Family Planning Program in Korea

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The Republic of Korea faced the sixties with two million refugees from North Korea by the close of the Korean War in 1953 and a post-war "baby-boom". The 25 million population in 1960 was increasing by about 3% per year which was superseding the economic growth rate (2.6% in 1962). Korea's total land area is 34,427 square miles, only one-fifth of it is arable. This meant every square mile of cultivated land had to support 3,200 persons in 1960, and average farm size was about 2.2 acres (Yang, 1965).

The people's expectation for better nutrition, health, education, jobs, and shelter endlessly escalated, while the government with the GNP per capita at about $87 ($150 in 1970 prices) had to struggle for social and economic development as well as defense against future invasion.

THE PROGRAM AND ITS ACHIEVEMENT

The first organized effort for family planning in Korea was started by a voluntary organization, the Planned Parenthood Federation of Korea (PPFK), which was established on April 1. 1961. In December 1961 the government was in favor of adopting a policy and delegated the responsibility of the program to the Ministry of Health and Social Affairs (MOHSA). During the 15 years from 1962 to 1976 approximately W17.6 billion (equivalent of $38 million in 1970 prices) was spent for the program and two thirds were from local sources and one third from foreign sources (KIFP, 1977). The number of births averted by the program is estimated to be about 1,800,000 or 2,100,000 (Ko et al, 1977). This indicates the cost per averted birth was about W9,000 ( $20) According to the study of Professor Han Kee-Chun (1974) the benefit from the program was 71 times greater than the cost invested. Apart from such economic gain, we believe that directly and indirectly it contributed greatly toward improvement of maternal and child health, (Yang, 1970, Taylor et al, (1976) welfare of the family, and politico-social stability.

The goal of the family planning program is to reduce the natural increase rate of 3 percent in 1961 to 2.5 percent, 2 percent, 1.5 percent and 1.3 percent by the end of 1966, 1971, 1976 and 1981 respectively. In order to achieve the goal, the target set was to have 45 percent of eligible couples currently practice some family planning method by the end of 1971, and it did reach 44 percent by 1976. (KIFP, 1976) The estimated population growth rate in 1976

* Received May 30, 1977
was 1.6 percent, which is a little bit higher than the goal.

This achievement in Korea compared with other developing countries is one of the most successful (Brackett and Ravenholt, 1976). However we know that we can not claim all of these demographic change as due to the family planning program factor. Dr. Watson (1971), in the study of the various factors related to the reduction in the fertility rate of 29% during the 10 years from total fertility 6.3 in 1960~1961 to 4.5 in 1970~1971, following findings have been reported.

- Age at marriage component: 12%
- Family planning component: 11%
- Abortion component: 6%

Many factors have gone into the rising age of marriage: more educational opportunities for girls, more employment for girls, universal army service for boys, etc. The results have been a considerable rise with a strong impact on the fertility rates:

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<th>Age at Marriage</th>
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<tr>
<td>1955</td>
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<tr>
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<tr>
<td>Women</td>
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<td>Men</td>
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Abortions have played a significant part in the fertility decline. It has been noted in studies that those who have accepted the IUD have a much lower subsequent fertility rate than those who never accept birth control (Chang et al., 1972). Even though the continuation rates for the IUD in Korea are poor, they seem to have been a means for many women, specially those in the rural area and among poorer classes, to make a commitment to stop having any more children. When they get pregnant later on, they resort to abortion. A 1967 KAP survey showed that 25% of urban women and 7% of rural women had had at least one induced abortion. At present the number of women who admit to one or more abortions totals 28% nationwide, with 35% in urban areas and 23% in rural. This is an increase specially in the rural areas over the earlier figures and shows a rising trend which will bring about an even higher impact on the fertility rate in the future. Total abortions among married women are estimated at 300,000 a year. Although family planning can not claim any direct part in this activity, its indirect impact cannot be denied. Preaching the message of the possibility of control over your own fertility, produces all kinds of reactions, including both the use of contraceptives and abortions.

During the last 15 years there has been much socio-economic change which is supposed to contribute favorably to the decline in the fertility of 44%, from 6.3 in 1962 to 3.5 in 1976. The most important three changes contributing to the change of fertility behavior, we think are more educational opportunities for girls, economic growth (per capita GNP $698 in 1976), and increasing urban population (48% in 1975 from 28% in 1960) (Bang, 1966). But nobody can deny that the family planning program also contributed directly or indirectly toward the above mentioned socioeconomic changes through its stimulus given to Korean people for the change in development value orientation and modernity orientation.

As you see in Diagram 1, the degree of fertility control practice of a people varies depending upon two major factors: namely, motivation for control and availability of control techniques. What we worried about in the early stage of family planning program in Korea was that couples in rural areas would not accept family planning due to their low or
lack of motivation for smaller family with the prevailing idea “the more boys the better” and with “3 sons and 2 daughters” being the most popular ideal family size.

But the Koyang Project (Bang, 1968) conducted for two years (1962) disclosed that such apprehension was groundless. After two years service the rate of current user increased to 38% from that of 8% before the service, and the attitude in favor of family planning increased to 97 from 77%.

And the 9% against family planning idea decreased to 2%, and 14% of ambivalent attitude decreased to 1%. What the Koyang Project taught us was that much demand for family planning service was already there even in rural areas despite the women’s educational level being low in general, and therefore the urgent need was to provide adequate service, and that satisfactory service creates demand for as well as attitudinal change.

The practice rate at 38% in the Koyang Project area in 1964 was more than four times higher than the national rate (9% in 1964), and it was 10 years preceding the national rate (38% in 1974). This indicates that a successful family planning program can well increase the practice rate without major industrialization and socio-economic development. Therefore I personally did not agree with the criticism raised in 1966 that Korea’s family planning program was already facing a deadlock and needed radical reorientation toward a socio-economic approach.

However, the Koyang study (Park, 1974), responded to the above criticism by experimenting from August 1966 with the efficacy of village level Family Planning Mothers’ Clubs for the improvement of family planning acceptance and continuation rates. The successful result obtained from the study lead to the organization of 27,000 mothers’ clubs all over the country by the PPFK from 1968. At present about 750,000 married women belong to the clubs. The clubs are genuine grass root level voluntary organizations and members elect their own village level honorary officers such as president, vice-president, secretary and treasurer. They meet together monthly or bimonthly. The topics discussed at their meetings are not limited to family planning but also includes nutrition, care of the baby, medical care, business matters on the mutual credit bank, and about joint purchases and sales. The solidarity, forum, and participation in the organizational network not only provides great help in lessening the heavy workload of family planning workers but it also stimulates the mothers themselves for modernization and socio-economic development. Unfortunately, however, since 1970 the support for the opera-
tion of the clubs has become somewhat unstable and irregular which resulted in having only 1/3 are very active, 1/3 moderately active and the rest are rather inactive. The survey conducted by Dr. Park et al. (Park, 1974) on 25 sample clubs in 1973 found the range of those currently practicing went from 13.9% to 57.8% of the eligible couples. In this connection, taking into account that the national average was estimated at 36% and 44% in 1973 and 1976 respectively, we can easily conclude that still there are many villagers with an unmet demand for family planning service.

WHAT CONTRIBUTED TO THE SUCCESS

The success of the Korean program was mostly because of the good cooperation of 4 organizations, namely, the government, voluntary organization, foreign aid organizations, and the universities for the achievement of a common goal.

A. Strong Government Policy Support

1. In December 1961, the statement made by the Chairman of the Supreme Council For National Reconstruction—"adopt the policy in support of family planning on voluntary choice"—brought a historical change in this country, and long standing taboo against production and importation of contraceptives was abolished, and MOHSA was given the assignment to initiate the program through the health network.

2. From 1962, the program was included as a part of the 1st Five-Year Economic Development Plan and budget was allocated to recruit local level workers.

3. In September 1963, the Prime-Minister instructed all Ministries of the government to participate in support of the national program so that the Economic Planning Ministry was to set up a Population Policy Committee: Edu-
cation Ministry to study inclusion of population education into school curriculum, and make facilities and teachers of schools be available for family planning enlightenment movement: Justice Ministry to study on Eugenic Protection Law: Defence Ministry to mobilize surgeons to provide the service including vasectomy to soldiers: Government Administration Ministry to include the subject in the curriculum of inservice training of civil servants: and Health Ministry to launch a yearly nationwide campaign during the Family Planning Month of May in which 29,000 Reconstruction Peoples Movement workers mobilized in 1963.

4. The government has been prompt in the introduction of any new contraceptive method proved to be effective. For example, from 1963 the foam tablet was replaced by the condom in the government free supply, from 1964 IUD insertion was added to the service, and the oral pill in 1967.

5. Annual national service target set up by the central government have been allocated to the local government with due budget and accompanied by logistic support. Consequently each grass-root level worker is charged to achieve a given quota of the target.

6. In 1967, the Deputy-Prime-Ministry announced "Saving and Population Control" as the two most important government policies, which lead the Home Affairs Ministry to include achievement of the service in the evaluation of the administration of the local government unit.

7. In 1971, the semi-governmental Korea Institute of Family Planning (KIFP) was established to be responsible for the research, evaluation and training.

8. The Maternal and Child Health Bill came into force in May 1973 and partially liberalized abortion, although it was too long a gestation period to deliver such an imperfect bill.
9. From December 1976 a new Population Policy Committee composed of 12 ministers and a few leaders was established to deliberate the national population policy plan and strengthen the program of the 4th Five-Year Plan (1977-1981).

B. Dedicated Contribution of Voluntary Organizations

1. Voluntary leaders participating in organizing the Planned Parenthood Federation of Korea (PPFK) in 1961 were mostly medical doctors, social workers and sociologists. Their primary concern and interest was in health and social development, particularly in maternal and child health but not in monetary remuneration nor in social position. They felt the challenge that family planning, though it was taboo at that time, could be the most efficient and well accepted approach to not only the development of maternal and child health but also to cope against poverty, extension of women’s rights, and to participate in socio-economic development. It was their constant efforts which enabled the government to take positive action in late 1961.

2. Practically the PPFK had been the sole organization delegated to handle planning, training, production of information and educational materials, and evaluation of the national program up till September 1963 when Maternal and Child Health Team was set up in the Public Health Bureau, MOHSA. The PPFK continued to play the major role with its flexibility and prompt pioneering action by dozens of volunteer expatriates in both central level and local branch chapters. So it was possible to provide one week’s preservice training to each of 1473 newly recruited workers during only a two month period in 1964.

3. The PPFK after its role of pioneering demonstration and catalyst, has always tried to locate other proper organizations, if not create a new organization to hand over the project, and thus leave information, education, and communication as PPFK’s primary thrust. For example, it was the PPFK that arranged the invitation of the Population Council’s technical advisory team visit to Korea in 1962 which recommended the establishment of a Family Planning Bureau in the Ministry, and it was the PPFK which initiated the negotiation with SIDA for the support in establishing the KIFP. The PPFK had invited officials of Education Ministry to seminars on Population Education till the Central Education Research Institute became interested in it. The PPFK also initiated seminars on Medical and Nursing Education, and on the Revision of Family Laws.

4. The PPFK have induced foreign agencies for their technical, financial, and commodity aids. The major sources were the International Planned Parenthood Federation (IPPF). The Population Council, USAID, SIDA, UNFPA, Asia Foundation, Pathfinder Fund, OXFAM, JOICEP, etc. And it has been trusted to handle such foreign aid grant given to other recipient agencies in Korea also.

5. The PPFK’s initial slogan “Have optimal number of healthy children and raise well” was changed to 3335 (Have 3 or less children with 3 years spacing before mother’s age of 35) in 1964, and again changed to “Daughter or son, stop at two, and raise well” in 1970 in order to challenge against boy preference attitude. In same year the PPFK organized the Two Children Club with the membership being young parents sterilized with two or less children. At present the size of membership is more than 500 couples scattered all over the country. The members are the most productive volunteer lecturers at reserve army training courses in
soliciting acceptors for male sterilization.

6. The organization of 27,000 village level Family Planning Mothers Clubs, and distribution of family planning monthly magazine "Happy Home" to them are the highlight of the PPFK's achievement. The government having so much confidence in the club's future role for the program which was incorporated with high priority into the Saemaul (New Village) movement has given strong support for the strengthening of the clubs from this year.

7. What the PPFK initiated many years ago but is now anxious to hand over to respective city governments is the clinics set up in slum areas of metropolitan cities.

8. One of the important mandatory role of the Medical Committee of the PPFK has been the recommendation for or against approval of any new contraceptives to the government after due clinical trial.

C. Foreign Aid Organization, Universities And Research Institute:

1. The IPPF initiated its support in 1961 and awarded full member status to the PPFK. 44.5% of the total expenditures of the PPFK spent during the last years come from the IPPF. Participation of volunteers and paid staff of the PPFK to go to international seminars sponsored by IPPF have encouraged their leadership and morale.

In return the PPFK members have played an important volunteer leadership role at the central and regional levels of IPPF structure & sharing practical experiences with other countries.

2. The Population Council of New York initiated its assistance with a research grant to Yonsei University for the Koyang Rural Family Planning Demonstration Project in 1962 which was followed by the support of the PPFK for an IUD Clinical Trial from 1963, and the support of the Seoul National University's Urban (Seoung-dong) Study Project from 1964 and many others, and was the leading foreign technical and financial aid organization during the 1960 decade. Their assistance was prompt and efficient in meeting local needs. There are more than a dozen Korean personnel who trained abroad with the Council's scholarship award.

3. Among bilateral assistance programs the SIDA's support for the construction of KIFP building and maintenance, vehicles, oral pill and papers involved little red tape and administrative burdens. The USAID started their support from the mid 1960s directly and indirectly via the Population Council.

4. UNFPA started their support from 1974 and now it is the leading organization in foreign aid to the program. Selection of right projects to be supported needs to be improved and the red tape involved in the use of approved grants should be minimized.

5. In addition there are many other multilateral and bilateral aid organizations which provided assistance to the program. Foreign aid was mostly to support research, evaluation, training of personnel, information, communication activities, and commodities.

6. Equal opportunity was given to every professor of all universities and research institutes including local universities. Their roles are triple. Firstly to provide guidelines to the national program through the feedback from their research finding and evaluation activities. Secondly to provide technical consultation service as a member of committees and or voluntary organization. Thirdly to train personnel and students in demography, reproductive physiology and family planning.
WHAT HAVE BEEN THE PROBLEM?

A. Government Budget:

For the first time the Health Ministry was given a 1977 budget for the program that was much more than the original request, and was more than triple that of the 1976 budget. The budget in the past has been too small to provide contraceptive services sufficient to lower the fertility levels to achieve the government target. And it has been routine practice to spend the early part of a year in an unproductive condition with a cut and crippled budget. Because of annual service target are fixed by the annual budget, clients were obliged to wait a few months or until the next year to get the service when the current year’s budget and target were exhausted. The program suffered from a severe budgetary cut during the 3rd Five Year Plan Period (1972~1976) resulting in less budget for 1972~1973 than in the previous two years while the target population was increasing year by year. This resulted in failure to achieve the goal of 1.5% population growth rate by 1976 (Cho and Kim, 1972).

B. Personnel:

Implementation of the program is dependent on 2,570 full-time F.P. workers dispersed throughout the country. Unfortunately most of them have never been given a permanent civil servant status. Among them, township level workers (aid nurse) have been generally too young (age 20~24) and their separation rate have been too high. According to the survey conducted in April 1971 on the township level F.P. workers, 39.5% were without qualification, 45.9% had less than 12 months’ experience, and only 18 months was the average duration of staying on the job (Ahn, 1971). The poor qualification and high separation rate in general also applies to family planning clerical workers and directors of health center, though they are not temporary employee. Such personnel problems have been the reason why I have not been in favor with the idea of converting them to multipurpose workers of family planning, tuberculosis, and maternal and child health from the uni-purpose worker of family planning.

While urban population more than doubled during the last 16 years, the number of family planning workers in the urban area has never been adjusted to such a change. So the urban worker has three times more target population to deal with, while in the city area no Mothers’ Club are helping them.

C. Poor Public Health—Particularly M.C.H.

In addition to the poor quality of the person-

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<th>Distribution of Family Planning Workers</th>
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<td>Area</td>
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<tr>
<td>Urban Area</td>
</tr>
<tr>
<td>Seoul &amp; Busan</td>
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<tr>
<td>Other Cities</td>
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<tr>
<td>Rural Counties</td>
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<tr>
<td>Total</td>
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1) 1975 Census data.
2) Estimated 15% of Population in City, and 16% in rural area.
nel of health centers and subcenters, public health in general has been neglected, poorly budgeted and poorly maintained. Much is to be improved in order to change people's poor image of health centers and government hospitals. And they must provide adequate health service of decent quality to everybody in the community. Particularly, improvement in maternal and child health service with delivery care in the rural area is urgently needed.

D. Inspection, Auditing and Evaluation

In order to prepare against future inspection and auditing on the disposal of contraceptive supplies and payment for the professional service, F.P. workers have to bother their clients by requesting personal seal and identification cards to be presented and spend much time and effort in paper work. There may be some doubt in the credibility of their reports on their achievement, but a more serious question is on the qualitative aspect of their service when the current evaluation system depends upon the quantitative aspect only. Some new efficient and simple device to evaluate the achievement qualitatively as well as quantitatively is needed, so that the workers could devote themselves in client oriented but not in worker-oriented service.

E. Induced Abortion:

 Abortions are performed by numerous physicians with very little interference from the government. A 1973 survey showed the abortion rate at 38% in the urban areas and 17% in rural areas and with a sharp rise among rural and urban women over the1967 figures. In May 1973 the Maternal & Child Health Law partially legalized abortions, and in 1974 the government, for the first time, placed subsidies for a few abortions (3,000) in the budget. This is only one positive result of the legalization. However, in or-

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<tr>
<td>Population (1,000)</td>
<td>25,000</td>
<td>32,241</td>
<td>35,281</td>
<td>38,897</td>
</tr>
<tr>
<td>Density/Km²</td>
<td>254</td>
<td>327</td>
<td>357</td>
<td>393</td>
</tr>
<tr>
<td>Density/Km² of Arable Land</td>
<td>1,200</td>
<td>1,400</td>
<td>1,575</td>
<td>1,714</td>
</tr>
<tr>
<td>Urban Pop.: Rural Pop.</td>
<td>28 : 72</td>
<td>41 : 59</td>
<td>48 : 52</td>
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<tr>
<td>Non-farm Pop.: Farming Pop.</td>
<td>43 : 57</td>
<td>54 : 46</td>
<td>62 : 38</td>
<td></td>
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<tr>
<td>GNP/Capita (US$)</td>
<td>87(1962)</td>
<td>259</td>
<td>532</td>
<td>1,284</td>
</tr>
<tr>
<td>GNP/Capita (US$ in 1970 price)</td>
<td>(150)</td>
<td>(269)</td>
<td>(377)</td>
<td></td>
</tr>
<tr>
<td>Unemployment (%)</td>
<td>8.2(1963)</td>
<td>5.4</td>
<td>4.1</td>
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Attendance by Students Eligible:
- Primary School: n.a. 97.0 97.5
- Middle School: n.a. 66.0 73.9
- High & Vocational School: n.a. 70.1 67.6
Total Fertility (1,000 women 15~49) | 6300 | 4100 | 3500 |
Crude Birth Rate/1,000 | 62 | 30 | 24 |
Crude Death Rate/1,000 | 12 | 9 | 7 |
Natural Increase Rate/1,000 | 30 | 21 | 17 |
Number of women in Childbearing Age(1,000) | 5760 | 7455 | 8758 | 10,030 |
order to enable university teaching hospitals and government general hospitals to actively participate in abortion service, and extend the provision of free government service to indigent women, the law needs further liberalization (Ahn, 1977).

F. Boy Preference:

According to the survey conducted in 1971 by the Korea Institute For Research In Behavioral Science (Brown et al. 1976) to the question "If a women can not give birth to a boy, what do you think she should do?", 50% of the women responded "Let the husband get another women to have a boy" and 33% "Let the husband decide the matter" and only 15% said "Husband should not get another women". In case of respondent in rural village, the rate were 68%, 20%, and 10% respectively.

This suggests that difficulty to be faced in the future in hoping for a decline in the fertility rate despite the decline of ideal family size from 3.7 in 1971 to 2.8 in 1976.

PERSPECTIVES

The question here is whether we will be able to achieve replacement level fertility with net reproduction rate of 1 by 1986 which is the last year of the 5th Five-Year Plan. Such prospective will largely depends upon how strongly the people, particularly leaders in the country realize the pressing population problems we are facing. The Year of 1970 was the turning point in the threats of numerous evils such as shrinking world food reserve, shortage of resources, environmental deterioration, worldwide inflation, growing gap between rich and poor, prevalent unemployment, crowding cities, socio-political unstability are rampanty growing. And people must understand the fact that the greatest danger is the population growth. From the effects of population pressure, Robert Heilbroner, in "An Inquiry Into the Human prospect", has inferred that military-socialist governments are the only regimes capable of establishing workable economic and social systems. And from the difficulties and dangers of continued growth, he anticipates a drift toward authoritarian measures as the only means by which a suicidal Hobbesian struggle might be avoided (Brackett, 1976).

During the last 16 years we have had average decline of crude birth rate of 1.1 per year. Therefore we trust that at least the same trend will be maintained for next decade so that we will have a crude birth rate of 15 by 1985. we can have such a bright prospective for the future demographic trend of korea only provided that the following conditions will be met. we have to faithfully observe the recommendations made by the Population Policy Committee on December 3, 1976 (Pop. pol. committ. 1976). The recommendations on policy measures and action programs are summarized as follows:

1. Reorganization Of Administrative System:
   a. Integration of FP into the New Village Movement and Expansion of New Village Mothers' Club System, and monthly Meeting of the clubs.
   b. Set up a system for better cooperation between government, PPFK, and the Mothers’ Club.
   c. Intimate registration of eligible couples into family health card.
   d. Program emphasis on urban low-income strata, and mobilization of hospitals for the service.
   e. Overall formulation by the Population Policy Committee and Its Executive Committee, and managerial improvement of the program.

--- 72 ---
2. Expansion Of The Program:
   a. For urban low-income group by integration of FP with MCH and public assistance given to the acceptors.
   b. For the regular army and homeland reserve forces, strengthen their information and education through the training of information officers and provide contraceptive supplies.
   c. For factory workers, make employers responsible for the provision of favorable benefits to those employees with less than two children.
   d. By increasing FP clinics and their personnel, training of the personnel, improvement of quality and variety of contraceptives, improvement in distribution of contraceptive supplies through the utilization of commercial channels and tobacco sale network.

3. Creation Of Social Milieu For The Favorable Acceptance Of Family Planning
   a. Amendment of family laws which favor males and discriminate against females.
   b. Change of legal age of marriage from 16 to 18 for women.
   c. Further liberalization of induced abortion.
   d. Modification of taxation system to provide incentives to families with two or less children and disincentives to larger family sizes, and exemption for the expenditure spent by employers for the family planning program given to their employees.
   e. Priority given to couples sterilized and with few children for allocation of public housing and other social services.

   a. Through formal education
   b. Through non-formal education
   c. Through improvement and expansion of information, education and communication program.

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