
**Gender Inequalities in Health:Focusing on Sexual and
Reproductive Health**

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There are many issues related to women's health. Reproduction is a very important issue for women, because it accounts nearly for half of a woman's life. Sex is also a critical issue, but is treated as a private realm. Both things are a significant factor for not only women's current health but also their later health. It is the first wave study for exploring gender inequalities in health, especially focusing on sexual and reproductive health (hereafter SRH) in Korean society. SRH is well known to be influenced by gender inequality. Gender hierarchy and norms in Korean society could be involved to SRH between men and women.

The study had four purposes as follows: firstly, it was understood that the

unequal relationships between men and women in sub-subjects related SRH, such as contraception, sexual intercourse, unwanted pregnancy, abortion and infertility, are presented; secondly, it confirmed the recent trends of patients and medical costs regarding SRH; thirdly, it grasped the gender risk factors of SRH; and lastly, it developed gender issues and policy tasks related SRH according to women's life.

As the results, all subjects related to SRH were clearly shown that women are subordinated to men, and women's opinions have been ignored in contraception and sexual intercourse. Also, when a woman refuses to have sex, she has had violence by a partner and has experienced an abortion because of her unwanted pregnancy. Women wondered how to prevent contraception and unwanted pregnancies, and there was a great demand for counseling. Male sexually transmitted diseases are caught through prostitution during nightclubs or foreign business trips, but women have been caught by the partner's affair. Regarding the sanitary pad, many women said they experienced side effects while using it. In the analysis of health insurance data, the number of patients who belong to the SRH related to diseases and the medical expenses have increased significantly in the past 10 years. In addition, men and women with sexually transmitted diseases have a higher likelihood of developing reproductive diseases, since then, the risk of chronic illness has also increased. Expert Delphi survey pointed out that there are health issues related to SRH in the life cycle of men and women, which are also related to gender inequality.

From the above results, we proposed several policy tasks. First, social structure should be improved as a factor of inequality in SRH. Specifically, it is necessary to improve traditional gender and hierarchical environment, improve gender-based violence culture, analyze specific gender impacts on the legal system and public policy, improve negative and distorted social awareness of women's sexuality, strengthen participation of civil society and social environment for correct sex consciousness and healthy gender values, and

ensure universal access to SRH services. Second, gender education and monitoring should be strengthened to promote SRH. It is necessary to provide relevant gender education and information for the healthy sex consciousness contents of children and adolescents, and to establish cooperation channel of school, home and community for this purpose. Additionally, gender education for adolescents and parents should be strengthened and monitoring of distorted sex information and contents for pornography should be enhanced. Third, support for SRH vulnerable groups should be strengthened. For this proposal, improved accessibility of counseling and treatment services for abnormal physiological symptoms, cost support for women sanitary napkins and related supplies, strengthen women's empowerment from coercive and violent sexual intercourse by partners, prepare SRH support plan for each life, social class and disability of women, and enlarge the sanitary napkin to cope with emergencies can be alternatives. Fourth, SRH laws and institutional should be improved, such as reflecting realistic female SRH areas in the low fertility policy, establishment of a basic plan for women's (gender) health and inclusion of SRH policies, linkage with other laws and regulations and systems, transition to generic drugs to guarantee the health rights of women through the abolition of abortion and to improve the accessibility of emergency contraceptives, abolishment of special condom regulation by youth harmful goods and strengthen access to buy condoms for youth, condom advertising for men and deregulation of related regulations, perform national (panel) surveys to identify gender and reproduction health status and gender risk factors. Last, gender health impact assessment of SRH hazardous substances and related health and medical technology should be necessary, including ensure women's SRH rights through evaluation of health impacts on overall female physiological products and health impact evaluation and safety enhancement of health technology related to SRH.

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