sister Bolena Azimo

Ana Leau Vaasa-Te'o from Samoa has over 15 years of experience in the public sector, and has led key national initiatives in women's empowerment, youth development, and community resilience. She pointed out that 'SRHR is not simply a health issue, it is a human rights issue, it is a gender equality issue, it is a child protection issue, it is a family wellbeing issue, and a community development issue.'

> At its core, SRHR is about dignity, safety, agency, and ensuring that women, girls, young people, and families have support, suitable services, and enabling the environment they need to live healthy and fulfilling lives.
>
> Ana Leau Vaasa-Te'o

Positive Progress across the Pacific

Vaasa-Te'o feels that across the Pacific, 'countries have made significant strides in advancing gender equality, women's rights, child protection, and health outcomes'.

> We have strengthened the legislation, policies, and institutional frameworks that protect women and children and promote their access to essential services. However, policies alone do not change lives. The real question is whether these policies are reaching people where they live.
>
> Ana Leau Vaasa-Te'o

Vaasa-Te'o adds that despite strong policy commitments, challenges remain including low uptake of modern contraceptive methods; significant unmet need for family planning, particularly among adolescents and young women; high rates of sexually transmitted infections; persistent gender inequality; high levels of family and intimate partner violence; unequal power dynamics affecting decision-making; and stigma that prevents young people from accessing information and services.

> The reality is that barriers are often not located within clinics or policies, but within social norms, cultural expectations, unequal power relationships, and silence. So, the key challenge is not simply service delivery, it is social transformation. This begins in early childhood development which is why Samoa has elevated early childhood development as a national priority.
>
> Ana Leau Vaasa-Te'o

In Fiji, Dr. Lavenia Gaunavinaka, a medical doctor with over 15 years' experience with the Ministry of Health and Medical Services in Fiji, said:

'We have the support of the Ministry of Health, civil society organisations involved in SRHR, and government and non-governmental organisations, plus international stakeholders and partners. We also have strong NGOs and CSOs in Fiji working in this space, as well as strong civil society and family groups supporting SRHR work more broadly,' says Dr Gaunavinaka, who over the past decade has focused her work on Sexual and Reproductive Health, where she has contributed to strengthening public health response and service delivery.

Shaping Solutions at Community Level

The panel turned their attention to how leadership and decision-making structures influence whose sexual reproductive and health needs are prioritised and whose are overlooked.

Vaasa-Te'o emphasised that 'leadership matters, and decisions made by governments, communities, families, and institutions shape access to information, services, and opportunities.'

She added that across the Pacific, certain groups continue to face greater barriers, including adolescents, young women, persons with disabilities, people from rural communities, survivors of violence, unmarried young people, and vulnerable families.

'Too often these groups are underrepresented in decision-making processes, despite being most affected by the outcomes. In Samoa, inclusion is not simply about consultation, it is about ensuring that those most affected help shape the solutions, and nothing about them should be decided without them. This is why Samoa places strong emphasis on working through our community structures to ensure that policies are not only developed at the national level, but owned and shaped at community level,' says Vaasa-Te'o.

Cultural Norms and Social Expectations

In regard to whether cultural norms, faith, and social expectations influence whether sexual reproductive issues are openly discussed, addressed, or even silenced in Pacific communities, the panel agreed that although there's been positive shifts in destigmatising SRHR in Pacific society there's still a lot of work to do.

> In PNG, it is considered very shameful to openly discuss menstruation, human anatomy, sexuality, and menstrual hygiene because it's thought as culturally sacred and private.
>
> Sister Bolena Azimo

Sister Azimo noted that because it's considered culturally unacceptable in PNG for parents to discuss sexual health with their children at home, teenagers don't get enough information at home, so they turn to the internet or their peer groups instead.

'This contributes to unwanted pregnancy and sexually transmitted infections (STIs), simply because they aren't getting good information at home. We have clinics for women, for men, and for babies but adolescent health falls through the cracks. Young people don't know where to go, and they're afraid of health workers, so they avoid accessing the services we provide, especially for family planning and STIs', says Sister Azimo.

In Samoa, Vaasa-Te'o shared that 'Samoan society is deeply grounded in culture, faith, and family; values that give us identity, belonging, resilience, and social cohesion. Respect, service, family responsibility, and collective wellbeing remain central to our way of life. Yet, these same values can make conversations about sexuality, contraception, and reproductive health difficult, as these topics are often seen as private or sensitive. As a result, young people struggle to access information, families avoid difficult conversations, women feel unable to discuss reproductive choices, and survivors of violence stay silent.'

> Silence does not protect our people, information and support do. Our challenge is not to replace culture and faith, but to work alongside them. Increasingly, faith and community leaders are engaging in conversations that protect women, children, and young people in ways consistent with our culture and Christian values, which is a positive and important shift. Ana Leau Vaasa-Te'o

Next, the panel aimed to identify gaps between sexual reproductive health policies and lived realities, particularly for women, youth, and people with disabilities.

'In PNG, there are big gaps in reproductive health access. For instance, for people with disabilities, we lack basic facilities like wheelchairs and adjustable examination tables. For youths, we have no dedicated adolescent clinic, and for women generally, family planning supplies are often limited, so those who can't afford the pharmacy go without, leading to unplanned pregnancies — despite a law guaranteeing all women the right to family planning,' says Sister Azimo.

Finally, Dr Gaunavinaka commented how Pacific-led research has helped to highlight these gaps and inform better policy decisions.

Pacific-led research can help us tailor and contextualise services to our own cultures and settings, and develop culturally safe, evidence-based approaches to improving SRHR access. We're now in an era of evidence-based practice, yet we often continue delivering services in an inherited manner, even where evidence points elsewhere. Part of the problem is that service providers are so overloaded with work; they know where the gaps are, but there's no one to document them or help research them, despite the amount of data we generate in the Pacific. Pacific-led research would help address these barriers,' says Dr Gaunavinaka.

Conclusion

Successfully addressing SRHR in the Pacific region needs approaches that work *with* rather than against local culture and customs. SRHR messages need to be framed around values like respect, family wellbeing, protection of life, and dignity. When SRHR is positioned as supporting healthy families and communities, it becomes more acceptable. Change is also more effective when led by trusted community figures—church leaders, chiefs, women's committees, and youth leaders—who can help bridge traditional values and modern health information on sensitive topics.

Finally, rather than telling Pacific communities what to do, we need to create safe spaces for open dialogue where people can talk about their concerns, fears, and misconceptions.

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