Globally, about 100 to 140 million girls and women have suffered some kind of genital mutilation. About 225 million women in developing countries have no access to birth control methods. Each year, 20 million women undergo an unsafe abortion because they have no access to good SRHR services. One in three women experiences domestic violence or sexual violence in her life. Globally, about 100 to 140 million girls and women have suffered some kind of genital mutilation.

Problem: Lack of Sexual Reproductive Health Worldwide

Effective access to healthcare services remains inadequate:
- physical access & distance
- financial threshold
- acceptable vs incidental discriminating/incriminating attitude of healthcare professionals

Gender standards and roles are a major - often forgotten - barrier:

- Family members and relatives who decide whether someone (sister, daughter, wife) can or cannot use the healthcare services.

Example:

Unbalanced gender roles result in unsafe sexual relations or the use of violence against women, which fosters the HIV epidemic, resulting in a feminisation of the HIV epidemic. Women with HIV also have to cope with stigmatisation and discrimination and are excluded from their family, community ... without a social (and often financial) support system.

CCL:

A lack of sexual and reproductive health and rights (SRHR) is both a cause and an effect of gender inequality. Tackling child marriages, female genital mutilation or unsafe abortion is not only a matter of adequate policy and efficient services, it also requires a change in the values and power relations which contribute to these practices.

→ gender-transformative approach
**IMPORTANT CONCEPTS:**

**Gender equality**
refers to equal opportunities for everyone, without any form of discrimination, coercion or violence. Gender equality is therefore wider than the equality between men and women and also includes those who identify themselves as LGBTI.

**Gender**
refers to the attitudes, feelings, standards and behaviours related to the sex of a person, which are determined by a group/culture.

**LGBTI**
are people who identify themselves as lesbian, gay, bisexual, transgender or intersexual.

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**Mapping**
Mapping and collecting data = making it VISIBLE.

**Analysis**
Studying is understanding.

**Dialogue**
Enter into a conversation about SRHR with policymakers, the Ministry of Public Health, Equal Opportunities, Women’s Affairs, Justice and other development actors.

**Support**
Offer support to community leaders.

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FGD Foreign Affairs, Trade and Development Cooperation
Karmelietenstraat 15, 1000 Brussels, Belgium
Contact: Marie-Paule.Duquesnoy@diplobel.fed.be
Tel. +32 2 501 81 11
www.dg-d.be
www.diplomatie.belgium.be
www.be-causehealth.be

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You can learn more about SRHR via the unique online e-tutorial with useful videos and questions on [www.bodyandrights.be](http://www.bodyandrights.be)

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This information sheet is intended to help stakeholders of Belgian development cooperation such as diplomats, BTC staff and representatives of NGOs better understand the relation between SRHR and gender, to promote a gender-oriented approach in the policy dialogue about SRHR and in the programme cycle and to identify the needs and good practice examples.

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