

Promotion of sexual and reproductive health and rights in relation to gender equality

This Info sheet is part of a series which aims to facilitate the implementation of Belgian policies on sexual and reproductive health and rights (SRHR) and HIV. It is a tool to assist stakeholders of Belgian development cooperation such as diplomats, BTC staff and NGO representatives to clarify the relation between gender and SRHR, to strengthen a gender-oriented approach in the policy dialogue on SRHR and during all phases of the programme cycle, and to help them identify gaps and needs, good practices and lessons learned.

1. What is gender and how does it relate to SRHR?

Gender refers to the attitudes, feelings, norms and behaviours that a given culture associates with a person's biological sex. These attitudes, feelings, norms and behaviours are context and time-specific, changeable and act at many societal levels (individual, family, community and institutional, see the visual below).

Gender equality means equality of opportunity for all women, men, intersex and transgender people to realise their full rights and potential, free from any kind of discrimination. Gender equality is broader than equality between women and men and includes those who identify themselves as women, men, lesbian, gay, bisexual, transgender or intersex (LGBTI). Gender equality should be considered not only as a means to an end but as a right in itself.

Poor sexual and reproductive health and rights (SRHR) are both a cause and a consequence of gender inequality. For example, inequitable gender roles, especially through unsafe sexual relations and violence against women, are drivers of the HIV epidemic and contribute to the increasing feminisation of HIV. In turn, women with HIV might face stigma and discrimination which reinforces their vulnerability and disempowerment.

Gender norms and roles can also impede access to SRHR education and services. In some societies, girls who "know too much" about sex can be thought of as promiscuous, a stereotype that often dissuades many parents from agreeing to sexuality education in schools. Furthermore, many girls are afraid to seek sexual and reproductive health services because "good girls" are not supposed to admit to having sexual desires, let alone be sexually active.

Gender norms and roles also affect the SRHR of men and boys. Think of normative beliefs and values regarding manhood and masculinity which lead to high-risk behaviour, sexual violence or the lack of a healthy lifestyle.

The figures below illustrate why the promotion of SRHR and gender equality should be a priority of Belgian development stakeholders:

- An estimated 225 million women in developing countries have an unmet need for contraceptives due to a lack of modern FP services, a lack of accurate information, prevailing norms and values, the need for parental or spousal consent or other barriers.¹
- Globally, one in three women experiences either intimate partner violence or non-partner sexual violence during her lifetime.²
- Globally, millions of women are not able to access safe abortion services resulting in more than 20 million unsafe abortions each year.³
- Globally, it is estimated that more than 200 million girls and women alive today have undergone some form of Female Genital Mutilation.⁴
- An estimated 19% of transgender women live with HIV and the chances of contracting HIV are 49 times higher for transgender women than for other women.⁵

¹ World Health Organization, 2013. Family planning Fact sheet No. 351. Geneva: WHO.

² <http://www.who.int/mediacentre/factsheets/fs239/en/>

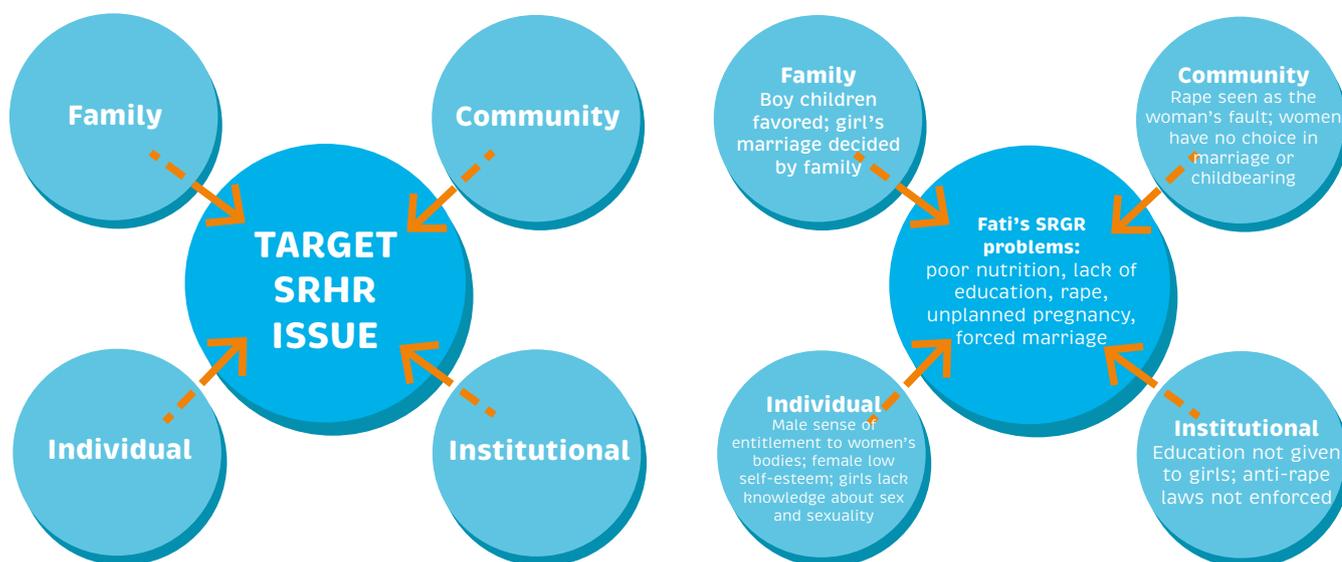
³ http://www.who.int/reproductivehealth/topics/unsafe_abortion/magnitude/en/

⁴ <http://www.who.int/mediacentre/factsheets/fs241/en/>

⁵ http://www.unaids.org/sites/default/files/media_asset/08_Transgenderpeople.pdf

Example of how gender inequality acts at many societal levels and influences the SRHR of women

Case: Fati, the daughter of a poor tenant farmer family from Niger, was raped and forced to marry an older man at the age of 14. Fati got pregnant several times, unplanned.



2. Role of Belgian development stakeholders

Belgian development stakeholders and their partners (public authorities, multilateral agencies, civil society organisations, including women's organisations, research institutions, etc.) work together:

- To analyse the impact of social roles and norms, constructs of masculinity and femininity, and discrimination based on gender, sex, sexual orientation and gender identity.
- To promote a gender-transformative approach in relation to SRHR which explicitly seeks to question, redefine and transform gender norms and relationships to redress existing inequalities and eradicate discrimination.
- To ensure a gender equality perspective in all policy areas and at all policy levels and in the dialogue, preparation, design, implementation, monitoring and evaluation of policies and programmes (gender-mainstreaming) and to collaborate with national ministries which play a key role in the promotion of SRHR and gender equality (e.g. ministry of health, Equal Opportunities, Women's Affairs, justice, etc.) and other development stakeholders.
- To support civil society, community based organisations and community leaders to promote gender equality or advance the rights of women and girls and LGBTI people.
- To increase data collection (broken down by sex, age, marital status, education, sexual orientation and gender identity, etc.) on SRHR and other core areas relating to gender equality.

3. SRHR and a gender transformative approach

Development stakeholders will often find that SRHR problems persist in a context of gender inequality. Addressing child marriage, female genital mutilation or unsafe abortion is not only a matter of having certain policies and services in place, it also necessitates changing gender norms and power imbalances which contribute to these practices.

Gender-transformative approaches to SRHR aspire to examine, question, and change rigid gender norms and power imbalances to improve sexual and reproductive health and rights as well as achieve gender equality.

The approach includes a gender analysis based on a number of key questions (see below) that need to be addressed during the policy dialogue and the project cycle at all stages. The analysis of mechanisms, root causes and the correct identification of the potential for change at different levels is an important precondition for sustainable successes in the field of SRHR.

4. Questions to promote SRHR in relation to gender equality

A number of illustrative, not exhaustive, questions that Belgian development stakeholders could raise during the policy dialogue or as part of the programme cycle are:

- How can I address gender-related barriers to access SRHR services in my work? Gender-related obstructions may include stigma, discrimination, gender-based violence, harmful gender norms, access to resources, and discrimination based on age, marital status, gender identity or sexual orientation.
- What policies could I promote so couples and individuals are able to freely decide the number, spacing and timing of their children and/or are able to make decisions concerning their sexuality free from discrimination, coercion or violence?
- What discriminatory or coercive practices in healthcare settings that may impact access to SRHR services could I address (e.g. forced sterilisation or refusal of contraceptives to unmarried women)?
- How can I help to ensure that SRHR and HIV policies recognise gender identity and the sexual orientation of individuals, and address potential barriers of access to services for LGBTI people?
- What can I do to help to ensure that men and boys are included in existing national policies and frameworks? How can I strengthen the involvement of men and boys in the promotion of SRHR in relation to gender equality on policy, programme and service-delivery level?
- How could I strengthen networks and organisations that advocate gender equality in relation to SRHR? How could I improve the involvement of women and girls and vulnerable populations such as LGBTI people in the decision-making process at different stages, levels and sectors?

5. Further reading

- **Policy note and Action Plan 'Gender in the Belgian Development Cooperation'**
Dutch version:
https://gallery.mailchimp.com/bb5815b475de861b33d34f6fe/files/Gender_in_de_Belgische_ontwikkelingssamenwerking.pdf
Belgische_ontwikkelingssamenwerking.pdf
https://gallery.mailchimp.com/bb5815b475de861b33d34f6fe/files/Actieplan_betreffende_de_integratie_van_de_genderdimensie.pdf
French version
http://www.acodev.be/system/files/ressources/le-genre-dans-la-cooperation-belge-au-developpement_tcm313-2772711.pdf
http://www.acodev.be/system/files/ressources/plan-action-dimension-de-genre_tcm313-277288.pdf
- **UNAIDS Gender Assessment Tool. Towards a gender-transformative HIV response**
www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf
http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_fr.pdf
- **Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned. 2013**
<http://www.unfpa.org/resources/engaging-men-and-boys-brief-summary-unfpa-experience-and-lessons-learned>
- **Sexual and reproductive health and rights – the key to gender equality and women’s empowerment, IPPF, 2015**
http://www.ippf.org/sites/default/files/2020_gender_equality_report_web.pdf
- **Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. WHO, 2007**
http://www.who.int/gender/documents/Engaging_men_boys.pdf
- **Sexual health, human rights and the law. WHO, 2015.**
http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1
- **« Les Essentiels du genre », Monde selon les femmes.**
http://www.mondefemmes.be/genre-developpement-outils_theories-analyse-essentiels-genre.htm

6. Contact

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