

An Overview of Family Planning in Korea (1961—1978)

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In recent decades it has been proved that the success or failure of family planning program in developing countries has tremendous impact on the improvement of health, welfare, as well as the general socio-economic development. Therefore it is worth giving a review of family planning in Korea during the last two decades. We are happy to credit the voluntary leaders, particularly from the public health sector of universities, who played a key pioneering role in the initiation of the organized effort and for the continued leadership in the development of the national program. The organization of 17,000 village level family planning mothers' clubs in 1968 is one of the most outstanding innovative achievements.

Despite such long standing problems as very poor morale of the family planning workers, poor national health care network, and stubborn preference for boys, Korea has been fairly successful in achieving the demographic objectives by reducing the total fertility rate from 6.0 in 1960 to 2.7 in 1968, and by increasing the rate of family planning practice from 9% in 1964 to 49% in 1978.

BACKGROUND—THE PROBLEM IN EARLY 1960s

In 1960, the Republic of Korea had a population of 25 million in its small area of slightly less than 99,000 square kilometers, with a density of 270 persons per square kilometer. If we take into account that only 21 percent of the land is arable, this means that more than 1,200 persons had to live on

the harvest produced on 1 square kilometer of land. The average size of a farm in Korea is about 2 acres. However, more than 42 percent of the farmers had to make a living on less than 1.2 acres. The harvest from such small plots of land was inadequate to feed the farmer's family, which on the average was six persons. This resulted in an over-all national annual food deficit of 4.5 million Suks, or 650,000 tons of grain.

Korea, with an annual per capita income of between \$70 and \$80, was the poorest country in the temperate zone of the globe and perhaps among the most crowded in terms of housing. In urban areas the majority of families, usually of five members, lived in one or two rooms, and in rural areas the

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1) 1962 Sample Survey made by Ministry of Public Information (unpublished)

2) 1964 Sample KAP Survey by Dr. Kim Byung-Ki, Yonsei University, 1967.

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Table 1. Estimated demographic and socio-economic indices of Korea: 1960, 1966, 1970, 1975, 1980

	1960	1966	1970	1975	1980
Population(000)	25,000	29,500	32,200	35,300	38,200
Density/Km ²	253	298	325	357	386
Density/arable Km ²	1,200	1,400	1,530	1,680	1,820
Urban Pop. : Rural Pop.	28 : 72	34 : 66	41 : 59	48 : 52	—
Non Farming Pop. : Farming Pop.	43 : 57	51 : 49	54 : 46	62 : 38	—
Ideal Family Size	4.1 ¹⁾	3.9 ²⁾	3.7 ³⁾	2.8 ⁴⁾	—
Total Fertility per 1,000 Women					
Age 15—49	6.0	5.1	4.3	3.2	2.7
C.B.R.	43	37	30	24	23.8
C.D.R.	13	10	9	7	6.2
N.I.R.	30	27	21	17	17.6
Infant Mortality Rate ⁵⁾	102 ('55—'60)	70 ('60—'65)	54 ('66—'70)	32 ('70—'75)	—
Life Expectancy at Birth	52.6	61.9	65.9	68.4	69.9
GNP/capita (US \$)	82	124	234	532	—
Illiteracy Rate	27.9	14.1	11.1	—	—

1) 1964 KAP Survey by Dr. Kim Byung-Ki, Yonsei University

2) 1965 year NFS.

3) 1971 year NFS.

4) 1976 year NFS.

5) Mean has been taken as the IMR for the five year group.

average family of six crowded into a one- or two-room dwelling. It was estimated that 2 million houses were required to shelter the population adequately.

The problem of excessive growth was likewise reflected in a shortage of educational facilities for children. For example, in 1960 there were 4,358,000 children in Korea between the ages of six and eleven, for whom elementary education was compulsory. This resulted in classes containing 80 to 100 children in schools which even then must operate on morning and afternoon shifts. Perhaps of even greater concern was the increasing number of children found abandoned on the streets, the reason for which was usually said to be poverty rather than illegitimate birth. In the city of Seoul alone, six or seven abandoned children were picked up daily.

According to the census data, the estimated population growth rate in 1960 was 30 per thousand per year with a crude birth rate of 43 and a crude death rate of 13. The most popular ideal family size was 3 sons and two daughters leading to the completed average-family size of 6.0, and only about 4¹⁾-9²⁾% of couples were practicing family planning with relatively ineffective conventional methods. (Table 1).

In relation to the achievement of Korea's Five Year Economic Development Plan, established in 1961, it was obvious that the goal of a 5 percent annual growth rate could not be reached unless a sharp reduction in the birth rate was effected. For example, in 1962 the economic growth rate was 2.6 percent, as compared to an estimated 3 percent population increase.

ORIGIN OF ORGANIZED EFFORT

A) The Planned Parenthood Federation of Korea (PPFK)

The primary purpose of my tour of European countries for three months beginning from Switzerland and West Germany in January 1960 was to study health insurance schemes, but by the time of my arrival at London, I realized that, unfortunately, we would have to wait at least one decade for the time to be ripe to initiate the scheme in Korea. Instead, the most urgent matter was population control and family planning, and this motivated me to visit the office of the International Planned Parenthood Federation (IPPF) the Association of U.K. and a clinic in London. So I became very receptive to the idea of a family planning movement despite my position of having five children already. It was in late October, 1960 that Mr. & Mrs. George Cadbury as the special Representative of the President of IPPF, visited Korea with two Korean names in their books to solicit the formation of an association for a family planning movement, I was one of the two. From the late 1960s a dozen members of the steering committee met every Saturday afternoon at the office of the Secretary General of the Korean Red Cross to prepare the inaugural meeting of the Planned Parenthood Federation of Korea (PPFK) on April 1, 1961. Mr. Won-Shik Sul, President of Kora Textile Manufacturing Company, being my class-mate, was the first target to be visited for financial contributions and he wrote a cheque on the spot for the whole amount requested, and we did not need to find other donors. We were excited to see that more than 50 good Samaritans attended the meeting with enthusiasm.

I wish to name one of them whom most of you know very well and that is Mr. George Worth who had already worked actively in family planning education in Korea. They were from such various disciplines as public health, obstetrics-gynecology, nurse-midwifery, pharmacy, social work, and sociology, but all had a common concern for the current population problem and a readiness for voluntary participation in efforts to control it without which no health, social and economic development of Korea could be expected. So there was an unanimous consensus to the prospectus which defined the movement as multipurpose in character, namely public health, responsible parenthood, emancipation of women, socio-economic development, and patriotism. Thus the PPFK was born in April 1961 at the Korean Red Cross auditorium at a time when production and importation of contraceptives were taboo under the existing laws and regulations. The PPFK has grown to have, at present, 350 paid staff, 50,000 membership, 750,000 women enrolled in the Family Planning Mothers' Clubs, and an annual budget of about US \$2.5 million;— all this from a small beginning with no paid staff and only one full time volunteer secretary—Dr. Yong-Wan Kim— sharing my office room in Yonsei University, and \$3,000 as the first year's budget. The PPFK moved its rented office 7 times before it had its own building in 1977.

About now, you may feel that I have elaborated too much detail upon the early episodes, but please understand my believing in an old oriental saying that "a good beginning makes it half done." It was a good start, despite poor material resources but with an abundance of valuable spiritual assets, that is, the volunteer's love for his fellowman,

good faith which served as the prime mover for the success, cooperation, and continuity of leadership in the activities in general.

B) Policy Adoption by the Government

Immediately after the inauguration, the PPFK had to suspend its activity for about five months due to the Military Revolution on May 16, 1961. However a few of the leading members were fortunate enough to be involved in the process of the new Government's adoption of a policy in favor of family planning. It was historically an epoch making perspicacious decision made by General Chung Hee Park, Chairman of the Supreme Council in late November, 1961, who made his public announcement in support of family planning on a voluntary basis. Since then he, as the head of the Korean Government, has continued strong support of the program despite some objection from the catholic hierarchy in Korea up to 1964.

Among the developing countries in Asia the Republic of Korea became the 3rd to have a national program. In recognition of the fact that gains made in improving our standard of living were being offset by concurrent gains in rapid population growth, the national government included family planning in its Five Year Plan(1962~'66). Thus the prohibiting regulations were repealed, domestic production of contraceptives was encouraged, a family planning advisory committee was established, and about \$336,000 was appropriated for 1962 to initiate the program by the Ministry of Health and Social Affairs. Based on these actions and policies, in 1962, 366 family planning workers were trained and two assigned to each family planning clinic of the nation's 183 county health centers. A nation-wide information program, including

the production and distribution of printed materials and visual aids, was carried out. Vasectomy operations were performed on 3,400 persons. And 230,000 couples were registered in the program and given a choice of four contraceptive methods: foam tablet, jelly, condom, and diaphragm in 1962.

C) Two University Family Planning Research Teams

(1) **Yonsei University Team:** Drs. Jae-Mo-Yang and Sook Bang, who organized family planning service program for the ambulatory tuberculosis patients of the University Hospital in 1961, were delighted to get the Population Council's research grant to launch a two-year family planning action research in a rural area, Koyang County. And the findings served as guidelines for national program planning and future research. In the same rural area a field research on efficient methods of IUD service-comparing a mobile service versus a stationary service, and insertion by medical doctors versus nurses-followed from 1964; and a study on the use of the oral pill from 1966. A study on the effectiveness of a mothers' class was undertaken from 1967, which lead to the organization of 17,000 family planning village level mothers' clubs all over the country in 1968. The team started an inter-disciplinary research institute-Yonsei University Center for Population and Family Planning from 1968.

(2) **Seoul National University:** With the Population Council's grant, Dr. Ee-Hyok Kwon of SNU launched a large scale family planning action research project in an urban area Sungdong-Ku Seoul City, from 1964 to compare the efficiency of several methods of family planning communication. Later this study expanded to cover the entire city of

Seoul. Dr. Han-Soo Shin, who served as the chairman of the PPFK's Medical Committee for many years, pioneered a clinical trial of IUDs at the University Clinic. Dr. Hee-Young Lee has been the pioneer in research and training in male sterilization, and the famous analogy of vasectomy as a sweeter seedless watermelon originated from him. Under Dr. Kwon's leadership the Reproductive Medicine and Population Institute was established in Seoul National University in 1972 with WHO's support.

D) Two Children Club

The PPFK is the foster parent of this club. It was organized in 1970 with about 200 young elite couples, one partner sterilized and having two or less children. The members have been the most powerful volunteer lecturers for the vasectomy campaign at reserve army group education sessions.

E) Korea Institute for Family Planning (KIFP)

The generous donation from SIDA enabled the establishment of a semi-governmental institute, KIFP, in 1970 to take over the important burden of training and evaluation from the Ministry of Health and PPFK. It was originally designed to develop a non-governmental institution so it could have flexibility, objectivity, and continuity of leadership; but it turned out to be semi-governmental so that the guarantee of financial support and some partial authority over local units in relation to the program evaluation could be possible.

F) The Korean Association for Voluntary Sterilization (KAVS)

Both the Health Ministry and the PPFK

strongly endorsed the establishment of KAVS in 1975 to strengthen the sterilization program. Most of the core members of KAVS are those veteran family planners of PPFK for many years.

G) In-Country Technical Assistance Mission for Family Planning Program in Korea (ICTAM)

Recognizing the existence of abundant domestic resources available for technical advice on family planning the mission team was organized in 1974 with UNFPA's grant support. The members are mostly university professors in the fields of sociology, communication, psychology, education, and public health.

GOAL, TARGET, AND ACHIEVEMENT

The national demographic goal was to reduce the growth rate to 25, 20, 15, and 13 per thousand by the end of each Five-Years' Development Planning period (1966, 1971, 1976, and 1981). In order to achieve such a goal, targets for family planning practice rates were set; for instance, 45% of eligible couples (32% by gov't service, 13% by self regulation) by 1971. Such over-all national targets were divided into annual targets and by specific control methods which were followed by further detailed allocation to local gov't ernment units. The goals and targets have been readjusted from time to time to reflect demographic reality, development of contraceptive technology, and budget appropriation. For instance, because of the realization of the enormous increase of the number of women of child-bearing age as the reflection of the post-war baby-boom (1954~1964), and the continuous drop in the projected crude death rate (6.4 in 1977 to 6.0 in 1981), the demographic goal

Table 2. The population, target, achievement, and budget for family planning program in Korea (1962~1978)

Year	Popula- tion (thou- sand)	No. of women age 15~44e (.000)	No. of Eligible Couple (.000)	Target (Achievement)			Sterilization			M.R.	Budget (1,000 won)			
				IUD	Pill ^a	Condom ^a	Male	Female	Local Gov't		National Gov't	Foreign Source	Other Source	Total
1962	26,513	6,086	NA	1,493 (1,493)		129,804 (129,800)	19,866 (23,000)			42,700	27,596	1,850	835	72,981
1963	27,262	6,235	NA	106,397 (105,640)		156,301	25,256 (156,300)	(28,296)		77,000	42,833	2,374	101	122,308
1964	27,984	6,372	NA	225,951 (228,333)		191,706 (248,000)	(15,000)			158,200	121,880	29,763	731	310,574
1965	28,705	6,504	NA	391,687 (400,000)		168,368 (150,000)	19,442 (20,000)			194,400	142,991	35,280	2,740	375,411
1966	29,438	6,646	4,227	323,457 (325,377)		137,427 (150,000)	19,677 (30,370)			423,100	223,287	55,696	5,109	707,192
1967	30,331	6,810	NA	263,132 (277,400)		26,264 (171,000)	133,943 (150,000)			423,853	252,894	88,084	4,800	769,631
1968	30,838	6,990	NA	281,642 (300,000)		91,175 (320,000)	147,774 (150,000)			430,200	260,534	594,713	7,072	1,292,519
1969	31,544	7,199	NA	295,100 (311,800)		170,513 (320,000)	162,823 (150,000)			615,900	326,823	608,508	10,533	1,961,764
1970	32,241	7,437	4,586	293,792 (300,000)		199,276 (320,000)	161,340 (150,000)			716,100	347,719	500,145	7,486	1,571,450
1971	32,883	7,647	NA	300,309 (300,000)		213,928 (250,000)	155,604 (150,000)	(3,242)		674,461	355,826	735,000	51,528	1,816,819
1972	33,505	7,897	NA	325,935 (338,600)		234,699 (250,000)	176,032 (150,000)	(4,797)		657,385	361,538	550,464	546,761	2,116,148
1973	34,103	8,155	NA	350,764 (380,000)		241,979 (250,000)	172,685 (150,000)			765,742	373,041	542,916	589,065	2,270,764
1974	34,692	8,422	NA	348,858 (350,000)		240,183 (250,000)	196,736 (200,000)	(3,746)		806,266	432,143	1,072,439	444,320	2,755,168
1975	35,281	8,719	5,123	310,000 (297,872)		250,000 (203,402)	150,000 (158,070)	(5,358)		1,176,916	671,740	782,127	464,656	3,095,439
1976	35,860	9,002	NA	290,000 (281,568)		200,000 (178,783)	100,000 (103,107)	(22,032)		1,858,825	1,048,348	1,119,288	494,016	4,520,477
1977	36,436	9,269	NA	240,980 (250,000)		94,796 (100,000)	126,834 (130,000)	(59,000)		806,266	432,143	1,072,439	444,320	2,755,168
1978	37,019	9,532	NA	434,992 (4,349,492)		1,962,813 (2,962,813)	467,877 (467,877)	(98,428)		1,176,916	671,740	782,127	464,656	3,095,439
Cumulative Total				(4,349,492)	(1,962,813)	(2,962,813)	(467,877)	(98,428)		8,753,966 (50%)	3,978,195 (19%)	3,978,195 (21%)	3,978,195 (10%)	41,332,780 (100%)

a. Couple Year's Protection.

Table 3. Number of births averted by method and year, 1962~1978

Year	IUD	Oral Pill	Condom	Sterilization		Menstrual Regulation	Total
				Male	Female		
1962	—	—	15,010	328 (3,823)	—	—	15,338 (18,833)
1963	79	—	31,532	2,512 (22,253)	—	—	34,123 (53,864)
1964	8,514	—	35,700	6,589 (29,415)	—	—	50,803 (73,629)
1965	27,900	—	39,637	9,742 (18,543)	—	—	77,279 (86,080)
1966	59,862	—	37,949	12,329 (28,737)	—	—	110,140(126,548)
1967	71,521	—	30,028	15,366 (28,355)	—	—	116,915(129,904)
1968	79,964	5,145	28,159	17,884 (28,240)	—	—	131,152(141,508)
1969	74,810	17,450	31,324	20,012 (30,477)	—	—	143,596(154,061)
1970	65,001	29,289	30,636	21,958 (24,765)	—	—	146,884(149,691)
1971	69,843	31,683	34,510	13,825 (17,843)	—	—	149,861(153,879)
1972	61,295	39,039	31,322	14,708 (19,154)	263 (3,109)	—	146,627(153,919)
1973	56,866	39,033	32,603	15,726 (21,860)	852 (4,516)	—	145,080(154,878)
1974	54,172	36,705	29,493	18,417 (44,415)	1,522 (6,042)	1,185	141,554(172,012)
1975	52,664	32,709	30,392	23,363 (58,812)	3,200 (16,957)	2,023	144,351(193,557)
1976	85,078	31,550	33,624	16,653 (33,743)	4,409 (42,958)	4,580	175,894(231,553)
1977	78,189	29,858	21,817	20,299 (41,064)	17,097(240,321)	11,897	179,157(423,146)
1978	66,300	21,870	23,003	20,465 (28,262)	25,150(256,252)	32,830	189,618(428,517)
Total	912,058	314,331	516,739	250,176(479,761) ²²	52,553(570,155)	52,515	2,098,372(2,845,559)

Figures in () is the number of births averted through acceptor's life time

source: Ko, KS and Nichols. DJ: Measurement of the Impact of the National Family planning Program on Fertility in Korea, Mimeo, KIFP 1978

formulated for the Fourth Five-Year Economic Development Plan(1977~1981) is now to sustain the growth rate of the level of 16 instead of 13.

The government program was directed primarily at the rural population and poor urban people, and in 1964 recruited 1,473 female family planning workers and assigned one to each township which is the first instance in the history of Korean bureaucracy that every township level government unit ever had at least one full-time person-in the whole field of health and welfare. I underscore the significance of the event by indicating that "family planning" played the starter's role in the national program in maternal and child health and general public health, and that "family planning" enabled the health ministry, suf-

fering from very low status in general, to find an important way to participate to the national economic development program and justification to share a little more of the budget, which was up to then impossible without the outbreak of an epidemic. Therefore my interpretation is that family planning in Korea has made an enormous contribution to social and economic development in addition to meeting its primary goal and targets.

Family planning workers issue coupons to those couple motivated to get free supplies at nearby clinics or health centers, hospitals, or designated private practitioners (1,000 doctors for IUD, 600 doctors for vasectomy in 1963-1964). By 1968 the cumulative total achievement of such family planning services delivered by the national program were, as sh-

Table 4. Percent of married women currently using contraception by selected characteristics and year

Characteristics	Year								
	1964 ⁶⁾	1965	1967	1971	1973	1974 ¹⁾	1976	1978	
Total Using (%)	9.0	16.4	20.2	24.6	34.5	32.6	43.9	49.1	
Number of Sample Women	4,008	3,445	3,624	4,616	1,671	5,420	5,064	3,610	
Age:									
20-24	4.4	5.7	4.0	12.9	13.4	13.4	15.4	16.9	
25-29	9.8	12.7	14.2	15.5	27.4	28.0	31.7	38.0	
30-34	13.2	23.6	26.9	27.4	36.4	44.0	55.5	62.0	
35-39	13.9	24.1	33.1	38.0	49.8	50.8	61.2	66.3	
40-44	5.8	10.4	16.3	26.8	33.7	33.6	44.8	46.9	
45-49	1.9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a. ²⁾	
Parity:									
0	n.a.	(5.5)	(.9)	(3.0)	3.4	7.1 ⁴⁾	4.6	7.3	
1	n.a.	4.3	2.4	5.9	14.6	10.9	17.9	16.8	
2	n.a.	12.2	11.9	20.2	33.2	36.7	43.9	50.0	
3	n.a.	14.9	22.2	28.7	49.1	43.4	56.2	65.3	
4	n.a.	20.3	29.9	31.9	44.2	43.4	59.0	62.4	
5 or more n.a.	n.a.	23.2	30.6	31.6	41.8	33.2	48.8	51.7	
Residence:									
Urban	23.8	21.4	26.0	27.4	36.5	35.6	47.6	54.2	
Rural	8.2	14.0	17.3	22.7	32.7	29.3	39.8	42.6	
Education:									
None	4.6 ⁵⁾	9.8	15.7	20.9	27.5	25.2	37.2	44.5	
Literate	n.a.	15.9	15.4	24.6	33.8	n.a.	45.5	48.8	
Primary School	13.5	16.8	21.7	24.5	35.2	32.0	42.4	47.1	
Middle School	30.2	30.8	25.7	32.4	42.9	35.2	44.2	53.2	
High School or mor	40.0	33.5	36.4	39.5	47.8	42.6	50.6	63.6	

1) Date for 1974 are based on ever-married, non-pregnant women and thus are somewhat lower than corresponding data for all currently married women.

2) Not available.

3) Figures in parenthesis are based on too few cases to be reliable.

4) Data refer to living children, not parity.

5) Data refer to ever-used which includes both past and current users. Source: Published and unpublished tabulations from fertility and family planning KAP surveys conducted by the Korean Institute for Family Planning.

6) Kim, Byung-Ki, Study on the Relation of Socio-Economic Factors to Conception Control in Korea, Yonsei University, 1967.

own in Table 2, approximately 4,350,000 IUD insertions, 2,000,000 coupleyears protection (CYP) by oral pill, 250,000 CYP by condom, 850,000 sterilizations, and 100,000 cases of menstrual regulation. The estimated number of births averted by such an achievement is abo-

ut 2 million as shown in Table 3. In the meantime Korea has spent about 41 billion won (equivalent of US \$ 100 million) for the family planning program, which includes wages for the personnel, training, expenditure for information and education, supplies and services, admin-

istration and evaluation of the program. So the cost per birth averted is about US\$ 50.

Korea can not be an exception from the general trend that those population groups, living in rural area, poorly educated, economically poor, and suffering from high infant mortality, have higher fertility than those living in urban areas, highly educated, with higher income, and low infant mortality. However, as you see in Table 4, these gaps have been greatly reduced in Korea, which could be the result of the combined functions of success in family planning program, the Saemaul Movement and overall socio-economic development program. An encouraging sign is the substantial increase in those practising family planning by their own means. For instance, according to the 1978 KAP study by KIFP, 21 percent of eligible couples were currently practising by their own means, while 28 percent were by government service to make total practice rate of 49 percent. The tremendous increase of sterilization, particularly of the female, in the last two years is another sign of encouragement in terms of improvement in use-effectiveness of our program.

STRONG POINT

A) Consistant Government Policy Support

To illustrate a few examples, besides the inclusion of a demographic target into every Five-Year Economic Development Plan:

1. In September 1963, the Prime Minister's special instruction was issued asking all government ministries to extend full cooperation, by all means, to strengthen the national program.

2. In 1965, the Deputy Prime Minister repeatedly stressed two issues:-(1) Saving and

(2) Family Planning-as the most important subject of national campaign: Achievement in family planning service was included in the assessment criteria of local government units.

3. family planning has been given the highest priority in budget appropriation since 1977.

4. In December 1976, the Population Policy Deliberation Committee under the chairmanship of the Deputy Prime Minister was established, and decided to strengthen the family planning program during the Fourth Plan Period(1977-81) by introducing a number of incentives and disincentives to encourage the small family norm.

—Priority in allotting public housing was given to sterilization acceptors with two or fewer children.

—Provision of 3,000 won(US\$ 6.37) was made to the low-income people undergoing sterilization to compensate them for lost wages incurred due to the sterilization procedure.

—The Income Tax Law was revised in 1977 to exempt from income tax only the first two children(changed from an exemption for the first three children, instituted in 1976).

—The Corporation Tax Law was revised to exempt industry from taxes on expenditure for family planning services to employees.

—The Family Law was revised to give women greater rights in inheriting family property.

5. As an implementation of the policy decision that the social development will be emphasized from the Fifth Five-Year Plan, the Government started free health care service for about 2 millions of indigent and low income population from January 1977:and social health insurance scheme for about 3 millions of industry employees and their

families from July 1977, and extended coverage of another 3 millions of civil servants, school teachers and their family from January, 1979. These measures enhanced the provision of family planning service to poor and middle class people.

B) Quick Feed-back and Prompt Action

The national program has never been hampered by any hesitation or meekness of top administrators in policy revisions responding to recommendations or constructive criticism.

For example:

1. Responding to the preliminary report of the Koyang study that the condom has the highest rate of acceptance and effectiveness over other conventional contraceptive methods, the government increased the condom supply instead of eliminating other methods from 1963.

2. The PPFK's clinical study on the IUD was scheduled to run for two years from 1963. But with the interim report, the government decided to produce 80,000 IUD locally for extensive use in 1964.

3. 200 jeeps were provided for mobile IUD insertion services by trained nurse-midwives in 1966.

4. The oral pill was introduced for extensive use from 1967 after only one year's field trial.

5. Support was given to the PPFK's organization of 17,000 family planning mothers' clubs from 1968, and for employment of 138 male family planning information officers from 1977 to meet the request made in 1976.

6. An Annual Quadripartite (Health Ministry, Provincial Government, KIFP, and PPFK) joint meeting for the program evaluation and coordination was introduced from 1970.

C) Supplementary Role of Voluntary Organization

Until the Health Ministry set up a section in charge of the program in 1964, the PPFK was delegated to carry out most of the activities on behalf of the government. Among others, training of family planning workers, doctors, nurse-midwives and national reconstruction movement leaders was a most important task. In order to train 1,500 family planning workers within a couple of months in 1964, the PPFK organized teams of trainers to be dispatched to provincial level temporary training course. More recently the PPFK's scope of activities has gradually narrowed down and specialized in the field of information, education and communication as its primary role, handing over training and evaluation to the KIFP from 1970.

The family planning slogan the PPFK used in the early stage was a pretty cautious one, "Optimum number of healthy children by adequate spacing". Then in 1964 it was revised into a substantial figure, "3335" which meant "Up to 3 children with 3 years' spacing before the mother reached the age of 35". In 1970, "Son or daughter, without distinction stop at two, and bring them up well" was chosen as the best out of several hundred applied entries in a competition. In an effort to challenge the traditionally strong boy preference the PPFK intentionally changed the order of sex into "Daughter or son..." Such revolutionary action is almost like saying "Gentlemen and ladies" instead of "Ladies and gentlemen" in Western society. From 1977, the PPFK added one more slogan to be used "One day ahead of family planning, ten years ahead of secured livelihood".

"Happy Home" is the PPFK's monthly

publication started from 1968. It has about 50,000 circulation so that each village mothers' club can get at least two copies free of charge. The contents are not necessarily confined to family planning but include messages on maternal and child health, nutrition, home economics, and sanitation in its 82 pages.

Since 1968 the PPFK has put great expectations on its nation-wide network of "Family Planning Mothers' Club" which creates a voluntary family planning movement of the people, by the people, and for the people at grass-roots level. The vitality of each club seems to be dependent upon the calibre of leadership the members have chosen. The PPFK's assessment was that about one third of the 17,000 clubs were very active, another one third fairly active, and the rest inactive at the time they were all absorbed into the Saemaul movement organization from September 1977.

D) Saemaul Movement

One of the most successful innovative projects introduced by President Park in 1971 was the new village movement. The slogan is "diligence, self-help, and cooperation" in the spirit of love of one's own family, community, and country. Though the movement was designed at the top government level, every possible effort has been directed to make it a movement of the villagers, by the villagers, and for the improvement of villagers' quality of living. Therefore every decision on what and how to do it has been made from the planning stages by villagers through democratic procedures. Absorption of the Family Planning Mothers' Clubs into the movement as one of five sections of the Women's division, made in 1977, is an

important development in the integration of the family planning into overall socio-economic community development movement.

Though the average income of farmers is still a little bit less than that of urban wage earners, it has been improving rapidly (about \$ 3,500 per family in 1978). By 1978, 100 percent of rural villages had been electrified. According to survey data of the Korea Broadcasting Corporation, 71% of 7,256,000 Korean households had one or more television sets as of December 31, 1978. These channels will facilitate the communication activities greatly.

E) University Participation

Without the active participation and cooperation of professors, the training, trial and screening of new contraceptive devices, improvement of communication strategy, and the campaign for legal revision would not have been possible. For example, the series of abortion studies conducted by Professor Sung-Bong Hong of Korea University made a great contribution to the enactment of the Maternal and Child Health bill, which includes the liberalization of abortion, in 1973. Professor Joo-Soo Kim so explicitly participated in the campaign for the revision of family law in favor of women's status that he was labeled as an undesirable faculty member by the authority of his university, which happened to belong to the most conservative religious sector.

PROBLEMS

Perhaps there can be no program at all without some accompanying problems. Sometimes it is a necessary evil to keep up a driving force for challenge and improvement.

1. A delayed budget appropriation had been

a serious barrier, for many years, and this uncertainty prohibited the implementing agencies and the personnel taking determined action during the early part of a fiscal year. However this has not been a problem any more since 1973.

2. The target system which is closely linked with budget allocation for each operational unit and the assessment of their achievements, though there are numerous merits in it, has some drawbacks. When any unit or family planning field worker has achieved the target assignment, they are likely to suspend their activity during the remaining period of the year, and postpone meeting the service demand till the next fiscal year. We are afraid that the target system degrades workers morale and weakens their objectives. The real problem is that we do not find any alternative system.

3. The long standing effort to raise the status of 2,600 family planning workers from temporary employee to civil servant has never been successful. Even a veteran family planning worker has to report to her immediate boss, usually a junior lay clerical male worker. Consequently the morale of family planning workers is very low, leading to the high drop-out rate of trained and experienced professional workers.

This is one of the reasons why the conversion of unipurpose workers into multipurpose workers, which is the government's intention, is not feasible for the time-being.

4. Until 1976 national health care did not enjoy any high priority. Consequently the development of the national health care network, particularly the infrastructure, is far from adequate. More than 80 percent of medical care is provided by the private sector. This situation, in addition to the above

mentioned personnel problem, obstructs the full integration of family planning with other general health care services.

5. An increasingly high drop-out rate from the IUD and oral pill has been claimed to be a problem. If it is not due to the transfer from less effective method to a more effective method like sterilization, the only remedy I can recommend, is the reorientation of our family planning personnel toward quality oriented humane service from quantity(target) oriented rush service.

6. Stubborn boy preference could be challenged.

7. But the anticipated rapid increase in young couples during the decade of the 1980s is unavoidable.

PROSPECTIVES

The Republic of Korea has been fairly successful in achieving her demographic objectives by reducing the total fertility rate from 6.0 in 1960 to 2.7 in 1978 (Table 6), and by increasing the rate of family Planning practice from 9% in 1964 to 49% in 1978 (Table 5). However these are far from ideal or satisfactory. 2.7 as the current ideal family size is also still too high (Table 7). Meanwhile our population has increased by 50 percent during the last 18 years. And it will continue to increase for at least 60 years to come. One demographic reality, we know, is that the sooner we reach replacement level fertility, the sooner and the smaller stationary population with zero growth will have. Therefore we must do our best to reach replacement level fertility as soon as possible by having more than 65% of fertile couples practising family planning effectively and stopping at two children.

The Republic of Korea is so poor in her nat-

Table 5. Time trend of current users by methods

	1964	1965 ²⁾	1971	1973	1974	1976	1978 ³⁾
No. of Interviewees (15-44 currently married)		3,445	4,616	1,671	4,523	5,064	3,610
Practice Ratio	9%	16%	25% ¹⁾	36% ¹⁾	37%	44%	49.1%
IUD	n.a.	4	7	8	9	11	9.6
Sterilization	n.a.	1	3	4	6	8	16.6
Vasectomy	n.a.	1	2	n.a.	2	4	5.6
Tubectomy	n.a.	—	1	n.a.	4	4	11.0
Oral Pill	n.a.	1	7	8	10	8	6.6
Condom	n.a.	8	3	7	6	6	5.8
Other	n.a.	2	5 ¹⁾	9	6	11	10.5

1) Not consistent because of 6.5 difference in number of interviewees used as denominator

2) Estimated from ever users

3) KIFP, National Fertility And Family Family Planning Evaluation Survey, 1978

Table 6. Time Trend in age specific fertility rates from various sources: 1960-1978

	1960 Census	1966 SDS	1968 Survey	1970 Census	1971 Survey	1973 Survey	1974 WFS	1976 Survey	1978 Survey
15-19	37	15	7	13	6	10	11	10	6
20-24	283	205	146	168	188	146	159	147	133
25-29	330	380	301	278	341	301	276	275	239
30-34	257	242	201	189	234	220	164	142	117
35-39	196	150	120	101	124	88	74	49	29
40-44	80	58	65	39	41	19	29	18	13
45-49	14	7	7	7	3	3	3	1	0
TFR	6.0	5.4	4.2	3.9	4.4	3.9	3.6	3.2	2.7

Source: Korean Institute for Family Planning, National Fertility and Family Planning Evaluation Survey reported, and 1978 Fertility Survey.

Table 7. Trend of ideal number of children for currently married women aged 15-44 Years(%)

Ideal Number of Childern	1965	1967	1971	1973	1976	1978
1	0.3	0.4	—	1	4.2	1.1
2	4.1	3.7	6	20	39.8	42.8
3	33.4	33.3	42	52	36.6	42.8
4+	59.0	56.2	52	27	19.4	13.3
Unidentified	3.2	6.4	—	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	3,445	3,624	4,616	1,671	5,064	3,610
Mean	3.9	3.9	3.7	3.1	2.8	2.7

Source: Korean Institute for family Planning, 1978 Fertility Survey

ural resources and is suffering from the tension of the iron curtain between the South and North. However she is now accomplishing rapid economic and social development. So last year's per capita income exceeded \$1,000. We hope such a trend will continue. The government's plan is to extend compulsory education from 6 to 9 years by 1986. Realizing that socio-economic development and family planning are complementary to each other, our future seems not to be gloomy. Even though our next generation is destined to have a frugal life in a much over-crowded environment, I sincerely hope that they will need family planning services neither from the government nor from the association, because everybody will have gained sufficient knowledge through formal and public education, and

every couple can practise family planning effectively and with dignity.

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