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Sexual and Reproductive Health and Policy Directions for Korean Women

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Ⅰ. Background and Objectives

Women's health-related issues are deemed to be very diverse. Among them, sexual health is a very significant issue affecting women's lifetime health and well-being but even women have often overlooked the effects of sex lives on health. In particular, in terms of gender, "women are considered as those who passively accept sex to meet men's sexual desire and satisfaction (Doyal, 2010: 102)." In other words, women themselves fail to bravely ask their partners (men) to respect their sexual rights. In this context, sexual rights include not only women's sexual pleasure but also the prevention of health and safety risks from sex.

To maximize women's health autonomy, their reproductive rights must be considered along with their sexual rights. Pregnancy and childbirth are deemed to have significant effects on women's physical and mental

1) For this study, we extracted some data from 'Gender and Health Inequality in Korean Society (I)' [Kim Dong-sik, Hwang Jung-im, Kim Young-taek, Woo Young-ji, and Jung Da-eun (2017)]

health. In particular, unwanted pregnancies and the resulting childbirth or abortion are regarded as more serious problems. Also, in connection with their choice of contraception, “most women are asked to have more interest in whether to meet men’s sexual desire (Doyal, 2010: 166).” As a result, they engage in risky sexual relationships with their partners by not using safe contraception and in the process, they become a tool for satisfying men’s sexual curiosity and pleasure and helping perpetuate a family line.

Cairo’s Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) specified sexual and reproductive health and rights. In particular, sexual and reproductive health was discussed more comprehensively, going beyond the narrow issues of demographics and birth control. Highlighting that both men and women can make a decision on pregnancy and childbirth, as well as its timing and frequency, and should be able to obtain all necessary information and means, it served as an important opportunity to make people recognize sexual and reproductive health as human rights (The Ministry for Foreign Affairs Sweden, 2006). Also, the International Planned Parenthood Federation (IPPF) emphasized that sexual equality and women’s empowerment are key factors for guaranteeing women’s sexual and reproductive rights (IPPF homepage, 2017).

Against this backdrop, we need to review how these issues have been dealt with in our society. Our policies for women’s sexual and reproductive health are far from satisfactory. Haven’t we considered sex and reproduction as tools to control women’s body, failing to recognize them as rights? Why have we not yet accepted sexual and reproductive health rights as natural ones, which were already included in Cairo’s Programme of Action 20 years ago? We need to examine the status and

effects of gender norms and hierarchy on sex and reproduction, as well as whether the norms and hierarchy cause health inequality.

Ⅱ. Research Methods

To achieve research objectives, research targets were defined as those aged 20 or older to 44 or younger who recently experienced sex with their partners. This survey contains many personal questions regarding sex lives, reproduction, related illnesses, and so forth, with the result that a web-based survey was conducted from Aug 08 to 24 in 2017 to enhance its reliability. A total of 1,222 persons participated in the survey which was implemented by a professional pollster.

The shares of male (607, 49.7%) and female (615, 50.3%) participants showed little difference. Their average age was 32.6 (±7.1) and age difference by gender was negligible (male: 32.5 ±7.2; female: 32.7 ±7.1). 51% are married and a significant number of participants have a child or children.

Ⅲ. Research Results

1. Basic Analysis

A. Experience of menstrual abnormalities and sanitary items-related side effects

1) Menstrual abnormalities and related psychological/emotional stress

According to the results of the survey on the experience of menstrual abnormalities, the period, and medical treatment, 83.9% (516 persons)

of women experience premenstrual syndrome. 77.2% (475 persons), 24.7% (152 persons), and 15.3% (94 persons) were found to experience menstrual cramps, abnormal uterine bleeding, and amenorrhea, respectively. In particular, the treatment rates were very low. Specifically, 8.4% and 4.3% replied that they are being treated (or completely recovered from) for menstrual cramps and premenstrual syndrome, respectively. Less than 30% answered that they are under medical treatment for amenorrhea and abnormal uterine bleeding.

In terms of the experience of multiple menstrual abnormalities, only 6.8% (42 persons) were found to have no experience thereof. In other words, 93.2% (573 persons) of women experience one or more abnormalities. In particular, 50.1% (308 persons) were found to show two symptoms while 5.2% (32 persons) said that they have all of the four symptoms.

On the other hand, a survey of 573 participants with one or more menstrual abnormalities was carried out to check and measure related psychological and emotional conditions consisting of stress, anxiety, depression, hypoactive sexual desire disorder, hypochondria, infertility, worries about children during pregnancy, and midlife health. Twenty percent or higher showed negative responses in connection with all of the eight symptoms.

2) Side Effects of Disposable Sanitary Pads

In the context of the side effects of disposable sanitary pads, 50.3%, 56.8%, 37.3%, 28.3%, 22.8%, and 54.2% were found to “often” or “always” experience smelly discharge, skin itching, maceration, health problems including vaginitis, eczema, and menstrual cramps, respectively. 29.8%, 21.3%, and 19.7% replied that they always experience menstrual

cramps, smelly discharge, and skin itching, respectively. The average of six side effects relating to disposable sanitary pads (6~30 points) was 18.5 points (±5.30). Twenty-something participants (19.5 points ±5.06) and singles (19.1 points ±5.22) experienced more side effects than thirty-something participants (18.0 points ±5.36) and the married (18.1 points ±5.33). Also, singles in their 20s experienced disposable sanitary pads-related side effects (19.8 points ±5.14) the most frequently.

84.4% (519 persons) answered that they 'often' or 'always' experience one or more of the aforementioned side effects. When setting the case of often or always experiencing each side effect at 1 and the other cases at 0, the average of the sum (1~6) was estimated at 2.60 (±1.91). 43.4% changed disposable sanitary pads due to side effects. The average by side effect ('often' or 'always') for those who ever changed such pads due to side effects was evaluated at 3.44 (±1.73), relatively higher than 2.80 (±1.60) for those who never changed such pads.

B. Recognition and Experience of Masturbation

83.9% (1,027 persons) were found to have experienced masturbation. In terms of timing, 42% (431 persons) had such an experience when they were middle school students, with 21.4% (220 persons) and 14.4% (148 persons) experiencing masturbation while they were elementary and high school students, respectively. This ranking does not differ significantly by gender. However, 55.8% and 23% of males and females, respectively, answered that they experienced masturbation while they were middle school students, showing a big difference.

Their attitudes toward masturbation were also checked, focusing on the following six items: ① A healthy behavior through which they can meet

sexual urges and desire for themselves; ② An unhealthy behavior; ③ A natural sexual behavior; ④ An immoral behavior; ⑤ An unproblematic behavior if it is not done excessively; and ⑥ A behavior that may cause infertility. For ①, ③, and ⑤, about 75% replied positively (agree + strongly agree) while for ②, ④, and ⑥, 60.6%, 82.3%, and 68%, respectively, answered negatively (strongly disagree + disagree). This shows that they don't recognize masturbation very negatively.

C. Recognition and Experience of Pornography

94% replied that they accessed obscene materials (photos, videos, etc.). More men (98%) than women (90.1%) were exposed to such materials. By age, males in their 20s and 30s or older, respectively, showed little difference while females in their 20s (92.3%) were more exposed to the materials than those in their 30s or older (88.8%).

In terms of timing, 34.9%, 33%, 17.5%, and 14.7% were first exposed to pornography when they were elementary school students, middle school students, adults, and high school students, respectively. 40% and 29.8% of males and females, respectively, first accessed such materials when they were elementary school students, showing difference by gender. 67.9% were first exposed to obscene materials while they were elementary and middle school students while 85% and 50.9% of males and females, respectively, were first exposed to such materials during the same period, showing a big difference by gender.

32.2% replied that they imitated sexual acts depicted in pornography while they had sex with their spouses or partners. In particular, the share of men (40.2%) is higher than that of women (23.7%) in this category.

Their recognition of pornography was also surveyed. 35.2% positively (agree + strongly agree) responded to the item, 'Pornography makes them consider their partners as sexual objects.' 57.9%, 27.5%, and 19.4% agreed (negative awareness) to the following items, respectively: 'Pornography increases sexual urges or desire,' 'Pornography incites sexual aversion,' and 'Pornography itself is something bad.'

D. Experiences of Sexual Relationships and Unwanted Pregnancies

1) Recognition of Sexual Relationships

11.4%, 5.5%, and 11.1% agreed (agree + strongly agree) to the following items, respectively: 'Sex itself gives me stress,' 'Sex is something fearful and painful,' and 'I feel insecure after having sex with my partner.' In particular, women responded more positively to all items than men, with 16%, 6.6%, and 16% of women agreeing to the aforementioned items, respectively. The average of the sum was estimated at 6.1 points (±2.51) and as mentioned earlier, women (6.7 points) showed more negative attitudes toward sex than men (5.6 points). Among women, those in their 20s (7.1 points) and singles (7.2 points) exposed more negative attitudes toward sex than those in their 30s (6.4 points) or older and the married (6.2 points), respectively.

2) Contraception

For this study, we also reviewed what contraception methods are used. 67.1% and 16% of males use condoms and coitus interruptus, respectively while 15%, 13.3%, 11.1%, and 10.4% of females use condoms (for men), pre-sex contraceptive pills, coitus interruptus, and the rhythm method, respectively. However, 12.2% and 44.1% of males and females,

respectively, were found not to practice contraception, showing that the share of women not using contraception is more than 3 times higher than that of their male counterparts. In particular, the fact that the share of married women in their 30s not using contraception is relatively high should be carefully interpreted because they may have decided not to practice contraception in order to have a baby.

A survey of 1,098 participants who are using contraception (including traditional contraception) was also conducted to identify who practices contraception. An absolute majority of participants replied that males use contraception. How frequently they practice contraception was also studied, with the result that 35.2% and 41.6% answered that they, mostly and always, respectively, practice contraception. In terms of responses that they always use contraception, the share of those in their 20s and singles using contraception is higher than the percentage of those in their 30s or older and married individuals practicing contraception. The share of female singles in their 20s using contraception is the highest at 65.8%.

3) Decision-Making on Contraception and Delivery of Opinions

The share of participants who replied that men and women make decisions on contraception together is the highest at 49%. However, 43.1% and 20.6% of males and females, respectively, answered that men decide whether to practice contraception. In connection therewith, among men, insignificant differences by group were witnessed while among women, the shares of those in their 30s (25.6%) and the married (25.3%) who replied that men decide on contraception were higher than the percentages of those in their 20s (12.5%) and singles (15.1%) who answered that men make decisions on contraception, respectively.

In connection with whether to actively deliver their opinions on contraception methods, 53.8% responded positively (‘agree’ or ‘strongly agree’). In particular, more women (60.2%) than men (47.3%) actively presented their opinions on contraception, possibly implying that women are more exposed to situations where their opinions are not sought when having sex with partners.

4) Recognition of Contraception

Men and women’s recognition of contraception was also assessed for this study. According to the results, more women (75.8%) than men (68.2%) positively (agree + strongly agree) replied to the following items: ‘Contraception is a must’ and ‘Both men and women should use contraception.’ However, more men (59.7%) than women (19.9%) answered positively to the item, ‘I, rather than my partner, should practice contraception.’ while more women (36.9%) than men (7.9%) reacted positively to the item, ‘My partner should use contraception.’

5) Unwanted Sexual Relationships and Related Violence

48% (587 persons) replied that they had unwanted sexual relationships with their partners. The share (62.3%) of women experiencing unwanted sexual relationship is 1.9 times higher than the percentage (33.6%) of men having the same experience. Moreover, the shares of those in their 30s or older and the married experiencing unwanted sexual relationships were found to be higher than the percentages of those in their 20s and singles having the experience, respectively. Generally speaking, the share of married women in their 30s or older experiencing unwanted sexual relationships is the highest at 70.7%.

A survey of 587 participants who had unwanted sexual relationships was also conducted to identity related reasons. According to the results, 67.8% replied that they had unwanted sex with their partners not to spoil the mood while 22.8% answered that they did so not to damage relations with their spouses and partners. The former was chosen by more women (70.5%) than men (62.8%) while the latter was selected by more men (30.4%) than women (18.8%). On the other hand, even though the percentage is negligible, 0.8% (3 persons) of women were found to have accepted unwanted sex because they were afraid of their spouses/ partners.

How frequently the participants experienced unwanted sexual relationships with their partners was also examined for this study. According to the results, 68.5% replied that they occasionally experience such sex while 13.9% answered that they often or always undergo unwanted sexual relationships. In connection with the latter, the share of women (16.5%) is 1.8 times higher than the percentage of men (9.3%). In particular, among women, the shares of those in their 30s or older and married women are the highest at 17% and 17.5%, respectively.

5.7% (70 persons) experienced linguistic, physical, or emotional violence committed by their spouses/partners after saying that they don't want to have sex with them. More women (8.1%) than men (3.3%) experienced such violence. In particular, among women, the shares of those in their 30s or order and singles are as high as 8.6% and 8.8%, respectively. In reality, the share of singles in their 30s or older is the highest at 9.6% while the percentages of married and single women in their 30s is as high as 8.4%, respectively.

Whether they ever coerced their spouses/partners into having sex with them, even though their spouses/partners did not want it, was also reviewed for this paper. Men (4.5 points) showed a stronger tendency

to disregard their spouses/partners' feelings to have sex with them than women (3.8 points). Even though there is a little difference, even among men, those in their 30s or older (4.6 points) and married men (4.7 points) exhibited such a tendency more strongly than the other groups.

6) Unwanted Pregnancy-Related Fear and Emergency Measures

We also checked whether they ever worried about or were in fear of possible unwanted pregnancies after having sex with their spouses/ partners. 22.9% (about 1/4) replied that they often or always worried about them. In particular, more women (28.6%) than men (17%) answered that they were in fear of unwanted pregnancies. Among women, the shares of those in their 20s (44.8%) and singles (45.3%) exhibiting the aforementioned responses were higher than those of the other groups. The same results apply to male participants. These are deemed to relate to the socio-cultural perception that pregnancies should result from marriage. The same thing applies to single males but women, entities who should get pregnant, are deemed to more worry about such consequences.

A survey of 474 women out of a total of 615 female participants, who occasionally, often, or always worried about unwanted pregnancies after having sex with their spouses/partners, was conducted to identify whether to take emergency contraceptive pills after having sexual relationships. The results show that 32.1% (152 persons) have ever taken pills.

7) Unwanted Pregnancy and Abortion

A survey of men and women was carried out to identify whether they ever experienced unwanted pregnancies. 21.8% replied that they experienced them. More women (24.2%) than men (19.3%) showed such a response. In particular, the share of married women in their 30s or older in this category is higher than those of other groups, which is deemed to relate to birth control.

A survey of 266 participants who had experienced unwanted pregnancies was also conducted to identify what such pregnancies led to. 74.4% (3/4, 196 persons) replied that they had an abortion. In connection therewith, the shares of those in their 20s and singles are higher than the percentages of those in their 30s or older and married individuals, respectively. In particular, 90.3% of single women in their 20s experienced abortion. 45.4%, 21.4%, and 13.6% chose abortion due to the following reasons, respectively: ① because they were not married; ② because they did not want to have a baby; and ③ due to economic difficulties.

On the other hand, we carried out a survey of 109 women who chose abortion

to see whether they experienced any physical or psychological sequelae after having an abortion. Multiple responses were allowed for this survey. According to the results, 56% answered that they experienced psychological instability including feelings of guilt, depression, and stress. 11.9% were found to have suffered from psychological sequelae such as depression, suicidal urges, and so forth while 7.3% were shown to have undergone physical sequelae including uterus perforation, pelvic inflammatory disease, salpingitis, and bleeding.

E. Sex and Reproduction-Related Diseases

1) Sexually Transmitted Infections

A survey of participants was implemented to identify whether they were diagnosed with or treated for eight types of sexually transmitted diseases. The highest percentage (3.7%, 41 persons) of participants were diagnosed with human papilloma virus, followed by nongonococcal urethritis (2.6%, 32 persons), chlamydia/genital herpes (2.5%, 31 persons, respectively), gonorrhea (1.7%, 21 persons), pointed condyloma (1.5%, 18 persons), syphilis (0.7%, 8 persons), and chancroid (0.2%, 2 persons). More men were diagnosed with syphilis, gonorrhea, and nongonococcal urethritis while more women were diagnosed with human papilloma virus, chlamydia, pointed condyloma, genital herpes, and chancroid. Significant differences by gender were witnessed in connection with human papilloma virus, gonorrhea, genital herpes, and nongonococcal urethritis.

2) Women's Reproduction-Related Diseases

A survey of participants was conducted to identify whether they were diagnosed with or treated for seven types of women's reproduction-related diseases such as vaginitis, uterus-related illnesses, cervical cancer, ovary-related illnesses, ovarian cancer, infertility, and pelvic inflammatory diseases. The highest percentage (54.3%, 334 persons) of participants were diagnosed with vaginitis, followed by uterus- and ovary -related illnesses (17.7%, 109 persons and 7%, 43 persons, respectively).

95.2% answered that they were already treated or are under medical treatment for vaginitis, the most frequently diagnosed disease. 80% replied that they were treated for pelvic inflammatory diseases, infertility,

and cervical cancer. However, only 60% responded that they were treated for uterus- and ovary-related illnesses, which is deemed to be relatively lower than the figures for other diseases.

3) Men's Reproduction-Related Illnesses

Among three major reproduction-related diseases for men (prostate-related illnesses, prostate cancer, and infertility), 4.6% (28 persons) and 0.8% (5 persons) experienced prostate-related illnesses and infertility, respectively.

5.4% (33 persons) of the whole male group numbering 607 were diagnosed with one or more reproduction-related diseases. The shares of those in their 30s or older (7.5%) and married men (7.8%) are higher than the percentages of those in their 20s (2.2%) and singles (3.6%), respectively. The cross-analysis of age and marital status shows that the share of married men in their 30s or older diagnosed with such diseases is the highest at 8.1%. Among the 33 persons, the share of persons who were treated for such illnesses is 72.7% (24 persons). In this category, the percentage of those in their 30s or older is higher than the share of those in their 20s while little difference was witnessed by marital status. The share of single men in their 20s who were treated for such diseases is the lowest at 40%.

2. Multivariate Analysis

A. Menstrual Abnormalities- and Stress-Related Risk Factors

Risk factors for menstrual abnormalities that 615 female respondents experience were also analyzed for this study. The results show that the age at which women start riding the cotton bicycle is directly proportional

to the probability of women experiencing multiple menstrual abnormalities and that singles are more likely to undergo such abnormalities. More specifically, masturbation, the experience of changing sanitary pads, the use of sanitary pads, and the experience of sanitary pads-related side effects are the risk factors that raise the possibility of women undergoing multiple menstrual abnormalities.

Using menstrual abnormalities-related stress as a dependent variable, the risk factors were analyzed. The same risk factors as those for multiple menstrual abnormalities were used, considering multiple menstrual abnormalities as an independent variable. The results show that only the experience of sanitary pads-related side effects and menstrual abnormalities has statistically significant effects on the aforementioned stress. In other words, the more they experience sanitary pads-related side effects and menstrual abnormalities, the higher the level of menstruation-related stress is.

B. Sexually Transmitted Infection-Related Risk Factors

9.4% of males and 12.5% of females were diagnosed with one or more sexually transmitted infections. After setting those with and without such an experience at 0 and 1, respectively, related analysis processes were implemented. The results show that in the case of male participants, only the unwanted sex has statistically significant relationships with sexually transmitted infections. In other words, unwanted sexual relationships are more likely to increase the probability of catching sexually transmitted diseases than normal sexual relationships. Even in the case of women, relations between unwanted sex and sexually transmitted diseases are statistically significant. Moreover, the more they experience menstrual

abnormalities and undergo imitating sexual acts depicted in pornography and the stronger their gender stereotype is, the higher the probability of contracting sexually transmitted infections is. On the other hand, for women, we analyzed relationships between sexually transmitted infections and variables other than 'gender stereotype,' which were adjusted. According to the results, the experience of sexual violence has statistically significant effects on the risk of catching sexually transmitted diseases. In other words, women with the experience of sexual violence are more likely to contract sexually transmitted infections.

C. Risk Factors for Reproduction-Related Illnesses

Relationships among men's reproduction-related diseases, sexually transmitted infections, the use of contraception, and unwanted sexual relationships were found to be statistically significant. Even in the case of women, sexually transmitted infections, the use of contraception, and unwanted sex have statistically significant relationships with reproduction-related illnesses, which is deemed to be the same as the case of men. Moreover, the experience of menstrual abnormalities, the frequency of sexual relationships, the experience of imitating sexual acts depicted in pornography, and contraception used by both parties are in proportion to the risk of catching reproduction-related diseases. However, the stronger their gender stereotype is, the lower the risk of contracting reproduction-related illnesses is.

D. Risk Factors for Sexual Violence and Unwanted Sexual Relationships

A common risk factor for sexually transmitted infections, reproduction-related diseases, and depression was found to be unwanted sexual relationships. In this context, risk factors for unwanted sex were reviewed for this study. The results show that statistically significant variables differ by gender. The lower men's awareness of gender equality is and the less women's right to self-determination in sex is, the higher the risk of having unwanted sexual relationships is.

The risk factors for sexual violence were also analyzed for this paper. According to the results, in the case of men, the more positively they recognize masturbation, the more experience of imitating sexual acts depicted in pornography they have, and the stronger their awareness of male-dominant sexual relationships is, the higher the risk of them disregarding their partners' intention to stop or not to want sexual relationships is. Also, those who are not trained to recognize the value of their partners' body and to respect their sex-related intent and decisions are more likely to increase the aforementioned risk. In the case of women, the stronger their female-centered virginal chastity ideology is and the more awareness they have of their parents' gender inequality, the higher the risk of them ignoring their partners' sexual intent is.

Ⅳ. Policy Directions

1. Improve social structures as a factor for inequality in sex and reproduction

Specific Issues	Key Information
Improve traditional gender norms and the hierarchical environment.	- Improve respect for each other's body and sexual intent in a gender-equal environment, as well as mutual responsibility. - Make efforts to improve traditional gender norms and the hierarchical environment via macro-planning and strategy in society as a whole. - Actively cooperate with related agencies and staff to enable gender-mainstreaming tools to specifically apply to central and local governments' policies.
Revise culture of committing gender-based violence.	- Ensure equal rights to enjoy sexual relationships. - Efforts to improve the issue of gender-based violence: develop measures to enhance, integrate, and continuously support gender sensibility in every area including politics, economy, society, and culture. - Lead the Korea Communications Commission to develop and distribute gender-equal broadcasting plans and guidelines.
Analyze and assess the impact of a specific gender on laws, systems, and public policies regarding sex and reproduction.	- Review sex-and reproduction-related public policies, laws, and systems in our society through a gender lens. - Analyze and evaluate central and local governments' laws, plans, and projects in accordance with the Gender Impact Analysis and Assessment Act.
Control negative and distorted awareness of women's sex.	- Conduct education and PR campaigns to promote the positive awareness of and healthy attitudes toward women's sex across the nation. - Take corrective measures to revise the unnecessary depiction of women's body and sexual acts.
Create a social environment and promote civic groups' participation to boost appropriate gender opinions and the healthy values of sex.	- Create a social environment to help members rightly recognize their and others' sex and promote the healthy values of sex. - Lead central and local governments to actively support the healthy awareness and values of sex to take root in our society through gender-sensitive and creative civic groups.

Specific Issues	Key Information
Ensure universal access to health services in sex and reproduction.	- Identify related problems and seek ways to improve the current system in order to prevent women from having difficulties in having access to healthcare services due to prejudice and the social stigma against sex

2. Strengthen gender-sensitive education and monitoring to enhance sexual and reproductive health

Specific Issues	Policy Issues
Training and information services are required to enable children and adolescents to have healthy awareness of sex. To this end, it is necessary to establish channels for cooperation among schools, home, and communities.	- Teachers and parents offer related education and information services to higher grade students of elementary schools and lower grade students of middle schools before they experience their first period and wet dreams. - Boost the roles of community agencies (sex culture center, etc.) for children and adolescents and establish their cooperative partnerships with schools and home to deliver sexual and reproductive health-related education and information service by life cycle.
Strengthen gender-equal and gender-sensitive sex education in schools, as well as parent education.	- Highlight gender-sensitive education, helping women clearly express their right to self-determination in sex and leading men to respect women's opinions. - Reinforce parent education on gender equality based on communities (online/offline). - Produce healthy sex-related programs through collaboration with broadcasting companies.
Help to have healthy ideas of sexual representations and reinforce monitoring of distorted sex information.	- Offer education services to help the public have healthy ideas of obscene materials/sexual representations. - Strengthen regular monitoring of distorted sex information offered by diverse media including the Internet, promoting cooperation with related agencies.

3. Reinforce support for the vulnerable in sexual and reproductive health

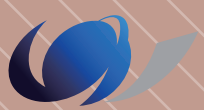
Specific Issues	Policy Issues
Help adolescents have better access to counseling and treatment services for menstruation abnormalities.	- Reduce negative awareness of sex, reinforcing gender-sensitive sex education based on schools, home, and communities, and setting up a cooperative system between the private and public sectors. - Targeting 4th graders or higher who begin to experience the first period, medical examinations by interview or checkups are conducted to check their sex-related symptoms and menstrual abnormalities during their regular health checkups, thereby creating a school or social environment where sex-related counseling services are delivered in advance and naturally. - Encourage adolescents to take part in health checkups together with their parents, helping them continuously communicate with their parents. Lead them to usually visit hospitals together with their parents to maintain and improve their menstrual health.
Offer financial aid to help women purchase sanitary pads and related items.	- Assess the appropriate costs of harmless and safe sanitary pads. - Offer sanitary pads to adolescents from low-income brackets for free, expanding the services gradually. - Come up with measures to offer financial aid to women who prefer to buy harmless cotton sanitary pads for their health before implementing a system for requiring sanitary pad manufacturers to disclose all ingredients in October 2018.
Improve women's empowerment to protect them from sexually coercive and abusive relationships with their partners.	- Come up with plans to ensure women their right to self-determination in sex in order to protect them from sexually coercive and abusive relationships with their partners. - Prepare protective means for women, raise social awareness of sex, and create necessary social conditions, as well as sex education based on gender-equal perspectives. - Lead the public to be educated since their childhood to clearly understand that sexual violence against their spouses and partners is a crime subject to legal punishment. - Create a social culture where men and women respect each other's gender, based on people's active participation in and implementation of the initiative.

Specific Issues	Policy Issues
Come up with measures to enhance women's sexual and reproductive health by life cycle, social class, and disability.	- Women's level of health in sex and reproduction differs by life cycle and social class. Therefore, considering their experience in sex and reproduction by social class, measures to resolve the issues of health and inequality should be discussed.
Prepare a bigger number of sanitary pads to help cope with emergency situations	- Prepare disposable sanitary pads in information desks, breast-feeding rooms, and public rest rooms in big marts, shopping centers, theaters, subway stations, train stations, airports, and public parks to enable women to properly cope with menstruation-related emergency situations. - Craft plans to offer free disposable sanitary pads at coffee shops frequently visited by young women and to provide related information to the public.
Vaccinate even men against HPV	- Both men and women can be infected with HPV, a sexually transmitted disease deemed to be a risk factor for reproductive organs (penis cancer, etc.). - Vaccinate both men and women against HPV. Among those aged 12 or older (western age), only those who want the service need to be innoculated.

4. Improve legal and institutional systems for sexual and reproductive health

Specific Issues	Policy Issues
Reflect into fertility promotion policies women's sexual and reproductive health.	- Targeting women of childbearing age (single and married women), substantial sexual and reproductive health policies should be reflected into childbirth schemes. - Proper health policies should be crafted to enable diverse schemes to be devised by school, home, and community, which include necessary educational services by situation and life cycle from the first period and wet dreams to contraception, sexual relationships, unwanted pregnancies, and abortion.
Devise the Basic Plan for Women's (Gender) Health and strengthen ties with other laws and systems including sexual and reproductive health policies.	- Korea has yet to establish a separate law or plan regarding sex and reproduction. Therefore, the Basic Plan for Women's (Gender) Health included in the presidential campaign pledges must be devised, where sexual and reproductive health should be dealt with as a specific domain as in the western world. - Develop and promote policies for women's sexual and reproductive health at micro, meso, and macro levels. - The National Health Promotion Act and the Infectious Disease Control and Prevention Act prepared by the Ministry of Health and Welfare, the Framework Act on Gender Equality and the Framework Act on Juveniles crafted by the Ministry of Gender Equality and Family, and the School Health Act devised by the Ministry of Education contain the basic information regarding sexual and reproductive health-related systems, thereby requiring active ties with other laws and systems in order to enable sex- and reproduction-related health policies to be comprehensively implemented in every area.
Legalize abortion to ensure women's right to health and make emergency contraceptive pills belong to the category of OTC drugs for better access to the pills.	- Abortion needs to be legalized to ensure women (pregnant women and mothers) their rights to health including sexual and reproductive rights. - Regardless of whether to legalize abortion or not, it is necessary to actively review making emergency contraceptive pills belong to the category of OTC drugs and legalizing the introduction of natural abortion pills in order to guarantee women their right to self-determination in sex.

Specific Issues	Policy Issues
Abolish regulations on the designation of special condoms as items harmful to juveniles and improve juveniles' access to condoms	- Adjust the control of juveniles' purchase of condoms to the same level as regulations for adults. - Devise plans to help juveniles have better access to condoms.
Launch advertisements for condoms for men and relax related regulations.	- Control contraception advertisements focusing on a specific gender (women). - It is necessary to relax regulations on advertisements for condoms for men, which may hinder adolescents from accessing condoms and gathering related data.
Conduct a national panel survey to identify the status of sexual and reproductive health, as well as gender-related risk factors.	- Carry out a national survey on gender and the status of sexual and reproductive health, targeting the population as a whole including juveniles. Then, use the results as evidentiary data for strengthening sexual and reproductive rights. - Design a panel-type survey to clearly identify cause and effect relationships between gender and sexual and reproductive health. - Designate a dedicated team for the survey to announce the results, using them for setting the direction of the promotion of sexual and reproductive health and implementing related projects.



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