

**The Convention on the Elimination of All Forms
of Discrimination against Women
(CEDAW)**

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Alternative Report
For the Third International Review**

NGOs:

**R.O.C. Association of HIV/AIDS and Child Care
Taiwan Association of Gender/Sexuality Rights Protection**

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In response to CEDAW 3

Issue: The ambiguous definition of the term “Xin-Bieh(性別)”

(Gender/Sex) has made the goal of CEDAW unable to be fully achieved.

Situation

1. Professor Yen-ling Gu, the pioneer of the Feminist movement in Taiwan, once pointed out in her article published in 2015 ⁽¹⁾ that “we use the terms- sex/gender, gender equality, and gender diversity very often, but we haven’t fully discussed their meanings or their definitions yet. The laws and regulations of the United Nations, the European Union, and some other countries have clearly defined the terms-sex/gender and gender equality. It is very ironic that, on one hand, Taiwan wants to be the same with the world. On the other hand, it has deviated from the standard definition of the world by not defining these terms, but use them according to its own interpretations.”

“When quoting the definition of gender mainstreaming from the Economic and Social Council of the United Nations to be put in our government’s official documents, our government subjectively used “different sexes/genders” and “multi-sexes/genders” to replace the original term of “woman and men.” When quoting the Beijing Declaration from the World Conference on Women in 1995, our government added the phrase- to ask each country “to replace women’s issues with gender issues,” the contradicting statement. When translating the three principles of CEDAW, our government rewrote the three and also added a new one ⁽²⁾. The courage and creativity to do so was incredible!”(Attachment 3-1).

“Over the past ten years of so, these directives and guidelines have been regarded as policies from the central government to all regional governments without facing any objection or questioning. In addition, ambiguous definitions, contradicting contexts, and inconsistent policies have made those public servants confused and the resources depleted in vain.”

What CEDAW cares is women’s rights and equality between women and men. On UN’s website ⁽³⁾, it clearly indicates that gender equality means the equality between

¹ A bizarre scenery on the international women's day in 2015 Taipei Yen-Ling Gu.

<https://goo.gl/zHAXuU>

² 《Knowing CEDAW》Hand Book (2012) page 8, by Foundation of Women's Rights Promotion and Development of the Executive Yuan. FWRPD. http://saas5.startialab.com/acti_books/224/687/_SWF_Window.html

³ The website of United Nations Entity for Gender Equality and the Empowerment of Women <http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>

women and men. However, when translating the laws and directives, our government replaced the terms women/men and women with gender, and finally used multi-sexes/genders to confuse the meaning of gender. (Figure 1)

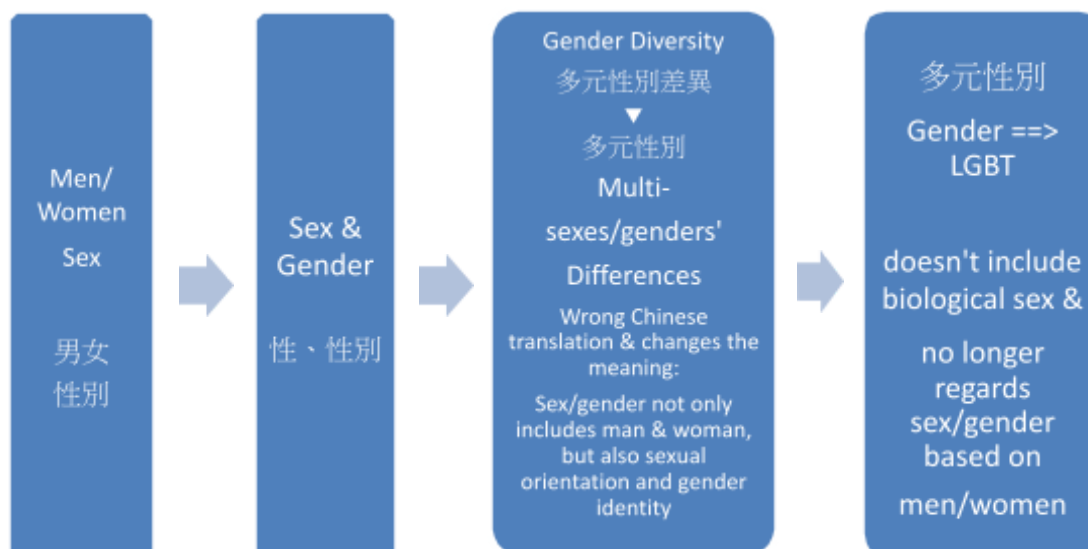


Figure 1: The Process of changing the translations and definitions of the term- sex and the contradictions

- Originally, the Chinese term- 「性別」 was regarded as biological sex in all of our major fundamental laws and passports (Attachment 3-2). However, under the policy of Gender Mainstreaming and the Gender Equity Education Act, all the related laws have never defined the term-sex/gender. As a result, the term 「 - 性別」 used in each law has its own meaning and very often means sex, gender or even sexual orientation (Attachment 3-3).

In 2017, Yen-ling,Gu mentioned in an interview :

"The misuse of sex/gender in Taiwan is very serious. I have encountered many government officials who have been stunned and believed that only “sex/gender” is modern while “women” is outdated. Sex/gender must be multi-sexes/genders: lesbian, gay, bisexual, transgender, and the queer (LGBTQ), excluding men and women, forgetting that the foundations of sex/gender are based on men and women. Our multi-sexes/genders are against the definition of sex/gender in the UN, EU and most of the countries.

How serious is the misuse? Gu Yenling pointed out that when officials said "equality between men and women" in the conference, they were often corrected by "gender experts," saying that they should talk about "multi-sexes/genders equality." They were asked to use "multi- sexes/genders "instead of “men and

women". "Many people do not think deeply and do things according to whichever way the wind is blowing." Unless the CEDAW domestic legalization in 2012 preserved the word "women," the document would have only "sex/gender" and no "men and women". It seems that Taiwan goes against the world trend.⁽⁴⁾

3. Due to the Chinese term 「 - 性別 」 is shared by sex , gender and sexual orientation. ,“Gender diversity” has been mistakenly translated as “multi-sexes/genders” in Chinese as defined in Article 2 of the Gender Equity Education Act. Gender has been over-explained as multi-sexes/genders, or even also includes sexual orientation and gender identity, as indicated in the Article 2 of the Enforcement Rules of the Gender Equity Education Act (Attachment 3-3). In Chinese lexicon, the term- 多元性別 means multi-sexes/genders. Sex/gender is no longer based on men and women and that has deviated from the definition of CEDAW.

4. Due to its ambiguity in definition, in some conferences and their posters, the term-multi-sexes/genders means the LGBT groups. Sex/gender (woman and man) equality has become multi-sexes/genders (LGBT) equality, and biological sexual differences has been overlooked or excluded. For example,
 - (1) In the photo competition, Seeing Multi-sexes/genders, organized by the Executive Yuan, the theme was restricted only to those related topics regarding LGBT groups, such as: Daily life of homosexuals, life stories of trans-genders, the situations of bi-sexual. (Attachment 3-4)
 - (2) In the weekly radio program, called Gender Equity Easy Go, organized by the Ministry of Education, within the 1st half year of 2017, 27 times (52%) of the topics were related to LGBT, more than the 11 times (22%) for women. (Attachment 3-5). Any course name related to two sexes in college curricula was forced to be replaced by gender, or even considers two sexes as out of fashion.

5. When the definitions of sex/gender are ambiguous, biological sexual differences are overlooked, the promotion of CEDAW will be restricted to the pursuit of sameness. For example:
 - (1)“the Night-time Waiting Zones for Female Passengers at MRT (Metro) in Taipei“ was originally set up to protect women under the consideration of biological differences (more than 85% of victims of sexual assault were women according to the Ministry of the Interior), but it was forced to change

⁴ Why do women's movement groups in Taiwan stay quiet on Trump's insult of women? ---a conversation with Yenling Ku, Taiwan's first feminist. The Observer, March 2017

to “Safe Waiting Zone” due to the words - “Female Passengers” were mistakenly regarded as sexual discrimination.

- (2) In terms of career, the ratios of female graduates with higher education in various categories in Taiwan are very close to those of the Organization for Economic Co-operation and Development (OECD) countries (Figure 2). However, in continuing to emphasize the importance of female scientists and technologists, our government undervalues child-care related occupations and maternity. These works are what women tend to put more effort into and they are regarded as jobs with lower social status and salary.

Ratio of the female graduates of the higher and further education in different categories

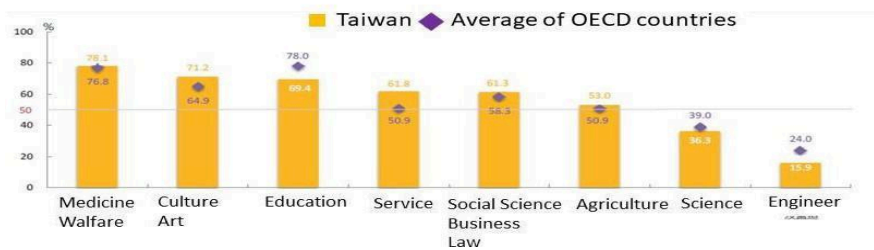


Figure 2: Ratios of female graduates with higher education in different categories between Taiwan and OECD countries (Source: Executive Yuan, 2017)

<https://eng.stat.gov.tw/public/data/dgbas03/bs2/gender/eb/2017/2017C.pdf>

- Regarding using the term- equality, our country doesn't comply with the recommendations from CEDAW and the UN (3), and uses Gender Equity Education Act, instead of Gender Equality Education Act as its English translation. So, in promoting of that-often leads to controversy.

Discussion

- CEDAW aims to raise the status of women and promote both sexes' equality. According to CEDAW, sex or gender is based on men and women, which is in line with the international definition of gender equality and our national constitution. Every terminology in the laws should be clearly defined, so does the scope of its objects. Otherwise, it would make the people whom CEDAW's domestic laws intended to protect hard to be recognized and the laws cannot be implemented.
- Ambiguous definitions has created many social and educational controversies and has made CEDAW unable to be fully executed; and the policy planning and implementation have deviated from the main objective of CEDAW and Gender Mainstreaming-to promote equality between women and men.

Suggestion

3. Biology is objective and observable. A country's legal definition should adopt an objective and observable "sex" classification, so as to accurately formulate various benefits and collect statistics concerning different "sexes."
4. 2. Relevant laws and regulations should be examined immediately in order to clarify the translations and definitions of “sex” and “gender” in the ordinance and to clearly define the scope of the object.
5. 3. Translate according to people's idiomatic language, and make the terms in the ordinance consistent. Sex should be translated into the Chinese term- " 性別 ", gender should be translated as the Chinese term- " 社會性別 ", with a clear distinction between "sex" and "gender" and "sexual orientation", and to stop using the confusing term " 多元性別 "(multi-sexes/genders) so can avoid misunderstanding or misinterpretations of each other, or biased implementation of the policy.
6. 4. The definitions of “sex” and “gender” given by the government are ambiguous or even mixed up with “sexual orientation”. It has already triggered serious social conflicts and confrontations, which have, in turn, negatively affected the LGBT groups. In order to protect the rights and interests of some special groups, we propose that our government enact some specific laws to deal with this issue.
7. 5. In various laws or gender impact assessments that consider the inclusion of cross-related factors, it is suggested that in addition to the current sexual orientation and gender identity, the factors should also include other items indicated in General Recommendations 28 that may also trigger cross-discrimination (such as: race, ethnicity, religion or belief, health condition, age, class, caste) to gather relevant information systematically and assess their impacts.

Attachments

- 3-1 The table of the comparisons of the Sex/Gender definitions in Taiwan’s official documents quoted from the core documents of United Nation (UN), and the original Sex/Gender definitions in the core documents of UN.
- 3-2 The “Sex” in Taiwan’s passports means the “biological sex”.
- 3-3 Sex/Gender is misinterpreted into gender diversity, sexual orientation, gender temperament, or gender identity (see the table).
- 3-4 Photographic Competition of Seeing Gender Diversity” by Gender equality committee of the Executive Yuan.
- 3-5 The program schedule of Gender Equality EazyGo in the first half year of 2017.

In Response to CEDAW Article 4 and 5 (Protection of Motherhood)

Issue: The value of child-care and housework is discriminated, and the government should advocate to promote respect for full-time housewives.

Situation and Discussion:

The duties and work related to "motherhood" are not respected

1. In order to promote gender equality, the government simply encourages women to work in science and technology, and underrates the work related to motherhood. These acts not only strengthen the male superiority, but also useless and harmful in promotion of gender equality.
2. With the neglect of the value of motherhood and services of housework, full-time housewives are disparaged. "The husband and wife should work together in housework" and the contributions of "homemakers (including housewives and househusbands)" are not taken into account.
3. The inequality between men and women is not about which one working out side or staying home, but it is about the undervaluation of housework. The reason why "Men go out and women stay home" causes gender discrimination is also due to the undervaluation of housework, which is regarded as unproductive. However, no one can do his best in his work without a stable family life, which is sustained by his wife.
4. Traditionally, women bear the heavy burden of child-care. Chinese culture highly values family, therefore, it is obviously that more women choose to be full-time housewives. However, the housework is undervalued because there's no visible "income" and treated as non-productive without economic value. This is the basic reason of inequality between men and women in the family.
5. Women are at good at being babysitters, kindergarten teachers, nurses, and housework cleaners. The salaries of these works are lower than the average.

Suggestion

Valuing up the child-care and housework is fundamental to promote gender equality.

1. To promote gender equality, we should not keep on asking women to do the work which men are good at, but should up value the work that women are good at due to their physical differences, such as nurses, caregivers and housewives. The value of these works

is no less than that of science and technology work. In the family, men who go out and women who stay home are equal and important.

2. . The government should pay housewives (husbands) salaries and respect them. The governments even pay full-time housewives who care child and do housework in some countries.
3. The service of full-time housewives should be included in Labor Force Participating rate.
4. The government should try to raise the payment of work related to women (or provide a special subsidy) to up value women's professional occupations and their social status.

In response to CEDAW Article 10

Issue : The problem of gender equality education & Teenagers pregnancy

Situation

1. The problem of gender equality education: : the biological (physiologic) differences are neglected

- (1) Gender equality policies over-emphasize on the social constructive aspect of gender, while completely neglecting the biological (physiologic) differences between male and female. As the result, the policies actually leads to "formal equality" rather than "substantial equality" reasonable differentieial treatment according to the differences, that CEDAW would like to promote.
- (2) The government emphasize and encourage women/girls to become scientists or technologists, this might mislead people to a myth that "female scientists and technologists" are more superior than other women. This not only fails to promote the status of women, but rather strengthens male superiority. Women, whose jobs are cleaning, nanny, childcare, nursing and staffing, have lower social status. Moreover, housewives who choose to take care of the babies or the elderly are not regarded as "productive". The policy has virtually eliminated the "motherhood" and betrays the spirit of CEDAW that recognizes and respects the differences between men and women. As a result, marriage and giving birth is not valued, which becomes one of the keys to the low birth rate.
- (3) In the national report, the section that introduces gender equality education is entitled as "multi-sexes"(or LGBT) equality education and focusing only on the LGBT issue. It is obvious that the gender equality has been misinterpreted and the policy focuses only on LGBT's right. It has completely gone astray with CEDAW's goal to promote women's status and right. (More detailed discussion about the issue of the confusing definition of sex/gender, please see the later chapter).

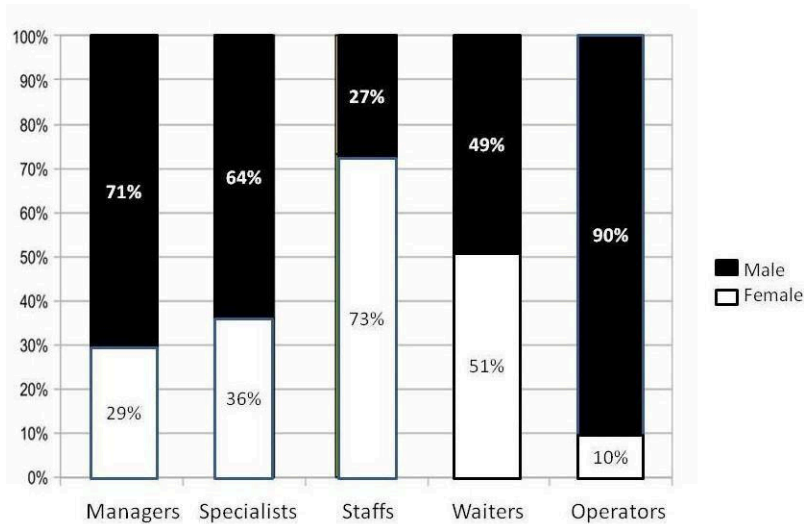


Figure 1. The ratio of female and male in different vocations

Resource: Government Statistics.

2. Teenagers pregnancy -- The government does not responded adequately to the problem

- (1) The number of dropping out due to pregnancy in the senior high schools has been decreased and more pregnant teenagers were able to continue their study. However, the number increased in the elementary and junior levels. (Figure 2 and Figure 3). (Attachment 10-1).

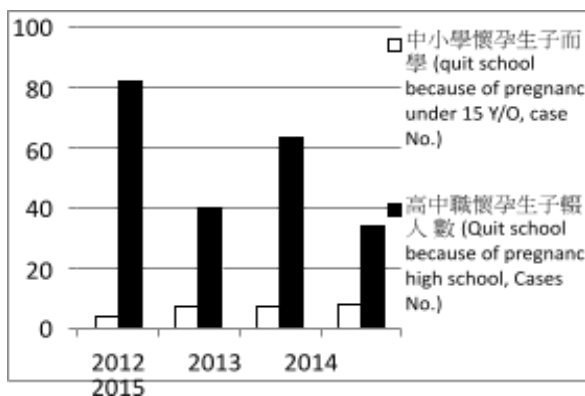


Figure 2 Quit school because of pregnancy, high school, Cases No.

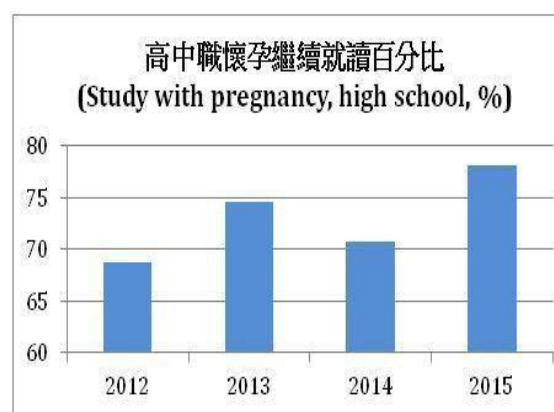


Figure 3 Study with pregnancy, high school

- (2) The statistics is not complete and the government does not fully understand the real situation of teenage pregnancy). The Ministry of Health Welfare didn't know the real number of medical abortion by RU496 in teenage pregnancy in 2015 (See attachment 12-1-5 The number of abortion the adolescent pregnancy was 2500.)
- (3) Although more pregnant teenagers chose to take care of babies by themselves, only 6 persons received government financial help during 2014 to 2016 (arrow in Figure 4).
- (4) Although the government provide assistance to help these pregnant teenagers stay in school (Attachment 10-2), **the services does NOT include helping them to dealing with their dual roles of being student and being mother.**
- (5) **Primary prevention in school is not enough** to prevent Teenagers pregnancy.

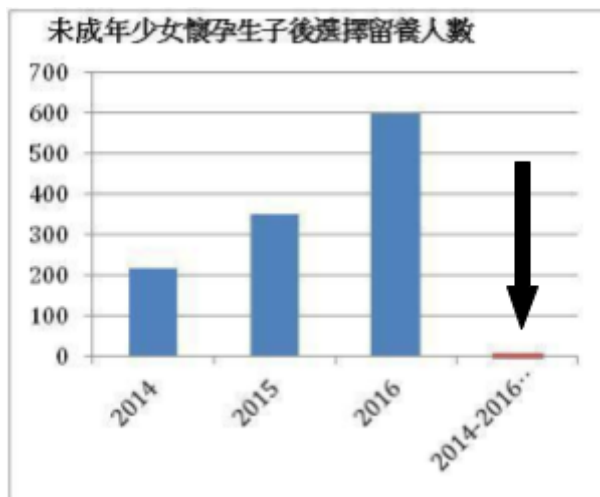


Figure 4 The number of pregnant girls who chose to take care of babies by themselves.

Discussion

1. Gender equality education

Some important terminology like sex/gender is misinterpreted, not translated correctly, and not well-defined. As a result, some policies and practices went astray with the goal of CEDAW, and social conflicts were aroused among different groups.

2. Teenagers pregnancy

- (1) **Primary prevention in school is not enough** to prevent Teenagers pregnancy. There are missing pieces in education--lack of knowledge about sexual health and value education about sex, love, and marriage.
- (2) **Schools didn't provide students correct knowledge about sexual health and thus put them in danger.** The students were told that "you will be safe if you

have sex with condoms”. Videos or books made by some groups were allowed to be broadcast in school to encourage teenagers sexual exploration. However, in fact, the *risk* for sexual transmitted disease and pregnancy is increased for *sexual active teenage girls* because their uteruses have not fully matured. (Attachment 10-3,10-4,10-5, 10-6).

- (3) **Sexuality and health education is not getting the attention it deserves.** The proportion of the content about sexual minorities and sexual health in the text books does NOT reflect the real needs of students. For example, in one of the textbooks, there are 7 pages about sexual orientation and sexual minorities, while only 6 pages are about sexual health.
- (4) **There is a lack of "holistic" perspective in Gender Equality Education (GEE).** GEE emphasizes too much on the "power" and "sexual liberation", while other aspects of sexuality education, for example, **the value about sex, love, and marriage, are neglected.**
- (5) **The hours for sexuality health education are not enough and the teachers are not qualified.** Many schools skipped the course of health education, and about 89% of the teachers who taught health education are not professionally equipped/qualified (2011).

Suggestion

1. Gender equality education

- (1) **The related terminology (like sex, gender, equality, discrimination, etc.) should be re-examined and translated correctly and well-defined.** (More suggestions please see the later chapter).
- (2) **Deconstruct the gender stereotypes of occupations and respect sexual differences.** The government should make efforts to raise the status and salary of those occupations (like cleaning, nanny, childcare, nursing and staffing, etc.) so that more women will to participate in.
- (3) **Value the role and work of maternity and child-care,** and teach students that women who choose to be housewives or caring babies by themselves should be respected. Household tasks (including caring babies and the elderly) should be respected, reasonably paid, and be formally included in the Labor Force Participation statistics.

2. Teenage pregnancy

- (1) **Enhance primary prevention —“Health as priority.”** We should provide students with sufficient and accurate information about STDs/HIV prevention, educating them from a health perspective. The program should uphold family values and promotes the key message that “Abstinence is the best choice for teenagers”. Students should be taught skills such as decision-making, assertiveness and how to say “no” to sexual arousal or peer pressure. The courses should empower the students to make wise decisions for their health, as the successful cases in Singapore. (Figure 5 and 6)

- (2) **Provide age-appropriate sexuality education** in all level of schools, and understand the real situations of teenage pregnancies, **providing adequate counseling and support to teenage mothers.**
- (3) **Improve the textbooks review system.** Include the indicators of "age-appropriateness", "content proportion and meet the needs of most students", "evidence-based knowledge".
- (4) **Make sure that there are enough professional teachers for sexuality education.** For some rural areas, the "tour teachers system" for sexuality education can be established, making sure that the need of all students be met.

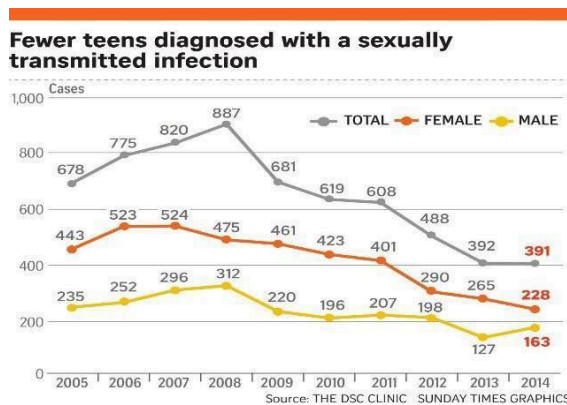


Figure 5 Fewer teens diagnosed with a sexual transmitted infection.

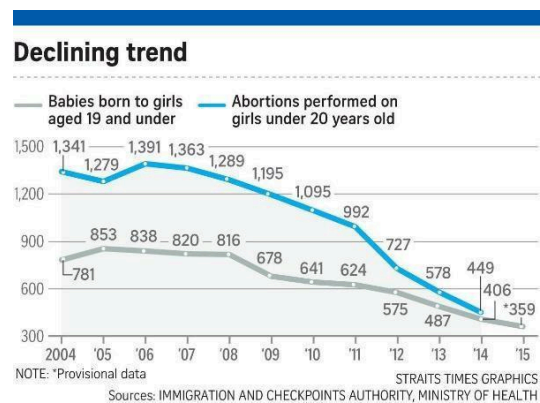


Figure 6 Declining trend of teenage pregnancy.

Attachments

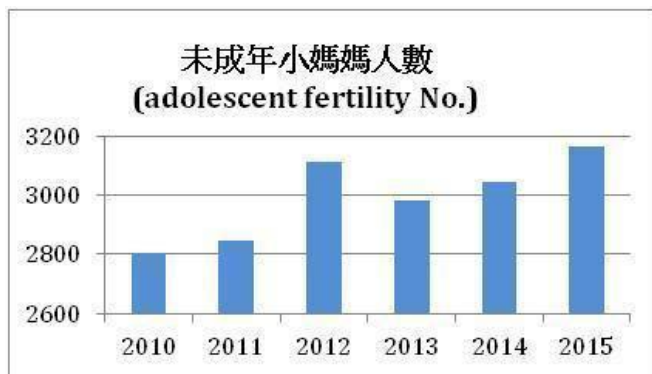
- 10-1 The number of pregnant teenagers is still large, the government should care about it.
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- 10-3 Textbook: teach students about abortion, without telling them about high risk of infertility
- 10-4 Textbook: “You can have sex with any one he(she) says yes”. But they don’t tell students that they will break the law if they have sex with teenagers.
- 10-5 Textbook: “You can have sex if you want.”, not mentioning about the diseases
- 10-6.** Teacher Liu’s taught 10 years old children how to use condoms and finger condoms in the class.

In response to CEDAW Article 12

Issue: Teenagers pregnancy--Number increases and age gets down

Situation

1. The number of pregnant teenagers keeps increasing even with the declination of birth rate in these years. There are more than 3000 pregnant teenagers every year since 2014 in Taiwan and the age gets down (Figure 1) (Attachment 12-1-1). The adolescent fertility rate is 12.95 per 1000 (Figure 2), more than Japan's (4 per 1,000), South Korea's (2.8 per 1,000) and Singapore's (8 per 1,000). The adolescent fertility rate of Taiwan is No. 1 in Asia (Attachment 12-1-2).



year in Taiwan.

Figure 1 There are more than 3000 pregnant teenagers every

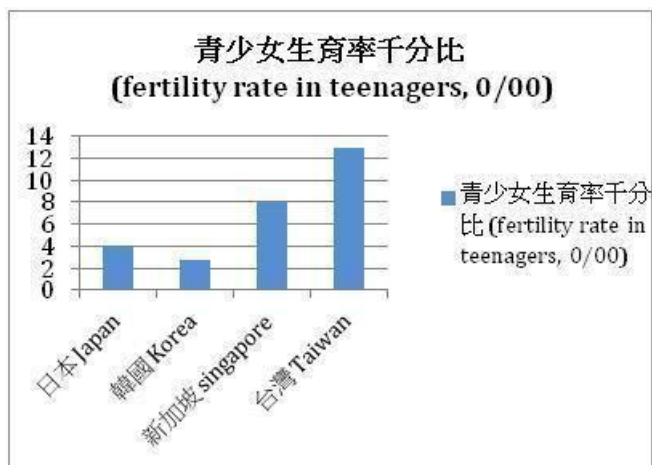


Figure 2 The teenage fertility rate is 12.95 per 1000 in Taiwan.

2. The proportion of sexual activity increased and the age got down in college students in the past 35 years (Figure 3) indicating that the youth are more sexually active nowadays. "Sex with condoms" is low (male 30.4%, female 28.5%), and nearly half of the students felt regret after having sex (Figure 4) (Attachment

12-1-3).

	Male					Female				
	1979 年 261人 %	1988 年 236人 %	1998 年 186人 %	2007 年 411人 %	2014 年 460人 %	1979 年 229人 %	1988 年 271人 %	1998 年 245人 %	2007 年 737人 %	2014 年 634人 %
Kiss	39.1	40.7	48.9	48.9	66.2	37.6	25.5	46.9	53.7	58.3
Light caress	33.0	38.6	45.2	38.9	63.2	15.7	16.6	38.4	37.3	51.3
Deep caress	26.1	30.9	35.5	34.1	52.9	8.7	7.4	28.6	22.4	41.5
Sex	20.7	24.6	25.8	28.7	43.5	3.9	4.4	18.0	15.5	27.9

Figure 3 Sexual activities in college students in the past 35 years

	Male	Female
Age of First Time Sex	17歲	18歲
Ratio of Sex Exposure	44.1%	31.0%
Sex for Love *	53.5%	23.4%
Homosexual Sex	10.8%	8.8%
Sex with Condoms*	30.4%	28.5%
Feeling regret after Sex *	46.3%	43.6%

* Data from persons with Sex Exposure

資料來源：台灣性教育學會

Figure 4 Sex knowledge, attitude and activities in college students in Taiwan (Appledaily news 2014/06/08)

Discussion

1. **Primary prevention is not enough and the sexual education is not developmentally-appropriate.** The government focusing more on dealing with "problems" from the view of social work or counseling (secondary- and tertiary-line preventions), and neglects primary prevention-- that is , age-appropriate sex education. Improper and wrong sexual knowledge and education were taught in schools. (Attachment 12-1- 4).

2. **Sexuality education is not age-appropriate, and is taught by unprofessional teachers.** Most teachers who teach Health are NOT professionally qualified. (See Attachment 10-6, A teacher taught 10-years-old children about how to use condoms and finger condoms in the class).
3. **The ideology of sexual liberation sneaks in school in the name of Gender Equality Education,** which neglect the physical immaturity of young girls and contradict to the health of adolescent girls. As a result, young girls are misled and unable to make the best choice and protect themselves.
4. **The statistics is not complete and the government does not fully understand the real situation of teenage pregnancy** (Attachment 12-1-1). For example, the Ministry of Health Welfare didn't know the real number of medical abortion by RU496 in teenage pregnancy in 2015 (Attachment 12-1-5).

Suggestion

1. More emphasis (resources) should be put on **Primary Prevention**, that is, **developmentally appropriate sexuality education for whole school**, which can at least taking care of the needs of 80% students, as the WISER model⁵ suggested (Figure 5).
2. **The value of “Health First” should be cultivated in students, and they should be fully informed by correct knowledge about healthy development.** The school should also provide students with accurate information on STDs, HIV and protection. The school should promote family values and the key message that “Abstinence as best choice for teenagers”, empowering students to make wise decisions about sex.
3. Sexuality education should be age-appropriate and "holistic"--including aspects of physical, psychological, and social aspects (ethics, morale, value, law), etc.. It should include the 15 goals of the WHO. Students should be taught skills such as decision-making, assertiveness and the courage to say “no” to sexual exploration even under peer pressure.
4. Textbooks should be carefully reviewed. The Textbook Review System should include indicators like age-appropriateness, reasonable proportion (contents for all should be more than that for individual or special groups of students), and evidence-based knowledge.
5. The government should realize the true conditions of teenage pregnancies, in order to provide adequate counseling and assistance to teenage mothers.

⁵ WISER reprints **W**hole Principle (whole school), **I**ndividualized, System collaboration,

Evaluation, **R**esource Integration.

6. Teachers for sexuality education should be professionally trained and qualified (89% teachers are unqualified at present by Ministry of Education), and should respect that they are in a position of trust with respect to students and ensure that schools are not used as arenas for advocacy on controversial issues.

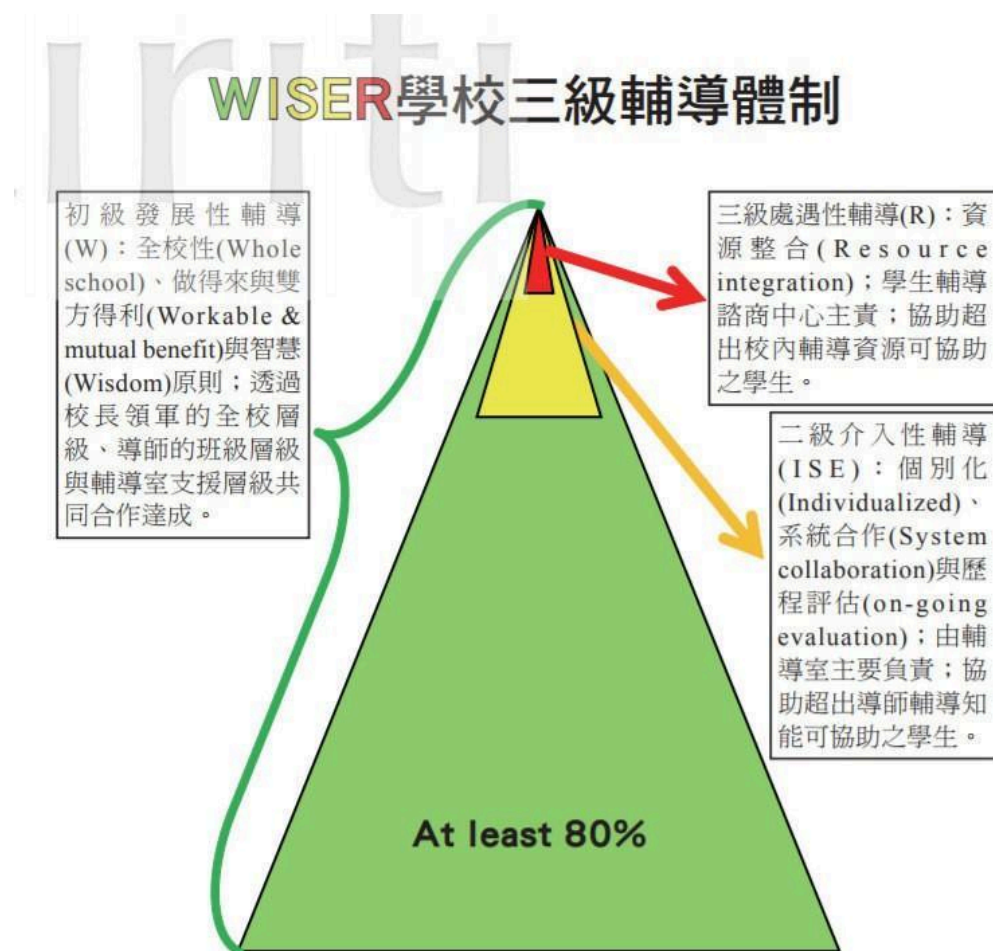


Figure 5. WISER model for consultation system in school

Attachments:

- 12-1-1 No 1 in Asia! The number of abortion increased every year in Taiwan.
- 12-1-2 The age of adolescent pregnancy got younger, the youngest mother was 12 years-old.
- 12-1-3 The age of first time sex is 17y/o in male, and 18y/o in female college students.
- 12-1-4 The protection ability of condoms is overemphasized in the text books.
- 12-1-5 The number of abortion in the adolescent pregnancy was 2500.

Issue: The risk of sexual transmitted disease (STD).

Situation

1. Gonorrhea in Taiwan dramatically increases, in 2017 it's up to 3.08 times than in 2012. Of these, 25% are teenagers under 19 y/o, and about two thirds are young women under the 30 y/o. This result is quite different from that of men (about 8% of men under the 19 y/o are affected) (Figure 1)(Attachment 12-2-1)
2. Syphilis in Taiwan increases mainly in men (arrow in Figure 2)(Attachemnt 12-2-2). However, we should also be cared about it in women and newborns.

In the US, African Americans and men who have sex with men have traditionally been the populations most plagued by syphilis (and they're still disproportionately affected). But other groups are now catching up too, especially women (arrow in Figure 3) and babies (Figure 4), through the infection by bisexual men. (CDC United States, 2017) (Attachment 12-2-3). Although the current status of syphilis infection in Taiwan is not as that of the United States, we may be in the same situation if we keep on promoting "Sexual Liberation".

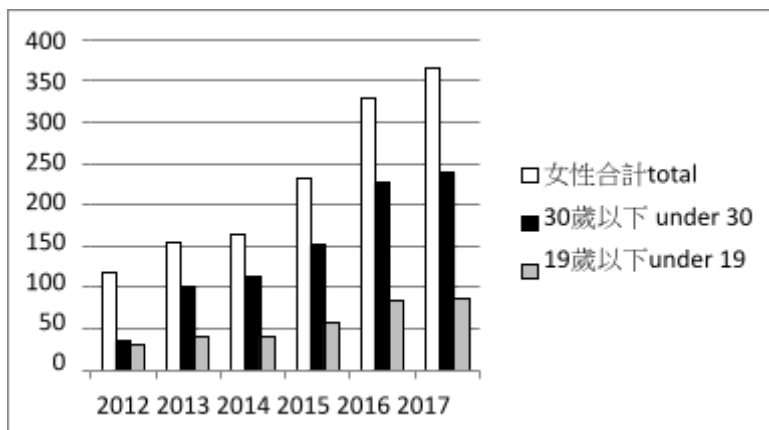


Figure 1 The number of gonorrhea in Taiwan, female.

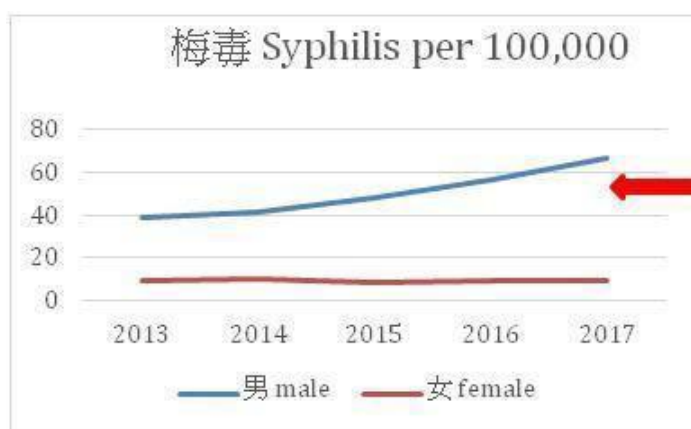


Figure 2 The number of syphilis per 100,000 population in Taiwan, by gender.

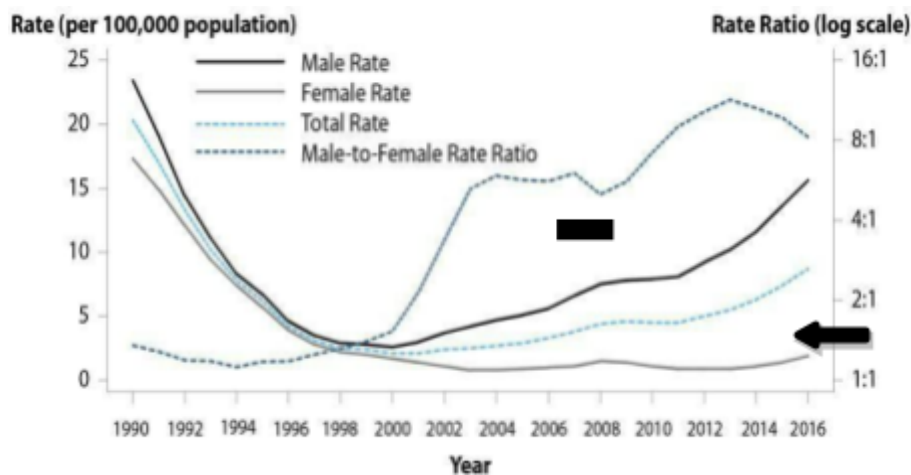


Figure 3 Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, United States, 1990–2016 (USA CDC)

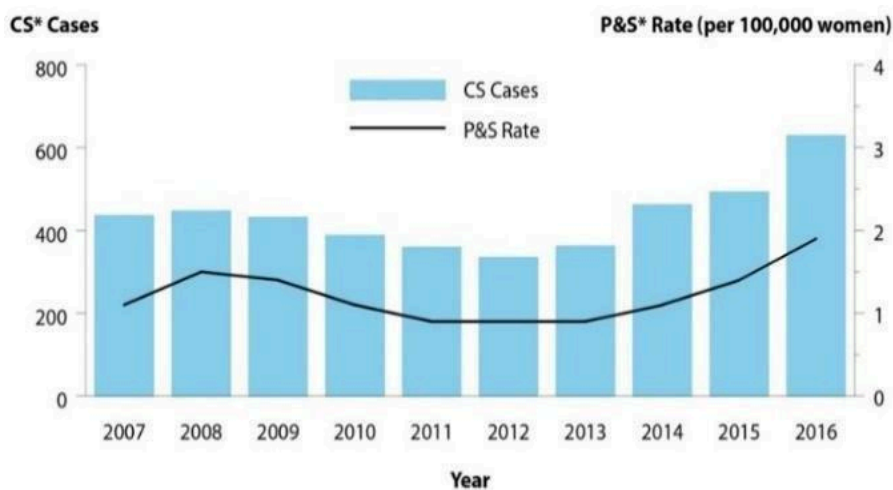


Figure 4 Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women, United States, 2007–2016 (USA CDC)

Discussion

1. Vaginal and cervical epithelium in adolescent girls is immature. It takes 20 years to develop more mature protective layers (Grossman, 2009) In the case of unsafe sex, the adolescent girls are prone to get sexually transmitted diseases (STDs) due to the immature genital organs (Sellors & Sankaranarayanan, 2003)
2. “Condom Sex equals Safe Sex” are taught in schools. However, it is a myth and misleads the students to a risk situation in getting sexually transmitted diseases

(STDs). In fact, for HIV/AIDS, there's only up to 80% protection with condoms (Weller & Davis-Beaty, 2012)

3. However, the pathogens of other STDs may grow on the skin hair, and they can transmit to sex partners through the skin uncovered by the condoms (Figure 5). For gonorrhea, there is only 51-62% protection with condom use (Boily et al., 2009; Grossman, 2009).

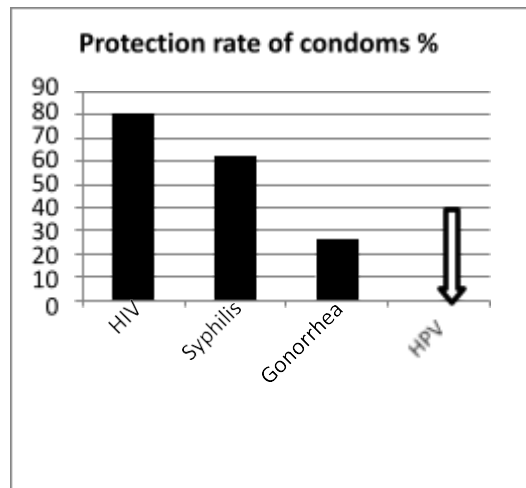


Figure 5 The protection rate of condoms in HIV and STDs

Suggestion

1. Sexuality education should include both diseases prevention and holistic education. As a human being, sexual behavior is closely related to affections and relationships. We should not only promote the use of condoms, but also teach girls about the value and attitude about sex. And we should fully inform the girls about facts of STD, and that "Abstinence (delay sex)" and "Be faithful (to partner)" is more effective than condom in STD prevention.
2. The government should also beware of the syphilis in women and infants spreading from MSM (by bisexual men).

Attachments

12-2-1 Gonorrhea in Taiwan. From CDC Taiwan(2018).

<https://data.cdc.gov.tw/dataset/aagstable-gonorrhea>

12-2-2. Syphilis in Taiwan. From Center of GIS,RCHSS, Academia Sinica.

<http://id.geohealth.tw/>

12-2-3 The CDC found spikes in cases of syphilis, gonorrhea, and chlamydia in 2016.

<https://www.vox.com/science-and-health/2017/9/27/16371142/2016-record-year-syphilis-gonorrhea-chlamydia>

Reference

1. Grossman, M. (2009). *You're teaching my child what: a physician exposes the lies of sex Ed and how they harm your child*. Washington, DC: Regnery Publishing Inc.
2. Sellors, J.W. and Sankaranarayanan, R. (2003). *Colposcopy and treatment of cervical intraepithelial neoplasia: a beginner's manual*, France: International Agency for Research on Cancer.
3. Weller, S. C. & Davis-Beaty, K. (2012). *Condom effectiveness in reducing heterosexual HIV transmission*. New York: John Wiley & Sons.
4. Boily MC, Baggaley RF, Wang L, Masse B, White RG, et al. (2009) Heterosexual risk of HIV-1 infection per sexual act: systematic review and meta-analysis of observational studies. *Lancet*, 9: 118–129.

Issue: The Overwhelming Number of Abortions

Situation

The number of aborted fetuses was about 220,000 to 240,000 in Taiwan during 2004 to 2009 (Attachment 12-4-1 and 12-4-2, Figure 1), and the number of new born babies was about 180,000 to 210,000. The number of aborted fetuses was about 36,000 to 50,000 more than that of the new born babies.

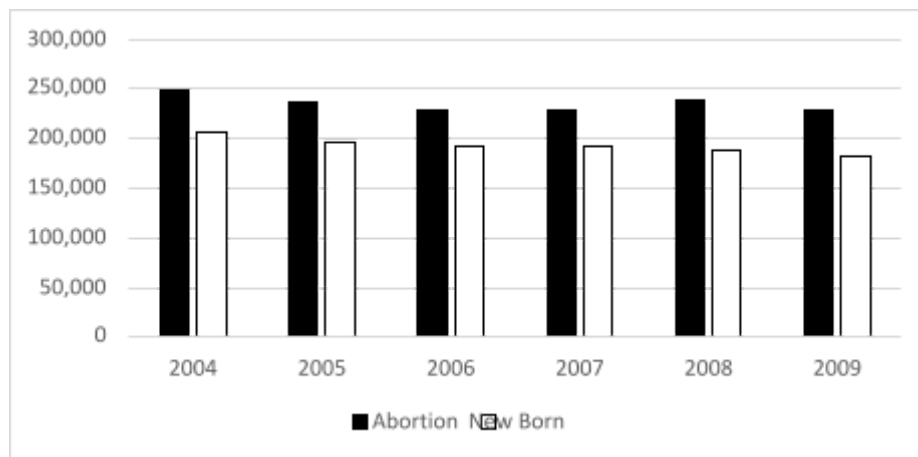


Figure 1 Numbers of aborted fetuses and the new born babies from 2004 to 2009

Discussion

1. **Eugenic Health Law since 1985 is the key for the above facts.** Doctors or pregnant women could legally terminate the pregnancy if the fetuses were suspected to be abnormal, even if the abnormality was mild. Some women who have terminated their pregnancy may get the sequelae of "secondary infertility," which is one of the reasons causing 15% of couples infertile (about 300,000 pairs).
2. **Abortion may cause serious physical and psychological problems.** Abortion is a bioethical issue. The global number of abortions is as high as 49 million annually. As a result, more than 70,000 women died and the rest of them are suffering from inflammation, mass bleeding, infertility and trauma. (data from United Nations). There are 1.6 million pregnant women choosing abortion in the United States annually, and 10% of them will experience severe emotional trauma (such as depression), while the remaining 90% may get psychological problem several years later (especially when they are pregnant again).
3. **Medical abortion drugs have side effects, and may cause death.** RU486 is an oral abortion pill, launched in 1988 in France. However, some cases dying because of taking RU486 happened in the United States, Europe and Taiwan. RU486 is not allowed in more than 20 countries around the world at present.

4. **Counseling services help to reduce the number of abortions.** Chiayi is the first city actively provided counseling services on abortion in Taiwan. The number of new born and the aborted fetuses were about 2,000 each in 1997. Chiayi government provided counseling services on abortion (a policy by Mayor Minhui Huang) since 1998. The number of abortions reduced by nearly 600 (30%) then.

Suggestion

1. Laws - The government should consider amending or deleting some parts of the eugenics law.

Art 9.4	There are medical reasons to identify the fetal deformity.	There are medical evidences to identify the fetal deformity.
Art 9.6	The pregnancy or childbirth will affect their mental health or family life.	The pregnancy or childbirth will affect their mental health or family life after the evaluations of a physician and a psychologist.
Art 11	Doctors who found fetal abnormality should inform the facts to the pregnant women and spouses, and should advise them to abort the fetus if necessary.	Doctors who found fetal abnormality should inform the facts to the pregnant women and spouses, and should provide them counseling services.
Art 12	The doctor who did abortion against Art 5 shall be punished with a fine, not less than NT10,000, and not more than NT 30,000.	The doctor who did abortion against Art 5 shall be revoked the medical license and punished with a fine, not less than NT100,000, and not more than NT 500,000.

(2) Practical aspects--The government should

- A. **Provide proper knowledge about abortion:** The video and handbooks about abortion can be made by the government, and let the pregnant women who consider abortion watch and study at home.
- B. **Provide counseling services:** Promote and encourage the medical institutions to provide counseling services to the persons seeking abortion. The medical institutions which successfully stop the abortion can be encouraged and rewarded.
- C. **Provide financial supports** to the unemployed families, low-income families, unintended pregnancy or unmarried pregnancy.

D. **Advocate adoption.** Encouraging couples who can't have their own babies choose adoption.

Attachments

12-4-1 There are about 24000 abortions by official count.

12-4-2 Press release of Health Promotion Administration, Executive Yuan Department

In response to CEDAW Article 16

Issue: Human Right to change sex without gender reassignment surgery

Situation

1. The case in Taiwan: A transgender female student who still has male genital organs asked to live in the girl ' s dormitory (Attachment 16-1-1)
2. The cases in United Kindom: Case 1, A biologically male killer who "identifies" as a woman was allowed to move to female prison having sex with multiple female inmates (Attachment 16-1-2). Case 2 A patient who requested a female nurse was seen by a transsexual practitioner of 'obviously male appearance (Attachment 16-1-3).

Discussion

1. A person identified as male or female is based on "physiological gender and morphological gender" in the laws and social norms in Taiwan. This is due to the different physical and psychological needs of men and women (such as privacy and personal safety), including toilets, SPAs, change rooms, sports, medical treatment and so on.
2. If a person can change sex only based on subjective "psychological gender" without extirpation of reproductive organs, this will involve changes in the overall social order and will affect the rights and interests of others.
3. Art 22 and 23 of the Constitution mentioned that "All the freedoms and rights shall not be restricted by law except by such as may be necessary to prevent infringement upon the freedoms of other persons". We agree we should respect the gender identity and the "human rights" of transgender people. However, rights can not be unlimited and should be considered if they may endanger others. The laws and rules should protect not only the minority but also the majority. It is unfair that a law just meets the need of the minority, but damages the rights and interests of the majority in the social system.
4. Women are more vulnerable to violence than men. Women will live in fear if they are forced to accept the transgender female without extirpation of reproductive organs entering girl's toilets or girl's dormitories by laws. If persons can change sex without gender reassignment surgery, it will impact the social order, and the privacy and safety of women will be seriously threatened.
5. Ensuring the privacy and safety of women is the basic right conferred by the Constitution. We should let all the women live without fear.

Suggestion

1. The laws should be carefully assessed to ensure that the rights of all people (not only transgender people) are taken into account.

2. Providing social welfare measures for transgender people, such as single dormitories, and gender-neutral toilets.
3. The privacy and safety of women should be protected. We should respect the requests some women make, such as not letting transgender people to carry out the physiologic examination.
4. We should find the balance between the needs of transgender people and the safety and privacy of the majority in the society.

Attachments:

16-1-1 Gender Neutral Dorms in National Taiwan University

16-1-2 Murderous Transgender 'Woman' Moved To Male Prison After Sleeping With Female Inmates

16-1-3 The female NHS nurse I asked for came with stubble

16-1-4 The Constitution of The Republic of China Art 22 and 23

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CEDAW

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壹、回應 CEDAW 第三條(In response to CEDAW Article 3)

主題:「性別」一詞定義混淆, 導致 CEDAW 無法落實

The ambiguous definition of the term “sex” has made CEDAW unable to be executed.

附件3-1 我國官方文件引用聯合國核心文件性別定義對照一欄表

The table of the comparisons of the Sex/Gender definitions in Taiwan’s official documents quoted from the core documents of United Nation (UN), and the original Sex/Gender definitions in the core documents of UN.

聯合國經濟暨社會理事會(ECOSCO)第 1997/2 號商定結論(參考資料 A)	
我國官方譯文	聯合國原文
<p>性別主流化是一種過程</p> <ul style="list-style-type: none"> ·讓『性別』意識／觀點融入思考、制訂與執行政策。 ·讓性別主流化工具成為執行業務常規。 <p>性別主流化是一種策略</p> <ul style="list-style-type: none"> ·將女性及男性所關心的事務和經驗同等納入考量, 做為政策規劃、執行、評估管考重要依據, 確保『不同性別』同等受益。 <p>性別平等為最終目標</p> <ul style="list-style-type: none"> ·讓『不同性別』均能公平合理地取得與享有社會資源與參與公共事務的機會, 以反映其多元的需求和意見。 	<p>"將性別觀點納入主流, 是評估任何計畫的行動(包括立法、政策或方案)在各領域和層次對『男女』的影響的進程。這是一種戰略, 將婦女和男子的關注事項和經驗作為一個整體, 納入政治、經濟和社會等所有領域的政策和方案的設計、落實、監測和評估, 使『男女』都能平等受益, 終止不平等的現象。最終目標是實現『兩性』平等。"</p>
《北京宣言和行動綱要》及 ECOSCO 第 1997/2 號商定結論(參考資料 B)	
我國官方譯文	聯合國原文
<p>以性別議題取代婦女議題。(擅自添加)</p>	<p>"將性別觀點納入主流並『不等於』沒有必要制訂有指標的、針對婦女的政策和方案或積極的立法, 也『不替代』婦女事務單位或協調中心。"</p>

CEDAW 三核心原則(參考資料 C)

行政院婦權會 CEDAW 手冊	聯合國
1.讓女性享有完整人權 2.清楚界定歧視女性的定義 3.政府要承擔消除歧視的責任 4.鼓勵民間團體參與監督	1. 男女平等權利 2. 不容歧視原則 3. 國家責任及義務

參考資料 A

2015 婦女節奇景 A bizarre scenery on the international women's day in 2015 Taipei 顧燕翎

<https://goo.gl/zHAXuU>

參考資料 B

聯合國《經濟及社會理事會 1997 年的報告》, p24,25

http://www.un.org/en/ga/search/view_doc.asp?symbol=A/52/3&referer=http://www.un.org/zh/documents/index.html&Lang=C

參考資料 C

在行政院婦權基金會出版的《認識 CEDAW》手冊(2012)，翻譯 CEDAW(消除對婦女一切形式歧視公約)三大原則時，不但改寫了三原則，還自行添加了第四項原則「鼓勵民間團體參與監督」。

行政院婦權基金會《認識 CEDAW》手冊(2012), p.8

[http://saas5.startialab.com/acti_books/224/687/_SWF_Window.](http://saas5.startialab.com/acti_books/224/687/_SWF_Window.html)

[html](#)

The United Nations Economic and Social Council(ECOSCO)Agreed conclusions 1997/2 (Reference A)	
Official translations in Chinese	Original text of United Nation
<p>· Mainstreaming a gender perspective is the process of assessing the implications for gender of any planned action, including legislation, policies or programmes, in all areas and at all levels.</p> <p>· It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that different genders benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.</p> <p>· Let "different genders" have the fair and reasonable chances of obtaining social resources and participating in public affairs in order to reflect their diverse needs and opinions.</p> <p>性別主流化是一種過程</p> <p>·讓『性別』意識／觀點融入思考、制訂與執行政策。</p> <p>·讓性別主流化工具成為執行業務常規。</p> <p>性別主流化是一種策略</p> <p>·將女性及男性所關心的事務和經驗同等納入考量，做為政策規劃、執行、評估管考重要依據，確保『不同性別』同等受益。</p> <p>性別平等為最終目標</p> <p>·讓『不同性別』均能公平合理地取得與享有社會資源與參與公共事務的機會，以反映其多元的需求和意見。</p>	<p>· Mainstreaming a gender perspective is the process of assessing the implications for women and men (男女) of any planned action, including legislation, policies or programmes, in all areas and at all levels.</p> <p>· It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.</p>

Report of the Fourth World Conference on Women, Beijing, and Agreed conclusions 1997/2 (Reference B)	
Official translations	Original text of United Nation
Gender issues replace women's issues. (Added without authorization) 以性別議題取代婦女議題。(擅自添加)	"Gender mainstreaming does not replace the need for targeted, women specific policies and programmes or positive legislation, nor does it substitute for gender units or focal points.
CEDAW three interrelated core principles (Reference C)	
CEDAW hand book by FWRPD	United Nation
1. Women have full human rights. 2. Clarify the definition of discrimination against women. 3. The government has the responsibility to eliminate discrimination. 4. Encourage civil society to participate in supervision. 1. 讓女性享有完整人權 2. 清楚界定歧視女性的定義 3. 政府要承擔消除歧視的責任 4. 鼓勵民間團體參與監督	1. Equality 2. Nondiscrimination 3. State obligation

Reference :

A. A bizarre scenery on the international women's day in 2015 Taipei Yen-Ling Gu. <https://goo.gl/zHAXuU>

B. The United Nations Economic and Social Council(ECOSCO)Agreed conclusions 1997/2, p24,25
http://www.un.org/en/ga/search/view_doc.asp?symbol=A/52/3&referer=http://www.un.org/z/h/documents/index.html&Lang=C

C.《Knowing CEDAW》Hand Book (2012) page 8, by Foundation of Women's Rights Promotion and Development of the Executive Yuan. FWRPD.
http://saas5.startialab.com/acti_books/224/687/ SWF Window.html

附件3-3 性別平等教育法的「性別」一詞各條文不一致狀況—中英文版對照 Sex/Gender is misinterpreted into gender diversity, sexual orientation, gender temperament, or gender identity (see the table).

性別平等教育法(中文版)	性別平等教育法(英文版)
<p>1. 「性別平等」教育法第二條第一款</p> <p>性別平等教育：指以教育方式教導尊重多元性別差異，消除性別歧視，促進性別地位之實質平等。</p>	<p>1. 「Gender equity」education: to generate respect for gender diversity, eliminate gender discrimination and promote substantive gender equality through education.</p>
<p>2. 性別平等教育法施行細則</p> <p>第二條第一款</p> <p>本法第一條第一項及第二條第一款所稱性別地位之實質平等，指任何人不因其生理性別、性傾向、性別特質或性別認同等不同，而受到差別之待遇。</p>	<p>3. The phrase “substantive equality of gender status” in the first subparagraph of the first paragraph of Article 1 and the first subparagraph of Article 2 of the Act shall mean that no one shall be discriminated against due to his or her sex, sexual orientation, gender temperament, or gender identity.</p>

1. 維基百科，自由的百科全書

多元性別(sexual or gender diversity)，是一個被台灣法律、教育界廣泛採用對LGBT(同志社群)的性別概念，主要是指性別的意義不僅包含生理性別，更包含性別認同、性別氣質、性傾向等。<https://zh.wikipedia.org/zh-tw/%E5%A4%9A%E5%85%83%E6%80%A7%E5%88%A5>

1. Wikipedia, the free encyclopedia

Sexual or gender diversity is a gender concept widely adopted by Taiwanese law and education community for LGBT (gay community), mainly referring to gender not only including biological sex, but also gender identity, gender temperament, sexual orientation Wait.

<https://zh.wikipedia.org/zh-tw/%E5%A4%9A%E5%85%83%E6%80%A7%E5%88%A5>
5

附件3-4 行政院性別平等處「看見多元性別攝影比賽徵件活動」
Photographic Competition of Seeing Gender Diversity” by
Gender equal committee of the Executive Yuan.

The theme was restricted only to those related topics regarding LGBT groups, such as: Daily life of homosexuals, life stories of trans-genders, the situations of bi-sexual.

<https://www.gec.ey.gov.tw/cp.aspx?n=BE17FFE55F9C9FD2>

資料來源：性別平等處

Source: Gender equal committee of the Executive Yuan.

為提升社會對於多元性別者處境的認識，消除性別歧視，特舉辦行政院「看見多元性別攝影比賽徵件活動」，期透過攝影短文徵件及攝影展方式，增加多元性別者之能見度，並提升社會大眾對於多元性別者的認識與尊重，進而促進民眾對多元性別者處境議題之重視。

壹、報名資格及報名資訊：

- 一、報名資格：限個人參加，不得以公司行號機關名義報名。
- 二、徵件時間：即日起至 106 年 11 月 30 日止(以郵戳為憑)
- 三、徵件作品主題：參賽者應以消除對多元性別的歧視為主題，並以「**同志家庭的日常生活**」、「**跨性別者生命故事**」、「**雙性人的性別處境**」三大面向(請參考附件 1 之主題說明，若拍攝主題與三大面向無關，將不符合參賽資格)擇一或擇多面向融入於作品當中，透過展現**多元性別者**之日常生活，促進民眾對多元性別者處境的了解與認識，宣導性別平等概念。

附件3-5 性別平等 EazyGo 106 上半年節目單

The program schedule of Gender Equal EazyGo in the first half year of 2017.

27 times (52%) of the topics were related to LGBT, more than the 11 times (22%) for women.

日期	主 題
20170107	校園需要性別平等教育的100個理由
20170114	嗡嗡嗡——婚姻平權小蜜蜂
20170121	性別革命—重新定義性別(國家地理雜誌中文版182期)(C)
20170128	是性教育?還是性焦慮?(人本教育札記330期)
20170204	一道彩虹,各自表述?(人本教育札記331期)
20170211	《主婦的午後時光—15段人生故事 X 15種蛋炒飯的滋味》
20170218	淺談婚姻平權草案
20170225	女性身體與公共空間—在遊行時上空
20170304	從LV包到反核包—《戰鬥媽媽的餐桌與家書》
20170311	2017 性別電影 離島放映計畫
20170318	罪與罰—校園性侵案件(人本教育札記332期)
20170325	《111封寄不出去的情書—擊愛之逝與人生再探》
20170401	性教育—保險套的奇幻教學
20170408	紀錄片《日常對話》
20170415	心內彈琵琶:《同志文學史—台灣的發明》
20170422	大甲媽祖,彩虹接駕
20170429	《雞婆的力量:一介歐巴桑 X 十八年校園申訴案的心情軌跡》
20170506	《餐桌上的家鄉—台灣新移民女性沸騰的生命故事》
20170513	性別平等教育季刊76期:改造學校性別友善廁所
20170520	家庭暴力與跟蹤騷擾
20170527	進步教育家庭聯盟
20170603	一台胖卡凸歸台灣——尋找彩虹境外計畫
20170610	當性侵害變成師生戀……
20170617	從焦慮看性平教育—人本教育札記336期
20170624	未來兩年才是戰場——同婚釋憲之後,大家怎麼辦?
20170701	《向高牆說不》
20170708	《做爸媽的一百種方式:尋找懷孕、生產、教養的更多可能》
20170715	跟著性健康療育師談性
20170722	《第二人生——迎接熟齡新社會運動》
20170729	《性別作為動詞——巷仔口社會學2》
20170805	《迎向溫柔生產之路:母嬰合力,伴侶陪同,一起跳舞慢舞》
20170812	從刺繡到海綿——男性家庭照顧者
20170819	多面向的性平教育
20170826	隔靴搔癢的情感教育(國小)
20170902	《女子翻轉》
20170909	假如我是一個月亮…杯
20170916	「其實,我也是(Me too)」——花東彩虹嘉年華
20170923	Double Pump 女子籃球誌(女子運動賽事報導平台)
20170930	第24屆台灣國際女性影展
20171007	第四屆台灣國際酷兒影展
20171014	心理諮詢師的性別工作,有時還有真情告白…
20171021	危險情人,情人危險
20171028	遠齡與分級?——家長團體與性平教育
20171104	《我和我的T媽媽》
20171111	你的故事就是改變歧視的力量——2017 台灣愛滋汙名與歧視調查
20171118	同志教育 X 情感教育
20171125	非營利幼兒園
20171202	鬆動陽剛看見多元—性別平等教育季刊第75期
20171209	數學如何教性平??
20171216	《性啟萌—青少年性教育讀本》
20171223	Her Stories—性別平等教育季刊76期
20171230	粉紅鞋男孩—就是愛性平教育

貳、回應 CEDAW 第四條、第五條(母性保護)(In response to
CEDAW Article 4 & 5)

主題：育兒照顧與家務工作的價值被歧視，政府倡導尊重家庭主婦

**The value of child- care and housework is discriminated, and the
government should advocate respecting full-time housewives. (無附件)**

參、回應 CEDAW 第十條(In response to CEDAW Article 10)

主題：性平教育忽略男女生理差異；青少年懷孕問題多

Gender equality education ignores the physiological differences between men and women, and there are many problems in teenage pregnancy.

附件 10-1 未成年少女懷孕仍多 監委要政府上緊發條

The number of pregnant teenagers is still large, the government should care about it.

<https://newtalk.tw/news/view/2017-11-10/103377>

發布 2017.11.10 | 14:34(2017/11/11)



臺灣近 10 年 15 歲至 19 歲的未成年產母每年約 3,000 名，均無法「有效」下降。 圖：翻攝自未成年懷孕求助站

對於臺灣未成年少女懷孕年齡有降低現象，監委促請行政院督促所屬對是類兒少及其子女之後續處遇及新生兒安置情形加以檢討並研議因應措施，以維護兒童及青少年健康成長及其人格發展。

未成年懷孕因其身心皆未發展成熟，除可能面臨家庭、社會、經濟、教育、身心狀況等多方困境外，亦有較高風險需承受新生兒死產、早產及體重不足等問題。

臺灣近 10 年 15 歲至 19 歲的未成年產母每年約 3,000 名，生育率情形從 95 年 令.令2‰至 99 年 3.令3‰，雖呈下降趨勢，均無法「有效」下降。

教育部統計 100 至 104 學年度學生懷孕事件，當中僅 102 學年度無國小女童懷孕數據，其餘各學年度均有國小女童懷孕數據，而 100 學年度竟有高達 22 名國小女童懷孕的數據。

衛福部 104 年調查推估青少年曾懷孕人數為 3,149 人(0.8%)、曾墮胎人數為 2,585 人(0.6%)，該調查之曾懷孕人數甚至低於該年度內政部統計 15 歲至 19 歲未成年少女懷孕生子實際人數 3,167 人，調查能力有待加強。

監察委員尹祚芊、王美玉指出，衛福部及教育部均未能確實掌握未成年少女懷孕人數情形，亦無建立相關勾稽比對機制、跨部會間服務資源整合平台，致政府對未成年少女懷孕問題與現實嚴重脫節。

臺灣未成年少女懷孕生子後選擇留養人數愈趨增長，據衛福部統計，從 103 年 218 人及 104 年 351 人，至去(105)年上升至 598 人，有顯著增加。但 103 年至 105 年各地方社政主管機關提供未滿 20 歲之單親父母補助僅 6 人次，補助金額新臺幣 6 萬 7,250 元，根本無法有效資助選擇留養孩子的兒少權益。

附件 10-2 學生懷孕受教權維護及輔導協助要點、大學法第 26 條第 4 項

The laws protecting the pregnant students (Ministry of Education).

教育部：學生懷孕受教權維護及輔導協助要點

- 一、教育部為落實性別平等教育法第十四條之一規定，指導學校積極維護懷孕學生之受教權，並提供必要之協助，特訂定本要點。
- 二、本要點適用對象包括各級主管教育行政機關、公私立各級學校及學生。
本要點所稱學生，包括一般學生及懷孕、曾懷孕(墮胎、流產或出養)與育有子女之學生。
- 三、學校應依學生懷孕受教權維護及輔導協助注意事項(附件一)及學生懷孕受教權維護及輔導協助要點流程(附件二)，維護懷孕學生受教權及提供必要協助。
發現未成年學生懷孕時，學校應即成立工作小組，由校長擔任召集人，並指派學生輔導專責單位設立單一窗口。
成年學生或已婚學生因懷孕而有相關需求者，得向學校申請協助，學校應依前二項規定辦理。
- 四、學校應實施性別平等教育暨性教育課程或活動，培養學生建立健康安全之性態度與性行為，學習避免非預期懷孕之知能，並教導校園師生及家長對懷孕及育有子女之學生採取接納、關懷之態度，以積極保障懷孕及育有子女學生之受教權。
各級主管教育行政機關及學校應於相關教育活動或研習，納入學生懷孕事件預防、處理及加強專業知能等相關議題之宣導、訓練。
- 五、學校不得以學生懷孕或育有子女為由，做出不當之處分，或以明示或暗示之方式，要求學生休學、轉學、退學或請長假。遭受學校歧視或不當處分之學生，得依性別平等教育法或其他相關法規規定，提出申訴或救濟。
- 六、學校應主動依學籍及成績考查或評量等相關規定，採取彈性措施，協助懷孕或育有子女學生完成學業。
各級主管教育行政機關應就前項規定，提供相關協助。
- 七、學校應整合教育、社政、戶政、勞工、衛生醫療、警政等單位之資源，提供懷孕或育有子女之學生輔導、轉介、安置、保健、就業、家庭支持、經濟安全、法律協助及多元適性教育。
學校依前項規定整合資源有困難時，得向各級主管教育行政機關尋求協助。
各級主管教育行政機關應協助整合協調第一項各單位之資源，以提供學校協助。
- 八、學校應改善校園相關硬體設施，提供懷孕或育有子女之學生友善安全之學習環境。
各級主管教育行政機關應就前項規定，提供相關協助。

- 九、各級主管教育行政機關應編列專款，協助學校預防及積極維護懷孕學生受教權，並提供必要輔導與協助。原住民族地區學校得優先申請經費。學校應籌措相關經費，或向各級主管教育行政機關申請補助，辦理懷孕或育有子女學生之輔導及多元適性教育。
- 十、各級主管教育行政機關應督導考核所主管學校，於輔導、協助懷孕學生時，應建立完整紀錄，並謹守專業倫理，尊重懷孕或育有子女學生之隱私權。
- 十一、學校知悉學生有懷孕之情事時，其內容如屬依兒童及少年福利與權益保障法、兒童及少年性剝削防制條例、性侵害犯罪防治法及家庭暴力防治法或其他相關法規規定應辦理通報者，應依規定確實辦理。
- 十二、學校應於每學年末將學生懷孕事件之處理概況回報各該主管教育行政機關，地方主管教育行政機關並應將回報情形彙報中央主管教育行政機關(附件三)。
- 十三、各級主管教育行政機關應將學校維護懷孕學生受教權之執行情形，列入學校校務評鑑之考核項目。

大學法第 26 條(修業期限與兩性平權之就學權益)

學生修讀學士學位之修業期限，以四年為原則。但得視系、所、學院、學程之性質延長一年至二年，並得視系、所、學院、學程之實際需要另增加實習半年至二年；修讀碩士學位之修業期限為一年至四年；修讀博士學位之修業期限為二年至七年。

前項修業期限得予縮短或延長，其資格條件、申請程序之規定，由大學訂定，報教育部備查。

身心障礙學生修讀學士學位，因身心狀況及學習需要，得延長修業期限，至多四年，並不適用因學業成績退學之規定。

學生因懷孕、分娩或撫育三歲以下子女，得延長修業期限。

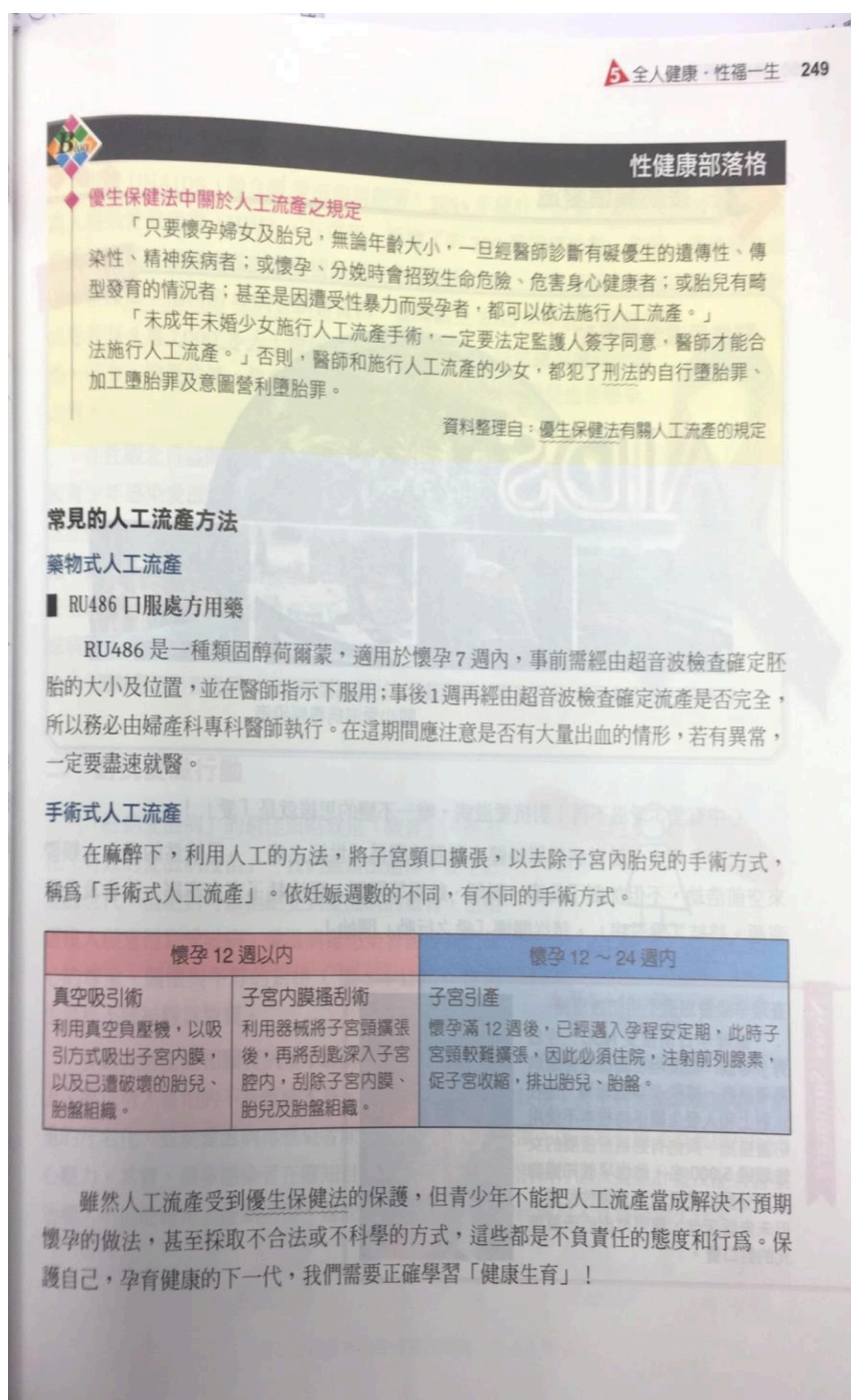
第一項學士學位畢業應修學分數及學分之計算，由教育部定之；碩士學位與博士學位畢業應修學分數及獲得學位所需通過之各項考核規定，由大學訂定，報教育部備查。

附件 10-3 高中泰宇出版社的健康與護理 p.249 頁提到人工流產, 但是卻未告知年紀越小相對性造成不孕的風險越高。

Textbook: teach students about abortion, without telling them about high risk of infertility.

提到人工流產, 但是卻未告知年紀越小相對性造成不孕的風險越高

課本這樣說	未充分告知孩子的部分(缺少)
高中泰宇出版社的健康與護理 p.249 頁提到人工流產	未告知年紀越小相對性造成不孕的風險越高。



附件 10-4 國中二年級翰林出版社的健康與體育 P.81, 告訴國中二年級的孩子在雙方自願、不傷害他人的情況下滿足自己的性與愛。沒有讓孩子充分了解生理不成熟不適合發生性行為。未告知可能違法。Textbook: “You can have sex with any one he(she) says yes”. But they don’t tell students that they will break the law if they have sex with teenagers.

課本這樣說	未充分告知孩子的部分(缺少)
在雙方自願、不傷害他人的情況下滿足自己的性與愛。	生理發展上的不成熟不適合發生性行為。 刑法 227 條對青少年性行為之限制。

社會對性與愛的規範

近年來社會上出現很多相關性與愛的議題，如「性別認同」、「性別和愛情」、「愛要怎麼說」、「愛的迷思」、「兩性交往的藝術」等，改變人們過去不敢面對性與愛的態度。現在網站也設有「兩性關係」、「性福生活」等網頁，專門討論性話題。顯然，性已經不是單純的繁衍後代的功能，人們開始期待能有更加美滿與健康的性生活。

性跟隨人類經過了漫長的發展，性的背後還是要有強大的道德力量來約束，於是人有情感需求並且要對彼此負責時，婚姻的建立，就是讓兩個人接受道德、法律的規範。而現今社會對性與愛的規範是要彼此得到對方的尊重，並在雙方自願、不傷害他人的情況下滿足自己的性與愛。過去傳統的異性戀關係，只要求女性必須做到「烈女不事二夫」，要求女性婚前保有貞操、甚至將女性物化等，已是一種不合乎現在社會的道德規範。因為不正確的性愛觀，導致市面上色情媒體對性愛常有偏頗的解讀，讓我們從現在開始以正確的性愛觀來辨識色情媒體的真相。



想了解性侵害預防等相關資訊，可進入以下網站：
教育部性別平等教育全球資訊網：
<http://www.gender.edu.tw>
臺灣展翅會（原終止童妓協會）：
<http://www.ecpat.org.tw>
勵馨基金會：
<http://www.goh.org.tw>

活動 檳榔西施

臺灣有些檳榔攤為了生意，會雇用穿著性感衣服的學生，在馬路邊招攬客人。這種情況有些人可能投以好奇眼光，有些人則認為此舉嚴重敗壞社會風氣。

1. 你認為檳榔西施這個行業是否屬於色情行業？

是，理由：_____；不是，理由：_____

2. 想想看，我們的社會仍充斥哪些類似的問題？試舉例說明。

附件 10-5 高中泰宇出版社的健康與護理 P.240-241, 設定美好浪漫的情境下, 提供孩子對於關係發展的選擇與結果的處理方式, 但是都未完整告知可能遇到的疾病風險。

Textbook: “You can have sex if you want.”, not mentioning about the diseases.

課本這樣說	未充分告知孩子的部分(缺少)
設定美好浪漫的情境下, 提供孩子對於關係發展的選擇與結果的處理方式	未完整告知可能遇到的疾病風險

由上頁(圖 5-4-2)之案例, 不難瞭解「不預期懷孕是一連串的痛苦與抉擇」。婚前性行為帶來的後遺症, 可能會影響你今後的人生規劃, 不要高估自己承擔一切後果的能力。培養自己評估現況的能力, 並作出正確的判斷, 是需要學習的。

生命雖不能重來, 人生抉擇卻可以自己作主! 走出困境的重要關鍵, 就是要能為自己負責, 並能作出理智且適合自己的決定。不幸面臨未婚懷孕的困擾與抉擇時, 請



▲ 圖 5-4-3 青少年親善門診 解決問題



▲ 圖 5-4-4 未成年懷孕諮詢專線



▲ 圖 5-4-5 未婚媽媽之家助重生

把眼光放遠, 學習尊重, 作理智的抉擇。不要一味的自責和逃避! 應清楚而認真的思考每一個選擇的優缺點(表 5-4-1), 相信在父母、師長、相關社會資源(圖 5-4-3、圖 5-4-4)和支持體系(圖 5-4-5)的協助下, 一定可以找到一條最適合自己的路!

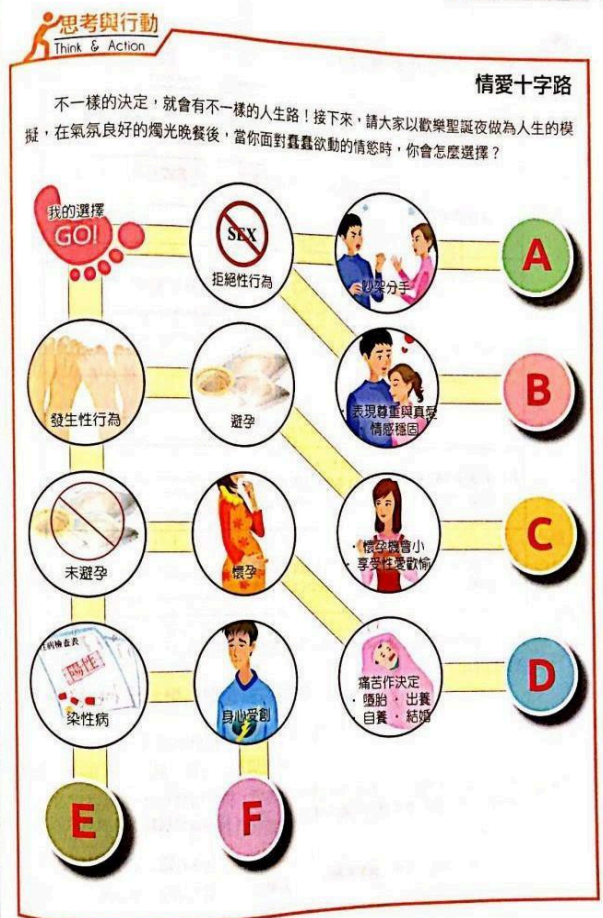
不預期懷孕, 你可以找一條最適合自己的路! **表 5-4-1**

	優點	缺點
自己扶養	<ul style="list-style-type: none"> 可以自己組成家庭 可以開始學習獨立 可以陪在孩子身邊 	<ul style="list-style-type: none"> 可能被迫休學 可能失去同儕 可能經濟困難
他人繼養	<ul style="list-style-type: none"> 自己和孩子受照顧 未來終究會有希望 	<ul style="list-style-type: none"> 永遠看不到孩子 難以割捨親情
人工流產	<ul style="list-style-type: none"> 未來計畫較不受影響 	<ul style="list-style-type: none"> 生存權未受到尊重 容易有罪惡感
奉子成婚	<ul style="list-style-type: none"> 合法的家庭結構 	<ul style="list-style-type: none"> 可能被迫休學 可能經濟壓力大 可能調適困難 可能離婚率高

性健康部落格

陪她們走下去

1. 內政部「全國性未成年懷孕諮詢專線」: 0800-25-7085 (愛我, 請你幫我)
2. 未成年懷孕求助站 <http://www.257085.org.tw>
3. 花蓮善牧中心 <http://www.mgsc.org.tw/>
4. 財團法人天主教福利會 <http://www.cs.org.tw/>
5. 勵馨社會福利事業基金會 <http://www.goh.org.tw/tc/index.asp>
6. 臺北市女性權益促進會 <http://www.tapwr.org.tw/>



附件 10-6 劉育豪老師教小學三年級保險套及指險套

Teacher taught 10 years old children how to use condoms and finger condoms in the class.

課堂公然教小三生保險套 師被檢舉遭警方約談

聯合新聞網

<https://udn.com/news/story/7321/2622928>

高雄市小港區港和國小劉姓教師依教學專業，在課堂進行性別平等教育，受檢舉疑涉散布猥褻內容。檢察官發交調查，警察局今天通知劉師到案說明。高雄市政府教育局表示力挺第一線教師合法教學，不容教師教學專業自主性受到惡質攻擊與汙衊；若劉師因此事件進入司法程序，將依「教師因公涉訟輔助辦法」，由學校延聘律師辯護與提供法律上協助。

檢舉人指劉姓教師公然在小三課堂教授保險套，還出示男男、女女、男女性交等文字內容，並提出公視在今年 3 月 22 日「有話好說」節目播出片段課程，他深覺不妥，認為小三的學生過早學習相關概念，同時行為有「散布猥褻內容」，涉嫌觸犯刑法「妨害風化罪」。劉師被投書至教育部、監察院等單位，並有團體、家長以電話向教育部、高雄市教育局與港和國小等抗議。

教育局審視教學內容，認為劉師教學設計等相關課程規劃，符合「教師法」所指

「依有關法令及學校安排之課程，實施適性教學活動」，教學內容亦依據「性別平等教育法」規定，實施性教育等教學活動；另教學方式更依「九年一段課程綱要」規範，以學生提問做為課程設計主軸教學，即「課程理念以生活為中心，配合學生身心能力發展歷程」。

劉師在課前有親師溝通，以「家書」方式與學生家長溝通，說明這堂性教育課程設計內容，課後劉師也有接到家長感謝書信，感謝為學生設計具專業的性教育課程。班上 20 個孩子，家書有全數回收，其中 11 位家長寫了正面支持的意見，其餘家長未表示反對。

教育局表示，尊重教師教學專業自主性，若劉師涉犯案件進入司法程序，將依「教師因公涉訟輔助辦法」，學校將延聘律師，提供法律上辯護與協助，力挺第一線教師合法教學。

肆、回應 CEDAW 第十二條/第二次總結意見及建議 28 點之 iv 項建議(In response to CEDAW Article 12)

主題一：青少年懷孕率不斷提高、年齡層下降

Teenagers pregnancy--Number increases and age gets down

附件12-1-1 墮胎逐年增加 勵馨：台灣青少年未婚懷孕比例亞洲之冠

No 1 in Asia! The number of abortion increased every year in Taiwan.

<https://m.nownews.com/news/1124670>

台灣少子化日益嚴重，但是，青少年非預期懷孕、墮胎卻未曾減少。即將在網路播放的微電影《美人魚》說出了青少年懷孕的無助，企製台北北安扶輪社創社社長梁吳蓓琳表示，身為女性社團，看到了青少年的困境，她們想告訴已懷孕的女孩：「你不會孤單，請你趕快求助。」

北安扶輪社催生了「Give me a hand 讓愛重拾希望—美人魚微電影」。微電影《美人魚》將藉由媒體播映和網路的轉發流傳，關懷青少年非預期懷孕，並結合 Yahoo 網站播出，同時，與勵馨基金會合作，進入校園宣導。幫助更多徬徨的青少年/女走出困境。

台北市社會局副局長黃清高，以及台北市議員楊實秋、新北市議員陳明義，19 日皆出席了微電影《美人魚》發表會。大家都對於北安扶輪社以關懷青少年非預期懷孕為主題，拍攝出這樣一部有質感的微電影表示讚許與肯定。黃清高表示，希望該影片能在網路上受到矚目，讓眾人一起正視這個社會議題。

本片導演崔永徽則期許：少男、少女看過這部片子後，能對自己的身體多一些自覺與自主，懂得對自己的行為負責。

在一份聯合國人口基金會發表的「兒童母親：正視少女懷孕的挑戰」之《2013 世界人口狀況》報告中即指出，全球每年有 730 萬不到 18 歲的女性懷孕生子，其中 200 萬是 14 歲以下的少女，她們因為懷孕，遭致長期承受最嚴重的健康和社會後果。而內政部 2012 年統計資料顯示，國內每 100 名嬰兒之中，就有 5 位是未成年少女所生，換句話說，二十分之一的嬰兒，是未成年青少年所生。

勵馨基金會執行長紀惠容指出，台灣青少年生育率高達千分之 12.95，超過日本的千分之 4、韓國的千分之 2.8、新加坡的千分之 8，台灣青少年未婚懷孕比例可說是居亞洲之冠，墮胎的人數也逐年增加，顯見青少年對於安全性行為的觀念仍十分薄弱，而未成年青少年面對非預期懷孕問題，也相當無助。

北安社長張翠雲期待，微電影《美人魚》能夠引起青少年關注，進而對於未成年懷孕問題有更清楚的認識及深入思考。倘若真的發生非預期懷孕狀況時，切莫慌張，或急亂墮胎處理。請直接透過各式管道求助。

勵馨基金會認為，青少年非預期懷孕問題並非無法解決或無路可走，勵馨建議，若有需求者可上未成年懷孕求助網站 www.257085.org.tw，或撥打免付費專線 0800-08-9958 (北安扶輪社)、青少年懷孕求助專線 0800-25-7085(勵馨基金會)，以及議員陳明義新北市服務專線(02)2293-5006 等。

經過轉介專業機構的介入輔導，社工會根據當事人本身的家庭狀況、客觀條件與主觀意願，做出最理性也最恰當的評估抉擇，例如：國內外出養、寄養安排、留養、中止懷孕等，都能協助解決困難。

附件12-1-2 未婚孕年齡降！去年 3 千名小媽媽 最小僅 12 歲

The age of adolescent pregnancy got younger, the youngest mother was 12 years-old.

<https://news.tvbs.com.tw/life/663535>

記者 謝佩穎 / 攝影 張肇華 台北 報導

🕒 2016/07/12 11:40

教育青少年少女性觀念非常重要，根據國內的統計，去年有 3000 多名新生兒是由未滿 20 歲的青少年所生下，年紀最小的才 12 歲。小孩生小孩，醫師說青少年屬於高妊娠族群，由於子宮發育不完全，懷孕會增加早產、胎兒長不大的機率。

青少年未婚懷孕，年齡層越降越低！

民眾：「我覺得經濟問題會比較大，因為養小孩真的很花錢，教育上面，不管是我們大人、還是學校的教育，是不是有做好？因為畢竟這麼小就生為人母，可能她的一些責任上都沒有到。」

根據出生通報數據，2015 年台灣總共有 21 萬多名的新生兒，但其中就有 3000 多嬰兒是未滿 20 歲的青少年所生，平均每天都有 8.8 名嬰兒是小媽媽生產，但死產率也高達 2.11%，高於全國平均 1.16%。

國泰醫院生殖醫學中心主任賴宗炫：「子宮卵巢、生子內分泌系統都不太成熟，早產、產前感染，或者是胎兒營養問題。」

部分青少年可能因為經期不規則，就算經期延遲也不在意，等到真的得知懷孕時早已超過法定引產的 24 週；去年光是未成年小媽媽就有 49 名，年紀最小的年僅 12 歲，才就讀國小六年級，心智都還不成熟，何況是要真的扶養小孩、負起當媽媽責任。

國泰醫院生殖醫學中心主任賴宗炫：「(受到)經濟的因素，或者是營養不良的因素，可能導致胎兒生長受到影響。」

國健署表示，這些懷孕的青少年多半集中在 18 到 19 歲，多數的小媽媽可能因為原來的家庭環境因素導致早孕，除了影響學業或是未來規劃，更要注意的是這些小媽媽未來的身體健康，可能帶來後遺症。

附件12-1-3 大專生調查 第一次性經驗 男 17 歲 女 18 歲

The age of first time sex is 17y/o in male, and 18y/o in female college students.

<https://tw.appledaily.com/headline/daily/20140608/35880103>

出版時間: 2014/06/08

【蔡永彬/台北報導】一項針對台灣大專學生的性知識、性態度、性行為最新調查發現, 台灣大專生越來越開放, 受訪男性中 44% 有性經驗, 女性也有 31%, 至於首次性經驗的平均年齡男性為 17 歲、女性為 18 歲; 有過性經驗者中, 竟有半數以上男性曾有「無感情基礎的性交」, 有 4 成多曾在性交後感到後悔。但專家認為, 雖然台灣大專生變開放, 和外國比還是非常保守。



調查發現大專生有性經驗比率較往年提高。圖為年輕情侶散步。資料照片

台灣性教育學會、性諮商學會昨天合辦研討會, 會中發表針對全台 13 校的大二至大四、五專 5 年級學生 2054 人調查。

4 成嘿咻完後悔

結果發現, 受訪男性首次性行為平均年齡為 17 歲、女性 18 歲, 此問項無過去調查可比較, 但和去年婦產科醫學會調查, 大學女生初次性行為平均年齡為 16.4 歲相比差不多。

至於大專生男性有 44% 有性經驗, 女性也有 31%, 和 7 年前、由相同學會針對 20 歲學生, 調查男性有 28.7%、女性 15.5% 有性經驗相比大幅提高。杏陵醫學基金會執行長晏涵文指, 台灣大專生越來越開放, 但和外國比還是「保守的不得了」, 例如愛爾蘭高一學生有三分之一、日本高中女生一半以上有性經驗。

調查指有性經驗者中, 逾半男性曾與異性發生「無感情基礎的性交」; 曾在性交後後悔的比率為男性 46%、女性 44%。

遇灰色強暴說不

性教育學會祕書長馮嘉玉分析, 大學校園普遍存在「灰色強暴」, 性行為在曖昧不明、半推半就的情況發生, 其實當事者在理智上並不想做。晏涵文說, 若真的不想要, 腰部以上愛撫時就必須說不。

25 歲民眾陳小姐說, 現社會風氣開放, 17、18 歲就有性經驗也不用太驚訝; 但 4 成受訪者事後後悔還蠻多的, 「是眼鏡沒戴嗎?」

誤信精液量有限

調查也測驗受試者在懷孕避孕、性病防治和性別議題的知識, 前 2 項的總答對比率都在 6 成以下; 其中有 3 成 9 學生竟相信愛滋病會透過蚊蟲叮咬感染, 逾半數不知使用保險套不可搭配油性潤滑液。

諮商心理師洪麗軒說, 現今大專生的性知識的確不夠, 曾有位 22 歲男性認為男性一生精液的量有限, 而不敢自慰, 正確的性教育應從幼兒期就開始, 等到 20 多歲還缺乏性知識就來

不及了。

附件12-1-4 教科書過度誇大保險套的功能

The protection ability of condoms is overemphasized in the text books.

高中幼獅出版社健康與護理 p.218。過度誇大保險套的功能，告知保險套不是 100%的保險，也未告知保險套對於其他接觸傳染的性病是完全



請依各種情況，思考適合的避孕方法：

1. 陳女士已有兩子，暫時不想生育，但也不想結紮。
2. 張太太剛生完第三胎，和先生討論已不想再生了。
3. 林小姐有固定男友，但男友不喜歡戴保險套。
4. 杜先生新婚，暫時沒有生育計畫，妻子有肝炎。

我的「保險」選擇

有人崇尚「自然」的避孕方法，「安全期」避孕雖然自然，但失敗率超過50%，若月經週期不規律，失敗率更高；「性交中斷法」常因射精在陰道口，或勃起時陰莖排出的液體已含有精子而導致懷孕；至於「沖洗陰道」與「跳一跳讓精子排出陰道」，事實上並無避孕效果。對年輕人而言，保險套是較保險的選擇，只要正確且全程使用（如圖13-13），不但能避孕，還可預防部分性傳染病甚至子宮頸癌，是男性展現體貼、負責任的好方法！



保險套大多以男用為主，也有女用保險套，惟國內女性較不習慣使用，較難購買。女性保險套的避孕原理與男性保險套相同，須全程使用。如果想知道更清楚的使用方式，不妨請教老師！



還聽過那些避孕方法呢？試著將這些方法寫下來，並上網查詢正確性，才不會徒增煩惱！



圖13-13 男用保險套使用方式

若男性無法配合使用保險套，對健康女性而言，透過醫師處方使用避孕藥也是一種自主的選擇，而子宮內避孕器或結紮只適合育有子女或不想再生育的夫妻。想要避免非

附件12-1-5 未成年懷孕每年 2500 人墮胎！ 監察院：留下孩子需要更多愛

The number of abortion in the adolescent pregnancy was 2500.

<https://www.ettoday.net/news/20171208/1065463.htm>



▲根據統計，台灣每年有 3000 人未成年懷孕、2500 人選擇墮胎。(圖／達志示意圖)

記者盧映慈／綜合報導

日上一篇「[護理師的墮胎惡夢告白](#)」引起網友熱烈迴響，但台灣每年未成年懷孕的人數都落在 3000 人上下，其中有 2500 人左右會選擇墮胎，近 6 年來都沒有下降趨勢；監察院表示，除了要防止未成年懷孕之外，現在保護那些「想生下來的媽媽」也變成一項功課，才能確保墮胎率同時顯著下降。

根據衛福部 104 年「高中、高職、五專學生健康行為調查」的統計，推估青少年曾懷孕人數為 3149 人、曾墮胎人數為 2585 人，但低於該年度內政部統計 15 歲至 19 歲未成年少女懷孕生子人數 3167 人；衛福部表示，「因為醫院申報的 RU486(墮胎藥)沒有年齡登記，所以不清楚狀況」，讓監察委員尹祚芊、王美玉怒「調閱病歷不就可以知道了嗎！」認為衛福部沒有認真預防未成年懷孕。

(單位：人次)

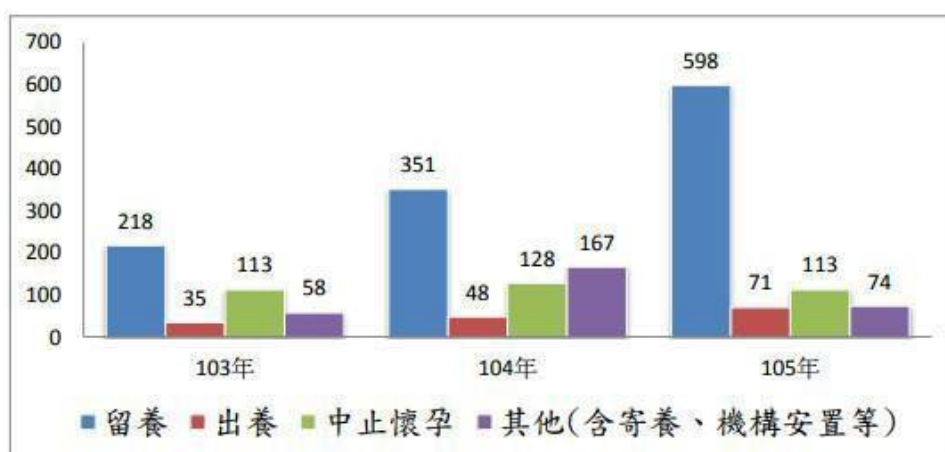


圖1 103至105年我國未成年少女懷孕新生兒處遇規劃人次

▲未成年少女懷孕處置方法。(圖／翻攝監察院官網)

再來，根據教育部統計，103 及 104 學年度高中職、國中小等在學未成年學生懷孕總人數，分別為 411 人及 368 人，但衛福部統計由學校轉介的人數分別為 63 人及 114 人，尹祚芊、王美玉感嘆「這誤差之高！兩機關都在草率面對」；對照內政部統計資料，95~105 年 15~

19 歲的未成年生育率，從 95 年 6.62‰、到 99 年 3.63‰，雖然有下降，但 100 年 3.68‰~105 年 4.32‰ 反而微幅上升，「方法完全無效」。

另外，未成年懷孕除了「養不起」這個最現實的問題，還有社會觀感的壓力之外，因為身體處在發育期，如果沒有適當的保養、進補，胎兒也可能「胎死腹中」、「早產」或「體重不足」，又是另一種創傷；在近年來，生下孩子之後願意「留養」的人數也比「出養」的多，但受限社會觀感、經濟等問題，也可能造成未來潛在的高風險家庭。



▲ 未成年懷孕還是要受到許多社會觀感的壓力。(圖／記者姜國輝攝)

目前國民健康署有辦理「青少年親善醫師／門診計畫」，提供青少年兩性交往諮詢、各種避孕方法及諮詢、事後緊急避孕服務與中止初期懷孕服務，並和青少年、父母做心理輔導；但 80 家門診雖然共有 1 萬 7049 人次、交回 2274 件評估表，但其中有 25 家服務 0 人、12 家沒有提報數據，監委表示「方法很好，但執行沒有成效，只是一種形式而已」。

扶助未成年懷孕少女的勵馨基金會表示，105 年增加服務據點後，發現有需求的人增加了，同時以往出養率比較高，留養率也增加；不過監委擔心，這些少女選擇留養，卻沒有相關追蹤機制確認家庭環境是否良好、經濟能力足夠，「這些小孩可能會被虐待、再遭棄養」，只看留養數字，好像「願意負責的人變多了」，但有沒有能力負責才是另一個問題。



▲ 不是把小孩留下來就一定好，「願意負責」跟「有能力負責」是不同層次的問題。(圖／達志示意圖)

勵馨基金會也在衛福部補助下，辦理「全國未成年懷孕諮詢服務計畫」，但近年來電話諮詢明顯下降，反而是網站瀏覽、寄電子信件求助的人越來越多，105 年分別達到 6 萬 5588 瀏覽人次、555 封信件；監察院表示，這顯示數位化時代，幫助青少年的辦法應該要更新，才有能力讓有需要的人獲得幫助。

在處理未成年懷孕的問題，常會聚焦在青少女身上，但監察院詢問性別平等教育專家後發現，「不僅是女方，男方也會有心理創傷」，而在實際案例上，男生會越走越角落，「大家都會忽略男生也是需要被輔導的」；另外，男生對於性的想像來自成人影片，所以性別教育這一塊「必須跟性結合」，教導女生有意識的說 NO，同時加入親密關係協商的教學輔導，才能真正從源頭解決問題。

原文網址：[未成年懷孕每年 2500 人墮胎！ 監察院：留下孩子需要更多愛 | ETtoday 親子 | ETtoday 新聞](https://www.ettoday.net/news/20171208/1065463.htm#ixzz57dEqOvX0)

[雲 https://www.ettoday.net/news/20171208/1065463.htm#ixzz57dEqOvX0](https://www.ettoday.net/news/20171208/1065463.htm#ixzz57dEqOvX0)

主題二：性病危機 The risk of sexual transmitted disease (STD).

附件12-2-1 地區性別年齡統計-淋病·衛生福利部疾病管制署(2018).

Gonorrhea in Taiwan. From CDC Taiwan(2018)



表一 2012-2017 台灣女性淋病罹病人

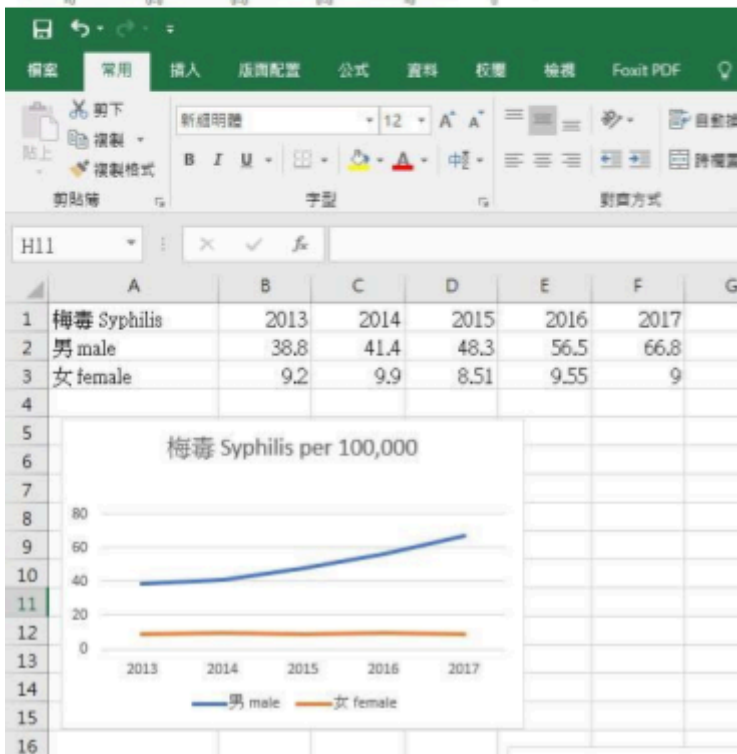
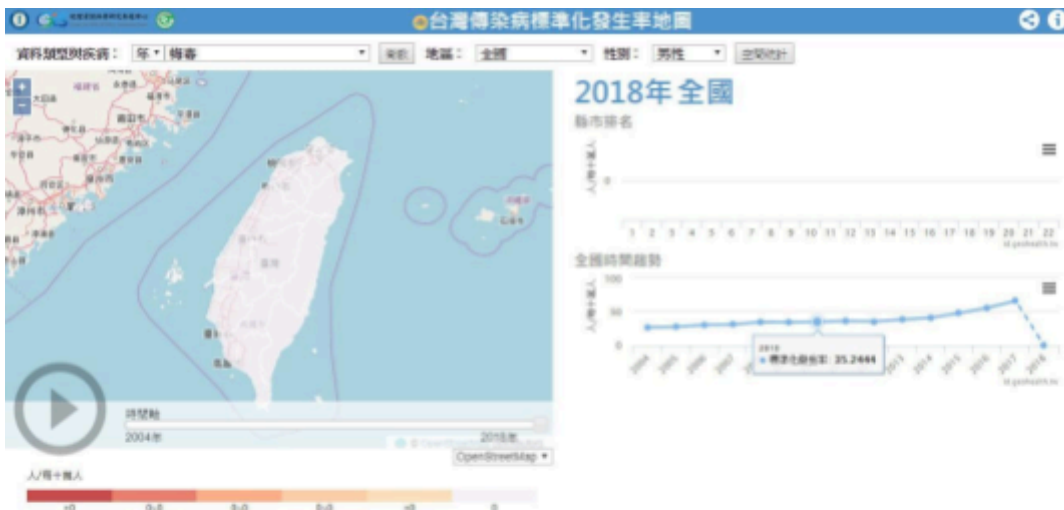
數年	總人數	年齡分層	分層人數
2017	364 人	19 歲以下	86 人(24%)
		30 歲以下	240 人(66%)
2016	328 人	19 歲以下	83 人(25%)
		30 歲以下	226 人(69%)
2015	232 人	19 歲以下	58 人(25%)
		30 歲以下	152 人(66%)
2014	164 人	19 歲以下	40 人(24%)
		30 歲以下	113 人(69%)
2013	155 人	19 歲以下	41 人(26%)
		30 歲以下	100 人(65%)
2012	118 人	19 歲以下	31 人(26%)
		30 歲以下	35 人(56%)

附件 12-2-2 台灣傳染病標準化發生率地圖(梅毒)

Syphilis in Taiwan. From Center of GIS,RCHSS, Academia Sinica

Syphilis map in Taiwan.

中央研究院人文社會科學研究中心地理資訊科學研究專題中心



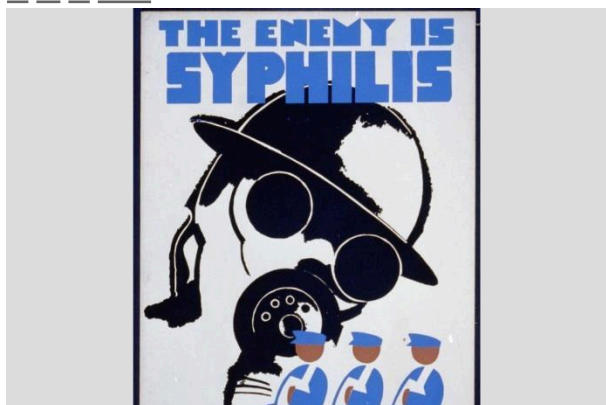
附件 12-2-3 2016 年美國 CDC 發現梅毒,淋病及披衣菌突增

The CDC found spikes in cases of syphilis, gonorrhea, and chlamydia in 2016.

By [Julia Belluz@juliaofortontojulia.belluz@voxxmedia.com](mailto:juliaofortontojulia.belluz@voxxmedia.com)
10:12am EDT

Updated Sep 28, 2017,

SHARE



A poster from 1930s Chicago:

"The enemy is syphilis. Enlist in a campaign against it."

We don't talk much about chlamydia, gonorrhea, or syphilis, in part because it can seem like they're not big health issues anymore. But it turns out more and more Americans may be quietly suffering from these once nearly eliminated STDs. According to a [new report](#) from the Centers for Disease Control and Prevention, there were more than 2 million cases of chlamydia, gonorrhea, and syphilis reported in the United States in 2016 — the highest cumulative number ever recorded.

The leap in cases in just one year is truly eye-popping. Between 2015 and 2016, the rate of:

- Gonorrhea increased by 18.5 percent to 468,514 cases
- Syphilis increased by 17.6 percent to 27,814 cases
- Congenital (spread from mother to infant) syphilis increased by 27.6 percent to 628 cases
- Chlamydia increased by 4.7 percent, to 1.59 million cases

To appreciate just how astonishing the trends are, consider that as recently as a decade ago, these STDs were at historic lows or near elimination, with more and better screening and diagnostics to help identify cases and get people into treatment.

Syphilis can show up on the body in sores and rashes. Gonorrhea and

chlamydia can lurk with no symptoms. They're all usually easy to cure with a timely antibiotics prescription, but when left untreated, they can lead to infertility or life-threatening health complications. That's what makes screening and access to health care so important.

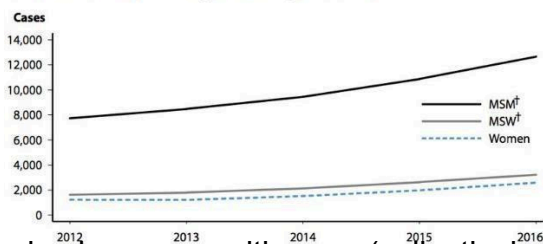
The increase in cases between 2015 and 2016 across all three diseases was significant, and represents significant changes in disease dynamics. "Not only are we at an all-time high," said [Jill Bolan](#), the director of the division of STD prevention at the Centers for Disease Control and Prevention, "but we're starting to see increases in all kind of communities."

African Americans and men who have sex with men have traditionally been the populations most impacted by gonorrhea and syphilis (and they're still disproportionately affected). But other groups are now catching up too, especially women and babies when it comes to syphilis.

So what's behind these trends? There's no simple explanation. Like most health trends, it's complicated. But there are a few key ideas, according to experts:

1) **There's been a rise in STDs among men who have sex with men:** Gay, bisexual, and other men who have sex with men are generally more at risk for STDs than women and men who have sex with women only. (The majority of new syphilis and gonorrhea cases occurred among men, and in particular, men who have sex with men.) And there's been some concern about a shift toward [riskier sexual behaviors](#) in this group — like not wearing condoms — that may be contributing to the rise in STDs. The reason for this shift has been explained by everything from the success in treating HIV (and therefore making sex less scary) to the advent of [PrEP](#) (pills that can prevent HIV).

Figure 35. Primary and Secondary Syphilis — Reported Cases by Sex and Sexual Behavior, 36 States*, 2012–2016



In this chart, MSM = gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = men who have sex with women only. [CDC](#)

"These advancements in HIV risk reduction may impact risk behaviors," Bolan said. HIV and syphilis are interlinked: Some half of men diagnosed with a new syphilis infection also have HIV. And as these diseases spread in particular populations, like men who have sex with men, there's a concern that they're moving even further.

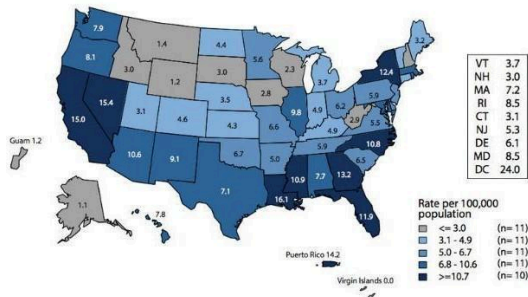
"There are, which I share, is that we won't contain syphilis among men who have sex with men," said Matthew Olden, director of the State and Kinross County HIV/STD control program. "And if the epidemic in men who have sex with men gets big enough, which is what is happening, there are enough people who have sex with both men and women that it won't be possible to contain it."

2) **STDs are spreading more broadly and into populations that weren't traditionally affected — like babies:** The CDC report shows that more women are getting syphilis these days, and they're passing it to their babies. When an expectant mother is infected with the disease, and goes undiagnosed and untreated, the bacteria can get into her bloodstream and move through her placenta to her baby. Congenital syphilis is associated with serious health consequences, like stillbirths and neonatal deaths.

In 2016, there were 628 cases of congenital syphilis, an increase of 27.6 percent from 2015 — and that number includes 41 related deaths. According to

the CDC, much of the rise was driven by increases in cases in the Western US. Between 2012 and 2016, Western states saw an astounding 366 percent rise in congenital syphilis.

The large increase has to do, in part, with the fact that many Western states haven't recently had widespread syphilis cases in women. "We haven't started from almost nothing [in Washington]" said J. Olden. But that's changing, and with more women getting the disease, their babies are at risk too.



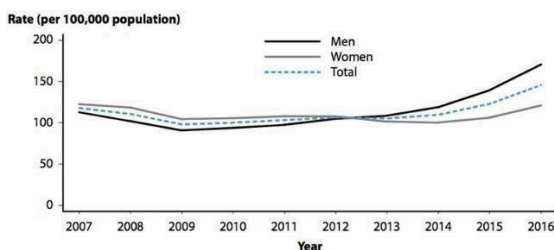
Rates of reported cases of primary and secondary syphilis by state in the United States, 2016. [CDC](#)

3) With the rise of dating apps, sex is more readily available and more anonymous — and that makes it harder for health investigators to track outbreaks: Dating apps like

Tinder and Grindr have made sex more readily available — and have also made the job of public health more difficult to do, said John Auerbach, president and CEO of the public health nonprofit the [Trust for America's Health](#).

Traditionally, when a person is diagnosed with a serious STD, a public health official would call or go and meet with his or her sexual partners to talk about getting tested and on potential treatment. But with more anonymous sexual encounters, it's becoming harder and harder to track down partners and notify them that they might have an STD. And that means any diseases they could have can spread more easily too.

Figure 13. Gonorrhea — Rates of Reported Cases by Sex, United States, 2007–2016

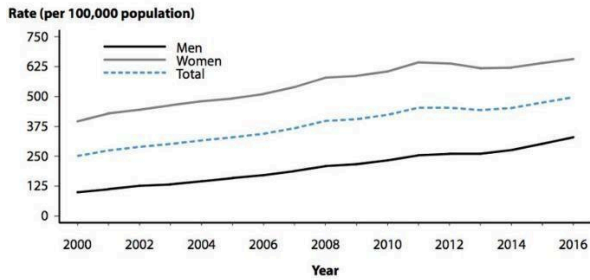


[CDC](#)

4) The numbers may be higher because we may be better at detecting cases in some groups: The rise in chlamydia — which overwhelmingly causes no symptoms but can lead to infertility in women — may be an artifact of better detection and screening. The CDC keeps finding that rates of chlamydia are highest among young women that's been targeted for routine chlamydia screening. So an increase could just

mean more testing.

Figure 1. Chlamydia — Rates of Reported Cases by Sex, United States, 2000–2016



5) Cuts to public health funding mean fewer STD clinics: Public health in the US — which includes operating STD clinics where people can get tested and into treatment — is historically underfunded. (As of [2012](#), only 3 percent of the health budget went to public health measures; the rest went mostly to personal health care.) And since the global financial crisis, public health funding has really taken a battering. [There are 50,000 fewer public health jobs](#) since 2008, and many [STD clinics](#) have had to reduce their hours or shut down.

STD clinics were a traditional safety net for people with these diseases, Bolan not享d. "Many 市享o市l享 with STDs 尊ind th享m sti尋matizin尋』 and th享y'r享 享mbarrass享d to talk to their [doctors]. STD clinics provided confidential and timely dia尋nosis and tr享atm享nt." I尊 thos享 clinics continu享 to b享 hard享r to r享ach or vanish, finding and treating STDs will become even more difficult — and the diseases will continue to spread.

So the STD rate increases across the country may have less to do with a changing sexual landscape, and more to do with more limited access to sexual health care. With Trum市's 市ro市os享d 市public h享alth bud尋享t cuts』 th享 市robl享m may b享 市ois享d to get worse.

To reverse the trend, health officials called for better awareness campaigns about safer sex and these STDs, and money to keep STD clinics open and acc享ssibl享. "Th享 r 享sur尋享nc享 o尊 sy市hilis』 and 市articulary con尋享nital sy市hilis』is not an arbitrary 享v 享nt』" Bolan wrot享 in th享 [preface](#) o尊 th享 CDC r享市ort』 "but rather a symptom of a deteriorating public health infrastructure and lack of acc享ss to h享alth car享."

主題三：人工流產過度氾濫 The Overwhelming Number of Abortions

附件12-3-1 官方計 墮胎約 24 萬人次

There are about 24000 abortions by official count.

<https://tw.news.yahoo.com/%E5%AE%98%E6%96%B9%E8%A8%88-%E5%A2%AE%E8%83%8E%E7%B4%8424%E8%90%AC%E4%BA%BA%E6%A C%A1-132108754.html>

2011/07/16 21:12:19

官方計 墮胎約 24 萬人次

(中央社記者陳麗婷台北 16 日電)專家推估台灣 1 年墮胎人次恐高達 50 萬。行政院衛生署國民健康局副局長趙坤郁今天表示, 根據近 3 年來每年人工流產加上使用墮胎藥平均人次, 1 年墮胎就已約達 24 萬人次。

台灣兒童及青少年健康聯盟召集人呂鴻基根據向診所、婦產科醫師訪談結果, 推估國內去年墮胎人次恐高達 30 萬到 50 萬, 其中還可能尋求非正常管道墮胎。

專家提出的數字是否高估? 趙坤郁今天表示, 以健保局人工流產資料分析, 除了民國 93 年有 21 萬 437 人次, 從 95 年到 98 年都在 18 萬到 19 萬人次。

依據行政院衛生署食品藥物管理局 RU486 平均使用人次顯示, 近 3 年來每年平均約 4 到 5 萬人次。也就是說, 1 年的墮胎人次就有約 24 萬人次, 還不包括透過地下管道墮胎的個案。

而對於呂鴻基質疑, 優生保健法第 9 條第 6 款過於寬鬆, 法條規定懷孕婦女, 若會對心理、家庭造成影響, 可施行人工流產, 這部分恐流於自由心證。

趙坤郁說, 有關人工流產規範各方意見不同, 現行規定因心理、家庭因素要施行人工流產, 需經配偶同意, 但有民間團體官方計 墮胎約 24 萬人次質疑違反婦女自主權, 因此, 98 年優生保健法草案送到立法院, 改為只需告知配偶, 但為了讓婦女有更多的思考, 設計 3 天思考期, 讓懷孕婦女可以透過專業的輔導諮商, 擁有充分的考慮是否墮胎的空間。

不過, 目前草案都還在立法院, 尚未完成修法。1000716

自由電子報 > 即時新聞總覽 > 即時新聞 2011 年 7 月 16 日·星期六即時新聞 | 政治 | 社會 | 科技 | 國際 | 財經 | 生活 | 體育 | 影劇 | 地方無障礙閱讀
即時新聞 字型: | 分享:

生育少拿掉多 去年估失 30 至 50 萬寶寶【17:57】

台灣兒少健康聯盟召集人呂鴻基表示，台灣去年墮胎人次高達 40 至 50 萬，僅有 16 萬餘名新生兒。圖為花蓮今年起實施婦女生育補助，生一胎補助一萬，已有一千多名新生兒受惠。(本報資料照，記者花孟璟攝)

〔本報訊〕「台灣兒童及青少年健康聯盟」今(16)日舉辦研討會，聯盟召集人呂鴻基表示，台灣去年墮胎人次高達 40 至 50 萬，但僅有 16 萬餘名新生兒，呂鴻基表示，若能提升國內兒童和青少年的健康照護水準，相信我國每年兒童和青少年的死亡人數就能大幅減少。


國內生育率不斷下降，去年新生兒更僅有 16 萬 6000 名。國民健康局副局長趙坤郁今天表示，根據 95 至 98 年健保局人工流產資料分析，每年人工流產約 18 萬到 19 萬人次，此外，依衛生署食品藥物管理局 RU486 平均使用人次顯示，近 3 年來每年平均約 4 到 5 萬人次墮胎，換言之，1 年的墮胎人數約有 24 萬，不過這些都還未包括透過地下管道墮胎人次。

呂鴻基則對優生保健法一項法規提出質疑，該項規定為若婦女本身認為因懷孕或生產會影響到心理健康和家庭生活者，可自願施行人工流產，呂鴻基表示，這項法規過於寬鬆，因恐流於自由心證，政府應嚴格把關。

新光醫院婦產科主治醫師潘恆新也表示，先前可能受到經濟不景氣影響所致，每 10 名產婦中至少有 1 名想要拿掉孩子，其他診所可能更多；對此，呂鴻基認為，政府應該提高照護水準和提供完善的懷孕諮商、輔導或領養管道，例如未婚少女生下的孩子，可經由評估後，交由其他願意領養的家庭領養。

附件12-3-2 行政院衛生署國民健康局新聞稿

Press release of Health Promotion Administration, Executive Yuan Department

附件一 服務流程  行政院衛生署國民健康局 新聞稿 醫療院所 (通用版)



各級全民健保特約醫療院所婦幼衛生工作-各年度人工流產人次(手術)

年	93	94	95	96	97	98
醫院評鑑層級						
總計	210,437	195,656	188,888	187,921	195,976	187,256

機構申報91年至99年間調劑mifepristone統計表

申報期間：	機構申報調劑總量	療程使用3粒之預估人次	療程使用4粒之預估人次	出生數
91	95,608 粒(tab)	31,869	23,902	236,687
92	103,132 粒(tab)	34,377	25,783	217,456
93	151,907 粒(tab)	50,636	37,977	206,936
94	160,093 粒(tab)	53,364	40,023	195,331
95	161,207 粒(tab)	53,736	40,302	192,887
96	162,769 粒(tab)	54,256	40,692	192,021
97	167,719 粒(tab)	55,906	41,929	187,568
98	161,257 粒(tab)	53,752	40,314	182,599
99	164,570 粒(tab)	54,856	41,142	157,282

*本表僅代表機構申報調劑mifepristone之數量，不代表實際墮胎成功數目。

說明：

- RU486 懷孕 7 週以下方可使用，TFDA 提供近年機構申報總量，一次療程使用 3 粒，若一次療程不成功，第二次療程使用 2 粒，依每次療程平均使用的 3-4 粒計算，近年，每年平均約 4 萬 1,000 人次至 5 萬 4000 人次使用 RU486 進行人工流產。
- 綜上，98 年預估人工流產約 227,570—241,000 人次(手術+RU486)

伍、 回應 CEDAW 第十六條(c)(d) /結論性意見與建議第 34 點(In response to CEDAW Article 16)

主題：性別認定若從「生理性別」改為「心理性別」，將危害婦女隱私權及人身安全
Human Right to change sex without gender reassignment surgery

附件16-1 台大擬設性別友善宿舍 學生會批：假友善、真隔離

Gender Neutral Dorms in National Taiwan University

<https://udn.com/news/story/7266/2483425>

2017-05-24 22:28 聯合報 記者吳佩旻/即時報導



台大未來將針對跨性別學生成立「性別友善區」，允許同一樓層有不同性別，但規定同一寢室內須為同性。圖/報系資料照

台灣大學本月初於行政會議中決議，未來將針對跨性別學生的住宿需求，明定相關申請制度，並且成立「性別友善區」，允許同一樓層有不同性別，但規定同一寢室內，均須為生理性別相同者；對此學生會批評，校方劃分方式只以生理性別作為單一憑據，根本是「假友善、真隔離」。

台大一名跨性別大二學生「小好」，自我性別認同為女性，但生理性別為男性，因此住在男生宿舍，須忍受生活的諸多不便，今年他向宿舍組申請轉宿，但因身分特殊，被要求達到相關規定，包含「醫師鑑定書」、「自行尋找三名室友」，以及「取得室友及自己的家長同意書」等。

該生備齊資料後，校方在某次的內部會議中，將其申請否決。之後在 5 月 9 日的行政會議中，由學務處以個案討論後決議，未來將建立制度解決跨性別學生的住宿問題，並且將其安排在男宿單人套房，但因價格比一般宿舍多了近六倍，該生經濟無法負荷，校方雖承諾部分補助，但最後因不符原本要求，該生放棄後回到原宿舍。

台大學生會對此甚表不滿，於 21 日針對校內性別友善住宿權利提出四大改進方向，包含跨性別轉宿應法制化、應破除生理性別二分式的「性別友善宿舍專區」、真正平等友善的「性別友善宿舍」，應與跨性別轉宿並行，以及針對先前備齊資料申請轉宿的學生，校方應履行承諾。

學生代表楊雨璇說，小好雖然生理是男性，但行為舉止都和一般女生無異，甚至有同學在他申請轉宿時，才得知他為「男兒身」，他住在男宿有諸多不便，只能趁人不注意，偷偷清洗、晾乾貼身衣物，因為周遭都是男生，穿著刻意中性化，避免遭受異樣眼光。

學生會會長呂姿燕指出，學校的做法讓該生被迫「出櫃」來找室友，已使當事人心靈受傷，檢附相關資料卻無故遭到校方否決，根本是刁難。此外，學生代表指出，學校要在宿舍內成立「性別友善區」，有諸多不合理規定。學務處說要訂定辦法，至今將近一個月，仍無消無息。

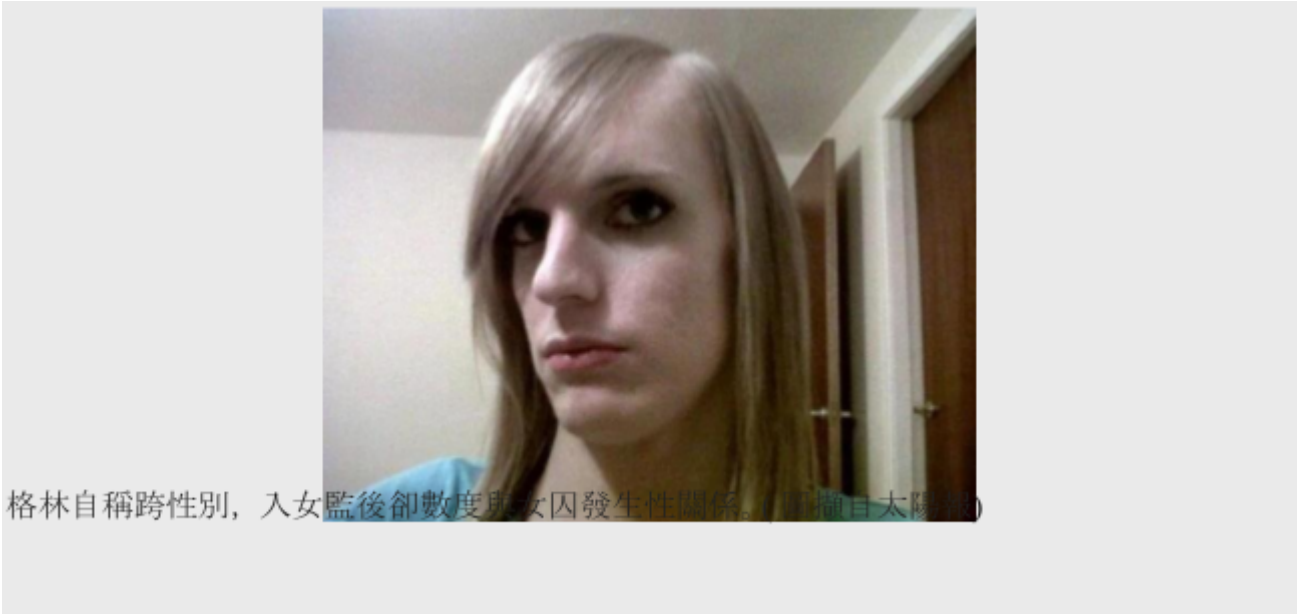
呂姿燕認為，設置「性別友善宿舍」的原意，是希望宿舍可藉由「同棟且不標籤化」的規劃，破除既定的性別框架，然此次行政會議通過由學務處所提的「性別友善區」，畫分方式仍以生理性別作為單一依據，突顯出校務人員缺乏對多元性別的認知，嚴正呼籲校方，學生們需要的是真正平等的「性別友善宿舍」，而非以生理性別粗暴二分的「隔離式性別友善專區」。

學務長陳聰富表示，已針對問題給學生會回應，後續將持續與學生進行溝通，但對於回應內容不願多談。不過學生會今傍晚表示，尚未接獲校方回應。

附件16-2 英犯自稱跨性別 竟順利入女監數度「偷歡」(自由時報,2017)

Murderous Transgender 'Woman' Moved To Male Prison After Sleeping With Female Inmates

<http://news.ltn.com.tw/news/world/breakingnews/1966323>



格林自稱跨性別，入女監後卻數度與女囚發生性關係。(圖擷自太陽報)

2017-02-06 16:26

[即時新聞／綜合報導]英國蘇格蘭男子格林(Paris Green)4年前入獄服刑，隨後宣稱自己是「跨性別」，因此在女子監獄服刑，不料最近被揭露他與女囚犯發生性關係，讓獄方相當困擾。目前格林已重返男子監獄(見圖)。(圖擷自太陽報)

綜合外媒報導，格林4年前與2名友人共謀殺害一名46歲男子尚克蘭(Robert Shankland)，隨後被判處18年徒刑，他入獄後自稱是跨性別者，因此進入愛丁堡女子監獄，結果卻又屢屢和女囚犯發生性關係。

報導指出，格林因與女囚犯有「不當行為」，曾一度被調回男子監獄，但他竟又以等候接受變性手術為由，獲准重返女子監獄，期間數度與女囚偷歡，讓獄方和受害者家屬相當不滿。據了解，有媒體爆料，「女囚犯慾求不滿，這名男囚是唯一可以滿足她們的人。」目前格林已再度重返男子監獄，才結束這場鬧劇。

尚克蘭的家屬則指控，格林謊話連篇，不是真心想要變性，根本在濫用醫療機制、納稅人金錢。

A biologically male killer who "identifies" as a woman was allowed to carry out his 18-year sentence in the female wing of a prison after torturing, sexually assaulting and eventually killing a man in 2013. The barbaric transgender "woman" has now been moved back to the men's wing at HMP Edinburgh after—wait for—reportedly having sex with multiple female inmates.

It's almost as if this murderous thug simply "identifies" as female so he can skirt the system and be in a women's facility. Moreover, it seems the murderer is getting his way because political correctness is shackling all common sense, which happens a lot these days.

According to **The Daily Mail**, this is the second time Paris Green has been moved within the prison for "inappropriate behaviour."

The 23-year-old convicted murderer was born Peter Laing but now goes by the name Paris Green; he is currently awaiting a sex-change operation.

Green was found guilty of murdering Robert Shankland in 2013 with the help of Kevin McDonagh and Dean Smith. Shankland, who was 45 years old at the time, was invited to Green's residence where the three thugs tied him up, beat him and tortured him until death. The victim was also said to have been sexually assaulted with a rolling pin.

One judge called the attack "utterly depraved."

"Green's friend Maggie Shields told the trial at the High Court in Glasgow that she visited the flat and discovered the death, before recalling how the trio boasted about the beating," notes The Daily Mail. "Miss Shields went on to say the violence had erupted after a row about buying a bag of chips."

The killers reportedly sold the victim's cell phone for cash to buy ham sandwiches, which they ate while the victim lay dying.

The victim's sister, Pauline Bell, believes Green is lying about being transgender in order to "manipulate the system."

"The whole thing is a joke. We don't believe he really wants a sex change," said Bell.

"He's just trying to manipulate the system and the tax payer is footing the bill," she added.

附件16-3 當一個滿腮短鬚的「女」護士為妳做婦科檢查.....(泰晤士報,2017) The female NHS nurse I asked for came with stubble

香港性文化學會 / 一月 2, 2018

陳婉珊(研究幹事)



(僅圖示，圖為女裝打扮的奧地利男歌手Conchita Wurst)

《星期日泰晤士報》報道，英國一名女士向國民保健服務(NHS)預約做子宮頸抹片檢查，並表明要求由女醫護人員進行這項涉及私隱的檢驗程序。然而，當她聽到一把低沉的聲音呼喚她入房進行檢查，而且面前的護士長著滿腮短鬚子的時候，著實把她嚇了一跳。「我的性別不是男性，我是變性人。」那護士回答。

那位女士即時拒絕做抹片檢查，並稍後向國民保健服務投訴。她說那護士

「一副男人的長相.....頭髮剪得很短、男人的樣子和聲線、滿身紋身，還有滿腮短鬚。」她續說：「對於一個四十多歲的母親來說已經夠糟，若這件事發生在我那17歲女兒的身上，不敢想像.....那些覺得不舒服的人會被標籤為偏執狂(bigots)，那正是我現在感受到的。」

國民保健服務事後已向那位女士道歉，表示事件乃行政失誤引致。卡斯比(James Caspián)是一名性別心理治療師，他表示如果英國推行「自我聲明」界定性別，這類尷尬的情況會愈趨普遍：「政客們沒有想清楚容許自我聲明會導致的所有後果。」

反歧視 vs. 私隱權

也許有人會主張女性的私隱權並非歧視跨性別人士的理由(正如一些支持性別承認立法的人認為跨性別人士不會傷害女性，故此不應反對未做變性手術的易性症患者使用女廁或女更衣室等)，她們應該改變固有的舊思想，接受自我認同為女性的跨性別人士，為她們進行諸如子宮抹片檢查這類涉及私隱的醫療程序。

然而，加州大學洛杉磯校區法學院教授弗洛克(Eugene Volokh)指出這種主張的盲點：如果以歧視的角度否定保護私隱權的話，恐怕會連一般男／女的分隔也無法維持。譬如在性別歧視條例下，基於真實職業資格(bonafide occupational qualification)，某些職位可以只聘請指定性別的人士，如女廁服務員只聘請女性並不會構成性別歧視。然而一些「真實職業資格」的例外情況，正是建基於保護女性私隱，如果反歧視可以凌駕私隱權，是否意味著女廁清潔工不能只請女性，甚至，要求女醫護人員做婦科檢查也會構成性別歧視？

新聞：

<https://www.thetimes.co.uk/article/the-female-nhs-nurse-i-asked-for-came-with-stubble-83rq9p0gg>

法學院教授弗洛克的評論：

<http://reason.com/volokh/2017/12/31/patient-privacy-and-transgender-medical>

Nicholas Hellen, Social Affairs Editor

December 31 2017, 12:01am, The Sunday Times

A patient who requested a female nurse was seen by a transsexual practitioner of 'obviously male appearance' CHRISTOPHER FURLONG

A woman who requested a female NHS nurse to perform her cervical smear test was “embarrassed and distressed” after a person with stubble and a deep voice summoned her for the intimate procedure.

When the patient pointed out the mistake, the nurse replied: “My gender is not male. I’m a transsexual.”

This weekend, the woman, who decided not to go ahead with the examination, said it was “weird where somebody says to you: ‘My gender is not male’ and you think: ‘Well, what does that even mean? You are clearly a man.’”

The nurse “had an obviously male appearance . . . close-cropped hair, a male facial appearance and voice, large number of tattoos and facial stubble”, she said.

附件16-4 憲法第 22、23 條

The Constitution of The Republic of China Art 22 and 23

第 22 條 凡人民之其他自由及權利，不 妨害社會秩序公共利益者，均 受憲法之保障。

Article 22. All other freedoms and rights of the people that are not detrimental to social order or public welfare shall be guaranteed under the Constitution

第 23 條 以上各條列舉之自由權利，除 為防止妨礙他人自由、避免緊 急危難、維持社會秩序，或增 進公共利益所必要者外，不得 以法律限制之。

Article 23. All the freedoms and rights enumerated in the preceding Article shall not be restricted by law except by such as may be necessary to prevent infringement upon the freedoms of other persons, to avert an imminent crisis, to maintain social order or to advance public welfare.