

Abstract

A study of improving medical access for safe abortion

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On April 11, 2019, the Constitutional Court decided that the provisions on the crime of abortion in the “Criminal Act,” which punish women who had abortions, were not in conformity with the Constitution and requested an alternative legislation. However, as the government and the National Assembly only announced the amendment at the end of 2020, the legislative deadline (at the end of 2020) set by the Constitutional Court has passed. From January 1, 2021, abortion is no longer be subject to punishment. Now a woman is able to abort her pregnancy at her own discretion. However, since no alternative bill has been prepared so far, women who are the subject of abortion are experiencing great confusion. For this reason, this study examines the actual situation related to medical access such as medical resources and health care delivery system related to abortion in the medical field at the present time from various

aspects, and also, based on the experiences of recent abortion women, we tried to identify the factors of the barriers to medical access for safe abortion.

As a result of the study, after the Constitutional Court's decision, neither the National Assembly nor the government actively progress in discussions about abortion and women's sexual and reproductive health, and the atmosphere of reluctance to discuss and publicize this in itself make it difficult to prepare an effective support policy. In addition, from the view points of policy and institution, this legislative vacuum make it difficult to use public resources to solve problems occurring in the medical field. The lack of accountability for women's health within government ministries and the lack of gender sensitivity under the policy to encourage childbirth was also an important problem. Plus, daily sexual oppression and gender inequality make it difficult for women with unwanted pregnancies to seek help, even within intimate relationships. This causes a delay in abortion, especially in vulnerable women, which in turn leads to an increase in the cost of abortion. However, in many cases, respect for women's right to self-determination and the specificity and vulnerability of women who have had unwanted pregnancies in the process of using medical care were not practiced. There is a need for medical and health education that provides more user-friendly information on sexual health, such as contraception and pregnancy preparation, without discriminating or oppressing a specific population group, and it is necessary to prevent gender violence related to unwanted pregnancy and strengthen support for victims. In addition, education and training for medical personnel is urgently needed so that women-friendly and up-to-date medical treatment on contraception and abortion can be provided.

Based on the above research results, the roles and tasks of the government, health care, and civic groups are proposed to improve

medical access for safe abortion.

Research areas: health, law and plan, gender equality culture and
consciousness, gender-based violence and safety

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accessibility, gender