

Abstract

Gender cognitive analysis and improvement tasks for infertile couple support policy in South Korea

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The Infertility Couple Support Policy, which began in 2006 as part of the national population countermeasures in the era of low fertility rates, has steadily expanded the scope of applicants and projects over the past 16 years. In particular, in 2017, infertility procedures were applied to the National Health Insurance, and the transition to universal welfare was also made. As a result, the number of children born through the government's policy to support infertile couples has been steadily increasing, exceeding 10% of all newborns last year. It is evaluated that this policy contributes to promoting the reproductive rights of infertile couples who want children by

increasing their pregnancy success rate. However, there are criticisms that infertile women's right to self-determination, to health, and to labor in the treatment process are rather violated.

At the time of the introduction of the infertile couple support policy, its stance that infertility can be defined as a disease and overcome through treatment further fixed the medicalization of infertility. In other words, under the advanced assisted reproductive technology of the medical field, women's bodies have become thoroughly controlled and managed. In addition, although the causes of infertility are very diverse and both men and women have causes, the responsibility and burden are increasing on women because they have a conceivable body under traditional sex norms. And women are in a situation where they cannot be free from social discrimination and stigma. If the current policy is centered on quantitative performance of "the number of pregnancy successes compared to the number of procedures," now is the time for our policy to shift new paradigm to sexual and reproductive health and rights policies that guarantee infertile women to access to medical services with autonomy to their bodies and physical and mental wellbeing based on sufficient information.

This study examined human rights violations, such as investigating the information asymmetry structure and medicalized body conditions faced by infertile women in the medical field, identifying discrimination and stigma experiences by colleagues, and involuntary career breaks in the labor field. And the point where it conflicts with us in the priority principle of the right of infertile couples to have children by analyzing the overseas legal system (access right vs. health right) were discussed.

Based on the results of this study, the future directions and improvement tasks of the infertile couple support policy were

suggested as follows.

1. The directions of the policy to support infertile couples

- The paradigm shift to a policy to support infertile couples aiming for sex and reproduction health and rights
- Establishing an integrated infertility support system through public–private cooperation governance

2. Challenges to improve the support policy for infertile couples

1) Health rights

- Establishment of evidence–based age standards
 - Clarification of medical criteria for doctors' medical judgment on infertile women with aged 45 or older
 - Review of the appropriateness of age standards for women and men in infertility treatment and procedures
- Reviewing guidelines for in vitro fertilization transplant embryos
- Quality improvement through practical evaluation of infertility treatment medical institutions
- Reinforcement of psychological and emotional support for infertile women
 - Mandatory counseling for the first visit to a medical institution related to infertility treatment and procedure.
 - Reinforcement of customized counseling considering infertility treatment and treatment stages and treatment results
 - Additional establishment and promotion of Korea Counseling

Center for Fertility and Depression (KCCFD), and reinforcement of connection with related organizations

- Expanding the installation of KCCFD
- Establishing and promoting a cooperative partnership with the central government and local governments, medical institutions, and private institutions to enhance the recognition rate of KCCFD
- Strengthen the function of KCCFD through linkage with infertility treatment medical institutions, public health centers, and private medical psychological counseling institutions in the community

- Finding self-help groups and expanding support.
- Reinforcement of education and marital counseling for male spouses with infertile women
- Establishment of a cohort of infertile couples and births and long-term health impact assessment

2) Information rights

- Disclosure of the evaluation results of infertility treatment medical institutions
- Improving the medical environment to guarantee infertile couples' right to know
- Improving the public information portal to alleviate unprofessional information bias
- Prepare measures to prevent infertility and to support the right to know for unmarried young people in their 20s and 30s

3) Access rights

- Strengthening the efficient operation and promotion of projects to support infertile couples at local health centers
 - Establishing an administrative system for efficient application to support for infertile couples
 - Strengthen the promotion and guidance of local public health centers
- Reviewing the criteria for selection of subjects
- Review of health insurance coverage for freezing and thawing expenses
- Strengthen support for infertile couples in vulnerable groups
- Prepare measures to strengthen medical options and accessibility for infertile couples in the COVID-19 situation

4) Labor rights

- Improving the effectiveness of the infertility treatment leave system
 - Identify the use of infertility treatment leave in all industrial fields and strengthen labor supervision
 - Improving the negative perception of infertility in the labor field
 - Extending the period of infertility treatment leave and strengthening wage preservation
 - Support for partial use of infertility treatment leave and review of prenatal leave
 - Activation of infertility treatment leave for infertile men and spouses with infertile women

- Introduction of the infertility leave system
 - Add "infertility" to the reasons for leave of absence
 - Matters to be reviewed to enhance the effectiveness of infertility included in disease leave
 - Guarantee of infertility leave received by public officials for all government agencies
 - Expanding the infertility leave system to the private sector

- Reinforcement of protection for female workers in infertility treatment and procedures
 - Reinforcement of personal information protection of infertile workers at work
 - Strengthening the protection from the harmful working environment of infertile female workers in the process of infertility treatment and procedure

Research areas: Health, Laws and National Plans, Gender Equality
Culture and Consciousness, Gender Violence and Safety

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