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Sexual and Reproductive Health of Internally Displaced Women and Children in Melanesia- A Review

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Abstract

Background: Around the world, human beings have been displaced and have suffered the consequences of destruction caused by natural hazards and war conflicts. In Melanesian countries such as Fiji, Vanuatu, Solomon Islands and Papua New Guinea (PNG), displacement is triggered by tribal conflict and natural hazards such as storms, floods, earthquakes, landslides, droughts, tsunamis, and volcanic eruptions: the incidence of which has been increasing. Such hazardous events and tribal conflicts destroy land, homes, farms, food, and the provision of essential services, such as health and education, causing complications to the lives and livelihoods of Internally Displaced Persons (IDPs). Internally displaced persons are victims of natural and human-made disaster displacement and often remain in their own countries. Globally, scholars have developed innovative strategies to build resilience for pre- and post-disaster recovery and have achieved positive outcomes. However, the risks associated with women and children who have been displaced continue to increase. Their Sexual and Reproductive Health (SRH) is often at risk whilst they are evacuated to temporary settlements. Given this, there is a lack of research or understanding into how their SRH could be improved. Since natural hazards and conflicts frequently occur in Melanesian countries, it is crucial to address the SRH of internally displaced women and children pre-and post-disaster to ascertain the appropriate policies and services needed to address their needs**.**

Aim: This research was conducted to identify the sexual and reproductive health experiences of internally displaced Melanesian women and children in the Pacific region and to identify policy and service provision gaps that could be addressed. The study's outcome is anticipated to assist policymakers and service providers in Melanesian countries in addressing the sexual and reproductive health of internally displaced women and children.

Method: The research comprised (1) a narrative review of the Sexual and Reproductive Health (SRH) experiences of internally displaced Melanesian women and children and (2) a policy review of the existing policies addressing the sexual reproductive health of internally displaced women and children in four Melanesian countries, Papua New Guinea, Fiji, Vanuatu, and the Solomon Islands. These policies and strategies were analysed using the United Nations' internally displaced guiding principles goals.

Results: The Policy review found that: (1) Fiji, PNG, Vanuatu, and Solomon Islands' national health policies and strategic plans have not addressed the sexual and reproductive health rights of internally displaced women and children. (2) Only Fiji has incorporated UN Guiding Principles for addressing SRH amongst IDPs in its national disaster risk reduction policy and disaster management plan. The narrative review identified three key domains where themes emerged detailing SRH experiences amongst IDPs. These were (1) sexual gender-based violence, (2) the influence of cultural factors on sexual and reproductive health experiences, and (3) a lack of adequate, affordable, quality health services, staff, and resource equipment. Sexual and reproductive health themes included sexual assault, rape, domestic violence, sexual exploitation, human trafficking, unwanted pregnancy, and chronic sexually transmitted diseases. These were raised as significant issues affecting IDP women and children.

Conclusion: Natural hazards and tribal conflict displacement have significantly affected the sexual and reproductive health of internally displaced Melanesian women and children. The facilitators and barriers to sexual and reproductive health experiences associated with natural hazards and conflicts are numerous. Most importantly, the UN guiding principles that protect the SRH of IDPs were lacking in most of the Melanesian countries' policies and strategic plans. Thus, policymakers and service providers need to come together to examine their role in mitigating the impact of natural hazards and tribal conflict displacement and improve the sexual and reproductive health needs of internally displaced Melanesian women and children.

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List of Abbreviations

ACAPS	Assessment Capacities Project
AAD	Average Annual Displacement
BRA	Bougainville Revolutionary Army
CARE	Cooperative for Assistance and Relief Everywhere
FWCC	Fijian Women Crisis Centre for Gender-Based Violence
IHRL	Human Rights Law
HL	Humanitarian Law
IAFM	Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
IDMC	Internally Displaced Metric Centre
IDMC	Internally Displaced Monitoring Centre
IDPs	Internally Displaced Persons
IOM	International Organisation for Migration
MISP	Minimum Initial Service Package for Reproductive Health
NGOs	Non-Governmental Organisations
PMD	Probable Maximum Displacement
PNG	Papua New Guinea
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PTSD	Post Traumatic Stress Disorder

RL	Refugee Law
RH	Reproductive Health
RHSH	Reproductive Health and Sexual Health
RHHS	Reproductive Health in Humanitarian settings
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health Rights
UN	United Nations
UNCHR	United Nations High Commissioner for Refugee.
UNDRR	United Nation Disaster Risk Reduction
UNFPA	United Nations Fund for Population Activity
UNDR	United Nations International Strategy for Disaster Reduction Secretariat
UNPF	United Nations Population Fund
WHO	World Health Organization

Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor
material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signature

Date 30/11/2022

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Chapter 1 Introduction

1.1 Introduction

The United Nations Guiding Principles on Internal Displacement specifically states that governments are responsible for providing support, protection, and services during and after natural disasters and tribal conflict for the Internally displaced persons (IDPs). According to the Internal Displacement Monitoring Centre 2021 report, in 2020 alone, conflict and natural hazards triggered 40.5 million new internal displacements across 149 countries and territories (IDMC, 2021). Natural and human-triggered displacements are classified into two groups: those forcibly displaced and remaining within their own countries and those crossing international borders (Internally Displaced Monitoring Centre (IDMC), 2020). Those who cross international boundaries are known as refugees. According to the IDMC, persons forcibly displaced from their homes who cannot or choose not to cross a border are not considered refugees. Even if they share many of the same circumstances and challenges as refugees, they are defined as Internally Displaced Persons (IDPs). Refer to Table 1.1 for definition.

1.2. Definition of Terms

The following terms are defined in the context of this research.

Table 1. 1. Definition of Refugees and Internally Displaced Persons

"a refugee is a person who is owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of	"*Internally Displaced People are persons or groups of persons who have been forced or obliged to flee or leave their homes or place of habitual residence, in particular as a result of or in order to avoid the effects of*

his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country" (United Nations High Commissioner for Refugee (UNHCR) ,1951).	*armed conflict, the situation of generalised violence, violation of human rights or natural human-made disaster, and who have not crossed an internationally recognised state border"* (UNCHR,1998).

Reproductive health. According to UNFPA (1994):

> "Reproductive health *is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which is not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (p.40.)".*

Sexual Health.

> *"Sexual Health is a state of physical, emotional, mental, and social well-being in relation to sexuality. Sexual health is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence. For sexual health*

to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled (WHO, 2006a)".

Natural Hazard.

"Hazard *is a process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation. Natural hazards are predominantly associated with natural processes and phenomenon" (Report of the open-ended intergovernmental expert working group (OIEWG), 2016. pp.18.).*

Disaster.

*"A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts (*OIEWG*, 2016, pp.13)".*

1.3. The Research Context: Melanesia

Pacific Island Nations comprise three ethnic-geographic groupings— Melanesia, Micronesia, and Polynesia. The Melanesian and Pacific nations share common challenges in having fragile economic, geographic, and inadequately resourced services (Mecartney & Connell, 2017; Picciotto, 2018; Singh et al., 2021). Natural hazards such as storms, volcanoes, tsunamis, floods, droughts, earthquakes, and war conflicts are the main drivers of human displacement (Weir & Virani, 2011; Perkiss & Moerman, 2018; Lohmann et al.,2019). The Internal Displacement Monitoring Centre's (2020) report stated that displacement in small Melanesian countries (e.g., Fiji, Vanuatu, the Solomon Islands, Nauru, and New Caledonia) in the Pacific region is mainly associated with natural hazards. In Papua New Guinea (PNG), people have experienced displacement driven by conflict and natural hazards. Tribal or ethnic clashes causing displacement in PNG are exacerbated by land disputes and the poor economic situation of families (IDMC, 2014). Internally Displaced Monitoring Centres'

updated data for the past ten years show that trends of natural hazards related displacement in Fiji, Vanuatu, PNG, and Solomon are fluctuating. They also show that conflict related displacement is constantly increasing in PNG (IDMC, 2021). Table 1.3 below indicates the displacement of 95,010 people in the selected Melanesian countries in 2020, of whom 81,010 were attributed to natural hazard events, especially tropical cyclone Harold (Holland, 2020; IDMC, 2021).

Table 1. 2. Types of Displacement and Total Numbers of IDPs in 2020

Country	Year	Natural Hazard total number of IDPs	Conflict total number of displacements	Total internally displaced persons
Papua New Guinea	2020	2, 700	14,000	16,700
Fiji	2020	14,000		14,000
Vanuatu	2020	64,000		64,000
Solomon Islands	2020	310		310

Sourced and adapted from IDMC report (2020)

The sexual and reproductive health experiences of internally displaced Melanesian women and girls are no different from those of the world's displaced women. Displaced citizens of Melanesian societies encounter difficulties in their lives and livelihoods exacerbated by Governments' poor relocation plans for disaster and conflict (Pacheco-Coral, 2018). During a natural hazard, essential government services are destroyed. Disaster displacements cause jobless (Lewis & Maguire, 2016), food insecurity (Shultz et al., 2019), and increased violence due to increased substance and alcohol abuse (Cerna-Turoff et al., 2021) among the IDPs.

Women and children are the most vulnerable when relocated to host communities and host families for temporary settlement (Assessment Capacities Project (ACAPS, 2018). The stay in a temporary settlement takes more than ten years (Connell & lukehaus, 2017: ACAPS, 2018).

Consequently, women and children are at high risk of adverse sexual and reproductive health impacts such as sexual, physical, and psychological violence, unwanted pregnancy, and pregnancy complications, leading to permanent disability and death (Murewanhema, 2020). A volume of research articles presents significant results on the nature of hazards, conflicts, and displacements (Holland, 2020; Weir & Virani, 2011). However, little is known about the sexual and reproductive health experiences of hazard and conflict-induced displaced women and children in Melanesia and the wider Pacific Islands. Many researchers globally have confirmed that during emergencies, women and girls' sexual and reproductive health rights are at the highest risk of being compromised (Sahoo & Pradhan, 2021; Fatemi & Moslehi, 2021; Davidson et al., 2022).

1.4. Aim of the Study

The primary aim of this study is to understand the sexual and reproductive health experiences of Melanesian women and children pre-post-disaster displacement and in relation to conflict. It was also sought, to identify policy gaps that could facilitate inadequate access to sexual and reproductive health services for vulnerable women and children internally displaced. The findings will provide recommendations to policymakers to improve and strengthen the sexual and reproductive health of internally displaced Melanesian women and children and the Pacific Islands as a whole.

1.5. Structure of the Dissertation

This dissertation is categorised into six chapters and sub-headings. The first chapter introduces the topic, defines relevant terms, and provides an overview of the research gap identified for this study. The second chapter overviews sexual reproductive health experiences, legal protection and rights for sexual and reproductive health and sexual reproductive health services provided for displaced women and children globally. The third chapter presents the methods. The findings chapters comprise two parts. The fourth chapter (findings part one) provides the findings stemming from the policy analysis; chapter five (findings part two) provides the findings stemming from the narrative analysis. The sixth chapter comprises the discussion and conclusion of the study.

Chapter 2 Background Overview of SRH Issues and Policies Globally

2.1. Introduction

Sexual and Reproductive Health (SRH) is among the most sensitive yet significant issues affecting women and girls worldwide. The purpose of this chapter is to discuss the sexual and reproductive health challenges faced by internally displaced women and children globally, especially in humanitarian settings. It will present an overview of the four countries selected for the study, i.e., Papua New Guinea, Fiji, Vanuatu, and the Solomon Islands, to provide a context to the study.

2.2. SRH Experiences and Policies at a Global Level

In the 21st century, increasing humanitarian crises and disaster- driven displacement, have significantly affected Reproductive Health and Sexual Health (RHSH) for women and girls that are internally displaced (Verwimp et al., 2020). Using the above definition of sexual and reproductive health, scholars such as Leus et al. (2001), Westhoff et al. (2008), and Verwimp et al. (2020) have noted that there is a significant inequality in the importance of sexual and reproductive health needs for internally displaced women and children. They stressed that global attention constantly focuses on refugee flows, mortality rates, injuries, and basic needs such as food, water, and shelter. Hence, Westhoff et al. (2008) noted that reproductive health services and women's overall health are often overlooked in the post-emergency phase. Consequently, many reproductive health issues are not met appropriately because of limited resources and existing challenges in internally displaced persons' settlement camps (UNPF, 2020). Such circumstances result in women and girls enduring long-term or gradual harm whilst displaced. These include heightened risks of sexual and gender-based violence, sexually transmitted infections such as HIV/AIDS, maternal mortality, forced or unwanted pregnancies, unsafe and spontaneous abortion, and other

reproductive health risks (Fatemi & Moslehi, 2021). Below are some the SHR challenges faced by IDPs in humanitarian settings. These include, Unwanted pregnancy leading to unsafe abortion, sexual and gender-based violence and abuse of power and increase rate of infertility in marriage.

2.2.1. Unwanted Pregnancy leading to Unsafe Abortion

The World Health Organization (WHO) defines.

> "*Unsafe abortion as a procedure for terminating an unwanted pregnancy carried out by individuals who lack the requisite training and skills, in a setting that does not meet minimum medical standards, or both*" *(WHO, n.d. p.1).*

Unsafe abortion is one of the leading causes of maternal deaths in humanitarian settings (Tran et al., 2021). According to the United Nations Population Fund (UNPF), an estimated 25–50% of maternal deaths in refugee settings are due to complications from unsafe abortions (Erhardt-Ohren & Lewinger, 2020). Young adolescents are most affected because they are highly exposed to sexual activity, both consensual and forced, without contraceptives, resulting in unwanted pregnancies (Fatmi & Moslehi, 2021). Many factors contribute to unsafe abortion for internally displaced women in humanitarian settings. Lack of access to reproductive health services, including basic contraceptive planning measures, education, and counselling, are the main predictor for reproductive health issues in humanitarian settings (Westhoff et al., 2008). For example, studies by Westhoff et al. (2008) and Erhardt-Ohren and Lewinger (2020) noted that a lack of knowledge of available family planning services and contraceptive usage causes unwanted pregnancy, and the lack of information regarding abortion services in their new settings exacerbates this, leading to unsafe abortion. Other studies show that low socioeconomic status exacerbated by displacement contributes to unwanted pregnancy and unsafe abortion (Doliashvili & Buckley, 2008). Another recent study revealed that unwanted pregnancy and unsafe abortion are mainly due to limited access to services in humanitarian settings because of policies that do

not permit IDPs to have access to safe abortion services on humanitarian grounds (Rielly Bristam, 2020). All these factors contribute to unwanted pregnancy, which forces women and young adults to practice unsafe abortions, and one of the consequences is an increase in maternal deaths.

2.2.2. Sexual and Gender-Based Violence and Abuse of Power

Many scholars have revealed that the prevalence of Sexual and Gender-Based Violence (SGBV) is increasing globally. However, it is a crucial issue for young girls and women in humanitarian settings (Perrin et al.,2019). Sexual and Gender-Based Violence and the abuse of power increase the vulnerability of women and girls at humanitarian camps to experience different forms of violence, "such as rape, sexual slavery, intimate partner violence, and sexual exploitation" (Lugova et al.,2020 p. 2937). Drivers of the different types of SGBV are associated with a lack of implementation of laws protecting young girls and women who are IDPs and live-in humanitarian settlements (Tanyag, 2018). For instance, Bendavid et al. (2021), in a review of 19 studies, estimated that 21% of displaced women experienced sexual violence because of social stigma and poor law enforcement systems in settlement camps. Another study shows that adolescent girls in humanitarian crises are more vulnerable to GBV because of the difference in age, gender, and increasing risk factors relevant to their situations compared with male adolescents (Stark et al., 2020). In particular, carrying out caregiving obligations crucial for daily survival (Tanyag, 2018) puts their lives at risk of SGBV. Research also reveals that girls in displacement camps are most at risk of rape and sexual violence in the absence of a "male protector" when they live in female-headed households or when they travel to collect water, firewood, and relief packages (Tanyag, 2018 as cited in True, 2012). Enforcement of laws is crucial when perpetrators have free access to harm, rape and induce sexually transmitted infections in IDP females. Owing to the magnitude of SGBV, HIV/AIDS spreads extensively in such environments, especially if there are no facilities or preventive measures (Westhoff et al., 2008); these all

contribute to internally displaced young girls and women's vulnerability to the exposure of SGBV in humanitarian settings.

2.2.3. Increasing Rate of Infertility in Marriage for IDPs

An increase in infertility amongst married women is another factor cited as sexual and reproductive health issues affecting women and adolescent girls who are internally displaced. Marriage and fertility are crucial when starting a family. However, infertility poses a problem for these women. Studies reveal that fertility decreases amongst this group of people (Verwimp et al., 2020). For example, Bendavid et al. (2021) gave examples from Cambodia, where fertility decreased by about one-third from pre-civil war levels during 1975–79. People in Angola, Ethiopia, and Eritrea are also reported to have reduced fertility rates during conflicts. Common reasons for these fertility decreases were spouses' separation, fewer marriages taking place, lower fecundity, and increased risk of spontaneous abortion, especially when famine coexisted (Bendavid et al., 2021). However, Bendavid et al. (2021) noted that the decrease in fertility was temporary and that a post-conflict fertility rebound occurred. They stated that a systematic review of adolescent marriage and fertility patterns during conflicts concluded that both have increased and decreased the number of teenage marriages. Adolescent marriages increased during disputes in Palestine, Syria (among refugees in Jordan), Mali, Nepal, and Tajikistan. In contrast, adolescent marriage rates decreased in other settings (Cambodia, Eritrea, Ethiopia, and Lebanon). Hence, reproductive health issues are significant in the population of IDP living in camps.

2.3. Humanitarian Action

In 1997, Sphere was created by a group of humanitarian non-governmental organisations and the Red Cross and Red Crescent Movement. Primarily, the Sphere group aim to improve the quality of their humanitarian responses and to be accountable for their actions (Sphere Handbook, 2018).

Humanitarian action is assistance provided to displaced people because of natural disasters, conflict, and violence. This assistance is provided by humanitarian actors from Governments, other agencies, or citizens purposely to save lives, alleviate suffering, and maintain human dignity for people in need (Sphere handbook, 2018). It is motivated by principles of humanitarianism, impartiality, neutrality, and independence (O'Reilly, 2013). Table 2.1 contains the definitions of these principles. They aid in two ways: The former protects civilians and provides vital services by aid agencies during and after disasters. At the same time, the latter pertains to providing funding or in-kind services (including logistics or transport) in response to humanitarian crises, usually through humanitarian agencies or the affected country's government (O'Reilly, 2013).

Table 2. 1.Definitions of Humanitarian Principles.

Humanity	**Neutrality**	**Independence**	**Impartiality**
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.	Humanitarian action must be autonomous from the political, economic, military, or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class, or political opinions.

Adapted from CHA (2012). OCHA on message:

The global humanitarian community began prioritising the sexual and reproductive health needs of refugee and displaced populations in the mid-1990s. In 1995, more than 50 Governments, UN agencies, and NGOs committed themselves to strengthen reproductive health services for refugee populations. Subsequently, they formed the Inter-Agency

Working Group on Reproductive Health in Crises (IAWG) (Foster et al., 2017). The IAWG's global cornerstones for implementing Reproductive Health in Humanitarian settings (RHHS) are through:

1. The Minimum Initial Service Package for Reproductive Health (MISP)
2. The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM)
3. The Inter-Agency Reproductive Health Kits Minimum Initial Service Package (MISP)

The IAWG's main objects during the implementation of their RHHS are to:

1. Ensure effective coordination.
2. Prevent sexual violence and provide clinical care for survivors.
3. Reduce HIV transmission.
4. Prevent excess maternal and neonatal morbidity and mortality.
5. Plan for comprehensive RH services (Foster et al., 2017).

According to Tran et al. (2015), a ten-year review of the services provided by IAWG showed that SHRH services supplied in humanitarian settings were generally favourable for refugees but did not benefit internally displaced persons.

2.4. Legal Protections and SRH Rights

2. 4.1. Interrelated Fields of International Law Associated with SRH

Concern for the rights to the sexual and reproductive health of those affected by conflict and natural hazards can be dated to the mid-1990s. A detailed outline of sexual and reproductive rights (for all human beings, including refugees and the internally displaced) came to the surface at the 1994 International Conference on Population and Development (ICPD) (Austin et al., 2008). According to Girard and Waldman (2000), IDPs can access reproductive health rights through international fields of human law. The three main fields are International Human Rights Law (IHRL), Refugee Law (RL), and Humanitarian Law (HL). Table 2.2 contains the laws and the treaties that inter-relate to protect the SRH of internally displaced

persons and refugees. Each field encompasses a body of law primarily made up of treaties, which create binding responsibilities for the countries that sanction them. The IAWG recognises reproductive health care for internally displaced persons (IDPs) on reproductive health in refugee situations in line with these bodies of law. It is assumed that articulating reproductive rights in international human rights treaties could guide IDPs to access sexual and reproductive health services (Girard & Waldman, 2000). However, humanitarian actors often breach these laws when addressing the sexual and reproductive needs of internally displaced women and children, which means that humanitarian actors illegally violate international human rights law (Centre for Reproductive Rights, 2021).

The three international fields of law have strengths and limitations in protecting IDPs' sexual and reproductive health rights. Contrary to the status of refugees, internally displaced persons enjoy no special status nor any specific, legally binding instrument guaranteeing them protection and assistance. Again, Hakamies et al. (2008) described reproductive health response in conflict consortia as a 'neglected area' in humanitarian relief operations.

Table 2. 2. Interrelated Fields of International Laws and Treaties Associated with SRH.

Interrelated fields of international laws	**Treaties**
International humanitarian laws	• General international human rights treaties, such as the 1966 International Covenant on Economic, Social and Cultural Rights, • the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (the Women's Convention)

	• and the 1989 Convention on the Rights of the Child
Refugee laws	• 1951 Convention on the Status of Refugees (the Refugee Convention) and its 1967 Protocol (the Refugee Protocol) apply only to refugees
Humanitarian law	• four 1949 Geneva Conventions and their two 1977 Additional Protocols, applies to non-combatants in situations of armed conflict

Adapted from Girard and Waldman (2000).

2.4.2. Guiding Principles for Internally Displace Persons

Internally displaced people have no legal status guaranteeing them protection. However, the UN's thirty guiding principles approved and endorsed in 1998 made specific instructions to governments, policymakers, and agencies to integrate them into their policies (Williams, 2008). Despite this direction from the UN, humanitarian actions that provide services for sexual and reproductive health are still not reaching internally displaced women and children as required. The Centre for Reproductive Rights (2021) report highlighted that Government bodies, NGOs, policymakers, and UN agencies are not seriously implementing their responsibilities outlined by the human rights framework on Sexual Reproductive Health Rights in a humanitarian setting. Table 2.3 contains the principles that protect the sexual and reproductive health rights of internally displaced women and children that should be integrated into policies by humanitarian actors, i.e., Government bodies, NGOs, and UN agencies.

Table 2. 3. Guiding Principles for Internally Displaced Persons' SRH Protection

Principle 4.2 Certain internally displaced persons such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of households, persons with disability and elderly people, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs
Principle 11. 2a. Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against: rape, mutilation, torture, cruel, inhuman or degrading punishment, and other outrages upon personal dignity such as acts of gender-specific violence, forced prostitution and any form of indecent assault.
Principle 19.2. Special attention should be paid to the health need of women, including access to female healthcare providers and services, such as reproductive health care, as well as appropriate counselling of victims of sexual and other abuse. **19.3.** Special attention should be given to preventing contagious and infectious diseases, including AIDS among IDPs.

Sourced and adapted from OCHA (1998). For full list please see appendix c.

2.5. Overview of Melanesian Participating Countries

This study has selected four Melanesian countries in the Pacific region, Fiji, Papua New Guinea, Vanuatu, and the Solomon Islands. An overview of each country is given to provide information on population sizes, types of natural hazards, conflicts and statistics on sexual and reproductive health issues currently affecting the women and children population.

Papua New Guinea (PNG)

Papua New Guinea (PNG) is the largest island in the South Pacific. It has a diversity of cultures, and approximately eight hundred languages are spoken across smaller areas (Gascoigne & Schumacher, 2018). The country comprises 22 provinces, including 600 small islands. Christianity is the most widely practised religion and is richly blessed with natural resources (Gascoigne & Schumacher, 2018). Papua New Guinea is located in the active Pacific Ring of Fire; and has high exposure to natural hazards such as earthquakes, volcanic eruptions, floods, landslides, droughts, frost, and tsunamis (IOM, 2017). At the same time, PNG is well-known for deeply rooted ethnic or tribal conflicts, especially in the highland regions (Richardson, 2021).

After gaining its independence in 1975 with approximately 3 million people, PNG currently has a population of 9,273,735. Only about one million (13.5%) of the population live in urban areas, with the majority residing in rural areas of PNG (Worldometer, 2022). Its population growth threatens the country's infrastructure, hospital, education system and economy, and such challenges have been apparent for a long time in this island nation (Windybank & Manning, 2003). According to the Internally Displaced Monitoring Centre (IDMC, 2021), between 2008 and 2021, 258 578 citizens of PNG have experienced displacements caused by both natural hazards (nearly 300 000 people affected) and conflicts (nearly 24 000 people affected). The demographic makeup of PNG consists of 4, 470 000 women (World Data Atlas, 2021), with a maternal mortality rate of 145 women per 100,000 childbirths (National Statistics Office (NSO), 2018). Two-thirds of the female population in PNG are estimated to have suffered from physical or sexual violence between 2011- 2012 (Jewkes et al., 2013).

Fiji

The Republic of Fiji is in the South Pacific Ocean. It consists of 332 islands, of which 100 are inhabited. Fiji's official languages are English, Fijian, and Hindi. It is one of the most developed Pacific Island Nations and has a strong economy based on mineral extraction,

agriculture, and beautiful tropical landscapes that attract tourists (Wilson, 2012). Fiji is prone to natural hazards such as storms, landslides, earthquakes, and floods (IDMC, n.d.).
After gaining independence in 1970 with an approximated population of 520,562, the current population stands at 908,969. Fifty-nine per cent **(**529,489) of people reside in urban areas (World Metre, 2022), and many of them dwell in the coastal areas where most of the essential government services, infrastructures, and agricultural productions are situated (IDMC, n.d.). Natural hazards have hampered Fijian citizens' livelihoods due to the vulnerability of their location. According to IDMC, there have been a total of 153 000 displacements in Fiji since IDMC began collecting data on this phenomenon from 2008 to 2021. The demographic makeup of Fiji consists of 445,356 women (World Population Review, 2022). It has a maternal mortality rate of 34.0 deaths per 100 000 births (World Data Atlas, 2017), and 64 per cent of women have reported having faced physical and sexual violence in Fiji (Singh et al., 2014).

Vanuatu.

Vanuatu is a nation and group of islands in the South Pacific Ocean. It is comprised of over 80 islands (Coppola et al., 2016). Vanuatu is located on the Pacific Ring of Fire and is at risk of natural hazards, including cyclones, volcanic eruptions, floods, earthquakes, tsunamis, droughts, and rising sea levels (IDMC, n.d.). More than 100 indigenous languages are spoken; however, the country has three official languages; English, French, and Bislama (Early, 1999).
The Republic of Vanuatu gained its independence in 1980 with a population of 115 597. The current population of Vanuatu is 320,999. Approximately (24.4 %) of the population lives in urban (75,025 people in 2020) areas (WorldoMetre, 2022). The Government of Vanuatu depends on revenue generated mainly from agriculture and fisheries (Komugabe-Dixson et al., 2019). According to the IDMC, there have been 175,000 displacements of Vanuatu citizens since IDMC began systematically monitoring data on the phenomenon from 2008 to 2021. The current female population is 157,325 (World Population Review,2022), and the

maternal death rate for Vanuatu is 72 deaths per 100 000 births (World Data Atlas, 2017). Sixty per cent of Vanuatu women have reported having experienced physical or sexual intimate partner violence, and one in three girls under the age of fifteen have reported having experienced sexual abuse, with many of the perpetrators being an intimate partner or family member (World Vision, 2020).

Solomon Islands

The Solomon Islands, a nation of nearly 1,000 islands east of Papua New Guinea, is located on the Pacific Ring of Fire. The Solomon Islands consist of six larger and approximately 900 smaller volcanic islands, coral atolls, and reefs; more than 300 are inhabited (Reale, 2013). There are over 80 local languages plus dialects, and English is the official language (Jourdan, 2007). The Solomon Islands' economy relies heavily on natural resource exports such as timber, fish, copra, palm oil, cocoa, other agricultural products, and gold (ESCAP & Warning, 2017). It is highly vulnerable to natural hazards, including cyclones, tsunamis, floods, and drought (IDMC, n.d.)**.**

In 1978, the Solomon Islands gained self-governance with a population of 193,402 and became a sovereign country; the current population of the Solomon Islands is 719,397**;** 23.2% of the population (159,686 people in 2020) resides in urban areas (Bennett, 2002; WorldoMetre, 2022). According to the IDMC, displacements caused by natural hazards are estimated to be 26,000 people since IDMC began systematically monitoring data on the phenomenon from 2008 to 2021. The country's female population is 344 432 (World Population Review, 2022), and the maternal mortality rate is 104 deaths per 100 1000 live births (World Data Atlas, 2017). The Solomon Islands has one of the highest rates of family and sexual violence in the world, with 64 per cent of women aged 15–49 having reported experiencing physical and/or sexual abuse by a partner. (Honda et al., 2022).

Overall, for each of the four countries chosen, disasters and sexual and reproductive health issues have increased since independence. Internally displaced persons are hosted in crisis

centres, host communities and host families. However, due to prolonged displacement, many have migrated to urban settings and live-in illegal settlements (Alam et al., 2022). Such movements have hampered and manifested the sexual and reproductive health of internally displaced women in many ways.

2.6. Displacement and Natural Hazards that Occur in Melanesia and the Pacific.

According to Internally Displaced Monitoring Centre (IDMC) (. n. d.) new displacements triggered by natural hazards has increased in the last decade. The United Nation Disaster Risk Reduction (UNDRR) technical report (2020) has indicated that there is an urgent need to investigate the direct and indirect linkages and effects of natural hazards that are displacing people globally. The Pacific is one of the world's most disaster-prone regions (Chand & Taupo, 2020). The small island countries that exist in this vast ocean are exposed to floods, cyclones storm surges, and droughts as well as earthquakes, volcanic eruptions, forest fire and tsunamis (Chand & Taupo, 2020). Climate change also poses a serious threat, as the region is experiencing major temperature fluctuations, changing rainfall patterns, intense storms, and rising sea levels (UNDRR technical report, 2020). According to the IDMC a total of 329,136 people were newly displaced by natural hazards, such as cyclone storm, flood, drought, earthquake, and landslides in Fiji, PNG, Vanuatu and the Solomon Islands from 2009 to 2021.

2.7. Summary

This chapter summarises the sexual reproductive health experiences encountered by internally displaced women and children globally when humanitarian actors, such as Government bodies, NGOs, and UN agencies, violate protection, guidelines, and legal rights. It also discussed the gaps in the three types of laws that should guarantee security for internally displaced women and children's sexual and reproductive health rights. The

background information presented in this chapter captures the context of the main issues currently affecting these countries and will be discussed in subsequent chapters.

Chapter 3 Methodology

3.1. Introduction

In this study, narrative and policy reviews were undertaken to explore the sexual and reproductive health experiences of Melanesian women and children in four selected Melanesian countries. These were: Fiji, Papua New Guinea, Vanuatu, and the Solomon Islands. Reviews are methodological studies that search databases to retrieve studies and documents from which researchers can gather data to provide evidence about a specific topic (Rother, 2007). Many researchers have utilised these methodologies in the health field to improve evidence-based practice in clinical settings and inform health policy analysis (Seavey et al., 2014). Policy reviews are also common among health policy researchers (Bell, 2009). The main reason for conducting a literature review for policy-related research is to assist decision-makers in seeing research outcomes so decisions can be made to revisit, improve, or strengthen existing policies to improve healthcare systems (Bell, 2009). The narrative and policy reviews utilised electronic databases as their primary data sources. Both reviews followed a set of methodologies to capture women's and children's sexual and reproductive health experiences and policy gaps. This chapter will provide information about the study plan, search strategies and methods used to collect data, and the steps involved in data analyses to address the research questions.

3.2. Narrative and Policy Reviews

According to Ferrari (2015):

> *"Narrative reviews are aimed at identifying and summarizing what has been previously published, avoiding duplications, and seeking new study areas not yet addressed (p.230)"*.

Narrative reviews are most helpful in obtaining a broad perspective on a topic (Solomonov,2020). Researchers undertake a narrative review to improve health services delivery. Various narrative reviews have been conducted within the sexual and reproductive health space (Rowlands & Walker, 2019; Corona et al., 2020; Shojaaddini Ardakani et al., 2021). According to Mays et al. (2005, as cited in Bell, 2009):

> *"A health policy review is a review that involves the 'whole process of bringing together a body of evidence that can be drawn from research and other sources, relevant to a particular decision in a policy or management context" (p.43).*

Researchers in the health field widely use policy reviews for summarising the health policy literature to inform policy development (Godbey et al., 2021). Oliver et al. (2015) also asserted that a review of policy questions is an effective research method in policy research. They further clarified that such a study provides evidence-based outcomes clearly for policy audiences to illuminate policy problems, challenge or develop policy assumptions, offer evidence about the impact or implementation of policy options, and consider the diversity of people and contexts (Oliver et al., 2015). Hence, various health policy researchers have used this method to provide evidence to help improve public health policy decision-makers to strengthen the healthcare system universally (Masood et al., 2020).

3.3. Data Search Strategy

In this study, a literature search was undertaken using electronic databases. The electronic databases used were — Medline (via EBSCO), CINAL (via EBSCO), Cochrane Library, Scopus, Google Scholar and websites for Governments and NGOs. Boolean search techniques and truncation methods using linking words such as AND/OR were applied to connect concepts and broaden the search of articles (Crowther et al., 2010). The search began by using the key terms in table 3.1 for each review:

Table 3. 1.Key Search Term for Narrative and Policy Review.

Key Search Terms
Narrative review key terms "Internally Displaced Persons", "Humanitarian crises", "Sexual health", 'internally displaced women and children," "Reproductive Health", "barriers", "Facilitators" "Humanitarian setting", "Disaster", "Conflict", "War", "Tribal", "Papua New Guinea", "Fiji", "Solomon Islands" "Vanuatu", " "Melanesia" and "Pacific", 'sexual violence" "pregnancy", "HIV/AIDS", "STI", "Climate displacement" Cyclone, earthquake, landslide, "flood, tsunami", "drought", ethnic conflict. **Policy review key terms** "Policy", "Humanitarian Action", "Government", "NGO", "reproductive health", "sexual health" Papua New Guinea", "Fiji", "Solomon Islands" "Vanuatu", " "Melanesia" and "Pacific", "Disaster Response", "Disaster Management" 'IOM" "UNPF".

3.4. Study Selection

3.4.1. Inclusion and Exclusion Criteria

The narrative study included studies that focused on the sexual and reproductive health experiences of internally displaced women and children in the Pacific and selected Melanesian countries, i.e., PNG, Fiji, Vanuatu, and Solomon Islands. The policy review search included documents on disaster risk reduction policies, health policies, strategic plans, and displacement profiling from Fiji, PNG, Solomon Islands and Vanuatu. Both reviews captured studies conducted between January 2000-December 2021 and written in English. Studies focusing on other countries that did not include the experiences of sexual and reproductive health issues and services for internally displaced women and children

were excluded. Disaster risk reduction policies, health policies, strategic plans, and profiling documents from other countries not written in English were also excluded.

3.5. Data Collection

3.5. 1. PRISMA Statement

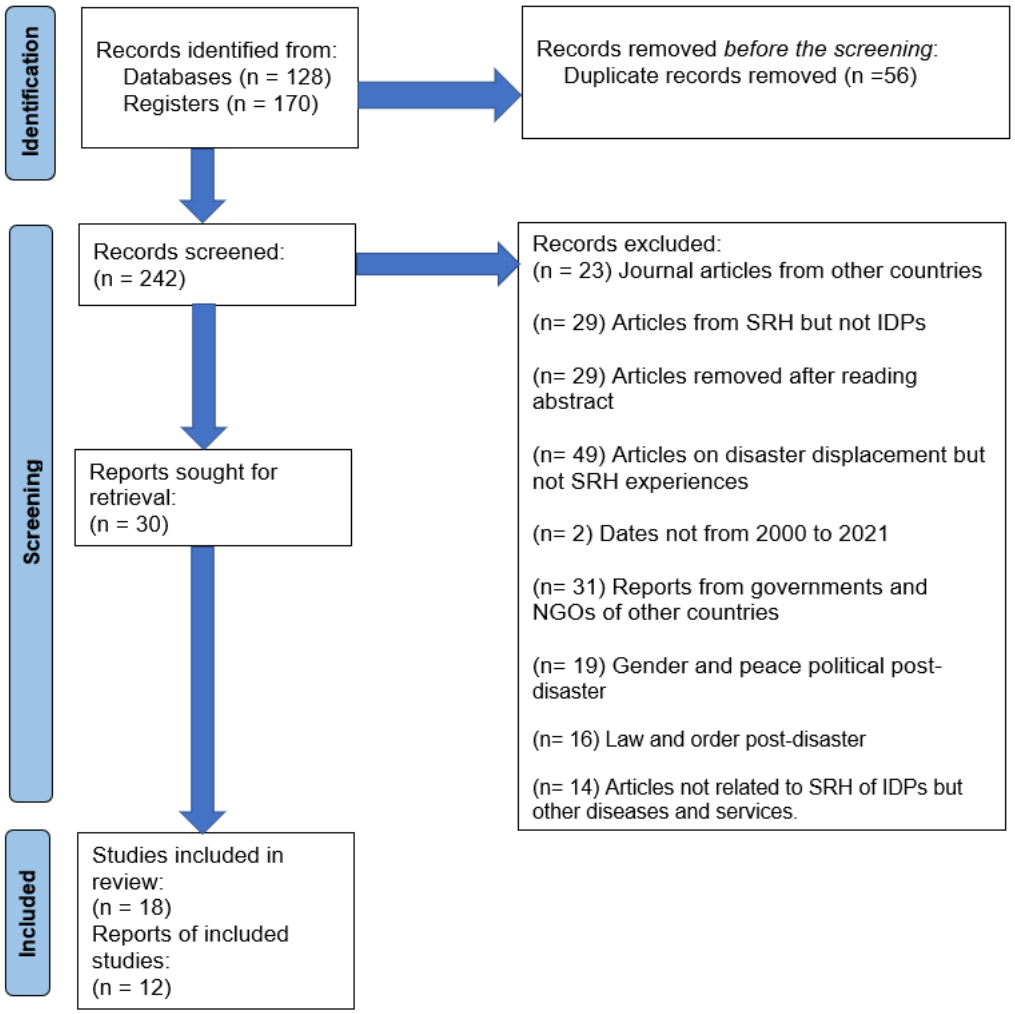
The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart was used to analyse the articles at various stages of the screening process. According to Page et al. (2021), “PRISMA is a statement to report methods and reviews to facilitate transparent, trustworthiness and the applicability of the review findings" (p. 1.). PRISMA was first published in 2009 and is widely used by researchers to prepare a transparent account of their reviews (Moher et al., 2009). It provides reporting guidelines for systemic reviews (Ferrari, 2015). Both reviews utilised the PRISMA flowchart to screen searched articles. The screening process involved removing duplicates and screening articles from the title, abstract, and full text.

3.5.2. Narrative Review PRISMA Flowchart

The narrative review identified two hundred and ninety-eight (298) articles from the database searches, Government and NGO websites. Duplicates were removed, and a total of 242 records were screened. All titles and abstracts were screened, and those that did not meet the inclusion criteria were excluded during the screening process. The remaining records were examined by reading the full text, including tables and graphs, findings, discussion limitations and the conclusion. These articles were read, and data were extracted and included in a table using Excel software. The following information was recorded: author, article title, study setting, date, study type and a summary section. A total of thirty articles were selected for the narrative review. Figure 3.1 summarises the narrative review. The

supervisor was involved in corroborating the selection (inclusion/exclusion) and screening processes for records.

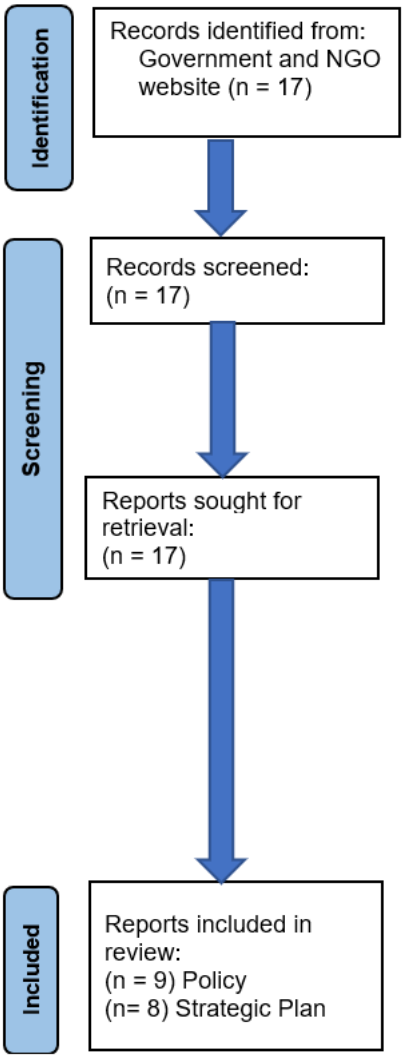
Figure 3. 1. PRISMA Flowchart for Narrative Review



3.5.3. Policy Review PRISMA Flowchart

The policy review identified articles from primarily Government websites of the selected Melanesian countries. No duplicates of policies, strategic plans, were found. Figure 3. 2 contains the summary of the screening process.

Figure 3. 2.PRISMA Flowchart for Policy Review.



3.6. Data Analysis Plan

The narrative and policy review of the study addressed the following sub-questions as outlined in table 3.2.

Table 3. 2.Research Sub-questions and Type of Review

Sub-questions	Types of Review
1). What are the sexual and reproductive health experiences of internally displaced Melanesian women and children in the Pacific?	Narrative
2). What similarities and differences exist in the risk profiles of internally displaced women and children in selected Melanesian countries?	Policy and Narrative
3). What sexual and reproductive health policies exist in Melanesian countries, and how do they apply to internally displaced women and children?	Policy
4). How can policies be strengthened to address the sexual and reproductive needs of internally displaced women and children?	Policy

3.6.1. Analysis of Policy Review Records

The policy analysis process began by analysing documents such as the disaster displacements risk profile, strategic plans, and national policies of the four selected countries. The disaster displacement profiling focussed on the types of natural and human-made disaster displacements, whilst the national strategic plans and policy documents examined how they aligned with the UN Guiding Principle that protects the sexual and reproductive health of internally displaced women and children. The review addressed sub-question two, three and four:

Sub-question two: What similarities and differences exist in the risk profiles of internally displaced women and children in selected Melanesian countries?

In addressing this question, the analysis focussed on (i) the frequency of disaster displacement in the past 14 years (2009-2021), (ii) the number of people displaced by natural hazard triggered disasters and tribal conflict, and (iii) the future risk probability of disaster displacement in the selected Melanesian countries.

Sub-question three: What sexual and reproductive health policies exist in Melanesian countries, and how do they apply to internally displaced women and children?

In this section, an analysis of (i) national policies and (ii) national strategic plans were carried out to identify the existence of sexual or reproductive health statements and intentions.

Sub-question four: How can policies be strengthened to address the sexual and reproductive needs of internally displaced women and children?

The analysis assessed how national policies and strategic plans aligned with the United Nation's Guiding Principles on sexual and reproductive health protection for internally displaced women and children, namely (i) principle 4.2, (ii) principles 11.2a, (iii) principles 19.2 and 19.3.

3.6.2. Analysis of Narrative Review Records

A thematic analysis was primarily undertaken to analyse key themes emerging from the narrative review. The data collected utilised six thematic analysis phases, i.e., familiarisation, coding, theme generation, reviewing of terms, defining themes, and writing the report (Braun & Clark, 2006). The data selected for the narrative review were carefully read several times and note-taking was undertaken to engage with the data actively. Whilst reading and scanning the articles, open coding was applied by re-reading and highlighting text and paragraphs, and code names were given from the literature. These were then categorised into groups comprising sexual and reproductive issues and then merged into key domains and themes to address the research question. It addressed sub-questions one and four.

Sub-question one: What are the sexual and reproductive health experiences of internally displaced Melanesian women and children in the Pacific?

Sub-question four: How can policies be strengthened to address the sexual and reproductive needs of internally displaced women and children? This will be addressed in the discussion chapter of this study.

3.7. Summary

This chapter provides information on the definition and purpose for conducting this study's narrative and policy reviews. It also included information on the data search strategies, the inclusion-exclusion criteria process and the process involved in screening documents using the PRISMA flowchart. The analysis plan was also outlined to indicate how key themes and policy analyses would be carried out.

Chapter 4: Findings Part One

4.1. Introduction

Women's sexual and reproductive health rights consist of the right to a satisfying sexual life, free from violence, coercion, or the risk of unintended pregnancy or sexually transmitted diseases (Glasier et al., 2006). Women's sexual and reproductive health rights are a global public health concern compounded by inequalities and inequities in women's social determinants of health (Starrs et al., 2018). Such is apparent in the accelerating statistics of maternal deaths and sexual and gender-based violence against women and children (Snow et al., 2015). The challenges of sexual and reproductive health are experienced across many situations that affect the lives and livelihoods of women and children.

Several research articles have provided evidence that natural hazards and human-made disasters such as war, conflict, and violence compound these challenges (Csevar, 2021). The vulnerability of lives and livelihoods for women and children of Pacific Island Nations triggered by natural hazards, tribal conflict, and violence displacement is evident, as seen in the devastating natural hazards frequently occurring in the Pacific (Internally Displaced Metric Centre (IDMC), 2021). A wealth of research evidence on disaster risk reduction and management effectively improves communities' lives by deploying new and improved means of building community resilience during and after disaster recovery (Izumi et al., 2019; Ishiwatari, 2022; Raikes, 2022; Keen et al., 2022). Little is known about women's and children's sexual and reproductive health experiences during and after natural hazard and tribal conflict. That is partly due to the assumption that there is no causal connection between sexual and reproductive health issues, natural hazards, and tribal conflict (Westhoff et al., 2008; Verwimp et al., 2020).

The primary purpose of part one of the findings (chapter 4) is to present findings that stem from the policy review. It shows how the core elements of the United Nations (UN) guiding principles on the sexual reproductive health of internally displaced persons are linked to national health policies, disaster risk reduction policies, and national sexual health policies of Papua New Guinea (PNG), Fiji, Vanuatu, and the Solomon Islands.

The second part of the findings (chapter 5) shows key domains and themes from this study's narrative review. It discusses how natural hazards and tribal conflict significantly impact the sexual and reproductive health of internally displaced Melanesian women and children.

4.2. Types of Articles Reviewed for the Narrative and Policy Reviews.

Both reviews found articles and policies that explored the sexual and reproductive health of internally displaced women and children. A total of 51 documents were reviewed in this study. These included 18 research articles, 12 reports, four displacement profiles, nine national policies, and eight national strategic plans. Table 4.1 details the types of articles reviewed from each country.

There were more research articles concerning PNG than other countries studied (n=7). The two countries with no reports were Fiji and the Solomon Islands, whilst there were three reports covering more than one Pacific country, and Vanuatu had one report. The four Melanesian countries participating in this study had one displacement risk profile each**.** Fiji, Vanuatu, and PNG had national health and disaster risk reduction policies, whilst the Solomon Islands had only one national health policy. Again, Fiji and PNG only had sexual and reproductive health policies**.** The search found that all four countries studied had strategic plans for disaster risk reduction and national health strategic plans available.

Table 4. 1 Number and Type of Documents from Participating Countries Reviewed

	Fiji	Papua New Guinea	Solomon Islands	Vanuatu	Pacific	Total
Report	0	6	0	2	4	12
Research Articles	4	7	3	3	1	18
Displacement Risk Profile	1	1	1	1	0	4
Policy	3	3	1	2	0	9
Strategic plans	2	2	2	2	0	8
Total	9	18	7	10	5	51

Note: numbers are the number of articles found about the research topics from each country

4.3. Profiling Disaster Risk Displacement in Melanesian Countries

A disaster displacement profile is a risk profile that includes a set of hazard scenarios, potential losses, and the probability of occurrence (Bang, 2022). Disaster Risk refers to the following:

> *"The potential loss of life, injuries, or destroyed or damaged assets which could occur to a system, society, or a community in a specific period of time, determined by probabilistically has a function of hazard, exposure, vulnerability and capacity (United Nations International Strategy for Disaster Reduction Secretariat (UNISDR), 2017, p.14)*".

The Internally Displaced Monitoring Centre (IDMC) has introduced future disaster displacement profiling for most countries affected by natural disasters and tribal conflict, including for countries in Melanesia. (IDMC n.d.). This review confirmed that all countries selected for this study had a disaster profiling document available. The profiling of future disaster risk displacement documents for Fiji, Vanuatu, and the Solomon Islands differed from Papua New Guinea (PNG) in the past 14 years (2009- 2021). Papua New Guinea profiled internally displaced persons and their experiences whilst being displaced. In contrast, the other three countries profiled the risks of future disaster displacement (IDMC, n.d.; IOM, 2017). Findings are reported below under the following main headings: (1) the scale of population displacement by country and type of threat from 2009-2021 (2) the future risk probability of disaster displacement.

4.3.1. Scale of population displacement by country and type of threat from 2009-2021

The scale of natural hazards and conflict triggered displacements of Fiji, PNG, Solomon Islands and Vanuatu is summarised in excel and attached in “Appendix D”.

The four participating countries, PNG, Fiji, Vanuatu, and the Solomon Island were significantly threated by natural hazards such as Cyclone Storm, Flood, Earthquake, Landslides, Drought, and political disputes such as tribal conflict and land disputes. A total of 372,377 population were displaced from 2009 to 2021 (IDMC, n.d.; IOM, 2017).

Cyclones Storms displaced people from all four countries and has the highest population displacement record of 257,883 in total compared to other natural hazards. It displaced 151 000 (86.39%) Vanuatu people, and that is the highest population displacement compared to other affected countries participated in this review. The second highest displacement cause by Cyclone Storm was in Fiji, it displaced a total of 98,491 (75%) of people (IDMC, n.d.). Flood displaced 38,237 people in Fiji, equally Papua New Guinea with 11,720 people displaced and the Solomon Islands with almost 10,000 people displaced. (IOM, 2017: IDMC, n.d.).

Volcano eruption affected only two countries, these are Vanuatu and PNG. Vanuatu recorded the highted population displacement with a total of 22, 908 people. And Papua New Guinea was affected with a total of 17,657(39%) displaced and (IOM, 2017: IDMC, n.d.) Ovel, natural hazard such as Cyclone Storm, Flood and Volcano eruption triggered significant displacement in all participating countries. Moreover, Fiji, Vanuatu, and the Solomon Islands citizens experienced only natural hazards triggered displacement from 2009 to 2021. However, people in PNG experienced both political disputes (6,736 people) and natural hazards triggered displacement over this time period (IOM, 2017). For detail information please refer to summary table in Appendix D.

4.3.2. Future Risk Probability of Disaster Displacement

According to the Internally Displaced Monitoring Centre,

> "*A future risk probability is Probable Maximum Displacement (PMD) by a hazard which is expected within a given period. Moreover, Average Annual Displacement (AAD) per hazard and multi-hazard is the measure of the magnitude of future displacement by hazard type that a country is likely to experience* (*p.14)".*

Table 4.2 below summarises the disaster displacement probabilities for Fiji, PNG, Vanuatu, and the Solomon Islands (IDMC n.d.; IOM, 2017).

In Fiji, cyclones are projected to provide the highest probability of natural hazard triggered displacement, with an average of 2,076 people expected to be displaced annually. In the next 20-50 years, 65,000 people (18%) displacement probability is anticipated. The least expected natural hazard are tsunamis, with an average expected one person affected each year, and in the next 20-50 years, displacement probability is expected to be 80 people (5%) (IDMC, n.d.).

In the Solomon Islands' cyclones are also anticipated to provide the highest probability of natural hazard triggered displacement. An average of 2,371 are expected to be displaced

per year. In the next 20-50 years, a displacement probability of 68,000 people (64%) is projected to be affected. Tsunamis are estimated to be a minor type of natural hazard that is expected to displace an average of 11 people annually. In the next 20-50 years, a displacement probability of 300 (5%) people is projected to be displaced (IDMC, n.d.). Cyclones and storms are expected to displace an average of 2 134 people in Vanuatu annually. In the next 20-50 years, a displacement probability of 32,000 (64%) people, with Tsunamis displacing just one person on average each year. In the next 20-50 years, 80 people (5%) displacement probability is anticipated to affect the citizens of Vanuatu. Papua New Guinea did not have the future probability of disaster risk displacement data. Overall, the most significant displacement is estimated to be caused by cyclones affecting the Solomon Islanders and Vanuatu, followed by storms which are expected mainly to affect the Fijians in the next 20-50 years (IDMC, n.d.). The disaster risk probability profiling are all models, informing expected future risk, however natural hazards are unpredictable and could strike at any time causing displacement exceeding the numbers estimated.

Table 4. 2 Future Risk Probability of Disaster Displacement

		Fiji	Papua New Guinea	Solomon Islands	Vanuatu
Storm	Average expected people to be displaced	3,614	0	1, 368	1,125
	Next 20-50 displacement probability	35,000=56%	0	8,000 =56%	6,200 =56%

Cyclonic wind	Average expected people to be displaced	2,076	0	2,371	2,134
	Next 20-50 displacement probability	65,000 = 18%	0	68,000 =64%	32,000 = 64%
Earthquake	Average expected people to be displaced	75	0	2,780	417
	Next 20-50 displacement probability	1,100 = 39%	0	4,100 = 39%	6,000 = 39%
Tsunamis	Average expected people to be displaced	1	0	11	1
	Next 20-50 displacement probability	80 = 5%	0	300 = 5%	80 = 5%

Note: Percentage showing displacement probability and numbers indicating the average number of people expected to be displaced.

4.4. Policy Review Findings

The following sections will present the findings from the policy review. The section begins with each country's disaster displacement risk profile, followed by findings from each country's policy and strategic plan documents.

4.5. Policies and Strategic Plans

The study aimed to identify what sexual and reproductive health policies exist and how they align with UN guiding principles that protect the sexual and reproductive health of women and children. This review identified nine policies and eight strategic plans for Fiji, PNG, Solomon Islands and Vanuatu. Policy papers consisted of a disaster risk reduction policy, a national health policy, and a sexual reproductive health policy. The Solomon Islands did not have any disaster risk reduction policies. All countries had national health policies; however, only PNG and Fiji had sexual reproductive health policies. Strategic plans for national disaster risk reduction and national health were available in all countries. Please refer to Tables 4.3 and 4.4 for a summary of these.

Table 4. 3. Policies of the Selected Countries

	Fiji	Papua New Guinea	Solomon Island	Vanuatu
Disaster Risk Reduction Policy	✓	✓	None	✓
National Health Policy	✓	✓	✓	✓
Sexual Reproductive Health Policy	✓	✓	None	None

Table 4. 4 Availability of Strategic Plans from the Selected Countries

	Fiji	Papua New Guinea	Solomon Islands	Vanuatu

National Health Strategic Plan	✓	✓	✓	✓
National DRR Strategic Plan	✓	✓	✓	✓

4.6. UN Guiding Principles, Policies, and Strategic Plans

The UN guiding principles for Internally Displaced Persons (IDPs) contain three principles that relate explicitly to the sexual and reproductive health of women and children displaced by natural and human-made displacement. These are principles 4.2., 11.2a, 19.2.and 19.3. (See table 4.5)

Table 4.5 compares the guiding principles against the policies and strategic plans of PNG, Fiji, Solomon Islands and Vanuatu. The national sexual reproductive health policies, national health policies and national health strategic plans for all participating countries did not include all three guiding principles. As expected, the national policies and strategic plan for disaster risk reduction fulfilled its obligations by stating some UN guiding principles for internally displaced women's and children's sexual and reproductive health protection in the four countries. Hence, only Fiji mentioned all three principles in its national disaster risk reduction policy and strategic plans. The other countries mentioned principle 4.2 only.

Table 4. 5 Comparing Policies Against Principles for the SRH

Guiding Principles	Policies and Strategic Plans	Fiji	Papua New Guinea	Solomon Islands	Vanuatu
Principle 4 2. Certain internally displaced persons such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of households, persons with disability and elderly people, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special need	National Disaster Risk Reduction Policy	✓	✓	✓	✓
	National Health and sexual health policy	None	None	None	None
	Sexual and Reproductive health Policy	None	None	None	None
	Health strategic plan	None	None	None	None
	Disaster Risk Reduction Strategic plan	✓	None	None	None

Principle 11. **2**. Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against: **a).** rape, mutilation, torture, cruel, inhuman or degrading punishment, and other outrages upon personal dignity such as acts of gender-specific violence, forced prostitution and any form of indecent assault.	National Disaster Risk Reduction Policy	✓	None	None	None
	National Health and sexual health policy	None	None	None	None
	Sexual and Reproductive health Policy	None	None	None	None
	Health strategic plan	None	None	None	None
	Disaster Risk Reduction Strategic plan	✓	None	None	None
principle .19	National Disaster Risk Reduction Policy	✓	None	None	None

2. Special attention should be paid to the health need of women, including access to female healthcare providers and services, such as reproductive health care, as well as appropriate counselling of victims of sexual and other abuse. **3.** Special attention should be given to preventing contagious and infectious diseases, including AIDS among IDPs.	National Health and sexual health policy	None	None	None	None
	Sexual and Reproductive health Policy	None	None	None	None
	Health strategic plan	None	None	None	None
	Disaster Risk Reduction Strategic plan	✓	None	None	None

4.7. Summary

Overall, analysis from the policy review highlighted the following findings: (i) natural and tribal conflict disaster displacement has affected many lives in the past 14 years and is predicted to continue. Cyclones caused the highest number of displacements compared with other natural hazards, and (ii) only PNG has experienced tribal conflict displacements in the past 14 years. Moreover, PNG is not able to provide displacement probability data. The review found that the national health policies and strategic plans of Fiji, PNG, Vanuatu, and the Solomon Islands did not mention the sexual and reproductive health rights of internally displaced women and children. Alternatively, only Fiji has included statements fulfilling the UN guiding principles in the national disaster risk reduction policy and strategic plan, whilst PNG, Vanuatu, and the Solomon Islands captured principle 4.2 only in their national disaster risk reduction policies and strategic plans.

Chapter 5 Findings Part Two

5.1. Introduction

This chapter provides the second part of the findings, which stem from the narrative review of the study. The following sections will outline these findings illustrating women and children's sexual and reproductive health experiences whilst being internally displaced in Fiji, PNG, Vanuatu and the Solomon Islands during natural hazards and conflict displacement. The analyses found three key domains: (1) sexual gender-based violence, (2) the influence of cultural factors on sexual and reproductive health experiences, and the (3) lack of adequate, affordable, quality health services, staff, and resource equipment. Key themes emerging within these three domains include rape or sexual assault against Melanesian women and children, cultural taboos, stigma and fear, and lack of awareness of vital sexual and reproductive health services. Discussion of the findings will be presented under the key themes, as shown in Table 5.1.

Table 5. 1. Key Domains and Key Themes

Key domains	Key Themes
Sexual Gender-Based Violence	Rape or Sexual Assault Against Melanesian Women and Children
	Economic Struggles Lead to Sexual Exploitation and Human Trafficking
	Domestic Violence and Protection During Displacement

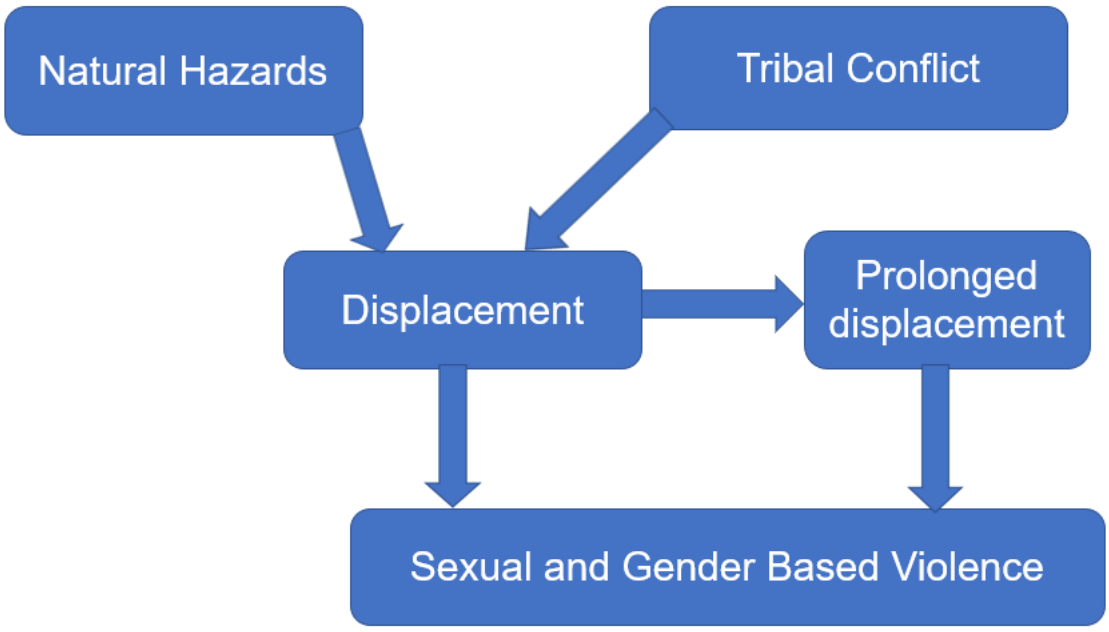
The Influence of Cultural Factors on Sexual and Reproductive Health Experiences	Cultural Taboo, Stigma and Fear
	Maintaining Traditional Family Obligations
	Positioning of Traditional Customs and Practices During Tribal Conflict
Lack of Adequate, Affordable, Quality Health Services, Staff and Resource Equipment	Awareness of Vital Sexual and Reproductive Health Services
	Staff, Facilities and Resources to Support Women and Children while Displaced
	Mental Health Services After and During the Conflict

5.2. Sexual Gender-Based Violence

Sexual Gender-Based Violence (SGBV) is a sexual health issue recognised as a human rights problem by the UN (Tavara, 2006). Research has identified an inextricable link between SGBV against women, tribal conflict, and natural hazards triggered displacement. Significantly, internally displaced Melanesian women and children have sustained extreme forms of gender-based violence sexually, physically, and mentally during and after tribal conflict and natural hazard displacement. More importantly, the pre-existing SGBVs experienced by Melanesian women and children increased when they were internally displaced by natural and human-made disasters, such as tribal conflict/violence and natural hazards.

Another key finding showed that the impact of SGBV against women during natural hazards and human-triggered disaster displacements are all linked, as illustrated in figure 5.1. More precisely, SGBV suffering is a cycle manifested during and after both types of disasters, both in initial temporary settings and when displacement becomes protracted. During natural and conflict-disaster triggered displacement in Melanesian countries, the duration of living in any settlement cannot be predicted (Assessment Capacities Project (ACAPS, 2018), and the approximate stay in an evacuation centre is a decade (Connell & Lutkehaus, 2017). These prolonged stays have led to ongoing SGBV and can cause tribal conflict with host communities, causing repeat displacement within evacuation centre (Connell & Lutkehaus, 2017). Consequently, Melanesian women and children have doubly encountered displacements, and the cycle of SGBV suffering is repeated (during, after, and ongoing) when women flee from their temporary setting. Most conflicts within temporary settings result from land disputes, food shortages and unacceptable social behaviours of young people (Connell & Lutkehaus, 2017). Women and children are always on the move; hence the risk of SGBV is apparent.

Figure 5. 1. Process of Sexual and Gender- Based Violence



Furthermore, prolonged stays of internally displaced women are due to the failure of Governments' disaster resettlement plans (International Organisation for Migration (IOM), 2017). Such situations facilitate the worst SGBV against women and children who are doubly displaced. The main findings of the SGBV experiences highlighted in this narrative review are reported below under the selected key themes.

5.2.1. Theme 1. Rape or Sexual Assault Against Melanesian Women and Children

The research showed that rape and sexual assault are among the highest forms of sexual violence against women and children in Melanesian countries whilst displaced by natural hazards and during tribal conflict (Lokuge et al., 2016; Jewkes et al., 2017; Klaver & Coe, 2018; Richardson et al., 2021). Rape and sexual assaults such as child abuse or rape imposed on children (Blignault et al., 2009), non-partner rape (Jewkes et al., 2017), and gang rape (Richardson et al., 2021) have affected the lives of women and children. Rape and sexual assault against women are ongoing problems witnessed by Melanesian people. Moreover, natural hazards and tribal conflicts have worsened the impact of sexual assault on women and children. Various articles concerning PNG mentioned all forms of sexual assault or rape. Bougainville women in PNG have also witnessed the rape, including gang rape by PNG military forces and the Bougainville Revolutionary Army (BRA) at gunpoint during the Bougainville crisis, and rape was an ongoing experience even after the conflict (Jewkes et al., 2017). Such abuse occurred evacuation centres, host communities or families where women and children were sheltering from conflict. One interviewer expressed witnessing the most horrific form of rape during the crisis.

> *"The Papua New Guinea Defence soldiers raped our young daughters, sisters, and even married women, right in front of their husbands, brothers, and uncles. The men could not do anything when faced with high-powered army weapons. People were forced at gunpoint to lie face down on the melting heat of the bitumen road (Alpers & Twyford, 2003, pp.47 as cited in Sirivil, 1998).*

Consequently, according to Jewkes et al. (2017), the adverse effect of rape in the 1998-1999 Bougainville crisis led to permanent mental health issues such as post-traumatic stress disorder among these Bougainville women and children. It is apparent that PNG's State corruption is the primary factor for the ongoing tribal conflict; as a result, sexual violence happens in broad daylight; however, nothing is done to punish the perpetrators (Lokuge et al., 2016; Klaver & Coe, 2018). As a result of these atrocities, many young girls and women acquire chronic diseases such as HIV/AIDS and STI, permanent physical disabilities, teenage pregnancies, and unwanted pregnancies, and innocent lives are lost permanently (Klaver & Coe, 2018).

Similarly, Fiji has experienced several coups in the last century that displaced many women and children (Alpers & Twyford, 2003). The latest coup was in the year 2000; during that coup, sexual violence such as gang rape and child abuse increased. Indigenous Fijian men sexually assaulted women, with most victims being rural Indo-Fijian women (Alexander, 2006). According to the Fijian Women Crisis Centre (FWCC), at the beginning of the coup, Indo-Fijian women were the target of 'race-motivated rapes' (primarily gang rapes) and threats of rape. The reason was to force men to agree with their demand for money, life stock, and food. One example of the report from the FWCC is as follows:

> *'An elderly couple, dairy farmers in their sixties, have been living peacefully in a rural community with their neighbours- both Indian and Fijian for 49 years. One night following May 19th, they were attacked in their home by a group of men. Their house was looted, and they were assaulted from 9 pm to 2 am. They were kicked and beaten and dragged from room to room. The woman was gang raped. They lost all their belongings, homes and 70m heads of cattle. The case was reported to the police, but so far, no action has been taken* (*Alexander, 2006, p.19*)

Due to stigma, Fijian women were forced to conceal the rape perpetrated on them. Thus, they feared reporting to their husbands and family members to avoid increased tension in their family relationships (Alexander, 2006). Likewise, during and after the 2006 military coups, Fijian women and children experienced an extreme amount of ongoing sexual

violence. Non-partner rape was thirteen per cent, and sexual violence increased by 155 per cent during and after the coup (Thomas, 2017). Sexual assaults continued after the coup and affected Fijian women's mental health. Consequently, many women reported confusion, frustration, depression, short tempers, and difficulty sleeping. There were also increases in suicide and attempted suicide (Alexander, 2006).

Moreover, the Solomon Islands has a long history of tribal conflict between the people of Maliatata and Guadalcanal, the two main islands in the Solomon Islands. Political issues between 1998 and mid-2003 triggered the battle. As a result, many women and children were displaced, and violence against women and children increased. Many women were raped by both sides of the militants (Alpers & Twyford, 2003, as cited in Amnesty International, 2004). For instance, according to (Byrom, 2006), 19 women were raped by armed forces, most were teenagers, and the youngest was 11 years old. Likewise, nine and ten-year-old year girls were raped. However, nobody reported the case to the police (Byrom,2006, as cited in Amnesty International, 2004). The law-and-order system of the country was compromised and weakened; as a result, sexual assault or rape was ongoing and repeatedly affected the lives of women and children in the Solomon Islands during and after the long history of conflict. For example, Amnesty International visited Solomon Island, and one of its reports stated the following.

> '*Figures cannot express the horror that girls and women went through repeated rape often over several months and with male relatives unable to offer protection against repeated* rapes *(Byrom,2006, p.6).*

Natural hazards and rape

Likewise, natural hazards triggered displacement also aggravated rape among internally displaced women and children. The main reason was the lack of security and protection during displacement (Blignault et al., 2009). During natural hazards triggered displacement, Melanesian women and children were often evacuated to host communities or settlements (IOM, 2017). In Melanesian societies, providing the basic needs for family sustenance, such

as food, water, and firewood, are the duties of women and children (Feeny et al., (2013), and these responsibilities continue whilst they are displaced and evacuated. Many evacuation centres and host communities lack security and protection. As such, this provides an avenue for perpetrators to take advantage of such vulnerable populations; as a result, many women and children are the victims of rape. For example, in 2007, Solomon Islands women and children suffered an increased rate of rape following the Gazo tsunami displacement due to security and protection failures in evacuation centres (Vithanage,2021). Also, many cases of attempted rapes among young women with disabilities were reported following the 2018 highlands earthquake in PNG (Cooperative for Assistance and Relief Everywhere (CARE), PNG, 2018). Again, the United Nations Fund for Population Activity (UNFPA) Pacific report (2015) concluded that two per cent of women of reproductive age in Pacific countries displaced by natural hazards required immediate treatment as a result of rape as well as psychosocial support and referrals. Hence, rape is one of the primary forms of sexual violence experienced by Melanesian women and children, exacerbated by natural hazards and human-made displacements.

5.2.2. Theme 2. Economic Struggles Lead to Sexual Exploitation and Human Trafficking

Sexual exploitation and human trafficking were other findings of this review (Alpers & Twyford, 2003; Feeny et al., 2013; Connell & Lutkehaus, 2017; Allan & Lacey, 2018). According to Allan & Lacey (2018), sexual exploitation and human trafficking are linked to natural hazard displacement. During natural hazard triggered displacement, children, vulnerable populations such as the old and elderly, disabled persons, single mothers, and widows are at the highest risk of human trafficking and sexual exploitation (Allan & Lacey, 2018, as cited in Safety and protection cluster, 2016).

Sexual exploitation and poverty during natural hazard displacement

One main problem that triggers sexual exploitation among the IDPs is difficulties in dealing with poverty. The impact of food scarcity and food insecurity is a threat to parents as they

cannot feed their families due to the increased loss of jobs, land and food destruction triggered by disasters. Thus, parents are forced to remove young girls from school, arrange early marriages, or forcefully engage in sex work or prostitution to provide family benefits (Vithanage, 2020). For example, In PNG, during the Manama volcano displacement in 2004-2005, and when displacement became protracted, many young girls engaged in prostitution. As a result, sexually transmitted diseases such as HIV/ AIDs, other STIs, and unwanted pregnancies increased (Connell & Lutkehaus,2017). Again, economic shock contributed to prostitution amongst women and girls in Vanuatu and Solomon Islands during protracted natural hazard displacements. According to Fenny et al. (2013), almost 90 per cent of households experienced a food price shock, and over 70 per cent experienced a fuel price shock. Such economic shocks contributed to transactional sex and prostitution as young women and girls were pressured to earn more. These events were happening because of poverty exacerbated by natural hazard triggered displacement. Moreover, during natural hazard triggered displacement, those underprivileged in communities, specifically widows and single mothers, were at the most significant risk of exchanging sex for resources to build their houses (CARE, 2018).

Human trafficking during natural hazard displacement

According to Allan and Lacey (2018), Melanesian women and children were exposed to human trafficking during natural hazard displacement. Trafficking activities, such as abduction and kidnapping of women and young children displaced during natural hazards, were due to being evacuated to different geographic settings and were the primary forms of violence confronted by displaced women and children during and after disasters (Khan, 2016; Allan & Lacey, 2018). Although very little literature has touched on the topic, many women and children have witnessed human trafficking. For example, during the displacement caused by cyclone Winston, some children and single female-headed households were reported missing in Fiji, and in particular, these included those not registered under the Identity Management System for missing person tracking in Fiji. Many

children and women were exposed to sexual exploitation (Allan & Lacey, 2018). In the Solomon Islands, young children and family members were vulnerable to third-party trafficking by existing sex transactional employees (IOM, 2018). Such physical violence suffered by internally displaced women and children in the Melanesian countries was fundamentally due to the failure of protection.

Similarly, in the Solomon Islands, women and girls became sex slaves for the military when militants stayed in one village and used it as a military camp for several months to fight their enemies. In these situations, male parents and relatives could not defend women and girls (Byrom, 2006).

5.2.3. Theme 3. Domestic Violence and Protection

This research revealed that domestic violence and lack of protection are significantly related to women and children displaced by natural and human-made disasters (Alexander, 2006; Feeny et al., 2013; Thomas, 2017; Jewkes et al., 2017; CARES,2018). The impact of domestic violence on internally displaced women and children in Melanesian society is unbearable. This review identified that the impacts of domestic violence compounded by natural hazards and conflicts, or violence, has disproportionally affected these marginalised groups. Domestic violence is caused by human and natural hazard-triggered displacement. The impacts of domestic violence then cause displacement within the families, causing repeated exposure to sexual and gender-based violence or sexual reproductive health issues.

Intimate partner violence during displacement

This research highlighted that, women were physically beaten, sexually assaulted, and emotionally abused by their intimate partners in PNG, Solomon Islands, Vanuatu, Fiji, and the Pacific at an alarming rate. Family violence includes women and children being beaten by husbands and other family members, which is increasing in the Pacific (Thomas, 2017).

In PNG, many women experienced domestic violence; they were physically, sexually, and emotionally abused by their partners during and after disaster displacement. For example, this abuse was ongoing during conflict displacement in the 1997-1999 Bougainville crisis. As a result, Jewkes et al. (2017) noted that one-third of women in the Bougainville region of PNG reported enduring physical and sexual violence by their husbands. Consequently, many families were separated, forcing displacement within the family; this also led to repeated SGBV. These horrifying experiences impaired the mental state of women after the disaster (Tierney et al., 2016).

Moreover, in Fiji, Indo-Fijian women were victims of frequent domestic violence during the prolonged coup (Byrom,2006). For example, a Fijian Women's Crisis Centre report *noted that the number of divorce cases based on persistent and habitual cruelty significantly increased at the highest rate in a century*. Domestic violence has become more prevalent in Indo-Fijian and indigenous homes, causing women to be more reluctant to report domestic violence cases. Such repeated abuse took a toll on women's emotional state; 73 percent felt worried after the coup, and many reported confusions, frustration, panic, depression and being short-tempered (Alexander, 2006).

Weakening family structure during displacement

Similarly, natural hazard displacement has weakened family structures. Food, land, homes and essential services are destroyed during hazardous events—causing family dysfunction. Women and girls endured gross violations of their fundamental human rights, and few were allowed to act independently (Vithanage,2020). One example is financial decision-making that leads to domestic violence. Such was noted during natural hazard triggered displacement in the Solomon Islands and Vanuatu. After natural hazards triggered displacement, women and children went through a unique experience of adjusting to the recent food, fuel, and economic crisis. Displaced women were primarily isolated from financial decision-making by their husbands. Although their efforts generated income for the family, they were susceptible to domestic violence (Feeny et al., 2013). Food insecurity was

the other factor that led to domestic violence. According to CARES' (2018) gender analysis on the effect of the PNG highlands earthquake, 'one primary reason for the household dispute is food'. Hence, the challenges the Melanesian women face in fulfilling their role of feeding their family while displaced resulted in increased domestic violence because hunger may have decreased tolerance and exacerbated frustration during displacement (CAERS, PNG, 2018). Again, following the two 2011 tropical cyclones in Vanuatu, the Women's Council Centre in Vanuatu reported a 300 per cent increase in new cases of domestic violence cases (Thomas, 2017).

5.3. The Influence of Cultural Factors on SRH Experiences

The review highlighted that cultural factor could be seen as barriers to accessing sexual reproductive health services in some cases. On the other hand, there were also some reports of it facilitating positive sexual and reproductive health experiences of internally displaced women and children in the Melanesian countries (Byron, 2006; Thomas, 2017; Jewkes et al., 2017; Richardson et al., 2021). Culture is one most crucial factor that influence the Melanesian people's way of life. The sections below highlight how studies in the review found positive and negative effects on culture.

5.3.1. Theme 4. Cultural Taboo, Stigma and Fear

Cultural taboos discussing sexual violence were one main barrier to accessing health and facilitating SGBV services. It is a cultural taboo for Melanesians to discuss any form of sexual violence openly. For example, army forces raped women in the Solomon Islands during an ethnic clash in 2004. Because of such cultural restrictions, women that were sexually abused during displacements feared disclosing such information, as it could bring disgrace to the family and lead to domestic violence (Byrom, 2006). Moreover, as mentioned earlier, HIV/AIDS can become a new health issue during displacement. Since such diseases were contracted through sexual activities, women and children living with HIV or who acquired new infections could not speak publicly for medical assistance due to stigma, fear,

insecurity, and domestic violence (Klaver & Coe, 2018). Cultural ideology on sexual violence is an injustice to women and children who were forcefully raped and inflicted with sexually transmitted diseases which cannot be cured.

Compensation payment and justice

Moreover, compensation payment was another barrier to seeking justice. A cultural ideology for payment of compensation violated many women's and children's rights to justice. Parents and families in Melanesian societies claimed compensation when women and children were sexually and physically assaulted (Thomas, 2017). During conflict triggered displacement in the Solomon Islands, many women and children were assaulted sexually. However, according to nurses in the Noro clinic in the Solomon Islands, their parents and families claimed compensation instead of following legal procedures. A nine-year-old victim and a group of ten-year-old girls were reported to be raped; parents did not report the case to the police and claimed compensation as it was culturally appropriate (Byrom, 2006).

5.3.2. Theme 5. Maintaining Family Obligations

Traditional obligations are a facilitator for violence against women in Melanesian societies. Culturally, women and children are responsible for family needs, such as providing food, fetching water, caring for young children, collecting firewood, cultivating crops, caring for domestic animals, and caring for the older and the sick (CARES, 2018). The work that women are expected to do is a heavy burden. During displacement, women and children face considerable challenges and stress to maintain those responsibilities because they involve increased commitment and physical efforts. Since essential items and resources are often destroyed during disasters, the workload burden significantly increases. Thus, they walk long distances to access basic life-saving needs (CARES PNG, 2018). Many women have complained about the workload from doing multiple tasks, for example, going fishing and travelling on foot for long distances to sell fish at the markets, returning home to prepare meals and constantly carrying out home chores (Feeny et al., 2013).

Moreover, the amount of work does not reduce when women are pregnant, placing these individuals at an added risk. Hence, they are described as being overburdened with work and as 'slaves' (CARES, 2018). Such burdens affect women and children, causing them significant physical and emotional harm.

5.3.3. Theme 6. Positioning of Traditional Customs and Practices During Tribal Conflict

Lack of male physical security a cultural obligation during conflict displacement

Cultural factors facilitate sexual and gender-based violence in PNG during tribal conflict triggered displacement. In PNG's traditional cultures, men and boys provide security for women and children in the community. Hence, they have the freedom and the power to move freely and actively participate in their usual activities, such as schooling, gardening, and fetching water. However, when displaced by tribal conflict, men and boys separate from their families and join the fight (Jewkes et al., 2017). As a result, women and children become the primary targets of sexual violence, especially rape and sexual assault by enemy tribes or strangers, because they are unprotected and always on the move (Klaver & Coe, 2018). The enemy could easily access rival communities and abuse women and children. Children below the age of sixteen years old were exposed to such violence. For example, Richardson et al. (2021, as cited in Garap,2004) noted that during a tribal conflict in the highlands of PNG,

> *"An opposing enemy gang-raped a seven-year-old girl while she was walking with her father. Furthermore, such assaults were inflicted on her to humiliate and undermine the enemy tribe". (p.15)*

Breeching of cultural taboos during conflict displacement

The traditional manner of tribal conflict has changed. Previously, spears, bows and arrows were standard weapons for fighting. Women were traditionally protected as rape as a weapon of war was culturally taboo. Nevertheless, it is not the case anymore, as high-powered weapons have replaced traditional weapons, and new waring tactics have evolved

(Alpers & Twyford, 2003; Richardson et al., 2021, as cited in Hanku et al., 2016). Similarly, pregnant women were reported to be killed during tribal conflicts. Such activities are culturally forbidden. The cultural taboos in some Melanesian societies protect women and girls. However, integrating western cultures of weapons of war has dissolved traditional cultural taboos about killing and raping women and children.

Culture that facilitated sexual exploitation

In addition, during tribal conflict triggered displacement, women are viewed as commodities. Such sexual exploitation is approved in these cultures. In the highlands of Papua New Guinea, culturally, clanswomen are forced into sexual activities by their clansmen to motivate and keep fighters from other clans to continue fighting for them because they (fighters) have travelled a long distance to assist them in the battle ((Richardson et al., 2021). In addition, women and young girls were forced into arranged customary marriages with members of other tribes to foster relationships during tribal conflicts. In such situations, consent to marry was not necessarily needed from girls or women (CARES, PNG, 2018). This is a very prevalent form of family and sexual violence. Again, women and girls acted as mediators or partook directly in battle (Richardson et al., 2021), which is culturally accepted. For example, according to Richardson et al. (2021, as cited in MacDonalds & Kirami, 2015). *"As violent actors, women are armed with bush knives or partake in Diversionary Tactics in the battleground- commonly, entering the fighting area naked to distract the enemy" (p.15).*

5.4. Lack of Adequate, Affordable, Quality Healthcare, and Resource

Access to health services is critical for affected populations, including emergency reproductive health services to prevent unwanted pregnancies, HIV/AIDS and STI, mental health issues, and other reproductive health complications. Adequate, affordable health care is needed, despite displacement. The primary reason for such negligence was found to be primarily a lack of awareness of services, destruction of health services in a disaster, illiteracy amongst displaced women and children and lack of availability of health

professionals during and after disaster mitigation (Alexzander, 2006; Tierney et al., 2016; CARES, 2018; Pomer et al., 2019; Downing et al., 2021).

5.4.1. Theme 7. Awareness of Vital SRH Services

This research highlighted that many women and children were illiterate in rural areas where frequent disasters occur. As they cannot read or write, they can be unaware of the existence of vital services (Klaver & Coe, 2018). Moreover, teenage pregnancy also increased, as apparent in the increase of single parenting in evacuation centres (Alpers & Twyford, 2003). Access to comprehensive emergency reproductive health services and implementation of a minimum initial service package for reproductive health in crises were lacking (Cares, 2018). However, even if such services were available, the importance of reproductive health services awareness was lacking. Consequently, the birth rate in rural communities affected by natural hazards and tribal conflicts also grew (McMichael & Powell, 2021).

5.4.2. Theme 8. Staff, Facilities and Resources to Support Women and Children

In disaster situations**,** essential antenatal and infant delivery facilities and resources may be destroyed. Hence, health professionals and village birth assistants in the affected area also become victims of these disasters (CARE, 2018). Women and children were forced to walk for many miles to seek services because of the rurality and other geographical factors of the evacuation centre (CARE, 2018). Antenatal care and hospital delivery services were lacking during disaster and conflict displacements. Pregnant women expressed problems such as having to give birth in bushes whilst hiding, unattended by medical professionals. Mothers delivered infants in unclean environments, and even doctors could not save a life (Alpers & Twyford, (2003). One example was expressed by a pregnant woman fleeing the Bougainville crisis in 1997.

> *"Without warning, one day [the BRA] came to my village firing shots indiscriminately. It was chaos and a nightmare. Families were separated. The next day I gave birth prematurely with the assistance of a local doctor in an abandoned bank. A few*

minutes later, on the same morning, another pregnant woman came in—she was not so fortunate. She died from loss of blood. Her baby survived. After her came another pregnant mother who needed to give birth by caesarean. Her stomach burst open—she died. Her baby survived. What could the doctor do without equipment and medicine? He was helpless. Our village was completely burnt ten days later, and we had to run into the jungle to hide". (Alpers & Twyford, 2003 as cited in Helen Hakuna, Pacific NGO delegate, statement to the UN Small Arms Conference, July 2001, p. 46)

Lack of transportation and support when displaced.

Furthermore, pregnant women suffered from walking long distances to deliver their babies, as there was sometimes no transportation provided at evacuation center (Klaver & Coe, 2018). They were also forced to walk long distances to fetch water and for personal hygiene care during menstruation (Downing et al., 2021) and pregnancy (IOM, 2019). Similarly, they witnessed difficulty accessing toilet facilities because of the lack of sex-segregated latrines at evacuation centres (IOM, 2019). Women and girls were at the risk of sexual and gender-based violence, such as rape, exploitation, trafficking, unwanted pregnancy, HIV/AIDS and STI, while trying to access such vital needs and services.

5.4.3. Theme 9. Mental Health Services After and During the Conflict

Another finding discovered in this research was the lack of pre- and post-disaster mental health services—many experienced mental health issues such as Post Traumatic Stress Disorder (PTSD). Figure 5.2 illustrates the link between conflict disasters, sexual gender-based violence and PTSD. These can occur due to devastating conflicts accompanied by repeated SGBV pre-post disaster displacement that affect a person emotionally due to the delay in early mental health interventions.

Figure 5. 2. Link Between Disaster Displacement Sexual Gender-Based Violence and PTSD

Protracted devastating conflicts witnessed by women and children associated with repeated SGBV pre- and post-disaster led to PTSD. According to Tierney et al. (2016), conflict-related sufferings continued to affect the mental health of Bougainville women and children associated with trauma-related syndromes such as anger, complicated grief, and alcohol and substance abuse. Adverse trans-generational effects on children exposed to disturbed parental behaviours attributable to conflict exposure were also significant (Tierney et al., 2016). Further research from PNG noted that the prevalence of exposure to trauma during the civil war was very high, and women witnessed the lingering impacts of conflict (Jewkes et al., 2017). It was associated with depressive thoughts, problem drinking, suicidal thoughts, reliving the experience of past rape, and physical and sexual partner violence (Jewkes et al., 2017). In conflict settings, women and children sustained these post-mental health traumas due to the lack of mental health services pre- and post-disaster recovery plans.

Mental health issues, pregnancy, and displacement

Similarly, pregnant women displaced by natural hazards can also experience mental health issues. One article in Vanuatu found that maternal and child health distress due to high pregnancy stress levels are significant among natural hazard-displaced pregnant women (Pomer et al., 2018). Another report from the same country noted that 65.9 per cent of pregnant women experienced distress during natural hazard (Pomer et al., 2019). The primary predictor was damage to these villages and homes, contributing to mental health

issues during pregnancy. Mental health counselling services were unavailable in most parts of the country during and after these natural hazards; as a result, many women and children were affected with PTSD.

5.5. Summary

The study has identified key themes relating to the sexual and reproductive health experiences of internally displaced Melanesian women and children. Sexual and reproductive health issues such as sexual assault, rape, domestic violence, sexual exploitation, human trafficking, unwanted pregnancy, and chronic sexually transmitted diseases significantly affect women and children. The drivers of such suffering are multi-faceted and need rigorous interventions. Such findings provide context around key drivers for policy changes and service delivery improvements for women and children in Melanesia.

Chapter 6 Discussion and Conclusions

6.1. Introduction

In Melanesian societies, unprecedented natural hazards and tribal conflict have repeatedly displaced thousands of homes and disrupted essential services. Women and children are the most affected. Their Sexual and Reproductive Health (SRH) is often at risk whilst they are evacuated to temporary settlements. Given this, there is a lack of research or understanding into how their SRH could be improved while displaced. This research investigated the sexual and reproductive health experiences of Melanesian internally displaced women and children impacted by natural hazards and conflict disasters. The study carried out a narrative and policy review and addressed the sub-questions in table 6. 1.

Table 6. 1. Sub-questions and Types of Review

Sub-questions	Types of Review
1). What are the sexual and reproductive health experiences of internally displaced Melanesian women and children in the Pacific?	Narrative
2). What similarities and differences exist in the risk profiles of internally displaced women and children in selected Melanesian countries?	Policy and Narrative
3). What sexual and reproductive health policies exist in Melanesian countries, and how do they apply to internally displaced women and children?	Policy

4). How can policies be strengthened to address the sexual and reproductive needs of internally displaced women and children?	Policy

The findings of this study show that Melanesian women and children have experienced significant sexual and reproductive health issues while displaced. Moreover, the research identified policy gaps that contributed to the suffering of internally displaced women and children of Fiji, PNG, Vanuatu, and the Solomon Islands.

In this chapter, the main findings of the review are discussed. The discussion is structured according to key findings that cover how (i) protecting and improving sexual and gender-based violence is needed, how we (ii) address cultural factors associated with SRH experiences while being displaced, (iii) how we improve the lack of adequate, affordable, quality health services, staff, and resource equipment, (iv) integrating UN Guiding principles for sexual and reproductive health for internally displaced persons with national policies and, (v) preventing the probability of future disaster risk displacement and its impacts.

6.2. Protecting and Improving Sexual and Gender-Based Violence Against Women

Sexual Gender Based Violence (SGBV) is a global public health concern. This review highlighted that sexual and gender-based violence, such as rape or assault, sexual exploitation, human trafficking, and domestic violence, were experienced by Melanesian women and children due to protracted displacements. According to UN Women (n.d.) SGBV in the Asian and South Pacific regions is increasing compared to the rest of the world. The proportion of women who report having experienced physical or sexual violence by an intimate partner in their lifetime is substantially higher than the global average of 27 per cent. In the last 12 months alone, it was above the global average of 13 per cent (UN Women Asia Pacific, n.d.).

This study found that internally displaced women and children are highly vulnerable, and the pattern or process of SGBV is a horrible experience. Many developing countries with

populations displaced by natural hazards and tribal conflicts have experienced similar impacts of sexual and gender-based violence. In a recent study in Pakistan, many women and children displaced by conflicts endured devastating sexual and gender-based violence during and after these events (Adejumo et al., 2022). Another study from Ukraine also provided supporting evidence that SGBV started from the beginning of the conflict and continued post-conflict (Capasso et al., 2021). Sexual and Gender-Based violence against women is a crime which needs to be addressed urgently in natural hazards and conflict settings (Dutta, 2017). Most literature reviewed in this research revealed that the adverse effect of repeated sexual and gender-based violence, such as rape, domestic violence, and sexual exploitation, lead to permanent health problems, such as PTSD, chronic sexually transmitted diseases, and unwanted pregnancies (Jewkes et al., 2017; Klaver & Coe, 2018).

Rape

The literature reviewed in this research showed that rape was one primary form of SGBV repeatedly experienced by Melanesian women and children pre- and post-disaster displacement. Rape perpetrated on women and children was mainly from military forces, enemy tribes, and strangers within their communities (Alpers & Twyford, 2003; Alexander, 2006). Similar suffering is experienced by women and children in other developing countries displaced by conflict disasters. According to Amodu et al. (2020), women and children of African countries displaced by conflict disasters experienced ongoing rape and sexual assault pre- and post-conflict disasters from armed forces, police, and strangers. Again, rape among internally displaced women and children throughout developing countries is increasing compared with those not displaced (Capasso et al., 2021). Such abuses are due to the failure of the Government's security and protection during and after disaster mitigation.

Government protection

This review highlighted that the Governments' failure to provide adequate security and protection led to horrifying sexual and gender-based violence suffered by displaced Melanesian women and children. Especially in conflict situations, the safety and protection systems were challenged, compromising internally displaced persons' sexual and reproductive health (Pacheo-Coral, 2018; Richardson et al., 2021). The lack of physical security was a significant problem encountered by women and children when evacuated to host communities, host families and illegal urban settlements. These resulted from country's weak law and order systems (Pacheo-Coral, 2018). Most conflicts are politically motivated disputes, such as battles involving the government and other political parties (Byrom,2006; Jewkes et al., 2017).

Due to these failures, innocent women and children are displaced, and the displacement could be prolonged, with no end in sight. This review showed that women and children suffered extreme sexual and gender-based violence such as rape, exploitation, human trafficking and domestic violence, unwanted pregnancy, HIV/AIDS and other STIs during and after conflict situations. In many cases, SGBV was ongoing. Perpetrators escaped prosecution, causing repeated abuses (Henry, 2009; Khan, 2016). As such, no law holds them accountable for these behaviours in Melanesian societies. Many women and children in developing countries have encountered similar experiences when displaced (Vu et al., 2012; Sexual, 2017; KUMSKOVA, 2022). They also reported violence against women due to the lack of security and protection policies in humanitarian settings. For example, a recent article noted that the lack of security and protection for internally displaced women and children led to heightened sexual and gender-based violence in Malawi (Veloso, 2022). More recently, in the Republic of the Congo, an analysis of the current Government's policies revealed a lack of programmes to address survivors' specific concerns and policy enforcement problems in post-conflict scenarios (Lugova et al., 2020). Sambo (2017) also noted similar negligence; 68 per cent of women and children reported SGBV, 100 per cent

reported a lack of security at the displacement camp, and 68 per cent reported that government policies were lacking in Nigeria.

Protecting displaced women and children is one of the most critical UN guiding principles neglected by Melanesian nations and other developing countries. The Government must strengthen police and defence services in disaster displacement sites. Police and defence must constantly provide security for women and children in host communities until they are resettled safely.

Lack of physical security and protection

Melanesian women and children were also significantly affected during natural hazards triggered displacements. As highlighted in this research, security and protection were lacking in their communities, villages, and illegal urban settlements. Hence, the risk of sexual and gender-based violence against women and chronic illnesses such as HIV/AIDS and STI increases as women and children accomplish their daily activities such as farming, food gathering, cooking, fetching water, personal hygiene care and using pit latrines. The literature reviewed in this study and many other studies from developing countries where natural hazards have displaced women and children has revealed similar risks and sufferings due to a lack of security and protection by the relevant host government (Tanyag, 2018; Bendavid et al., 2021). The UN guiding principle related to protection from displacement section 11, Principle 1, states explicitly that:

> *"Every human being shall have the right to be protected against being arbitrarily displaced from his or her home or place of habitual residence (UNCHR, 1998, p.3)".*

The protection of displaced women and children is vital. Thus, Melanesian, and countries in the wider Pacific regions need to strengthen and improve national security and protection systems, laws, and policies by upholding the UN guiding principles of internally displaced persons. African countries have successfully integrated UN guiding principles for internally displaced women and children (Abebe, 2016). Although it has not solved all issues (Den &

Adeola, 2021), there is evidence that it is showing some improvement, and the rights of internally displaced women and children are being recognised (Savage, 2021).

6.3. Addressing Cultural Factors

The drivers of domestic violence

This study found that unmet cultural obligations lead to domestic violence among internally displaced women and children in Melanesian societies. Cultural obligations play an essential role in the family. As a result, unmet cultural obligations could lead to domestic violence, including family violence. Generally, 60 percent of women in the Pacific region encounter intimate partner violence, and culture is one main contributing factor (IOM, 2018). A wealth of literature from disaster-displaced countries has supported this review's findings (Wachter et al. 2018; Amodu et al., 2020). According to Amodu et al. (2020), partner violence was the highest form of violence experienced by internally displaced women and children in African countries during pre- and post-conflict disasters solely due to unmet cultural responsibilities. Again, Wachter et al. (2018) also noted that gendered social roles and norms led to domestic violence among the internally displaced women and children of South Sudan, Kenya, and Iraq. Domestic violence within internally displaced peoples' communities is a highly complex problem. The perpetrators of such violence are not always their sexual partner or spouse but also their fathers, brothers and other men, and extended family (Thomas, 2017). Domestic violence pre-post disaster displacement is evident as a brutal crime perpetrated on women and children, and cultural influence is one main contributing factor. All schools should teach sexual and reproductive rights and the consequences of violence against women and children in all school curricula in Melanesia and other Pacific countries.

Stigma and discrimination

Another finding from this review was that Melanesian women and children that are victims of sexual and gender-based violence would not seek help due to cultural taboos causing stigma and discrimination in their families and broader society. Due to the family's fear of shame and humiliation, much-needed HIV/AIDS treatment and counselling were neglected. Many women and children felt compelled to be silent because of cultural taboos and continued to live in violent relationships. Such gave the perpetrators more control over them (Richardson et al., 2021). Similar experiences have affected many women and children in countries where displacement is significant. According to Angria (2010) and Lugova et al. (2020), in African cultures, sexual assault survivors faced physical and psychological torture and bitter emotions, causing low self-esteem in their social well-being when they were often stigmatised and humiliated by society. Most women would not reach out for much-needed HIV/AIDS treatment and counselling or could not report such violence to their families due to the fear of domestic violence (Anguria,2010).

Consequently, unwanted pregnancy, infections, and maternal mortality rates increased among internally displaced women and children (Savage, 2021). A more culturally centred policy is needed to improve the sexual and reproductive rights of internally displaced women and children. It should be integrated into Governments' national policies in Melanesia and the wider Pacific.

6.4. Improving Quality Health Services, and Resource

Unmet sexual and reproductive health needs and lack of awareness

This review identified that a lack of health services facilitated sexual and reproductive complications. Access to adequate, quality, and affordable healthcare was lacking in host communities, host villages and illegal urban settlements. Vital reproductive health services such as family planning, mental health counselling, antenatal care services, and HIV/AIDS services were supposed to be provided in evacuation centres by humanitarian agencies. Natural and conflict triggered disasters destroyed most needed services, compromising

Melanesian women's and children's sexual and reproductive health. Melanesian women and children were at extreme risk of SGBV, unsafe infant deliveries and complications, and mental health issues. One main factor was the lack of awareness of services provided at the evacuation centers post-disaster. The finding is similar to internally displaced women and children in humanitarian settings in developing countries. Westhoff et al. (2008) and Erhardt-Ohren and Lewinger (2020) provided similar findings from humanitarian camps. The Sexual and Reproductive Health (SRH) needs of internally displaced women and children in humanitarian settings were not met, as services were provided to improve the SRH of refugees only, owing to their refugee status (Tran et al., 2015). These findings show that governments need to improve health awareness and education about relevant services and, more importantly, use a native language everyone can understand to deliver messages pre-post disaster displacements.

Lack of coordination and cooperation

As outlined in this study, the coordination and provision of vital services were lacking. The lack of such essential services facilitated unwanted pregnancies, HIV/AIDS, SGBV and other sexually transmitted diseases. Moreover, many women experienced delivering infants in dangerous and unsanitary locations without assistance from health professionals. Mental health issues such as PTSD increased due to a lack of mental health services pre-post-disaster displacement (Tierney et al., 2016). During disasters, essential basic services are required at evacuation centres. However, the lack of cooperation, coordination, and collaboration of humanitarian actors, i.e., national Governments and NGOs, causes service failures (Centre for Reproductive Rights, 2021). The reproductive health needs of women in humanitarian settings and their communities are the same and should be delivered without discrimination. Failure to do so violates the humanitarian principle of 'Partiality.' (OCHA on Message: Humanitarian Principles, November 2011); and the UN Guiding Principle '19' (UNCHR, 1998.) (Refer to tables 2.1 and 2.3).

Many internally displaced women and children in humanitarian settings in developing countries have experienced inequality in service delivery due to the lack of coordination as well as lack of collaboration between NGOs and host Governments (Rielly Bristam, 2020; Centre for Reproductive Rights, 2021). This situation is experienced in host communities, host families, and illegal urban settlements. Policies and plans for delivering safe and effective services must be revisited so that NGOs and Governments can work cooperatively together to improve the SRH of internally displaced women and children. Similar calls have been made by the International Centre for Reproductive Rights for Internally Displaced Women and Children, explicitly recommending strengthening coordination and cooperation between NGOs and Government bodies (Centre for Reproductive Rights, 2021). Ministries of Health, in conjunction with donor agencies and NGOs, need to work together to adopt long-term, flexible strategies which prioritise full access to essential sexual and reproductive health services in displacement host communities, evacuation centres and illegal urban settlements.

6.5. Integrating Guiding Principles for SRH with National Policies

The role of government organisations

The lack of integration of UN guiding principles in the Melanesian Governments' policies has led to horrifying experiences of sexual and gender-based violence. Rape, sexual exploitation, human trafficking, and domestic violence have impacted Melanesian women and children, compounded by the displacement caused by disasters. Developing countries known for conflict displacements are experiencing similar negligence in developing Government policies. For example, Sahoo and Pradhan (2018) have noted that the Indian Government's Sustainable Development Goals (SDG) failed to include SRH needs for internally displaced women and children. Consequently, internally displaced women and children continue encountering increasing sexual and gender-based violence in humanitarian settings. In another recent article, Savage (2021) also noticed a gap in SDGs in addressing sexual and gender-based violence among conflict-displaced women and

children in developing countries. Again, during natural hazards (earthquake) displacement in Nape, 1.4 million women and children were displaced and needed humanitarian assistance. However, the Ministry of Health lacked a sexual reproductive health plan during this disaster, which led to inadequate service deliveries (Onyango & Heidari, 2017). Integrating all three UN principles associated with the sexual and reproductive health of internally displaced persons (refer to guiding principal table 2.3) in national health and sexual reproductive health policies of all Melanesian countries must be reflected in SGDs.

The role of Non-Government Organisations

Non-Government Organisations (NGOs) have significantly improved sexual and reproductive health (SRH) for internally displaced women and children. However, NGOs intervene only at the beginning of a natural hazard and participate for a shorter period than some other agencies. Due to protracted displacements, women's, and children's SRH suffering often worsened over time, which can have a devastating impact on Melanesian women and children, as highlighted in this review. Although the guiding principles of sexual and reproductive health are -non-binding, they are firmly rooted in three interrelated fields - international human rights law, refugee law and humanitarian law (Girard & Waldman, 2000). The United Nations (UN) has specifically mentioned that host- countries should integrate those guiding principles and implement them in their countries to provide equal protection for the sexual reproductive rights of internally displaced women and children as that of any other citizen:

> *"Internally displaced persons shall enjoy, in full, the same rights and freedom under international and domestic law as do other person in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced (UNCHR, UN Guiding Principle 1, 1998, p.1).*

Non-Governmental Organisations must continue the timely delivery of emergency reproductive services pre- and post-disaster displacements. Disaster preparedness and

contingency plans for maintaining and developing reproductive health in evacuation centre are needed.

6.6. Probability of Future Disaster Risk Displacement and its Impacts

This study's review, which focused on the effects of disaster risk displacement, has revealed significant results that indicate that natural disasters have increased over the past 14 years (2009 to 2021). Thousands of people have been displaced in Melanesian societies. The probability of future disaster displacement effects is shocking as it is predicted to increase in all countries in the next 20-50 years (IDMC, n.d.). One fascinating difference highlighted in this study was that only PNG had ongoing tribal conflict displacement in the past 14 years (2009-2021). This country's displacement profiling differed from Fiji, Vanuatu, and the Solomon Islands (IOM, 2017). Hence the probability of conflict displacement is unknown in these three other countries. In addition, as the tribal conflict in PNG is culturally rooted, displacements will likely soar in the next 20-50 years. As a result, women and children will be targeted and always on the move Klaver & Coe, 2018; Csevár, 2021).

Government's negligence, prolonged stay, and urban migration

Currently, internal migration into urban cities is increasing in PNG due to natural hazards and tribal conflict displacements (IOM, 2018; Jacka & Posner,2022). People cannot adjust to meet living costs in metropolitan cities. Families suffer from many factors, such as unemployment and ethnic clashes in urban areas, causing financial burdens and poverty (Levantis & Jowitt, 2009). Living in crowded homes can cause infections (Klaver & Coe, 2018), and women and young girls are at a heightened risk of SGBV, such as sexual violence, domestic violence, rape, unwanted pregnancy, teenage sexual exploitation, and trafficking (Dinnen, 2017; Cox, 2019;). A volume of literature has identified similar experiences from other countries (Wilkinson et al., 2016; Wolsko & Marino, 2016; Selod & Shilpi, 2021). Internally displaced women and children who migrate into urban cities need particular care and attention because of their vulnerabilities. Policymakers and managers

must prepare and respond promptly to internally displaced persons' resettlement in rural areas in all Melanesian and Pacific countries to prevent urban migration and its negative health impacts.

6.7. Study Strengths and Limitations

The primary limitation noticed in this study was the need for more research articles in the Melanesian and the Pacific region. As a result, NGO reports were included as well as published research. Due to the many different types of articles retrieved, it was difficult to compare and contrast methodological rigour or eliminate bias in the analysis of methods or approaches. The systematic search of online databases has proved valuable for locating research on this study's topic. Moreover, the advantage of narrative review brought to the surface information that the policy review could not identify. Hence, this study has provided findings and understanding to assist policymakers in addressing gaps and improving policies to strengthen SRH healthcare delivery.

6.8. Conclusion and Further Direction

The sexual and reproductive health of internally displaced women and children is a global public health concern. Natural and man-man disaster-displaced women and children face inequalities with sexual reproductive health services. In the Melanesian and Pacific societies, inequalities are based on socioeconomic status, education level, traditional and cultural taboos, and resources available in their environment when evacuated to temporary settlements. Hence, addressing the gaps in improving the sexual and reproductive health needs of internally displaced women and children is paramount. However, little research is available in the Pacific to highlight their experiences. This study set out to conduct policy and narrative reviews to look into the sexual and reproductive health experience of internally displaced Melanesian women and children. It concluded that natural hazards and tribal conflict triggered displacement have significantly affected the sexual and reproductive health of internally displaced Melanesian women and children. The facilitators and barriers of

sexual and reproductive health issues were multi-faceted. The main problem identified was the lack of Government protection for internally displaced women and children when they were displaced. In additional to further action from governments, further research is needed to assess other agencies like NGOs and the impacts of their delivery of sexual and reproductive health services to internally displaced women and children in Melanesia and the Pacific.

References

Abebe, A. M. (2016). The Emerging Law of Forced Displacement in Africa: Development and

ACAPS Rapid Assessment Report – (May, 2018). PAPUA NEW GUINEA Dandan Care Centre – Wewak (East Sepik): Online Accessed: Accessed Date March 2022. https://www.acaps.org/

Adejumo, O. A., Ntoimo, L., Odimayo, M. S., Adebimpe, W. O., Okiei, B., Osungbemiro, W., ... & Okonofua, F. E. (2022). Experience of gender-based violence by internally displaced women in Southern Nigeria: A cross-sectional study. Journal of interpersonal violence, 37(15-16), NP12794-NP12819. https://doi.org/10.1177/08862605211001464

Alam, A., Minca, C., & Farid Uddin, K. (2022). Risks and informality in owner-occupied shared housing: to let, or not to let?. International Journal of Housing Policy, 22(1), 59-82. https://doi.org/10.1080/19491247.2021.1877887

Alexander, R. (2006). Political Violence in the South Pacific: Women after the Coups in Fiji. Journal of International Cooperation Studies, 14(1). https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.545.9541&rep=rep1&type=pdf

Allan, K., & Lacey, D. (2018). Identity management in disaster response environments: A child exploitation mitigation perspective. Australian Journal of Emergency Management, The, 33(3), 22-29. https://search.informit.org/doi/abs/10.3316/ielapa.792732519749920

Alpers, Philip, and Conor Twyford. Small arms in the Pacific. Geneva: Small Arms Survey, 2003. http://www.smallarmssurvey.org/

Amodu, O. C., Richter, M. S., & Salami, B. O. (2020). A scoping review of the health of conflict-induced internally displaced women in Africa. International journal of environmental research and public health, 17(4),12 IJERPH | Free Full-Text | A Scoping Review of the Health of Conflict-Induced Internally Displaced Women in Africa (doi.org)

Anguria, S. E. (2010). A study on how HIV and AIDS-related stigma and discrimination contribute to the spread of HIV among internally displaced populations in Gulu District, Uganda (Doctoral dissertation, Stellenbosch: University of Stellenbosch). http://scholar.sun.ac.za/handle/10019.1/5229

Aromataris, E., & Riitano, D. (2014). Constructing a search strategy and searching for evidence. American Journal of Nursing, 114(5), 49-56. Constructing a search strategy and searching for evidence. A guide to the literature search for a systematic review |)

Austin, J., Guy, S., Lee-Jones, L., McGinn, T., & Schlecht, J. (2008). Reproductive health: a right for refugees and internally displaced persons. Reproductive health matters, 16(31), 10-21. https://doi.org/10.1016/S0968-8080(08)31351-2

Bang, H. N. (2022). A Concise Appraisal of Cameroon's Hazard Risk Profile: Multi-Hazard Inventories, Causes, Consequences and Implications for Disaster Management. GeoHazards 2022, 3, 55–87. https://doi.org/10.3390/

Beek, K., et al. (2021). "Preparing for and responding to sexual and reproductive health in disaster settings: evidence from Fiji and Tonga." Reprod Health **18**(1): 185. https://doi.org/10.1186/s12978-021-01236-2

Bell, E. (2009-10-01). Reviewing the evidence. In Research for Health Policy.: Oxford University Press. Retrieved 16 Feb. 2022, from https://oxford-universitypressscholarship-

Bendavid, E., Boerma, T., Akseer, N., Langer, A., Malembaka, E. B., Okiro, E. A., ... & Wise, P. (2021). The effects of armed conflict on the health of women and children. The Lancet, 397(10273), 522-532. https://doi.org/10.1016/S0140-6736(21)00131-8

Bennett, J. (2002). Roots of conflict in Solomon Islands-though much is taken, much abides: legacies of tradition and colonialism. https://doi.org/10.25911/5f2004c2303ee

Blignault, I., Bunde-Birouste, A., Ritchie, J., Silove, D., & Zwi, A. B. (2009). Community perceptions of mental health needs: a qualitative study in the Solomon Islands. International journal of mental health systems, 3(1), 1-14.https://doi.org/10.1186/1752-4458-3-6

Bold, C. (2011). Using narrative in research. https://books.google.com/books?

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative research in psychology, 3(2), 77-101. Using thematic analysis in psychology: Qualitative Research in Psychology: Vol 3, No 2 (doi.org)

Byrom, R. F. (2006). Women's Fear and Collective Power During Ethnic Conflict in Solomon Islands: A Case Study of Women's Groups in Solomon Islands. https://www.academia.edu/downloadpdf

Capasso, A., Skipalska, H., Chakrabarti, U., Guttmacher, S., Navario, P., & Castillo, T. P. (2021). Patterns of gender-based violence in conflict-affected Ukraine: a descriptive analysis of internally displaced and local women receiving psychosocial services. Journal of interpersonal violence, 08862605211063009. https://doi.org/10.1177/08862605211063009

CARE international in PNG (May 7th – May 17th 2018). PNG Earthquake: Post Disaster Needs Assessment Report - Huiya and Walagu, Hela Province Dodomona and Mougulu, Western Province Papua New Guinea: Online Accessed: Accessed Date 31 March 2022. https://reliefweb.int/report/papua-new-guinea/png-earthquake-post- disaster-needs-

CARE International. (n.d.). Online Accessed: Date Accessed April 2022. www.care-international.org

Centre for Reproductive Rights Report (2021). Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings. Online Accessed: Accessed September 2021. https://:www.reproductiverights.org

Cerna-Turoff, I., et al. (2021). "The pathways between natural disasters and violence against children: a systematic review." BMC public health **21**(1): 1-17https://doi.org/10.1186/s12889-021-11252-3

Chand, A. and T. Taupo (2020). Impact of natural disasters and climate change on national security in the Pacific: Case studies of Kiribati and Tuvalu. Mapping Security in the Pacific, Routledge**:** 59-72.

CHA, U. (2012). OCHA on message: Humanitarian principles. New York: UN OCHA.): Online Accessed: Accessed Date March 2022. https://www.unocha.org/sites/unocha/files/OOM_Humanitarian%20Principles_Eng.pd

Connell, J. and N. Lutkehaus (2017). "Escaping Zaria's fire? The volcano resettlement problem of Manam Island, Papua New Guinea." Asia Pacific Viewpoint **58**(1): 14-26. https://doi.org/10.1111/apv.12148

Convention (1915) and (1967) protocol relating to the status of refugees: Online Accessed: Date Accessed April 2022.https://www.unhcr.org/4ae57b489.pdf:

Coppola, D., Laiolo, M., & Cigolini, C. (2016). Fifteen years of thermal activity at Vanuatu's volcanoes (2000–2015) revealed by MIROVA. Journal of Volcanology and Geothermal Research, 322, 6-19. https://doi.org/10.1016/j.jvolgeores.2015.11.005

Corona, G., Sansone, A., Pallotti, F., Ferlin, A., Pivonello, R., Isidori, A. M., ... & Jannini, E. A. (2020). People smoke for nicotine, but lose sexual and reproductive health for tar: a narrative review on the effect of cigarette smoking on male sexuality and reproduction. Journal of endocrinological investigation, 43(10), 1391-1408. https://doi.org/10.1007/s40618-020- 01257-x

Cox, E. (2019). "2| ENDING VIOLENCE AGAINST WOMEN IN PAPUA NEW GUINEA'S HIGHLANDS REGION: THE ROLE OF THE STATE, LOCAL CIVIL SOCIETY AND EXTRACTIVE INDUSTRIES." The Political Economy of Conflict and Violence against Women: Cases from the South: 58.

Critical Appraisal Skills Programme (2019). CASP (Cohort and Case- control) Checklist. [online] Available at: Accessed: Date Accessed April 2022. Creative Commons Licence - CASP - Critical Appraisal Skills Programme (casp-uk.net)

Crowther, M., Lim, W., & Crowther, M. A. (2010). Systematic review and meta-analysis methodology. Blood, The Journal of the American Society of Hematology, 116(17), 3140- 3146. https://doi.org/10.1182/blood-2010-05-280883

Csevár, S. (2021). "Voices in the Background: Environmental Degradation and Climate Change as Driving Forces of Violence Against Indigenous Women https://academic.oup.com/isagsq/article-

Dabby, C., & Yoshihama, M. (2021). Gender-Based Violence and Culturally Specific Advocacy in Asian and Pacific Islander Communities. In Handbook of Interpersonal Violence and Abuse Across the Lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV) (pp. 2675-2703). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-89999-2_239

Daigle, M., et al. (2020). "Moving forward on gender, livelihoods and financing." Humanitarian Policy Group, Overseas Development Institute, UK Policy Brief **76**: 1-12. http://www.odi.org.uk/hpg

Davidson, N., Hammarberg, K., Romero, L., & Fisher, J. (2022). Access to preventive sexual and reproductive health care for women from refugee-like backgrounds: a systematic review. BMC public health, 22(1), 1-37. https://doi.org/10.1186/s12889-022-12576-4

Delphine Brun (2018). CARE Rapid Gender Analysis Papua New Guinea Highlands earthquake

Deng, F. M. and R. Adeola (2021). "The Normative Influence of the UN Guiding Principles on the Kampala Convention in the Protection of Internally Displaced Persons in Africa." Journal of African Law **65**(S1): 59- 72. https://doi.org/10.1017/S0021855321000048

Dennis, A. T. (2018). "Reducing Maternal Mortality in Papua New Guinea: Contextualizing Access to Safe Surgery and Anesthesia." Anesth Analg **126**(1): 252-259. https://doi.org/10.1213/ANE.0000000000002550

Dinnen, S. (2017). "Internal security in Papua New Guinea: trends and prospects." Papua New Guinea: Seven Snapshots of a Nation. Sydney: Lowy Institute.

Doliashvili, K., & Buckley, C. J. (2008). Women's sexual and reproductive health in post-socialist Georgia: Does internal displacement matter? International Family Planning Perspectives, 21-29. https://www.jstor.org/stable/30039254

Downing, S., Benjimen, S., Natoli, L., & Bell, V. (2021). Menstrual hygiene management in disasters: the concerns, needs, and preferences of women and girls in Vanuatu. Waterlines, 40, 144-159. http://dx.doi.org/10.3362/1756-3488.21-00002

Duncan, R., & Chand, S. (2002). The economics of the 'arc of instability'. Asian-Pacific Economic Literature, 16(1), 1-9. https://doi.org/10.1111/1467-8411.t01-1-00001

Dutta, P. M. (2017). Natural disaster and vulnerability to trafficking of women and girls in India. Eur Sci J, 7881, 54-69. https://core.ac.uk/download/pdf/236411044.pdf

Early, R. (1999). Double trouble, and three is a crowd: Languages in education and official languages in Vanuatu. Journal of multilingual and multicultural development, 20(1), 13-33. https://doi.org/10.1080/01434639908666367

Erhardt-Ohren, B., & Lewinger, S. (2020). Refugee and Internally Displaced Women's Abortion Knowledge, Attitudes and Practices: Addressing the Lack of Research in Low-and Middle-Income Countries. International Perspectives on Sexual and Reproductive Health, 46(Supplement 1), 77-81. https://www.jstor.org/stable/10.1363/46e1120

ESCAP, U., & Warning, R. I. M. H. E. (2017). Integrating disaster risk reduction and climate change adaptation into the agriculture section in small islands developing states in the Pacific: a policy note. https://hdl.handle.net/20.500.12870/821

Fatemi, F., & Moslehi, S. (2021). Challenges of reproductive health management in the camps of internally displaced persons: a systematic review. Ethiopian Journal of Health Sciences, 31(1). https://doi.org/10.4314/ejhs.v31i1.19

Feeny, S., McDonald, L., Miller-Dawkins, M., Donahue, J., & Posso, A. (2013). Household vulnerability and resilience to shocks: Findings from Solomon Islands and Vanuatu. https://doi.org/10.25911/5f2001e240e1d

Ferrari, R. (2015). Writing narrative style literature reviews. Medical Writing, 24(4), 230-235. https://doi.org/10.1179/2047480615Z.000000000329

Fiji Population Live (2022): Online Accessed: Accessed Date March 2022. https://countrymeters.info/en/Fiji

Foster, A. M., Evans, D. P., Garcia, M., Knaster, S., Krause, S., McGinn, T., ... & Wheeler, E. (2017). The 2018 Inter-agency field manual on reproductive health in humanitarian settings: revising the global standards. Reproductive Health Matters, 25(51), 18-24. https://doi.org/10.1080/09688080.2017.1403277

Gascoigne, I. and C. Schumacher (2018). Papua New Guinea, Cavendish Square Publishing, LLC.

Girard, F., & Waldman, W. (2000). Ensuring the reproductive rights of refugees and internally displaced persons: legal and policy issues. International Family Planning Perspectives, 26(4), 167-173. https://www.jstor.org/stable/2648254

Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. The Lancet, 368(9547), 1595-1607. https://doi.org/10.1016/S0140-6736(06)69478-6

Godby, S., Dierst-Davies, R., Kogut, D., Winslow, L. D., Truslow, M. M., Tuttle, J., ... & Elenberg, K. (2021). Correlates of e-cigarette use among active duty US military personnel: implications for cessation policy. BMJ Mil Health. https://doi.org/10.1136/bmjmilitary-2020-001700

Ghosh, B. (2018). A Synoptic Overview of Policy Issues and Prescriptions. In *Refugee and Mixed Migration Flows* (pp. 219-233). Palgrave Macmillan, Cham.

Haddaway, N. R., & Pullin, A. S. (2014). The policy role of systematic reviews: past, present and future. Springer Science Reviews, 2(1), 179-183. https://doi.org/10.1007/s40362-014-0023-1

Hakamies, N., Geissler, P. W., & Borchert, M. (2008). Providing reproductive health care to internally displaced persons: barriers experienced by humanitarian agencies. Reproductive health matters, 16(31), 33-43. https://www.tandfonline.com/loi/zrhm20

Henry, N. (2009). "Witness to rape: The limits and potential of international war crimes trials for victims of wartime sexual violence." International Journal of Transitional Justice **3**(1): 114-134. https://doi.org/10.1093/ijtj/ijn036

Higgins, J. P., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J., & Welch, V. A. (Eds.). (2019). Cochrane handbook for systematic reviews of interventions. John Wiley & Sons. https://doi.org/10.1002/9781119536604.ch1

Holland, E. (2020). Tropical Cyclone Harold meets the novel coronavirus: Dispatch from the Pacific. Pacific Journalism Review, 26(1), 243-251. https://search.informit.org/

Honda, T., Homan, S., Leung, L., Bennett, A., Fulu, E., & Fisher, J. (2022). Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands. World Development, 152, 105799. https://doi.org/10.1016/j.worlddev.2021.105799

Internally Displaced Monitoring Center(n.d.). Risk Profile. Sudden- Onset Hazards and the Risk of Future Displacement in the Solomon Islands. Online Accessed: Accessed Date March 2022 https://www.internaldisplacement.org/sites/default/files/publications/documents/21_907_IDMC_SolomonIslands_Riskprofile.pdf

Internally Displaced Monitoring Center(n.d.). Risk Profile. Sudden- Onset Hazards and the Risk of Future Displacement in Fiji. Online Accessed: Accessed Date March 2022 https://reliefweb.int/attachments/fb067222-8a51-3734-9246 7c81bae6b769/fiji_riskprofile_idmc.pdf

Internally Displaced Monitoring Center(n.d.). Risk Profile. Sudden- Onset Hazards and the Risk of Future Displacement in Vanuatu. Online Accessed: Accessed Date March 2022 https://www.internaldisplacement.org/sites/default/files/publications/documents/21_0907_IDM CVanuatuRiskprofile.pdf

Internally Displaced Monitoring Center (2014, Report). Papua New Guinea Invisible and neglected protracted displacement. Online Accessed: Accessed Date March 2022. https://www.internal-displacement.org/

Internal Displacement Index (2021) Report. Global report for the Internally displaced persons: Online Accessed: Accessed Date March 2022. https://www.internal-displacement.org/

Internally Displaced Monitoring Centre. (2020) Global Report on Internally Displaced https://www.internal-displacement.org/global-report/grid2020/020. Accessed 4 September 2021.

Internal Displacement Monitoring Centre: Online Accessed: Accessed Date March 2022. https://www.internal-displacement.org/internal

International Organization for Migration Displacement Tracking Metrics (2019). PAPUA NEW GUINEA MT. ULAWUN VOLCANO IDPsPandi/Bageta. Internally Displaced Persons (IDPs), East New Britain Province: Online Accessed: Accessed Date March 2022.https://dtm.iom.int/

International Organization for Migration Pacific Briefing Report (2018) GENDER AND MOBILITY – IOM IN THE PACIFIC: Online Accessed: Accessed Date March 2022.https://australia.iom.int/sites/g/files/tmzbdl1001/files/documents/Gender%20and%20Mobility%20in%20the%20Pacific_Nov%202018_0.pdf

International Organization for Migration (2017). Profiling internally displaced Person in Papua New Guinea. Online Accessed: Accessed Date March 2022. https://displacement.iom.int/

Ipong, L. G., Ongy, E. E., & Bales, M. C. (2020). Impact of magnitude 6.5 earthquake on the lives and livelihoods of affected communities: The case of barangay lake Danao,

Ormoc city, Leyte, Philippines. International journal of disaster risk reduction, 46, 101520. https://doi.org/10.1016/j.ijdrr.2020.101520

Ishiwatari, M. (2022). Disaster Risk Reduction. In Handbook of Climate Change Mitigation and Adaptation (pp. 3019-3045). Cham: Springer International Publishing.

Izumi, T., Shaw, R., Djalante, R., Ishiwatari, M., & Komino, T. (2019). Disaster risk reduction and innovations. Progress in Disaster Science, 2, 100033. https://doi.org/10.1016/j.pdisas.2019.100033

Jacka, J. K., & Posner, S. (2022). How the Enga Cope with Frost in the 21st Century: Food Insecurity, Migration, and Development in the Papua New Guinea Highlands. Human Ecology, 50(2), 273-286. https://doi.org/10.1007/s10745-022-00312-w

Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. The lancet global health, 1(4), e208-e218.

Jewkes, R., et al. (2017). "Enduring impact of conflict on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea: A cross-sectional study." PLoS One **12**(10): e0186062. https://doi.org/10.1371/journal.pone.0186062

Jewkes, R., Jordaan, E., Myrttinen, H., & Gibbs, A. (2020). Masculinities and violence: using latent class analysis to investigate the origins and correlates of differences between men in the cross-sectional UN Multi-country Study on men and violence in Asia and the Pacific. Journal of global health, 10(2). https://doi.org/10.7189%2Fjogh.10.020439

Jourdan, C. (2007). Linguistic paths to urban self in postcolonial Solomon Islands. Consequences of contact: Language ideologies and sociocultural transformations in Pacific societies, 30-48.

Keen, M., Sanderson, D., Osborne, K., Deo, R., Faith, J., & Ride, A. (2022). Area-based approaches and urban recovery in the Pacific: lessons from Fiji, Solomon Islands and Vanuatu. Environment and Urbanization, 34(1), 151-169. https://doi.org/10.1177/09562478211072668

Khan, H. E. N. S. (2017). "Sexual and gender-based violence in natural disasters: emerging norms." Commonwealth Law Bulletin **42**(3): 460-468. https://doi.org/10.1080/03050718.2016.1262494

Kitson, A., et al. (2013). "What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing." Journal of advanced nursing **69**(1): 4-15. https://doi.org/10.1111/j.1365-2648.2012.06064.x

Klaver, R. and J. R. Coe (2018). "Barriers to healthcare for female patients in Papua New Guinea." BMJ Case Rep **2018** http://dx.doi.org/10.1136/bcr-2017-224005

Komugabe-Dixson, A. F., de Ville, N. S., Trundle, A., & McEvoy, D. (2019). Environmental change, urbanisation, and socio-ecological resilience in the Pacific: Community narratives from Port Vila, Vanuatu. Ecosystem Services, 39, 100973. https://doi.org/10.1016/j.ecoser.2019.100973

Kopi, M., Hinton, R., Robinson, S., Maiap, S., & Guman, Y. (2011). Insecurity in the Southern Highlands: the nature, triggers and consequences of violence in Hela region. https://doi.org/10.25911/5f20024eb9a42

KUMSKOVA, M. (2022). "Invisible Crimes Against Humanity of Gender Persecution: Taking a Feminist Lens to the ICC's Ntaganda and Ongwen Cases." Texas International Law Journal **57**(2).

Lachat, C., Otchere, S., Roberfroid, D., Abdulai, A., Seret, F. M. A., Milesevic, J., ... & Kolsteren, P. (2013). Diet and physical activity for the prevention of noncommunicable diseases in low-and middle-income countries: a systematic policy review. PLoS medicine, 10(6), e1001465. https://doi.org/10.1371/journal.pmed.1001465

Leus, X., Wallace, J., & Loretti, A. (2001). Internally displaced persons. Prehospital and disaster https://doi.org/10.1017/S1049023X00025851

Levantis, T., & Jowitt, A. (2009). Papua New Guinea: employment, wages and economic development. Journal of South Pacific Law, 5, 2001.

Lewis, B., & Maguire, R. (2016). A human rights-based approach to disaster displacement in the Asia-Pacific. Asian Journal of International Law, 6(2), https://doi.org/10.1017/S2044251315000168

Lohmann, P., Pondorfer, A., & Rehdanz, K. (2019). Natural hazards and well-being in a small-scale island society. Ecological Economics, 159, 344-353. https://doi.org/10.1016/j.ecolecon.2018.12.023

Lokuge, K., et al. (2016). "Health Services for Gender-Based Violence: Medecins Sans Frontieres Experience Caring for Survivors in Urban Papua New Guinea." PLoS One **11**(6): e0156813. https://doi.org/10.1371/journal.pone.0156813

Lugova, H., Samad, N., & Haque, M. (2020). Sexual and gender-based violence among refugees and internally displaced persons in the Democratic Republic of the Congo: Post-conflict scenario. Risk management and healthcare policy, 13, 2937. https://doi.org/10.2147%2FRMHP.S283698

Masood, S., Kothari, A., & Regan, S. (2020). The use of research in public health policy: a systematic review. Evidence & Policy: A Journal of https://doi.org/10.1332/174426418X15193814624487

McMichael, C. and T. Powell (2021). "Planned Relocation and Health: A Case Study from Fiji." Int J Environ Res Public Health **18**(8). https://doi.org/10.3390/ijerph18084355

Mecartney, S., & Connell, J. (2017). Urban Melanesia: The challenges of managing land, modernity and tradition. Kastom, property and ideology: Land transformations in Melanesia, 57-84. https://library.oapen.org/bitstream/handle/20.500.12657/31420/628310.pdf?

Merz, B., Nguyen, V. D., & Vorogushyn, S. (2016). Temporal clustering of floods in Germany: Do flood-rich and flood-poor periods exist? Journal of Hydrology, 541, 824-838. https://doi.org/10.1016/j.jhydrol.2016.07.041

Miedema, S. S., Yount, K. M., Chirwa, E., Dunkle, K., & Fulu, E. (2017). Integrating male sexual diversity into violence prevention efforts with men and boys: evidence from the Asia-Pacific Region. Culture, Health & Sexuality, 19(2), 208-224. https://doi.org/10.1080/13691058.2016.1214747

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Prisma Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS medicine, 6(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097

Murewanhema, G. (2020). "Adolescent girls, a forgotten population in resource-limited settings in the COVID-19 pandemic: Implications for sexual and reproductive health

outcomes." The Pan African Medical Journal **37**(Suppl 1). https://doi.org/10.11604%2Fpamj.supp.2020.37.1.26970

Nabulsi, D., Abou Saad, M., Ismail, H., Doumit, M. A., El-Jamil, F., Kobeissi, L., & Fouad, F. M. (2021). Minimum initial service package (MISP) for sexual and reproductive health for women in a displacement setting: a narrative review on the Syrian refugee crisis in Lebanon. Reproductive Health, 18(1), 1-13. https://doi.org/10.1186/s12978-021-01108-9

Naser, M. M., & Lassa, J. A. (2015). Assessing the evidence: Migration, environment and climate change in Papua New Guinea. http://resp.llas.ac.cn/C666/handle/2XK7JSWQ/11320

National Disaster Risk Reduction Policy (2018-20130) Fiji. Online Accessed: Assessed Date March 2022Fiji: National disaster risk reduction policy 2018-2030 | Prevention Web

National Disaster Management Plan (1995) Fiji. Online Accessed: Assessed Date March 2022national disaster risk reduction management plan in Fiji - Search (bing.com)

National Disaster Risk Reduction Policy (2016) Vanuatu. Online Accessed: Assessed Date March 2022national disaster risk reduction policy for Vanuatu - Search (bing.com)

National Disaster Reduction and disaster Management Plan (2006-2016) Vanuatu. Online Accessed: Assessed Date March 2022Disaster Risk Reduction and Disaster Management National Action Plan (2006 - 2016) - Vanuatu | Relief Web

National Disaster Reduction Management Plan (2010) Solomon Islands. Online Accessed: Assessed Date March 2022Solomon Is National Disaster Risk Management Plan_2010 (1).pdf

National Disaster Mitigation Policy (2018-20130) Papua New Guinea. Online Accessed: Assessed Date March 2022national disaster mitigation policy Papua New Guinea - Search (bing.com)

National Disaster Reduction Framework (2017-2030) Papua New Guinea. Online Accessed: Assessed Date March 2022PNG National Disaster Risk Reduction Framework 2017-2030 | United Nations Development Programme (undp.org)

National Health Policy Fiji. Online Accessed: Assessed Date March 2022. national health policy Fiji - Search (bing.com)

National Health Strategic Plan Fiji. Online Accessed: Assessed Date March 2022.Fiji-national-strategic-plan-2016-2020-executive-version.pdf (aidsdatahub.org)

National Health Policy Solomon Islands. Online Accessed: Assessed Date March 2022. https://www.bing.com/search?q=national+health+policy+for+Solomon+Islands&qs=n&form=Q

National Health Strategic Solomon Islands (2011-2015). Online Accessed: Assessed Date March2022https://extranet.who.int/nutrition/gina/sites/default/filesstore/SLB%202011%20National%20He

National Health Policy Vanuatu (2016-2020). Online Accessed: Assessed Date March https://www.bing.com/search?q=national+health+policy+for+Vanuatu&qs=n&form=QBRE&

National Health Strategic Plan (2016-2020) Vanuatu. Online Accessed: Assessed Date March 2022. https://www.bing.com/search?q=national+health+policy+for+Vanuatu&qs=n&form=QBRE&

National Health Policy Papua New Guinea. Online Accessed: Assessed Date March 2022.https://www.bing.com/search?q=papua+new+guinea+national+health+plan&qs=NM&pq=papua+healt

National Health Strategic Plan Papua New Guinea. Online Accessed: Assessed Date March 2022https://www.bing.com/search?q=papua+new+guinea+national+health+plan&qs=NM&pq

National Sexual and reproductive health Policy Papua New Guinea a. Online Accessed: Assessed Date March 2022. https://healtheducationresources.unesco.org/library/documents/national-

sexual-reproductive-policy

National Reproductive health Policy Fiji. Online Accessed: Assessed Date March 2022.https://www.bing.com/search?q=National+reproductive+Health+Policy+Fiji&cvid=61b973

OCHA, (1998). Guiding principles for internally displaced persons: Online Accessed: Accessed Date March 2022. (internal-displacement.org)

Oliver, S., Dickson, K., & Bangpan, M. (2015). Systematic reviews: making them policy relevant. A briefing for policy makers and systematic reviewers. EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London, London.

O'REILLY, G. (2013). The EU and humanitarian action: breaking down boundaries! European Journal of Geography, 1(4), 88-97. http://www.cesci-net.eu/

Onyango, M. A. and S. Heidari (2017). Care with dignity in humanitarian crises: ensuring sexual and reproductive health and rights of displaced populations, Taylor & Francis. **25:** 1-6. Full article: Care with dignity in humanitarian crises: ensuring sexual and reproductive health and rights of displaced populations (doi.org)

Pacheco-Coral, A. D. P. (2018). Statelessness, exodus, and health: forced internal displacement and health services. Cadernos de saude publica, 34. https://doi.org/10.1590/0102-311X00027518

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Bmj, 372. https://doi.org/10.1136/bmj.n71

Papua New Guinea National Statistics Office (2018). https://www.nso.gov.pg/statistics/health

Peduzzi, P. (2019). The disaster risk, global change, and sustainability nexus. Sustainability, 11(4), 957. Sustainability | Free Full-Text | The Disaster Risk, Global Change, and Sustainability Nexus (doi.org)

Perkiss, S., & Moerman, L. (2018). A dispute in the making: A critical examination of displacement, climate change and the Pacific Islands. Accounting, Auditing & Accountability Journal. https://doi.org/10.1108/AAAJ-06-2016-2582

Picciotto, R. (2018). The Pacific Islands: New Priorities for a New Development Era. Journal of Asia Pacific Studies, 4(4).

Pomer, A., Buffa, G., Taleo, F., Sizemore, J. H., Tokon, A., Taleo, G., ... & Dancause, K. N. (2018). Relationships between psychosocial distress and diet during pregnancy and infant birthweight in a lower-middle income country:'Healthy mothers, healthy communities' study in Vanuatu. Annals of human biology, 45(3), 220-228. https://www.tandfonline.com/action/showCitFormats?doi=10.1080/03014460.2018.1459837

Pomer, A., Buffa, G., Ayoub, M. B., Taleo, F., Sizemore, J. H., Tokon, A., ... & Dancause, K. N. (2019). Psychosocial distress among women following a natural disaster in a low-to middle-income country: "healthy mothers, healthy communities" study in Vanuatu. Archives of women's mental health, 22(6), 825-829. https://doi.org/10.1007/s00737-019-00980-6

Purssell E., McCrae N. (2020) A Brief History of the Systematic Review. In: How to Perform a Systematic Literature Review. Springer, Cham. https://doi.org/10.1007/978-3-030-49672-_2_2

Qayum, M., Mohmand, S., & Arooj, H. (2012). Frequency and physical factors associated with gender-based violence in the internally displaced people of Pakistan. Journal of the College of Physicians and Surgeons Pakistan, 22(1), 63-65.

Raikes, J., Smith, T. F., Baldwin, C., & Henstra, D. (2022). The influence of international agreements on disaster risk reduction. International Journal of Disaster Risk Reduction, 76, 102999. https://doi.org/10.1016/j.ijdrr.2022.102999

Reale, A. (2013). Churches building resiliency to climate change in Solomon Islands. How the world's religions are responding to climate change: social scientific investigations. Routledge, NewYork.

Rielly Bristam, J (2020). Unwanted pregnancy and abortion in humanitarian settings: Factors that influence experiences of unwanted pregnancy and abortion in humanitarian contexts.). urn:nbn:se:uu:diva-417759 (kb.se)

Reilly, B. (2004). State functioning and state failure in the South Pacific. Australian Journal of International Affairs, 58(4), 479-493. State functioning and state failure in the South Pacific: Australian Journal of International Affairs: Vol 58, No 4 (doi.org)

Richardson, G., Zardoni, C., Martin, M. L., & Treminio, S. (2021). Gender-Based Violence in the Highlands of Papua New Guinea: A Literature Review.

Robles, L. R. (2021). Reflecting on climate-induced migration as a human security issue: An internally-displaced-person-centered approach to understanding displacement. Journal of Human Security Studies, 10(1), 1-20. Reflecting on climate-induced migration as a human security issue: An internally-displaced-person-centered approach to understanding displacement (doi.org)

Rother, E. T. (2007). Systematic literature review X narrative review. Acta Paulista de Enfermagem, 20, v-vi. https://doi.org/10.1590/S0103-21002007000200001

Rowlands, S., & Walker, S. (2019). Reproductive control by others: means, perpetrators and effects. BMJ Sexual & Reproductive Health, 45(1), 61-67. http://dx.doi.org/10.1136/bmjsrh-2018-200156

Sahoo, M. and J. Pradhan (2018). "Sustainable development goals and reproductive healthcare rights of internally displaced persons in India." International Journal of Human Rights in Healthcare. https://doi.org/10.1108/IJHRH-12-2017-0074

Sahoo, M., & Pradhan, J. (2021). Using three delay model to understand the social responsible for neonatal deaths among displaced tribal communities in India. Journal of immigrant and minority health, 23(2), 265-277. https://doi.org/10.1007/s10903-020-00990-y

Sambo, A. S. (2017). "Internal displaced persons and their information needs." Library Philosophy and Practice (e-journal) **1512**. "Internal Displaced Persons and Their Information Needs" by Atanda S. Sambo (unl.edu)

Savage, O. (2021). "Appraisal of the sexual and reproductive health of women in Nigeria from the perspective of internally displaced persons." Nnamdi Azikiwe University Journal of International Law and Jurisprudence **12**(2): 129-144.

Seavey, J. W., Aytur, S. A., & McGrath, R. J. (2014). Health policy analysis. Springer Publishing Company.

Selod, H., & Shilpi, F. (2021). Rural-urban migration in developing countries: Lessons from the literature. Regional Science and Urban Economics, 91, 103713. https://doi.org/10.1016/j.regsciurbeco.2021.103713

Sexual, V. (2007). "Sexual violence in armed conflict."

Shojaaddini Ardakani, T., Amiri Tooran Poshti, B., & Amiri Tooran Poshti, B. (2021). Effect of Covid-19 Pandemic on Women's Reproductive Health Components: A Narrative

Review. Journal of Midwifery and Reproductive Health, 9(3), 2782-2790. https://jmrh.mums.ac.ir/article_17720.html

Shultz, J. M., Rechkemmer, A., Rai, A., & McManus, K. T. (2019). Public health and mental health implications of environmentally induced forced migration. Disaster medicine and public health preparedness, 13(2), 116-122. https://doi.org/10.1017/dmp.2018.27

Singh, N. S., Smith, J., Aryasinghe, S., Khosla, R., Say, L., & Blanchet, K. (2018). Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: a systematic review. PLoS One, 13(7), e0199300. https://doi.org/10.1371/journal.pone.0199300

Singh, H., Singh, J., & Fields, M. D. (2014). Fiji: Violence against Women–Identifying and Combating Structural Discrimination that Furthers Sexual and Gender-Based Violence (SGBV). In Contemporary Social Issues in East Asian Societies: Examining the Spectrum of Public and Private Spheres (pp. 248-274). IGI Global.

Singh, S., Bhat, J. A., Shah, S., & Pala, N. A. (2021). Coastal resource management and tourism development in Fiji Islands: a conservation challenge. Environment, Development and Sustainability, 23(3), 3009-3027. https://doi.org/10.1007/s10668-020-00764-4

Snow, R. C., Laski, L., & Mutumba, M. (2015). Sexual and reproductive health: progress and outstanding needs. Global public health, 10(2), 149-173. https://doi.org/10.1080/17441692.2014.986178

Solomonov, M., Kim, H. C., Hadad, A., Levy, D. H., Itzhak, J. B., Levinson, O., & Azizi, H. (2020). Age-dependent root canal instrumentation techniques: a comprehensive narrative review. *Restorative Dentistry & Endodontics*, *45*(2). https://doi.org/10.5395/rde.2020.45.e21

Sphere Handbook, (2018). Humanitarian standards. https://speherestandards.org

Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet, 391(10140), 2642-2692. https://doi.org/10.1016/S0140-6736(18)30293-9

Tang, K., Gaoshan, J., Ahonsi, B., Ali, M., Bonet, M., Broutet, N., ... & Thwin, S. S. (2020). Sexual and reproductive health (SRH): a key issue in the emergency response to the coronavirus disease (COVID-19) outbreak. Reproductive Health, 17(1), 1-3. https://doi-org.ezproxy.aut.ac.nz/10.1186/s12978-020-0900-9

Tanyag, M. (2018). Depleting fragile bodies: the political economy of sexual and reproductive health in crisis situations. Review of international studies, 44(4), 654-671. https://doi.org/10.1017/S0260210518000128

Terry, G, & Hayfield, N. (2021). Essential of Thematic Analysis: Washington, DC: American Psychological Association. http://doi.org/10.1037/0000238-000

Thomas, E. (2017). Domestic Violence and Sexual Assault in the Pacific Islander Community. Online Assessed: Accessed Date March 2022.http://dvrp.org/wp-content/uploads/2017/05/GBV-in-the-PI-Community.pdf

Tierney, D., et al. (2016). "The mental health and psychosocial impact of the Bougainville Crisis: a synthesis of available information." Int J Ment Health Syst **10**: 18. https://doi.org/10.1186/s13033-016-0054-x

Tran, N. T., Dawson, A., Meyers, J., Krause, S., Hickling, C., & Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis. (2015). Developing institutional capacity for reproductive health in humanitarian settings: a descriptive study. PLoS One, 10(9), e0137412. https://doi.org/10.1371/journal.pone.0137412

Urbano, M., Maclellan, N., Ruff, T., & Blashki, G. (2010). Climate change and children in the Pacific Islands. Nossal Institute for Global Health, University of Melbourne. Climate change and children in the Pacific Islands (sprep.org)

UNDRR, HAZARD DEFINITION & CLASSIFICATION REVIEW TECHNICAL REPORT (2020). UNDRR_Hazard-Report_DIGITAL.pdf (council.science)

UNISDR. Sustainable Development: Risk Reduction. Report of the Open-Ended Intergovernmental Expert Working Group on Indicators and Terminology Relating to Disaster Risk Reduction, United Nations International Strategy for Disaster Risk Reduction. 2017. Available online: Accessed Date: March 2022https://reliefweb.int/sites/reliefweb.int/files/resources/50683_oiewgreportenglish.pdf

UNHCR, United Nations Guiding Principles of Internally Displaced Person (September 2004) Accessed online: Accessed Date: March 2022. https://www.unhcr.org/en-au/

United Nations Population Fund (2015). Saving Lives: Sexual Reproductive Health and Rights and Gender-Based Violence Prevention and Response in Emergencies. Pacific Sub Regional office. Accessed online: Accessed Date: March 2022 https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPASavingLifeReport17thJune.pdf

United Nations Population Fund (2020): Online Accessed: Accessed Date March 2022. United Nations Population Fund (unfpa.org)

United Nations Women (n.d.). Asia and Pacific Statistics on Sexual and Gender -Based Violence. Online Accessed: Accessed Date: November 2022. https://asiapacific.unwomen.org/en

Veloso, D. T. M. (2022). Safety and Security Issues, Gender-Based Violence and Militarization in the Time of Armed Conflict: The Experiences of Internally Displaced People From Marawi City. Frontiers in Human Dynamics, 62. https://doi.org/10.3389/fhumd.2021.703193

Verwimp, P., Osti, D., & Østby, G. (2020). Forced Displacement, Migration, and Fertility in Burundi. Population and Development Review, 46(2), 287-319. https://doi.org/10.1111/padr.12316

Vithanage, A. C. (2020). Addressing correlations between gender-based violence and climate change: An expanded role for international climate change law and education for sustainable development. Pace Envtl. L. Rev., 38, 327.

Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., ... & Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. PLoS currents, 6. https://doi.org/10.1371%2Fcurrents.dis.835f10778fd80ae031aac12d3b533ca7

Wachter, K., Horn, R., Friis, E., Falb, K., Ward, L., Apio, C., ... & Puffer, E. (2018). Drivers of intimate partner violence against women in three refugee camps. Violence Against Women, 24(3), 286-306. https://doi.org/10.1177/1077801216689163

Weir, T., & Virani, Z. (2011). Three linked risks for development in the Pacific Islands: climate change, disasters and conflict. Climate and Development, 3(3), 193-208.

Westhoff, W. W., Lopez, G. E., Zapata, L. B., Corvin, J. A. W., Allen, P., & McDermott, R. J. (2008). Reproductive health education and services needs of internally displaced persons and refugees following disaster. American Journal of Health Education, 39(2), 95-103. https://doi.org/10.1080/19325037.2008.10599021

Williams, A. (2008). Turning the tide: recognizing climate change refugees in international law. Law & Policy, 30(4), 502-529. https://doi.org/10.1111/j.1467-9930.2008.00290.x

Wilkinson, E., Kirbyshire, A., Mayhew, L., Batra, P., & Milan, A. (2016). Climate-induced migration and displacement: closing the policy gap. Overseas Development Institute (ODI), London, UK. Climate-induced migration and displacement: closing the policy gap (odi.org)

Wilson, S. A. (2012). Fiji. In Politics of Identity in Small Plural Societies (pp. 99-124). Palgrave Macmillan, New York.

Windybank, S., & Manning, M. (2003). Papua New Guinea on the brink. Papua New Guinea on the brink (cis.org.au)

Wolsko, C., & Marino, E. (2016). Disasters, migrations, and the unintended consequences of urbanization: What's the harm in getting out of harm's way? Population and Environment, 37(4), 411-428. https://doi.org/10.1007/s11111-015-0248-1

World Data Atlas (2021). The demographic of PNG. Accessed online: Accessed Date: June 2022 http://dataworldatlas.com/

World Data Atlas (2017). Neonatal and Maternal Rates in the Solomon Islands. Accessed online: Accessed Date: June 2022.http://dataworldatlas.com/

World Data Atlas (2017). Neonatal and Maternal rates in Fiji. Accessed online: Accessed Date: June 2022. http://dataworldatlas.com/

Worldometer (2022). The current population lives. Accessed online: Accessed Date: June 2022. https://www.worldometers.info/

World Population Review (2022). Solomon Island Population Live 2022. Online Accessed: Accessed Date March 2022. https://worldpopulationreview.com/countries/solomon-islands-population

World Population Review (2022). Vanuatu Population Live, 2022. Online Accessed: Accessed Date March 2022 https://worldpopulationreview.com/countries/vanuatu-population

World Population Review (2022). Fiji Population Live 2022. Online Accessed: Accessed Date March 2022 https://worldpopulationreview.com/countries/fiji-population

World Vision Vanuatu (2020). Engaging men to end Violence Against Women and Girls. https://www.worldvision.com.au/docs/default-source/publications/children/engaging-men-to-end-violence-against-women-and-girls

Appendixes

Appendix A.

Inclusion and Exclusion Selection Criteria

Category	Included	Excluded
Population of interest	• Studies are focusing on internally displaced women and children's sexual and reproductive health in PNG, Vanuatu, Solomon Islands and Pacific countries only. • Displaced by tribal conflict or violence and natural hazards.	• Studies focusing on other countries • Displacements related to other activities
Health issues	• Primary Issues • (Experiences of SGBV, unwanted pregnancy, rape, human trafficking, forced prostitution, pregnancy-related complications, security HIV/AIDS, STD). • Secondaryry issues (Experiences in	Studies that do not qualify the experiences of SRH issues and services for Internally Displaced women and children were omitted.

	access to SRH services such as family planning, antenatal clinic, counselling and birthing).	
Humanitarian crisis	Studies on the Melanesian IDPs in the Pacific region. Melanesian IDPs, especially women and children, residing in crisis centres, family hosts, urban settlements and care centres in their respective countries.	Studies focusing on IPDs from other countries.
Study design	All study designs, i.e. qualitative, quantitative, mixed methods	
Publication Type	Pre-reviewed studies and reports from international agencies and non-governmental bodies.	
Publication date	January 2000-2021 December	
Language	English only	Other languages.

Appendix B.

Narrative Review Articles and Reports.

No	Author	Year	Country	Type	Title
1	Connel & Lutkehaus	2017	PNG	Article	Am I escaping Zaria's fire? The volcano resettlement problem of Maman Island Papua New Guinea.
2	Kalver & coe	2018	PNG	Article	Barriers to healthcare for female patients in Papua New Guinea
3	Jewkes et al.	2017	PNG	Article	Enduring impacts on mental health and gender-based violence perpetration in Bougainville, Papua New Guinea
4	Richardson et al.	2021	PNG	Article	Gender-Based Violence in the highlands of PNG.
5	Tierney et al.	2016	PNG	Article	The mental health and psychological impacts of Bougainville crises: PNG
6	Csevár	2021	PNG/WP	Article	Voice in the background: Environmental degeneration and climatic change as a driving force of violence against indigenous women
7	ACAPS	2018	PNG	Report	PNG, Dandan care centre rapid assessment report
8	CARE	2018	PNG	Report	Post Disaster Needs Assessment Report
9	IOM	2019	PNG	Report	PNG MT. Ulawun volcano: Padi/Bageta IDPs, East New Britain
10	CARE	2018	PNG	Report	CARE rapid gender analysis PNG Highlands Earthquake.

11	IOM	2017	PNG	Profile	Profiling Internally displaced persons in Papua New Guinea
12	WHO	2015	Vanuatu	Report	Public health risk assessment and intervention Tropical cyclone PAM
13	Downing et al.	2021	Vanuatu	Article	Menstrual hygiene management in disaster: the concerns, needs and preferences
14	Pomer et al.	2019	Vanuatu	Article	Psychosocial distress among women following a natural disaster in Vanuatu
15	Pomer et al.	2018	Vanuatu	Article	Relationships between psychosocial distress and diet during pregnancy
16	IDMC	2021	Vanuatu	Profile	Sudden-Onset Hazards and Risk of Future Displacement in Vanuatu
17	Khan	2016	Fiji	Article	Sexual and gender-based violence in natural disasters
18	Alexander	2006	Fiji	Article	Political violence in the south pacific: women after the coups in Fiji
19	Allan & Lacey	2018	Fiji	Article	Identity management in disaster response environment: a child exploitation
20	IDMC	2021	Fiji	Profile	Sudden-Onset Hazards and Risk of Future Displacement in the Solomon Islands
21	Feeny et al	2013	Solomon Islands	Article	Household vulnerability and resilience to shock: the Solomon Islands and Vanuatu
22	Blignault et al.	2009	Solomon Islands	Article	Community perception of mental health needs. A qualitative study in SI
23	Byrom	2006	Solomon Islands	Article	Women fear and collective power during ethnic conflict in SI

24	IDMC	2021	Solomon Islands	Profile	Sudden-Onset Hazards and Risk of Future Displacement in Fiji
25	UNICEF	2010	Pacific	Report	Climate change and children in the Pacific Islands
26	IOM	n.d.	Pacific	Report	Gender and mobility- IOM in the Pacific
27	Vithange	2020	Pacific	Report	Addressing the correlation between GBV and climate change in the pacific
28	Alpers & Twyford	2003	Pacific	Report	Impacts of armed conflict in Pacific Island countries
29	Thomas	2017	Pacific	Report	Domestic violence and sexual assault in the Pacific Islander communities
30	UNFPA	2015	Pacific	Report	Saving lives: SRH rights and GBV prevention and response in an emergency

No	Author	Year	country	Type	Title
1	National Government	2011-2020	PNG	Policy	National Health Policy
2	National Government	2016	PNG	Policy	National Sexual and Reproductive Health Policy
3	National Government	2010	PNG	Policy	National Disaster Mitigation policy

4	National Government	2011-2020	PNG	Plan	National Health Strategic Plan
5	National Government	2017	PNG	Plan	National Disaster Risk Reduction Strategic Plan
6	National Government	2016-2020	Vanuatu	Policy	National Health Policy
7	National Government	2016-2030	Vanuatu	Policy	National Disaster Risk Reduction and climate change policy
8	National Government	2017-2020	Vanuatu	Plan	National Health Strategic Plan
9	National Government	2016-2020	Vanuatu	Plan	National Disaster Risk Reduction Plan
10	National Government		Fiji	Policy	National Health Policy
11	National Government		Fiji	Policy	National Reproductive Health Policy
12	National Government	2018-2030	Fiji	Policy	National Disaster Risk Reduction Policy

13	National Government		Fiji	Plan	National Health Strategic Plan
14	National Government		Fiji	Plan	National Disaster Risk Reduction Strategic Plan
15	National Government		Solomon Islands	Policy	National Health Policy
16	National Government		Solomon Islands	Plan	National Health Strategic Plan
17	National Government		Solomon Islands	Plan	National Disaster Risk Reduction Strategic Plan

Appendix C

United Nation Guiding Principle on Internal Displacement.

GUIDING PRINCIPLES ON INTERNAL DISPLACEMENT

INTRODUCTION - SCOPE AND PURPOSE

1.These Guiding Principles address the specific needs of internally displaced persons worldwide. They identify rights and guarantees relevant to the protection of persons from forced displacement and to their protection and assistance during displacement as well as during return or resettlement and reintegration.

2.For the purposes of these Principles, internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.

3.These Principles reflect and are consistent with international human rights law and international humanitarian law. They provide guidance to:

a) The Representative of the Secretary-General on internally displaced persons in carrying out his mandate.

b) States when faced with the phenomenon of internal displacement.

c) All other authorities, groups, and persons in their relations with internally displaced persons; and

d) Intergovernmental and non-governmental organizations when addressing internal displacement.

4.These Guiding Principles should be disseminated and applied as widely as

SECTION I. GENERAL PRINCIPLES

Principle 1

1. Internally displaced persons shall enjoy, in full equality, the same rights and freedoms under international and domestic law as do other persons in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced.

2. These Principles are without prejudice to individual criminal responsibility under international law, in particular relating to genocide, crimes against humanity and war crimes.

Principle 2

1.These Principles shall be observed by all authorities, groups, and persons irrespective of their legal status and applied without any adverse distinction. The observance of these Principles shall not affect the legal status of any authorities, groups or persons involved.

2.These Principles shall not be interpreted as restricting, modifying, or impairing the provisions of any international human rights or international humanitarian law instrument or rights granted to persons under domestic law. In particular, these Principles are without prejudice to the right to seek and enjoy asylum in other countries.

Principle 3

1.National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction.

2.Internally displaced persons have the right to request and to receive protection and humanitarian assistance from these authorities. They shall not be persecuted or punished for making such a request.

Principle 4

1.These Principles shall be applied without discrimination of any kind, such as race, colour, sex, language, religion, or belief, political or other opinion, national, ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria.

2.Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.

SECTION II. PRINCIPLES RELATING TO PROTECTION FROM DISPLACEMENT

Principle 5

All authorities and international actors shall respect and ensure respect for their obligations under international law, including human rights and humanitarian law, in all circumstances, so as to prevent and avoid conditions that might lead to displacement of persons.

Principle 6

1.Every human being shall have the right to be protected against being arbitrarily displaced from his or her home or place of habitual residence.

2.The prohibition of arbitrary displacement includes displacement:

a) When it is based on policies of apartheid, "ethnic cleansing" or similar practices aimed at/ or resulting in altering the ethnic, religious, or racial composition of the affected population.

b) In situations of armed conflict, unless the security of the civilians involved or imperative military reasons so demand.

c) In cases of large-scale development projects, which are not justified by compelling and overriding public interests.

d) In cases of disasters, unless the safety and health of those affected requires their evacuation; and\

e) When it is used as a collective punishment.

3. Displacement shall last no longer than required by the circumstances.

Principle 7

1.Prior to any decision requiring the displacement of persons, the authorities concerned shall ensure that all feasible alternatives are explored in order to avoid displacement altogether. Where no alternatives exist, all measures shall be taken to minimize displacement and its adverse effects.

2.The authorities undertaking such displacement shall ensure, to the greatest practicable extent, that proper accommodation is provided to the displaced persons, that such displacements are affected in satisfactory conditions of safety, nutrition, health and hygiene, and that members of the same family are not separated.

3.If displacement occurs in situations other than during the emergency stages of armed conflicts and disasters, the following guarantees shall be complied with:

(a) A specific decision shall be taken by a State authority empowered by law to order such measures.

(b) Adequate measures shall be taken to guarantee to those to be displaced full information on the reasons and procedures for their displacement and, where applicable, on compensation and relocation.

(c) The free and informed consent of those to be displaced shall be sought.

(d) The authorities concerned shall endeavour to involve those affected, particularly women, in the planning and management of their relocation.

(e) Law enforcement measures, where required, shall be carried out by competent legal authorities; and

(f) The right to an effective remedy, including the review of such decisions by appropriate judicial authorities, shall be respected.

Principle 8

Displacement shall not be carried out in a manner that violates the rights to life, dignity, liberty, and security of those affected.

Principle 9

States are under a particular obligation to protect against the displacement of indigenous peoples, minorities, peasants, pastoralists, and other groups with a special dependency on and attachment to their lands.

SECTION III. PRINCIPLES RELATING TO PROTECTION DURING DISPLACEMENT

Principle 10

1. Every human being has the inherent right to life which shall be protected by law. No one shall be arbitrarily deprived of his or her life. Internally displaced persons shall be protected in particular against:

(a) Genocide.

(b) Murder.

(c) Summary or arbitrary executions; and

(d) Enforced disappearances, including abduction or unacknowledged detention, threatening, or resulting in death. Threats and incitement to commit any of the foregoing acts shall be prohibited.

2. Attacks or other acts of violence against internally displaced persons who do not or no longer participate in hostilities are prohibited in all circumstances. Internally displaced persons shall be protected, in particular, against:

(a) Direct or indiscriminate attacks or other acts of violence, including the creation of areas wherein attacks on civilians are permitted.

(b) Starvation as a method of combat.

(c) Their use to shield military objectives from attack or to shield, favour or impede military operations.

(d) Attacks against their camps or settlements; and

(e) The use of anti-personnel landmines.

Principle 11

1. Every human being has the right to dignity and physical, mental, and moral integrity.

2. Internally displaced persons, whether or not their liberty has been restricted, shall be protected in particular against:

(a) Rape, mutilation, torture, cruel, inhuman, or degrading treatment or punishment, and other outrages upon personal dignity, such as acts of gender-specific violence, forced prostitution and any form of indecent assault.

(b) Slavery or any contemporary form of slavery, such as sale into marriage, sexual exploitation, or forced labour of children; and

(c) Acts of violence intended to spread terror among internally displaced persons. Threats and incitement to commit any of the foregoing acts shall be prohibited.

Principle 12

1. Every human being has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention.

2. To give effect to this right for internally displaced persons, they shall not be interned in or confined to a camp. If in exceptional circumstances such internment or confinement is absolutely necessary, it shall not last longer than required by the circumstances.

3. Internally displaced persons shall be protected from discriminatory arrest and detention as a result of their displacement.

4. In no case shall internally displaced persons be taken hostage.

Principle 13

1. In no circumstances shall displaced children be recruited nor be required or permitted to take part in hostilities.

2. Internally displaced persons shall be protected against discriminatory practices of recruitment into any armed forces or groups as a result of their displacement. In particular any cruel, inhuman or degrading practices that compel compliance or punish non-compliance with recruitment are prohibited in all circumstances.

Principle 14

1. Every internally displaced person has the right to liberty of movement and freedom to choose his or her residence.

2. In particular, internally displaced persons have the right to move freely in and out of camps or other settlements.

Principle 15

Internally displaced persons have:

(a) The right to seek safety in another part of the country.

(b) The right to leave their country.

(c) The right to seek asylum in another country; and

(d) The right to be protected against forcible return to or resettlement in any place where their life, safety, liberty and/or health would be at risk.

Principle 16

1. All internally displaced persons have the right to know the fate and whereabouts of missing relatives.

2. The authorities concerned shall endeavour to establish the fate and whereabouts of internally displaced persons reported missing and cooperate with relevant international organizations engaged in this task. They shall inform the next of kin on the progress of the investigation and notify them of any result.

3. The authorities concerned shall endeavour to collect and identify the mortal remains of those deceased, prevent their despoliation or mutilation, and facilitate the return of those remains to the next of kin or dispose of them respectfully.

4. Grave sites of internally displaced persons should be protected and respected in all circumstances. Internally displaced persons should have the right of access to the grave sites of their deceased relatives.

Principle 17

1. Every human being has the right to respect of his or her family life.

2. To give effect to this right for internally displaced persons, family members who wish to remain together shall be allowed to do so.

3. Families which are separated by displacement should be reunited as quickly as possible. All appropriate steps shall be taken to expedite the reunion of such families, particularly when children are involved. The responsible authorities shall facilitate inquiries made by family members and encourage and cooperate with the work of humanitarian organizations engaged in the task of family reunification.

4. Members of internally displaced families whose personal liberty has been restricted by internment or confinement in camps shall have the right to remain together.

Principle 18

1. All internally displaced persons have the right to an adequate standard of living.

2. At the mm1mum, regardless of the circumstances, and without discrimination, competent authorities shall provide internally displaced persons with and ensure safe access to:

(a) Essential food and potable water.

(b) Basic shelter and housing.

(c) Appropriate clothing; and

(d) Essential medical services and sanitation.

3. Special efforts should be made to ensure the full participation of women in the planning and distribution of these basic supplies.

Principle 19

1. All wounded and sick internally displaced persons as well as those with disabilities shall receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.

2. Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counselling for victims of sexual and other abuses.

3. Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among internally displaced persons.

Principle 20

1. Every human being has the right to recognition everywhere as a person before the law.

2. To give effect to this right for internally displaced persons, the authorities concerned shall issue to them all documents necessary for the enjoyment and exercise of their legal rights, such as passports, personal identification documents, birth certificates and marriage certificates. In particular, the authorities shall facilitate the issuance of new documents, or the replacement of documents lost in the course of displacement,

without imposing unreasonable conditions, such as requiring the return to one's area of habitual residence in order to obtain these or other required documents.

3. Women and men shall have equal rights to obtain such necessary documents and shall have the right to have such documentation issued in their own names.

Principle 21

1. No one shall be arbitrarily deprived of property and possessions.

2. The property and possessions of internally displaced persons shall in all circumstances be protected, in particular, against the following acts:

(a) Pillage.

(b) Direct or indiscriminate attacks or other acts of violence.

(c) Being used to shield military operations or objectives.

(d) Being made the object of reprisal; and

(e) Being destroyed or appropriated as a form of collective punishment.

3. Property and possessions left behind by internally displaced persons should be protected against destruction and arbitrary and illegal appropriation, occupation, or use.

Principle 22

1. Internally displaced persons, whether or not they are living in camps, shall not be dis

(a) The rights to freedom of thought, conscience, religion or belief, opinion, and expression.

(b) he right to seek freely opportunities for employment and to participate m economic activities.

(c) The right to associate freely and participate equally in community affairs.

(d) The right to vote and to participate in governmental and public affairs, including the right to have access to the means necessary to exercise this right; and

(e) The right to communicate in a language they understand.

Principle 23

1. Every human being has the right to education.

2. To give effect to this right for internally displaced persons, the authorities concerned shall ensure that such persons, in particular displaced children, receive education which shall be free and compulsory at the primary level. Education should respect their cultural identity, language and religion.

3. Special efforts should be made to ensure the full and equal participation of women and girls in educational programmes.

4. Education and training facilities shall be made available to internally displaced persons, in particular adolescents and women, whether or not living in camps, as soon as conditions permit.

SECTION IV. PRINCIPLES RELATING TO HUMANITARIAN ASSISTANCE

Principle 24

1. All humanitarian assistance shall be carried out in accordance with the principles of humanity and impartiality and without discrimination.

2. Humanitarian assistance to internally displaced persons shall not be diverted, in particular for political or military reasons.

Principle 25

1. The primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities.

2. International humanitarian organizations and other appropriate actors have the right to offer their services in support of the internally displaced. Such an offer shall not be regarded as an unfriendly act or an interference in a State's internal affairs and shall be considered in good faith. Consent thereto shall not be arbitrarily withheld, particularly when authorities concerned are unable or unwilling to provide the required humanitarian assistance.

3. All authorities concerned shall grant and facilitate the free passage of humanitarian assistance and grant persons engaged in the provision of such assistance rapid and unimpeded access to the internally displaced.

Principle 26

Persons engaged in humanitarian assistance, their transport and supplies shall be respected and protected. They shall not be the object of attack or other acts of violence.

Principle 27

1. International humanitarian organizations and other appropriate actors when providing assistance should give due regard to the protection needs and human rights of internally displaced persons and take appropriate measures in this regard. In so doing, these organizations and actors should respect relevant international standards and codes of conduct.

2. The preceding paragraph is without prejudice to the protection responsibilities of international organizations mandated for this purpose, whose services may be offered or requested by States.

SECTION V. PRINCIPLES RELATING TO RETURN, RESETTLEMENT AND REINTEGRATION

Principle 28

1. Competent authorities have the primary duty and responsibility to establish conditions, as well as provide the means, which allow internally displaced persons to return voluntarily, in safety and with dignity, to their homes or places of habitual residence, or to resettle voluntarily in another part of the country. Such authorities shall endeavour to facilitate the reintegration of returned or resettled internally displaced persons.

2. Special efforts should be made to ensure the full participation of internally displaced persons in the planning and management of their return or resettlement and reintegration.

Principle 29

1. Internally displaced persons who have returned to their homes or places of habitual residence or who have resettled in another part of the country shall not be discriminated against as a result of them having been displaced. They shall have the right to participate fully and equally in public affairs at all levels and have equal access to public services.

2. Competent authorities have the duty and responsibility to assist returned and/or resettled internally displaced persons to recover, to the extent possible, their property and possessions which they left behind or were dispossessed of upon their displacement. When recovery of such property and possessions is not possible, competent authorities shall provide or assist these persons in obtaining appropriate compensation or another form of just reparation.

Principle 30

All authorities concerned shall grant and facilitate for international humanitarian organizations and other appropriate actors, in the exercise of their respective mandates, rapid and unimpeded access to internally displaced persons to assist in their return or resettlement and reintegration.

Appendix D

The Scale of Population Displacement by Country and Type of Threat from 2009-2021.

Country	**Triggering Displacement Process**																
	Volcano		**Flood**		**Drought**		**Cyclone Storm**		**Landslide**		**Earthquake**		**Tribal conflict**		**Land dispute**		**Total**
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**
PNG	17,657	39%	11,720	26.30%	1,287	2.90%	965	2.20%	376	0.80%	0	0%	5,581	12.50%	1,155	2.60%	38,741
Fiji	0	0%	38,237	25%	0	0%	98,491	75%	90	0.60%	30	0.02%	0	0%	0	0%	136,848
Solomon Islands	0	0%	10,573	40.66%	0	0%	7,427	28.58%	4	0.02%	4,000	30.76%	0	0%	0	0%	22,000
Vanuatu	22,908	13.11%	200	0.11%	0	0	151,000	86.39%	669	0.38%	11	0.01%	0	0%	0	0%	174,788
Total	**40,565**		**60,730**		**1,287**		257,883		**1139**		**4041**		**5581**		**1155**		**372,377**