韓國家族計劃事業의 評価·研究活動

-그成果와 問題點-

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研究部長 金 泰 龍

家 族 計 劃 研 究 院

OUTLINE OF EVALUATION-RESEARCH ACTIVITIES FOR KOREA'S NATIONAL FAMILY PLANNING PROGRAM: ACHIEVEMENTS AND PROBLEMS

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I. 緖　論

韓國家族計劃事業의 特徵은 ① 保健醫療網을 通한 政府行政體制의 活用 ② 1次 2次 및 3次 經濟開發 5箇年計劃에 組織的으로 編入된 事業目標를 達成하기 爲한 强力한 努力 ③ 政府當局과 民間機構 및 學界, 硏究機關間의 緊密한 協調等으로 集約될 수 있다.

韓國의 家族計劃事業에는 約 3,000名의 家族計劃要員과 子宮內避妊施術과 精管手術을 擔當하는 1,700名의 醫師들[1]이 參與하고 있으며 從前에 그 類例가 없는 擴張된 規模로 實施되는 啓蒙敎育이 事業을 뒷받침하고 있다.

急激히 增加되는 人口의 諸問題를 解決하기 爲한 主要方法으로서 家族計劃이 1961年에 國策으로 採擇된데 이어 事業의 組織은 1962年에 着手되었다. 그 後 年次的으로 實施된 地方行政機構의 再編成 및 現地業務活動의 强化를 爲한 集中的인 努力에 依하여 發展되었다.

本 小論은 國際的으로 脚光을 받고 있는 우리나라 家族計劃事業 評價硏究活動의 發展過程을 要約하고 評價硏究의 目的과 內容을 規制하여 評價調査結果가 지니는 意義를 考察하였으며 가까운 將來에 登場할 것으로 豫想되는 評價硏究課題를 紹介하였고 約8年에 걸친 評價硏究 活動에서 얻은 知見에 立脚한 우리나라 家族計劃事業 및 評價硏究事業이 지니고 있는 問題點을 瞥見하여 家族計劃事業과 더불어 우리나라에 導入된 最初의 體系的 評價硏究事業을 理解코저 하는 人士들의 參考에 供하고저 作成되었다(目次 參照).

또한 이러한 體系的인 評價硏究事業과 아울러 所謂 非體系的 또는 非評價的인 評價方法의 廣範圍한 領域이 存在하는 事實에 비추어, 그리고 「評價」라는 用語의 正確한 把握에 資하고저 이 兩箇評價方法을 比較·檢討하는 一章(最終章)을 設定하였다.

本 論文에서는 政府家族計劃事業이 組織한 評價硏究活動의 所産인 여러 知見中 代表的인 것만을 紹介하고(附錄參照), 全般的 調査硏究所見 및 이에 基礎를 둔 結論 및 建議內容의 考按은 이를 다음의 機會로 미루기로 한다.

1972年 5月

著　者

II. 評價事業의 歷史

家族計劃 또는 産兒制限에 對한 婦人들의 知識 및 態度를 究明하기 爲한 調査事業은 1964年 5月과 6月 두 달에 걸쳐 保健社會部와 大韓家族計劃協會 共同으로 강능시 아산군 옥구군에서 4,554家口를 對象으로 한 것을 그 嚆矢로 한다[2].

同 調査는 이와 別途로 1964年에 保健社會部, 大韓家族計劃協會 그리고 經濟企劃院 調査統計局이 共同으로 實施한 可姙年齡層의 旣婚婦人中에서 抽出한 全國的인 標本의 KAP 調査와 병행하여 實施되었다[3].

그 後 1965年 初에 保健社會部 保健局 산하에 家族計劃 評價班이 組織됨으로써 事業進捗과 實績을 評價하기 위한 體系的 努力이 始作되었다.

同 評價班은 顧問을 包含한 約 20名의 人員으로 構成되었고, 그 後 5年이 못되어 全國 家族計劃事業의 擴充에 따라 增加된 業務量을 處理하기 爲하여 評價班員은 約 30名(顧問包含)으로 增員되었다.

1965年에 家族計劃 評價班은 全國 65箇 市·郡에 居住하는 3,445名의 旣婚婦人에 對한 全國的인 規模의 家族計劃實態 標本調査를 實施하였다. 그 後 3回의 實態(KAP)調査[4] 및 3回의 IUD 추구조사[5] 등이 同班에 의하여 每年 實施되었다. 이外에 評價班은 家族計劃要員의 業務量 및 作業環境에 關한 2回의 研究事業[6,7] 및 먹는 避姙藥 使用效果 調査[8]와 全國 出産力調査[9] 등을 실시하였다.

事業統計의 處理 및 生産은 評價班의 重要 業務中의 하나이다. 事業統計는 保健所로부터 提出되는 月末報告에 의거하여 蒐集되고, 주로 事業進度 測定 및 地域別 問題點 發見을 위하여 分析되어왔다.

1970年 7月에는 特殊研究와 訓練을 위한 專門機關인 國立家族計劃研究所가 設立되었고, 家族計劃 評價班의 機能 및 人力은 同研究所의 分析評價部와 調査研究部에 吸收되었는데 構成人員은 37名이었다.

國立家族計劃研究所의 이들 2個部는 以前에 美人口協會에 의하여 發刊되었던 月報의 內容을 擴充發刊하고, 事業統計 業務, 國內外 技術情報의 蒐集, 各 계층의 要員 訓練, 정보교환을 위한 多樣한 세미나의 開催 等의 活動을 계속하였으며 研究所가 研究院으로 개편되기까지 約 1年동안 中·高等學校[10]와 軍人[11]의 教育에 人口 및 家族計劃에 關한 槪念導入의 필요성 및 가능성에 關한 두 研究를 支援하였다(附錄 E 參照).

國立家族計劃研究所는 1971年 7月에 家族計劃研究院으로 개편되었다. 研究院은 調査評價部와 企劃管理部의 兩部로 構成되었으며 調査評價部에는 評價課, 研究課, 資料處理課의 3個 課가 있으며 資料處理要員 및 研究補助員을 包含하여 研究와 評價에 從事하는 總人員은 32名이다.

研究院 發足 後 數箇月間 調査評價部는 「1971年度 全國 出産力 및 人工流産 調査」와 「保健組織網을 통한 人口動態申告 改善에 關한 研究」의 準備를 하였으며 各種 學術세미나를 開催하고 研究院 訓練事業을 支援하였다[12].

III. 評價研究의 目的

家族計劃研究院의 評價研究事業의 目的은 실질적으로 다음과 같이 要約된다.

1. 事業統計의 生産—이는 주로 現地 關係機關으로 부터 月末報告의 形式으로 定期的으로 蒐集되며, 時時로 事業計劃 및 實施方式을 調整하는 基礎로 삼는다.

2. 事業效果의 評價—이는 出産力 調査, K. A. P. 調査, 避姙方法別 追究調査 및 其他의 諸 調査를 通하여 諸般事業의 趨勢와 効果를 評價하는 것이다.

3. 長期事業計劃 立案者에 대한 支援—이는 評價活動의 諸 結果에 기초를 둔다.

이러한 長期計劃은 持續的이고 急激한 人口增加에 隨伴하는 諸問題에 對한 人口學的인 解決方案을 얻고자 하는 모든 나라에도 매우 重要한 課題가 된다.

IV. 事業內容

많은 研究活動이 家族計劃 評價研究의 이름으로 遂行될 수 있으나, 家族計劃研究院의 評價活動 機能은 大略 다음과 같은 主要 範疇로 分類될 수 있다.

1. 事業統計의 資料蒐集 및 處理(주로 월말보고와 쿠폰에 의함)

이는 IUD, 먹는 避姙藥, 콘돔, 男性 不姙手術의 月別 受容 등에 關한 資料 및 採擇者의 社會的·經濟的·人口學的 배경과 行政組織의 계층별 家族計劃要員의 實態에 關한 資料를 취급한다. 事業運營에 關한 예산 및 비용, 기재공급 등의 資料와 그밖의 情報는 事業의 進度測定 및 效果分析의 基礎가 된다.

2. 諸調査 및 特殊研究의 計劃 및 實施

K. A. P. 調査 및 IUD 追究調査와 같은 研究는 政府 家族計劃事業 遂行에 많은 도움을 주어왔으며 要員 業務 實態調査 및 먹는 避姙藥 追究調査는 앞으로 各種研究를 設計, 遂行하는데 必要한 經驗과 資料를 提供하였다. IUD 및 男性 不姙手術의 쿠폰 分析 또한 사업遂行에 不可缺한 情報를 提供하여왔다.

3. 政府의 장기계획 樹立에 必要한 國內外 研究資料의 蒐集 및 檢討

4. 家族計劃研究院이 전개해야 할 또 다른 重要한 家族計劃 評價活動이 있다. 만족한 人口動態統計가 없는 경우 家族計劃事業이 人口增加率 감소의 目的을 달성하고 있는지의 與否를 確認하기 爲한 全國的인 規模의 出産力趨勢의 측정은 事業"外部"에서 事業効果를 評定하는 規準을 供與하며, 事業"內部"의 資料를 分析하는 事業統計分析, 各種 追究調査成績의 分析과 아울러 事業을 안 팎으로 評價하는 重要한 手段을 形成한다.

V. 評價調査結果의 意義

4回에 걸친 K. A. P. 調査가 1964年 以後 매년 봄 3, 4月에 실시되었다[3,4]. 이 調査를 通하여 事業開始 以來 都市와 農村에 居住하고 있는 婦人들의 家族計劃에 對한 知識·態度·實踐의 변화를 評價할 수 있게 되었는바 그 變化는 豫想한 常識의 범위를 넘는 顯著한 것이었다.

同 調査는 社會學的·人口學的 變數 卽 年齡, 敎育, 職業, 宗敎, 出産, 結婚年齡 및 結婚期間 等에 따른 우리나라 出産年齡에 있는 婦人 및 男便의 知識, 態度 및 實踐을 觀察하는데 興味있는 趨勢와 樣相을 보여 주었으며, 調査結果는 事業計劃 調整에 直接的인 價値가 있음을 證明하였다.

이 外에 K. A. P. 調査는 母子保健의 現況에 관련된 중요한 問題點을 提示하였다. 人工姙娠中絕의 實施, 可姙性 및 不姙의 水準, 自然流産 및 人工姙娠中絕을 包含하는 姙娠樣相, 死産 및 嬰幼兒 死亡의 都市 및 農村사이의 差異 等은 이 硏究에서 얻은 많은 資料의 極히 一部에 지나지 않는다. 이러한 所見은 이 分野의 先驅者의 豫見, 唱道함에 따라[13] 家族計劃이 母子保健事業의 一環으로서의 正位置를 차지할 境遇 그 意義는 加重될 것이다.

한편 3回에 걸친 全國的인 IUD 追究調査를 실시함으로써 年齡과 出産 經驗의 差異에 따른 여러 IUD 中斷率을 計算할 수 있었고, IUD 受容者를 社會學的·醫學的·人口學的인 面에서 評價했으며, IUD 使用에 隨伴하는 副作用의 程度도 究明할 수 있게 되었다. 30개월 이상의 使用者를 對象으로 蒐集된 資料의 分析으로 出産阻止를 爲한 가장 經濟的인 方法으로 알려진 IUD의 效率性 및 受容性을 입증하게 되었다(附錄 C參照).

192個 保健所로부터 蒐集된 月末報告[14]에 立脚하여 가족계획에 關한 그들의 實績이 分析되었으며, IUD와 男性 不姙術, 「쿠폰」에서 얻은 所見은 事業企劃者에게 매우 有用한 情報를 提供하였다.

VI. 最近의 研究

前述한데 附加하여, 事業의 方向轉換을 模索하기 爲한 새로운 評價·研究活動이 전개되였다. 그 하나는 韓國婦人들에 있어서 먹는 避姙藥의 受容과 그 效果를 測定하기 爲한 것인데, 먹는 避姙藥은 처음에 主로 IUD 脫落者를 補完하기 爲한 避姙方法으로서 1968年에 政府事業으로 導入하게 되였다. 또 다른 研究는 韓國婦人들의 出產力 測定을 爲해서 1968年 9月과 10月에 實施된 全國的인 出產力 調査인데 이는 KAP와 IUD 追究調査를 包含한 複合調査이였다(부록 "D" 參照).

韓國婦人들의 出產力 低下는 여러 調査에[15] 依한 情報로서 이미 알려진 事實이다. 그러나 이를 더 綿密히 測定하려 할 때 여러 技術的인 難關이 가로막고 있는 것이 事實이다[16]. 이러한 難點을 克服하기 爲하여 方法論的인 改善에 努力을 集中하여 왔다[9].

評價事業에 있어서 最近의 試圖 中의 하나는 家族計劃事業에 關與하는 各級 行政 組織의 實態를 把握하는 것이였다. 이것은 곧 組織管理研究의 一端이라고도 볼 수 있다. 本 研究를 通하여 現地要員의 士氣, 監督의 適合性, 協助와 調整, 報告體系의 效率性 測定 및 地方水準의 事業計劃을 評價하려 하였으며, 同 研究의 範圍는 人事管理의 領域 및 要員들의 業務量의 適合性 把握에 까지도 미치고 있다. 事實 비슷한 試圖가 1965, 1968年에 있었으며 그 結果가 2回에 걸쳐 發表된바 있다.

本 研究의 結果는 1969年 12月에 "全國 家族計劃要員 業務實態 및 作業環境에 關한 研究報告"라는 題目으로 發表되었다. 또 이와 비슷한 調査가 1971年에 實施되었으며, 最近 그 結果가 發表되였다. 1971年度 出產力 및 人工 姙娠中絕 調査는 細密한 企劃, 愼重한 標本設計와 事前調査, 調査區域境界 確認, 調査에 臨하기 前 要員들의 철저한 訓練 및 事後調査를 包含한 모든 節次에 適用된 强力한 指導·監督 等으로 特徵 지울 수 있는 研究設計의 結果, 매우 良好하고 廣範圍한 資料를 蒐集할 수 있었다고 본다. 同 調査의 目的은 家族計劃과 急激히 增加하기 시작한 人工姙娠中絕과의 相關關係를 研究하기 爲함이다. 資料는 現在 體系的으로 分析되고 있는 中이며 出生, 死亡, 再生產, 各種 避姙方法의 使用效果 및 人工避姙中絕의 經驗과 實施傾向에 關한 最新의 그리고 信賴할 수 있는 資料가 나올 것으로 期待된다.

研究院에서 遂行되고 있는 또 하나의 研究는 「保健組織網을 通한 人口動態 申告의 改善에 關한 研究」이다.

同 事業은 韓國의 人口動態 申告水準을 向上시키기 爲하여 25箇 標本 示範地域에 特殊 保健統計 助成要員을 投入하도록 設計되었고 最初의 事業範圍는 約 3萬家口의 人口 20萬을 包容토록 되어 있다. 同 事業의 效果는 分期別 分析을 통해 要員이 投入되지 않은 對照地域과의 比較 및 經濟企劃院 調査統計局의 特殊人口調

査(SDS) 或은 分期別 人口調査(CDS)結果 또는 家族計劃研究院에 依해서 實施되는 他調査成績과 比較함으로써 測定될 것이다. 만일 同 研究의 結果가 肯定的인 것으로 判明될 때에는 同 事業을 段階的으로 全國的인 範圍로 擴大해 갈 計劃이다. 同人口動態申告 助成研究의 目的은 一次的으로는 長期的인 申告向上, 二次的으로는 一定時點까지 同 事業을 全國的으로 擴大시키는데 있다. 同 試驗研究는 1971年 8月에 시작되어 20箇月間 推進될 것이다.

VII. 將來의 評價研究

우리나라의 家族計劃 評價活動에 있어 위에 言及한 거의 모든 課題에 대한 研究를 앞으로도 繼續할 것은 勿論 다음에 열거된바와 같은 研究課題에도 努力이 경주될 것이다.

1. 電子計算機의 活用을 前提로 한 家族計劃事業의 經營學的인 研究
2. 大都市地域, 貧民地域, 新興 都市地域 및 産業雇用人들에게 適用可能한 接近方法
3. 低年齡層의 敎育을 通한 結婚 初期 夫婦들의 早期 避姙方法 採擇을 爲한 助成方案
4. 病院事業을 通한 避姙方法 採擇의 增加를 爲한 研究
5. 道, 市, 郡 水準에 있어서의 事業效果 및 實績의 評價方案

家族計劃事業에 直接的인 關係가 있는 것으로 간주되는 이러한 評價 및 研究事業의 課題들이 優先的으로 다루어져야 한다는 데 異議가 있을리 없지만 學問的인 興味를 中心으로 한 研究도 全的으로 無視되어서는 안된다고 본다[17,18]. 後者에 屬하는 研究院 役割은 大體로 學術機關이 앞으로 이 分野에서 取할 役割에 期待하게 되는게 아닌가 한다.

家族計劃研究院의 評價研究活動의 重要한 部分으로서 앞으로도 研究課題開發을 爲한 努力이 繼續되어야 하나 現在까지 構想된 課題의 代表的인 것을 列擧하면 아래와 같다.

1. 市·道別 및 地域別 可姙年齡人口 確定에 關한 比較研究
2. 避姙 自費負擔增大 可能性에 關한 研究
   —3次5五個年 計劃과 關聯하여—
3. 避姙方法 使用效果에 關한 人口學的研究
   —먹는 避姙藥 普及沮害要因을 中心으로—

4. 地域社會 接近方法 開發을 通한 避姙採擇 促進方案 硏究
   —어머니회 運營合理化에 關聯하여—
5. 子宮內裝置 採擇者의 人口學的 特性에 關한 硏究
6. 人口成長이 經濟開發에 미치는 影響
7. 人工姙娠中絕과 家族計劃의 社會·人口學的인 關聯性에 關한 調査
8. 家族計劃 管理組織에 對한 經營學的인 示範硏究
   —要員 및 施術醫師의 能率 및 資質向上策을 포함하여—
9. 家族計劃이 母子保健에 미치는 影響에 關한 硏究
10. 家族計劃事業의 投資效率에 關한 調査硏究
11. 家族計劃 抵抗要因에 關한 硏究
12. 家族計劃 弘報, 敎育方法 開發에 關한 調査硏究
    —大韓家族計劃協會 弘報事業評價를 中心으로—
13. 都市周邊 영세민을 對象으로 하는 家族計劃 普及에 關한 硏究
14. 産業場(男 女)을 通한 家族計劃事業 浸透方法에 關한 示範硏究

VIII. 評價硏究 結果에 立脚한 韓國 家族計劃事業의 諸問題

評價硏究 活動의 궁극적인 目的의 하나는 事業推進上의 問題點을 發見하고 이에 對한 解決方案을 提示하는 것이다.

1970年 여름에 評價硏究者, 行政家 및 學者들이 韓國 家族計劃事業이 當面한 問題의 實質的인 解決方案을 討議하고 政府當局에 建議하기 爲하여 회합을 가진바 있다. 本 作業에서 强調된 點은 問題點의 學術的인 根據를 評價硏究事業 報告書의 結果 및 所見에 두어 可能한 限 具體的으로 細分하여 獨立分離된 形態로서 問題點이 指摘되도록 한 것이다.

이 作業의 結果는 1971年 8月에 "韓國 家族計劃事業의 問題點 및 解決方案"이라는 題目下에 發刊되였는 바, 總 12個의 相異한 技術的 行政的인 分野에서 總 126箇의 個別的인 問題點이 收錄되었고 이를 解決하기 爲하여 總 263箇의 具體的인 方案이 提示되었으나, 體系的인 分類에 따르면 많은 方案들이 2가지 或은 그 以上의 問題點을 解決할 수 있으므로 161個의 相異한 解決方案으로 集約되었다. 이 問題點들을 크게 分類하면 아래와 같다.

1. 都市 및 準都市地域에 있어서 家族計劃事業 强化의 必要性에 關聯된 諸問題
2. 旣婚夫婦의 避姙 早期採擇을 위한 效果的인 事業發展의 緊急性에 關聯된 諸

問題

3. 各種 避姙方法의 繼續使用率 向上의 可能性에 關聯된 諸問題
4. 人口學的인 見地에서 目標人口 把握의 緊要性에 關聯된 諸問題
5. 旣往의 規模와 組織을 脫皮한 事業확장의 可能性에 關聯된 諸問題
6. 家族計劃事業 執行의 現構造 內部에 있어서 行政 및 運營能率의 신속한 改善의 必要에 關聯된 諸問題

調査研究所見에 立脚한 問題發見및 解決方案導出의 例[19]

例 1.

〔問題點〕

「루우프」의 使用中斷率은 農村보다 都市가 높다.

〔根據 및 事由〕

「루우프」使用 總中斷率은 3個月末에 農村 13.9%에 比해서 都市가 20.8%로 높고 6個月末에 農村 23.2%에 比해서 都市가 30.0%로 높고, 12個月末에 農村 37.6%에 比해서 都市가 41.4%로 높고, 18個月末에 農村 48.0%에 比해서 都市가 50.9%로 높다.

따라서 全般的인 中斷率 低下問題와 아울러 特히 都市에서 「루우프」 使用中斷率을 低下시키기 爲한 事業計劃의 樹立이 必要하다. (全國 子宮內 避姙報告 第60面參照)

〔解決方案〕

農村의 中斷率보다 都市地域 居住婦人의 「루우프」 繼續使用率을 높이기 爲한 構體方案으로 다음 事項을 들 수 있다.

1. 都市婦人은 敎育程度가 比較的 높으며 各種 避姙方法에 對한 感受性이 예민함에 비추어 特히 「루우프」의 避姙效果와 副作用에 對한 挿入前 啓蒙을 强化해야한다.
2. 挿入對象 婦人의 事前 診察節次가 소홀하지 않은가 檢討할 必要가 있다.
3. 挿入 婦人의 要求에 따른 拔去率을 낮추기 爲한 努力을 施術醫師가 어느 程度하고 있는가를 再檢討해야 한다. (醫學的인 理由에 依한 拔去率이 가장 높다)
4. 所謂 "個人的인" 理由때문에 挿入되어 있는 「루우프」를 拔去할 境遇 그 理由의 妥當性이 신중히 檢討되고 있는가에 對해서 施術醫의 實態를 調査할 必要가 있다.
5. 施術醫의 活動을 放任할 것이 아니라 이들의 業務遂行을 監督할 수 있는 組織과 制度를 만들어야 한다. 保健所長에게 이러한 權限이 附與되어 있는가, 附與되어 있는 權限을 充分히 發揮하고 있는가를 再檢討해야 한다.
6. 施術醫師의 業務進行에 關한 實態調査를 實施해야 한다.
7. 挿入 目標量을 再調整한다.

例 2.

〔問題點〕

먹는 避姙藥의 繼續使用率이 낮다.

〔根據 및 事由〕

第1周期부터 第3周期까지의 延中斷率은 19.0%인데 中斷理由로는 姙娠 및 醫學的 理由로 因한 中斷率이 13.1%, 個人的 理由에 依한 中斷率이 3.7%, 子女를 더 願하는 境遇가 0.1%, 避姙이 不必要하다고 認定하여 中斷하는 境遇가 0.8%이다. 醫學的 理由에 對한 個人的 理由의 比는 354 : 100이고 醫學的 理由中 먹는 避姙藥에 有關한 醫學的 理由에 對한 無關한 醫學的 理由의 發生頻度의 比는 884 : 100에 達한다.

第4周期부터 第12周期까지의 延中斷率은 9.8%로 第1周期부터 第3周期의 平均 中斷率 19.0%에 比해서 顯著히 낮으나 相當히 높은 數値를 나타내고 있으며 中斷理由別로는 醫學的 理由로 因한 中斷率이 4.8%, 個人的 理由가 3.8%, 子女를 더 願하기 때문에 中斷하는 境遇가 0.2%, 避姙의 必要를 느끼지 않기 때문에 中斷하는 境遇가 0.2%이며, 醫學的 理由와 個人的 理由와의 比는 126 : 100程度이며 먹는 避姙藥에 有關한 醫學的 理由에 對한 無關한 醫學的 理由의 比는 269 : 100程度이다.

以上은「都市婦人에 있어서 먹는 避姙藥 普及에 關한 硏究」第29面 第28表에 依據한 所見이며 京畿道 高陽郡에서 實施된 먹는 避姙藥 普及事業에서도 類似한 傾向이 엿보였다.

〔解決方案〕

먹는 避姙藥의 繼續使用率을 높이는 方案으로

1. 副作用의 程度 및 頻度, 또한 危險性에 關한 知識을 周知시키는데 힘을 쓴다.
2. 追究事業을 組織하고 監督을 철저히 한다.
3. 어머니회가 먹는 避姙藥 繼續使用率을 높이는데 貢獻할 수 있도록 그 運營을 監督·强化한다.
4. 一般 開業醫의 먹는 避姙藥에 對한 醫療上의 方針을 確固하게 하기 爲하여 訓練을 하든가, 印刷物을 配布한다.

IX. 評價研究의 當面한 諸問題

다음 事項은 家族計劃研究院의 研究·評價活動이 당면한 重要한 諸問題가 될것으로 思慮된다.

1. 評價研究 活動에 依하여 蓄積된 資料는 大部分 "全國的인" 規模에서 分析되었으며 道·市·郡·邑·面別로는 다루어지지 않았음으로, 技術的으로 可能한 限 地域別 分析活動이 强化되어야 한다.
2. 地方 行政單位에서 實施되는 非體系的 評價機能을 强化하기 爲하여 그具體的인 方法이 案出되어야한다.(次章 參照)
3. 研究院內에서의 他部署와의 關係에 있어서 研究職員의 作業能率增進을 爲한 試圖가 必要하면 全般的인 再組織을 通하여 이루어져야 한다.
4. 韓國資料의 國際化를 圓滑히 할 必要性에 비추어 充分한 語學訓練을 받은 研究職員數의 制限과 關聯된 諸問題를 看過할 수 없다.
5. 所謂 Rapid Feedback 라고 불리우는 迅速한 資料의 生產과 家族計劃事業에의 反映에 關聯된 問題——資料의 處理와 分析 및 提示過程을 短縮시킬 必要性이 있음을 認定하는 反面, 提示된 評價 및 研究結果를 迅速하게 吸收, 消化하여 事業實施面에 反映시키기 爲한 措處의 重要性도 看過할 수는 없는 問題라고 본다. 同時에 評價·研究結果의 急速한 消化 및 解釋을 가로막고 있는 障碍要素로서 다음의 事項이 列擧될 수 있다고 본다.
   a. 政策樹立者와 事業運營者들의 人力 및 時間의 制限
   b. 特殊問題의 解決을 爲한 豫算의 不足
   c. 事業計劃 作成方法에 存在하는 不合理性
   d. 各級 管理職에 있는 行政家들에 依한 "監督"이란 말의 빈번한 誤認(다음 章 非體系的 方法 參照)
   e. 人事管理에 흔히 있는 諸問題點

그러므로 成功的인 Feedback 은 評價研究家와 行政家의 共同의 努力을 通해서만 成就될 수 있을 것으로 믿어진다.

신속한 Feedback 을 促進 시키기 爲하여 家族計劃研究院에서는 이미 다음의 措置를 採擇한바 있다.

a. 事業運營者와 政策立案者들과의 定期的 및 非定期的인 쎄미나와 協議會
b. 各種 評價研究 結果의 刊行物(論文, 報告書 等) 末尾에 實踐的인 建議事項을 添付하는 일

X. 非體系的 評價方法

Webster의 New Collegiate Dictionary에 依하면 佛語 evaluer에 起源을 둔 evaluate란 單語는 "價値나 量을 確認한다 또는 鑑定한다" 그리고 特히 數學에 있어서는 "數的으로 表示한다"고 풀이되어 있다. 事實 이 用語는 여러 가지 相異한 內容을 表現하기 爲하여 쓰이는것 같다. 例를 들자면 사람들은 "評價세미나" "評價會議"란 말을 흔히 쓰지만 이러한 會合들은 事實은 事業運營에 關해서나 或은 行政的인 計劃의 遂行過程에서 提起되는 實際的인 問題를 解決하기 爲한 意見을 交換하기 爲하여서만 計劃되는 경우가 많다. 어떤 評價세미나는 事業이나 避妊方法의 效果를 體系的으로 分析하려는 努力이라기 보다는 오히려 家族計劃要員들에게 提供된 訓練課程으로서의 機能밖에는 갖지 못하는 수가 많다. 이러고보면 한편으로는 非體系的, 非評價的인 評價의 넓은 領域이 存在하는 同時에 다른 한편에서는 體系的인 評價活動이 進行되고 있다는 事實을 깨닫게 된다. 이러한 두가지 評價方法을 比較하면 아래와 같다.

A. 體系的 評價
- a. 硏究所나 大學과 같은 組織된 硏究陣에 依해서 항상 實施된다.
- b. 科學的이어야 한다.
- c. 客觀的이어야 한다.
- d. 大部分의 경우 統計的 乃至 數字的이다.
- e. 觀察內容은 보통 量的이거나 數量化(Quantified) 되어야 한다.
- f. 評價를 完成시키기 爲하여는 相當한 時間을 必要로 하는것이 보통이다.
- g. 보통 豫算化된 資金을 必要로 한다.
- h. 事業이나 或은 集團의 價値나 能率을 測定하기에 適當하다.

B. 非評價的 或은 非體系的 評價
- a. 非硏究機關, 行政的인 組織 或은 事業運營에 從事하는 各級 職位에 있는 個人들에 依해서도 實施될 수 있다.
- b. 반드시 科學的일 必要는 없다.
- c. 역시 客觀的이어야 한다. 그러나 한 사람 或은 두 사람 혹은 세 사람이 單獨으로 이런 方法의 評價에 參與할 수 있으므로 흔히 그 評價結果가 主觀的이라고 看做될 危險性이 있다.
- d. 반드시 統計的일 必要는 없으나 관찰의 結果는 分類될 수 있어야 한다.
- e. 관찰은 量的이 아니라 質的일 수도 있다.
- f. 各個의 評價觀察은 比較的적은 時間을 要할 것이다. 이러한 活動은 日課의 한 部分일 수도 있다.
- g. 必要한 旅費 以外에 더많은 資金은 必要없을런지도 모른다. 왜냐하면 이런 型의 評價的 관찰은 大部分의 行政家나 監督者, 그리고 그 程度는 덜하지만 現地

要員들의 日常業務의 一部分으로서 不可缺한 重要性을 띠고 있기 때문이다.

h. 個人別 能率을 測定하고 個別的인 事件 또는 個個의 行爲의 價値를 測定하는데 效果的인 方法이다.

體系的 評價나 非體系的 評價는 모두 長短點이 있음으로 兩者가 相互 補充하여 評價的 節次를 더욱 完璧한것으로 만들어야 한다.

그러면 現實的인 面에서 非評價的 或은 非體系的評價란 이름아래 어떤 일이 이룩될 수 있는가를 考察하여 보자 :

1. 어떤 地方이나 行政地域을 爲한 事業計劃의 合理性은 흔히 地理的 條件, 距離, 人口, 季節的 要因 等의 論理的인 評價에 立脚하여 판정될 수 있다.
2. 「監督」은 어떤 종류의 評價이든 評價없이는 成功될 수 없다. 監督者는 그의 監督下에 있는 個人에 對해서 時間의 엄수, 정직성, 근면성 여부 等을 評價할 수 있다.
3. 報告書나 論文의 作成에 있어 어느 程度 體系的인가 또 論理的인가하는 點은 作成者의 能力을 評價하는데 重要한 基準이된다.
4. 認知된 問題를 解決하려고 努力하는 사람을 이러한 努力이 없는 사람과 比較하여 評價하기란 매우 容易하다. 自己가 맡은 일에 興味를 가지고 있고 부지런하고 事業을 體系的으로 運營하고 能率的이고 適切한 監督活動을 할 수 있는 保健所長은 그렇지못한 保健所長과는 다르게 評價되어야 한다. 이와 비슷한 評價基準은 家族計劃要員에게도 適用될 수 있다.

感謝의 말씀

이 機會에 評價硏究事業을 積極 指導, 支援하여 주시고 또 本稿作成을 鞭撻하여주신 車潤根 家族計劃硏究院長님, 原稿의 整理 및 印刷 校正에 많은 時間을 傾注하신 本院 金應翊, 朴承厚, 李外秀諸氏, 英文 原稿作成에 助言하여주신 美人口協會의 Dr. Walter B. Watson 및 平和奉仕團員 Victor L. Owen 兩氏에게 深甚한 謝意를 表하고져 한다.

Outline of Evaluation-Research Activities for Korea's National Family Planning Program: Achievements and Problems

by

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I. Introduction

The family planning program in Korea is characterized by the direct involvement of governmental administrative organs at all levels of the health and medical care network, by strong effort to achieve the program targets woven systematically into the first, second, and third five-year econmic development plans, and by the intensity of cooperation between the government, private agencies, and academic institutions.

The program employs some 3,000 field workers, utilizes about 1,700 physicians[1)] directly involved in such services as IUD insertion and vasectomy operations and involves education-information services directed to the general public on extensive scale——a scale said never to have been paralleled by any service in our country before.

Korea's family planning program was organized in 1962 following policy adoption in 1961 by the Government to employ family planning as the chief means of coping with the problems of rapidly growing population. This was followed by major efforts to realign local administrative functions and to strengthen field work in the succeeding years.

II. History of Evaluation Work

The initial undertaking to investigate the knowledge and attitude of women with regard to family planning or family limitation is represented by the survey in Kangnung City (Kangwon Do), Ahsan Gun (Chungchong Namdo), and Okku Gun (Cholla pukdo), jointly conducted by the Ministry of Health and Social Affairs and the Planned Parenthood Federation of Korea, covering 4,554 households in May

and June of 1964.[2] Chronologically, this survey was conducted in parallel with another KAP survey of a national sample of married women of reproductive age as a joint undertaking by the Ministry of Health, the Planned Parenthood Federation of Korea, and the Bureau of Statistics of the Economic Planning Board in April, 1964[4].

A little later, during the early months of 1965, a systematic effort to assess the progress of the program and to evaluate its achievement was launched by organizing the Family Planning Evaluation Unit attached to the Bureau of Public Health, Ministry of Health and Social Affairs. The Unit consisted of about 20 members including part-time consultants. In less than 5 years the membership of the Unit including consultants grew to approximately 30 persons in order to cope with the increasing workload as the national family palnning program grew.

In 1965 the Family Planning Evaluation Unit organized its first nation-wide KAP sample survey of 3,445 married women of reproductive age residing in 65 cities and counties throughout the nation. Since then the Unit has conducted three KAP surveys[4] at annual intervals, three IUD follow-up surveys also carried out annually[5], two studies to assess the workload and working environment of field workers,[6] [7] one survey on the use-effectiveness of oral pill,[8] and a nation-wide fertility survey. Processing and production of service statistics constituted an important job of the unit. The service statistics, collected through the monthly reports submitted from the health centers, are analyzed primarily to measure the progress of the program and to locate problems.

In July 1970 with establishment of the National Family Planning Center, as a specialized research and training institute, the manpower as well as functions of the Family Planning Evaluation Unit were absorbed into the Center, mainly within the Analysis and Evaluation Department and the Survey and Research Department, which together comprised 37 staff members.

These departments of the National Family Planning Center continued to work on service statistics, absorbing the responsibility for publication of and expanding on the contents of monthly reports previously issued by the Population Council, for collecting technical information from abroad and from domestic sources, and for organizing seminars of various kinds for exchange of information and training of workers of various levels. During the one year period of its existence before its reorganization, it sponsored two studies on the requirements and feasibility of introducing population-family planning education into both the middle and high schools[10] and the armed forces[11] (see Appendix E).

The National Family Planning Center was reorganized as the Korean Institute

for Family Planning in July, 1971. It has two divisions, Research and Evaluation, and Planning and Management. The former embraces three sections, Evaluation, Research, and Data Processing. Total manpower devoted to research and evaluation activities including coders and secretarial staff is 32.

During the initial months since the establishment of the Institute, the Reseach and Evaluation Division has devoted itself primarily to conducting a major national field survey, the "1971 National Fertility and Abortion Study" and to implementation of the study plans for the "System of Special Health Statistics Promoters to Improve Vital Registration in Korea." It has organized seminars of various kinds[12] and is providing assistance to the Institute's trainining program.

III. Objectives of Evaluation Research

For practical purposes, the objectives of the evaluation research programs under the Korean Institute for Family Planning may be described in the following way:

1. Producing service statistics, mainly from the "monthly report" type of regular information collected from health centers in the field to facilitate Program planning and occasional adjustments of the program.
2. Assessing program effects in terms of the various trends, possibly through fertility surveys, knowledge, attitude, and practice surveys, contraception follow-up surveys, and various other studies.
3. Assisting the program planners in their long range plans by summarizing the findings of the evaluation activities. Such 'long term plans will eventually become subjects of vital importance for any country wishing to arrive at comprehensive measures for a demographic solution to the problems of rapid and continuing population growth.

IV. Work Content

Multitudes of activities can be carried out in the name of family planning evaluation research, but for immediate practical purposes the functions of evaluation activities of the Korean Institute for Family Planning may be broken down into the following major categories:

1. Collecting and processing service statistics (usually from monthly reports and acceptance coupons)

   This includes data on the monthly acceptance of loops, pills, condoms, and vasectomies; social, economic, and demographic background of acceptors; and status of family planning workers at various administrative levels.

   Budget and expense data, supply data, and more information on program

operation will constitute important elements in our future analyses.

2. Planning and conducting various surveys and special studies
   Such studies as KAP surveys and IUD follow-up surveys have proved to be of considerable value for conducting the national family planning program. Workload surveys and oral pill follow-up surveys may prove their value as the preliminary experiences for studies to be carried out in the future. Analyses of IUD coupons and vasectomy coupons also may provide the program with needed information.
3. Collecting and reviewing research data from both domestic and foreign sources which can assist in the formation of the Government's long term plans.
4. There is another impotant role that the evaluation activities of the Korean Institute for Family Planning should play. In the absense of satisfactory vital statistics, the Institute has more or less been forced to assume or at least to share in measuring national fertility trends in order to see if the family planning program is achieving its objective of reducing the growth rate and to evaluate the program with data "external," primarily because data obtained through analysis of service statistics and follow-up studies are very useful but are only "internal" data.

V. Findings

Four KAP surveys have been conducted, one each spring since 1964[3,4]. Through these KAP surveys we have been able to assess changes in the knowledge, attitude, and practice of women residing both in urban and rural areas since the program started. Changes have been greater than common sense expectations would suggest. It has been interesting to observe the effects of such social and demographic variables as age, education, occupation, religion, parity, age at and duration of marriage upon practice rates, views, and knowledge held by both wives and husbands in regard to family planning and upon their intention to practice contraception. These findings have been of value to the adjustment of program plans (See Appendix A and B).

In addition, the KAP studies have set forth important findings related to the current status of maternal and child health. Urban-rural differences in the practice of induced abortion, fecundity and sterility levels, and pregnancy patterns involving spontaneous and induced abortions, stillbirths, and deaths in infancy and early childhood are only a few examples. These findings will assume added importance if and when family planning becomes an integral part of maternal and child health services as predicated and advocated by some experts in the field,[13]

We have conducted three nation-wide intra-uterine contraception follow-up surveys. With the time and experience accumulated, we have been able to calculate various IUD termination rates by age and parity, to assess basic social, medical, and demographic characteristics of IUD acceptors, and to disclose the nature of side-effects ascribable to use of contraceptive loops. An analysis of data covering over 30 months of use was undertaken, and the efficacy and acceptability of this most economical means of fertility control have been demonstrated (See Appendix C).

Analysis of data which were obtained from the monthly reports[14] submitted by the 192 health centers regarding their achievement in family planning and from the data set forth by the IUD and vasectomy coupons has led to the amassing of much useful information for the program planners.

VI. Recent Studies

In addition to the above we have launched new evaluation-research activities in order to meet the changing needs of the program. One is the attempt to measure efficacy and acceptability of oral pills among Korean women. This need derives from the introduction of oral pills into the government in program 1968, at first primarily for use by IUD drop-outs.

Another is represented by our efforts to measure fertility rates. In September and October of 1968 a fertility survey was conducted throughout the country to enumerate births, deaths, and pregnancy wastage. The survey was so designed that it combined KAP and IUD follow-up surveys. To the best of our knowledge it was the first major survey in the world to attempt such an undertaking (See Appendix D).

Fertility decline among the Korean women has already been indicated by information from various sources.[15] But our concern here is measuring fertility more precisely and we foresee a number of technical difficulties in doing so.[16] With methodological renovations months of effort have been concentrated on overcoming such difficulties.

One of our recent attempts for evaluation was to assess the actual situation in all administrative organizations involved in the family planning program. In part it is an organizational study. Through this study, we attempted to measure morale, adequacy of supervision, cooperation and coordination, efficiency of the reporting system, and to evaluate program planning at the local level. Our inquires went further into the area of personnel management and adequacy of workload for our workers. In fact, a similar attempt was made in 1965, and the 1968 study represents our second effort. The results were published in December 1969 in a

report entitled, "Summary Report; A Study on Administrative Status and Working Conditions of Personnel at Various Levels of the National Family Planning Program." Another related survey was conducted in 1971, and a report has recently been published.

The 1971 Fertility and Abortion Study was designed to obtain high quality and extensive data through detailed planning, careful sample design, pretesting, checking of enumeration district boundaries, intensive training of field workers prior to field work, strong supervision, and conducting a post-enumeration check. The objectives of the survey were to study the interrelationships between family planning and abortion in a setting in which abortion has risen rapidly and is both common and quite openly admitted and talked about by the people and in which the family planning program has been pursued with some vigor for the last 10 years. Thus, both contraception and abortion already were not taboo among the great majority of couples of reproductive age. Through careful handling of the collected field data and systematic efforts already under way to analyses the data, it is hoped that this survey will produce the most up-to-date and reliable information yet on the patterns of birth, death, reproduction, use-effectiveness of various contraceptive methods, and trends in the practice-experience of induced abortion.

Still another study being carried out by the Institute is the experiment on a "System of Special Health Statistics Promoters to Improve Vital Registration in Korea." Special health statistics promoters are established in a sample of 25 local demonstration areas in order to attempt to improve the level of vital registration. The initial coverage is about 30, 000 households and a population of 200, 000. The effectiveness of the system will be measured by time trend analysis, comparison with control areas without the promoter input, matching studies coordinated with Special Demographic or Continuing Demographic Surveys of the Bureau of Statistics or with other surveys being conducted by the Korean Institute for Family Planning. If and when the results of this study prove to be affirmative, there is a plan for expanding the system to the national level by stages.

In this "Promoter Study" attempts will be made to achieve both the primary objective of long run registration improvement and the secondary objective of national estimates in the meantime. The experiment was initiated in August 1971 and will be carried out for a period of 20 months.

VII. Evaluation Studies for the Future

It is believed that most of the evaluation activities outlined above should be carried into the future. As topics for future studies ideas always are being generated,

Items listed below constitute a partial list of the topics contemplated for the future:

1. Operational research through introduction of the "cybernetics" approach
2. Methods or approaches applicable to metropolitan areas, slum areas, newly arising urban areas, and to industrial employees
3. Methods for promoting early acceptance of contraception among young adults or married couples in their early married life
4. Methods of approaching hospital populations to increase adoption of contraceptive methods through that medium
5. Procedures for evaluating work efficiency and achievement at the province, city, and gun levels.

It is generally agreed among those concerned about evaluation and research work that such topics which imply the utmost program relevance should be given higher priority, but that more academically oriented projects should not entirely be disregarded.[17,18] In large part, KIFP's efforts in the latter direction depend upon the role which the academic institutions are willing to assume.

VIII. Problems for Korea's Family Planning Program Based upon Evaluation-Research Findings

One of the ultimate goals of evaluation-research activities is to uncover problems existing within the program and to suggest measures for solving them. In the summer of 1970 a group of evaluators, administrators, and professors met to discuss and recommend to the Government practical measures for solving problems facing Korea's family planning program. For the purpose of logically specifying the problems, evidence was frequently quoted from the results and findings appearing in evaluation-research publications. In other words, evaluation findings were translated into specfic problems-worded as concretely as possible and isolated as minutely and independently from each other as possible.

The results of this work were circulated internally in a book entitled "Problems of Family Planning Program in Korea and Suggested Solutions," August, 1971. The 126 individual problems covered a total of 12 different technical and administrative fields. For solving these problems a total of 263 practical measures were suggested, but after systematic classification it was found that there were 161 "different" measures. Many measures were found to be appropriate for solving two or more problems.

The problems thus pointed out can be classified roughly as follows:

1. Problems associated with the desirability of strengthening family planning

programs for urban or semi-urban areas

2. Problems associated with the urgency of developing efficient programs for earlier adoption of contraception by married couples
3. Problems associated with the feasibility of improving continuous use of various methods of contraception
4. Problems associated with the urgency of assessing the "target" population in demographic terms
5. Problems associated with the possibility of expanding the program "beyond" the conventional scheme
6. Problems associated with the need for immediately improving administrative or operational efficiency "within family planning".

IX. Problems Facing Evaluation Research

The following are considered to be the major problems facing the research-evaluation activities of the Korean Institute for Family Planning:

1. Most of the findings obtained from the data accumulated by the evaluation-research activities have been national but not specific for province, city, gun, myun, or eup. In so far as technically feasible, locally relevant efforts should be expanded.
2. Measures should be devised to promote the "non-evaluatory" evaluation functions to be borne by the local administrative units (see below).
3. Attempts are being made to upgrade the working efficiency among the research staff, in their relationship with other members of the Institute, perhaps through overall reorganization.
4. There are, of course, problems associated with the internationalization of Korean data and with limitations in the number of staff members trained to serve this purpose.
5. Problems associated with rapid feedback, in the context both of rapid processing and production of useful data and of rapid intake by policy makers and program administrators. While admitting that there still exists the need for making the data processing, analysing, and reporting processes more efficient, one realises the importance of efficient absorption, interpretation, and translation of the evaluation findings into the program implementation phase of administrative activity. One also realizes that there are a few obstacles that prevent the produced data from being rapidly fed into the program. They are:

a. Limitation in the manpower and time of policy makers and program

administrators

b. Lack of budget to solve specific problems

c. Irrationality existing in the methods of program planning

d. The true implications of "supervision" often misunderstood by administrators at different levels (See descriptions under Section "Non-Evaluatory Evaluation Methods")

e. Problems existing universally with management of personnel.

It is believed, therefore, that successful feedback can only be achieved through joint efforts by the evaluators and administrators.

Here are some of the steps already taken by the Korean Institute for Family Planning to promote rapid feedback:

a. Both regular and unscheduled seminars or conferences with program administrators and policymakers

b. Adding sections containing practical recommendations to the various evaluation-research publications

X. Non-Evaluatory Evaluation Methods

According to Webster's New Collegiate Dictionary, the term "evaluate," origi nating from the French "évaluer", implies "to ascertain the value or amount of to appraise," and especially in mathematics "to express numerically." In practice, this term is used to express a number of different things. People frequently, for instance, talk about "evaluation seminars" or "evaluation conferences," but in actuality these meetings are designed only to exchange ideas about program operation or to resolve some of the practical questions raised in the course of implementing, administrative plans. Some of the "evaluation seminars" turn out to be mere training courses provided for the field workers rather than attempts to analyze systematically the value of a program or of a contraceptive method. Thus, one comes to realize that there is a wide open realm for unsystematic or non-evaluatory evaluation and utilization of such methods on the one hand, while systematic evaluation activities are still carried out on the other.

Let us see how these two methods compare:

Both systematic and unsystematic evaluation methods have their advantages and disadvantages; one can supplement the other to make the evaluatory process more complete.

Let us see what can be done, in actuality, in the name of non-evaluatory or unsystematic evaluation:

1. The reasonability of a program planned for a certain local administrative area

Systematic evaluation	Non-evaluatory or unsystematic evaluation
Carried out usually by organized groups of researchers, such as institutes or universities.	Can be done by non-research institutions, administrative organs, or even by individuals at various ranks involved in program operation.
Should be scientific.	Not necessarily scientific.
Should be objective.	Should be objective, too. But, since only one or two individuals may be involved in such evaluation, there is danger that evaluation results may become overly "subjective."
Usually statistical or numerical.	Not necessarily statistical, but results of observation should be classifiable
Observations usually quantitative and quantified.	Observations can be qualitative.
Usually takes substantial amount of time to complete evaluation.	Individual "evaluatory" observations may require relatively short time. Can be part of daily routine
Usually requires budgeted funds.	No additional funds beyound travel expenses are required; "evaluatory" observation should constitute an indispensable part of routine daily activities of most administrators, supervisors, and, to a lesser extent, of workers
Good for measuring the value or efficacy of a program or people as a group.	Good for measuring efficiency of individuals or the value of an individual event or of a very minute sector or phase of program activity

can often be judged based on logical appraisal of the geographic conditions, distances, population, seasonal factors, etc.

2. No supervision is successful without evaluation of some kind; a supervisor should be able to appraise the punctuality, integrity, and industriousness of individuals under his supervision.
3. How systematic or logical the reports prepared by an individual are constitutes an important criterion for evaluating his efficiency.
4. It is easy to evaluate a person who strives to solve a problem he has ascer-

tained against a person who does not. A health center director who takes much interest in the programs, is diligent and systematic in his operations, and is efficient and appropriate in his supervisory actions should certainly be "evaluated" differently than one who is not. Similar criteria of evaluation could be set up for family planning field workers.

Footnotes

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17. Takeshita, J. Y., Summary of Discussion on December 3, 1971, an unpublished memo to Director, KIFP, dated January 1972.
18. Watson, W. B:, Research Needs of Korea's Family Planning Evaluation Program, The Urgent Tasks Confronting the Research-Evaluation Work with the Korean Institute for Family Planning, September 1971.
19. 保健社會部：우리나라 家族計劃事業의 問題와 解決方案—家族計劃事業 綜合推進委員會 報告—, 1970年 8月

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Tae Ryong Kim

APPENDICES

A. TRENDS IN FOUR NATIONAL KAP SURVEYS, 1964—67 ILLUSTRATED[1]

FIGURE 1. *Per Cent of Married Women through Age 44 Hearing of at Least One Method of Contraception.*

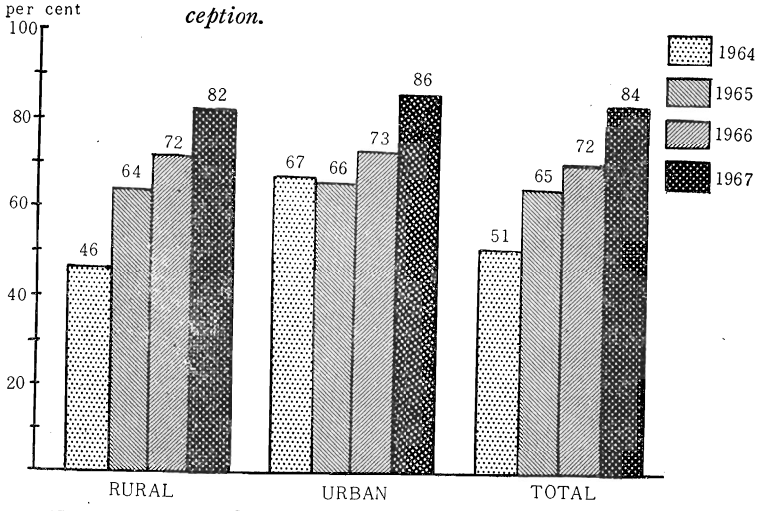
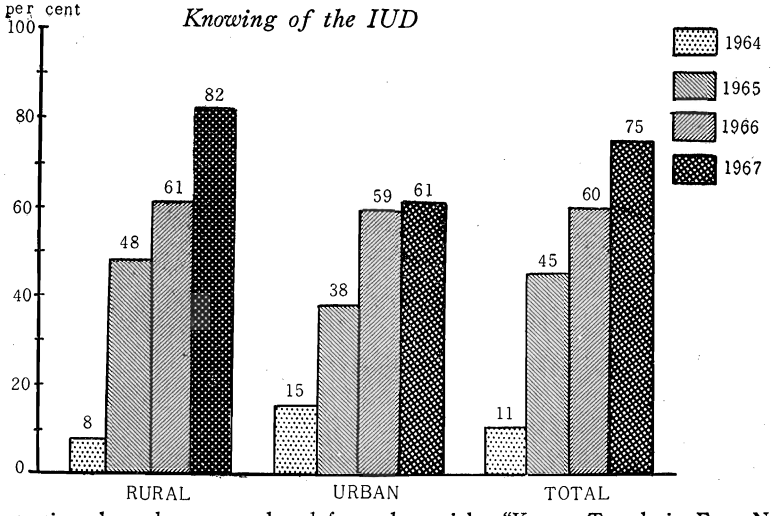


FIGURE 2. *Per Cent of Married Women through Age 44 Knowing of the IUD*



1. Illustrations have been reproduced from the article, "Korea: Trends in Four National KAP Surveys. 1964—67," Studies in Family Planning, No. 43, June 1969, the Population Council, by John A. Ross and David P. Smith and also from The Findings of the National Survey on Family Planning, 1967, Ministry of Health and Social Affairs, written by Tae Ryong Kim and published in December, 1968.

FIGURE 3. *Per Cent of Married Women through Age 44 Approving Family Planning*

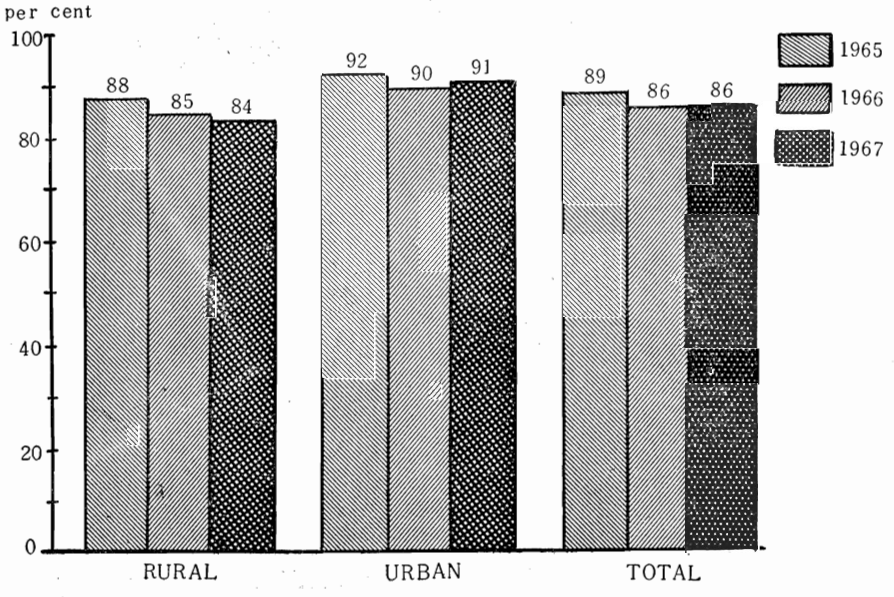


FIGURE 4. *Per Cent of Married Women through Age 44 Currently Using Contraception*

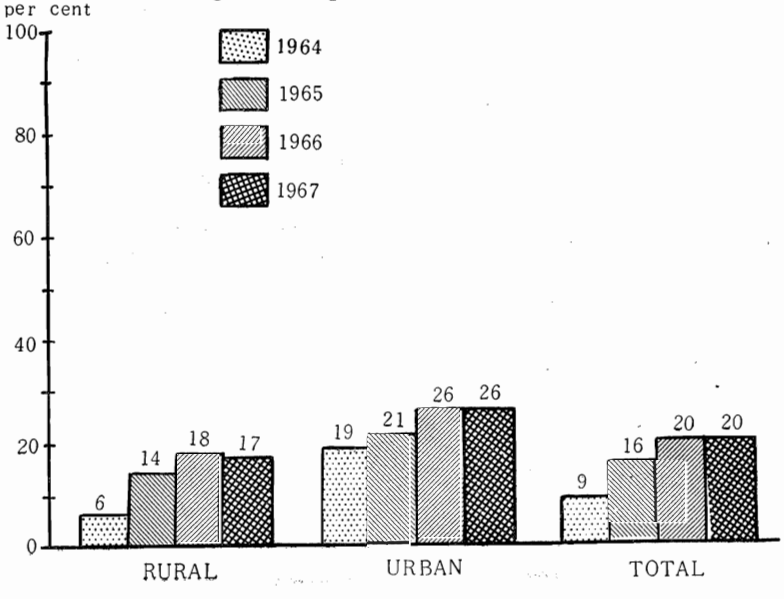


FIGURE 5. *Per Cent of Married Women through Age 44 Currently Wearing the IUD*

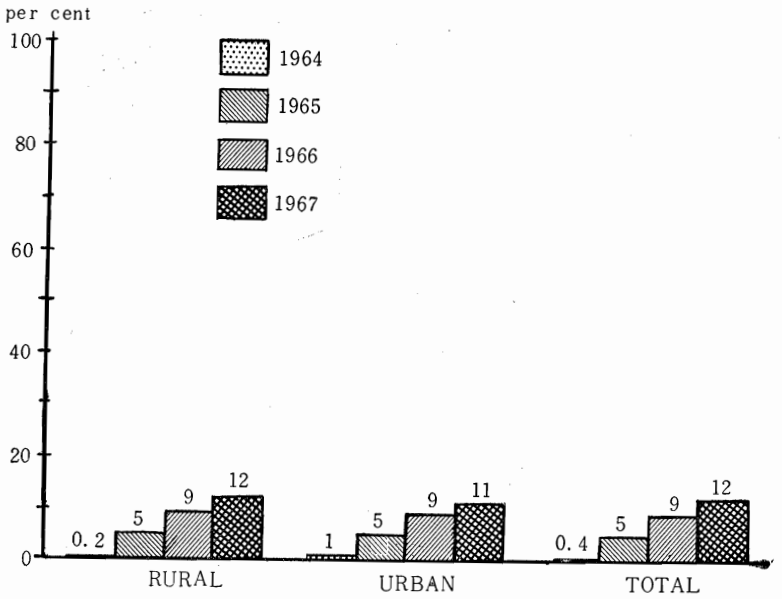


FIGURE 6. *Per Cent of Married Women through Age 44 Protected against Pregnancy by Current Contraceptive Use or Sterilization*

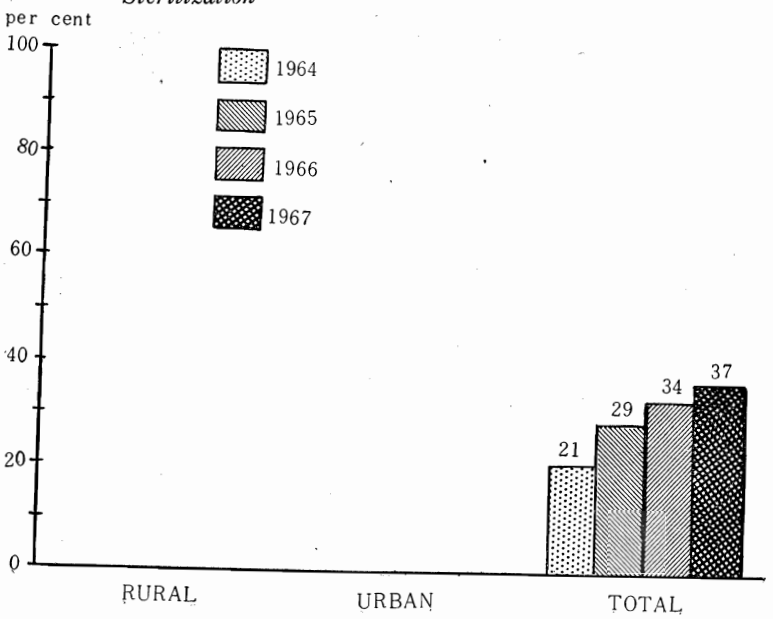


FIGURE 7. *Per Cent of Married Women through Age 44 Having Experienced Induced Abortion*

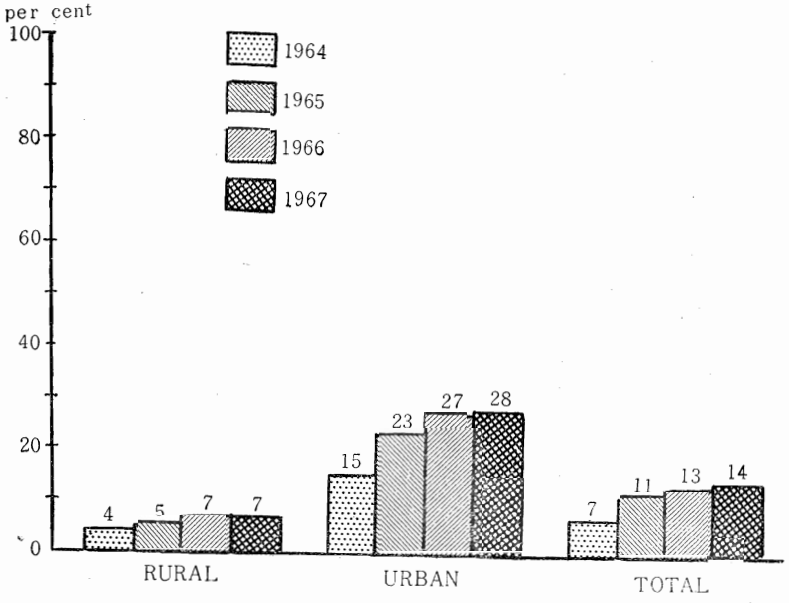
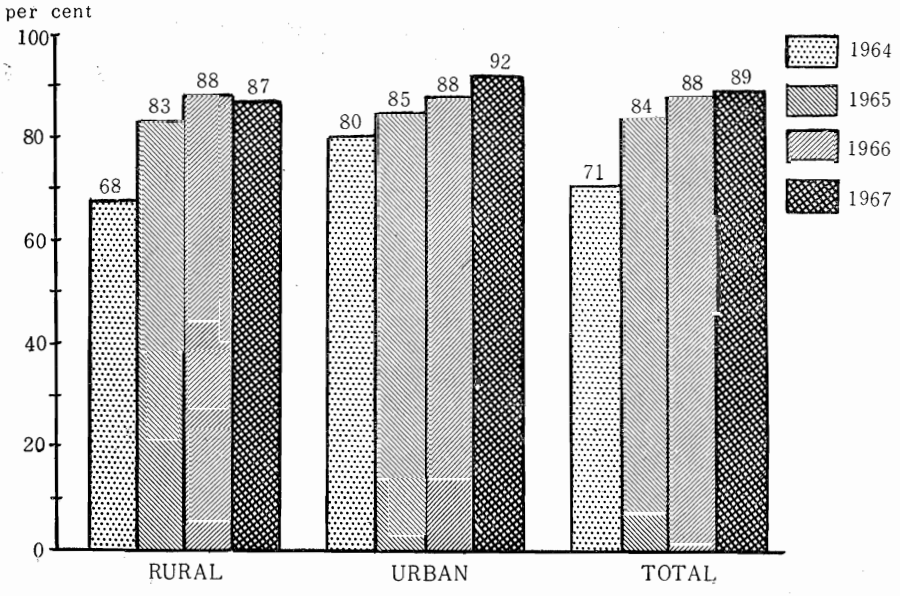


FIGURE 8. *Per Cent of Married Women through Age 44 Knowing the Term "Family Planning"*



B. TABLES FROM 1966 AND 1967 NATIONAL KAP STUDIES

Table 1. KAP Indicators by Personal Characteristics: Korea. 1967, Married Women through Age 44

	1. Per cent Knowing the Term "Family Planning"			2. Per cent Hearing of at Least One Method of Contra-ception			3. Per cent Knowing How to Use at Least One Method of Contraception		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
a. Age									
15—24 years	80	84	79	73	76	72	41	40	42
25—29 years	89	90	89	85	85	85	56	56	56
30—34 years	93	98	91	89	94	86	64	70	61
35—39 years	90	94	88	60	90	85	61	64	59
40—44 years	87	91	86	78	75	80	49	49	48
b. Level of Education									
Illiterate	84	86	83	76	74	76	45	40	46
Read Korean	88	91	88	84	85	83	56	49	58
Primary School	90	92	89	85	86	84	57	58	56
Middle School	94	93	95	90	88	96	69	66	75
High School & College	96	97	*	95	95	*	76	73	*
c. Number of Living Children									
0	85	89	51	78	85	73	36	38	34
1—3	88	88	88	88	91	86	53	57	50
4—6	91	96	88	91	96	89	63	66	61
7	91	*	91	91	*	91	58	*	58
d. Religion**									
No religion	88	90	87	82	84	82	54	54	54
Protestant	93	95	91	91	93	90	67	69	65
Catholic	91	98	85	84	90	78	50	55	47
Buddhist	92	96	89	87	88	85	62	68	57
Confucian	80	*	78	76	*	76	51	*	50
Total	89	92	87	84	86	82	56	59	54

* Base less than 50

** "Others" omitted: 12

4. Per cent Approving Family Planning			5. Per cent Considering "Ideal" Family Size One to Three Children			6. Per cent Considering "Ideal" No. of Sons One or Two		
Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
82	86	81	46	71	37	65	85	58
88	91	86	45	65	35	65	84	56
90	93	88	38	55	28	60	78	51
86	93	82	31	42	25	51	67	42
80	88	77	25	39	19	45	65	37
76	80	76	21	30	19	38	54	36
83	82	83	28	46	24	50	67	45
90	92	88	41	69	36	64	75	57
95	94	96	64	69	53	83	84	80
97	99	*	72	74	*	88	90	*
72	76	70	57	69	49	76	82	72
86	91	84	50	69	39	70	85	62
88	95	84	23	34	18	47	65	39
87	*	87	13	*	11	28	*	22
86	89	84	35	54	27	55	75	47
91	96	87	51	63	40	76	86	67
76	80	72	49	59	40	70	81	62
91	96	86	41	47	35	63	72	53
69	*	66	30	*	26	44	*	39
86	91	84	37	54	29	58	76	49

**Originally published in the Findings of the National Survey on Family Planning 1967, by Ministry of Health and Social Affairs, by Tae Ryong Kim and summarized and supplemented in "Trends in Four National KAP Survey 1964—67, in *Studies in Family Planning*. 43, June 1969 pp. 8—9, by John A. Ross and David P. Smith.

7. Per cent Currently Practicing Contraception			8. Currently Practicing Contraception as Percent of Those Knowing How to Use at Least One Method			9. No. of Respondents		
Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
4	6	3	10	15	7	467	118	349
14	18	12	25	32	21	943	314	629
27	34	23	42	49	38	870	320	550
33	38	30	54	60	51	760	279	481
16	20	15	33	41	31	584	176	408
16	19	15	36	48	33	823	101	722
16	21	14	29	43	24	765	151	614
22	25	19	39	43	34	1,551	590	961
26	26	25	38	39	33	257	181	76
36	36	*	47	49	*	228	184	44
1	2	—	1	2	—	225	91	134
13	21	9	15	23	10	1,719	608	1,111
30	38	27	33	40	30	1,487	465	1,022
28	*	27	31	*	30	193	43	150
19	23	17	35	43	31	2,531	720	1,811
29	33	23	43	48	35	245	116	129
20	31	10	40	56	21	111	51	60
25	29	21	40	43	37	586	297	289
12	*	9	24	*	18	139	17	122
20	26	17	36	44	31	3,624	1,207	2,417

Table 2. Source of Information about the Term "Family Planning" by 1964, 1965, 1966 and 1967 Surveys for Whole Country

Source of information	1964 *Survey*	1965 *Survey*	1966 *Survey*	1967 *Survey*
Newspaper	20%	24%	22%	17%
Radio	37	46	54	41
Health center (worker incl.)	31	51	67	63
Magazines	31	16	18	14
Lectures (meetings)	21	21	14	14
Doctors (clinics or hosps itals)	7	6	5	5
Drugstores (druggists)	3	3	2	2
National Reconst. Movement	18	9	4	—
Li, Dong, Ban chief	*	35	39	31
Neighbors	*	64	40	54
Relatives	37	34	*	25
Movies	*	*	*	7
TV	*	*	*	—
Others	—	—	—	1
Total*	205	309	265	274
(Respondents)	(4, 008)	(3, 445)	(3, 368)	(3, 624)

Note: The above totals exceed 100 per cent, because of the respondents who mentioned more than one source.

*Not available.

**This table has been reproduced from Kim, T. R.: The Findings of the National Survey on Family Planning 1967. Ministry of Health and Social Affairs, Decembe 1968. The same applies to the table below.

Table 3. Yearly Shift of Percentages of Sources of Information for Term "Family Planning"

Year	*Personal contact(%)*	*Mass media(%)*
1964	62	88
1965	82	86
1966	88	94
1967	84	80

Note: Entries in the questionnaires in the various surveys are not identical. Some items were missing in some questionnaires. Thus, sources common to all surveys have been quoted by percentages within parentheses.

Table 4. Ideal Number of Children in 1965, 1966 and 1967 Surveys

Ideal number	1967 *Survey*	1966 *Survey*	1965 *Survey*
None	—	—	—
1	0.4	0.2	0.3
2	3.7	3.4	4.1
3	33.3	32.4	33.4
4	29.4	32.6	28.7
5	24.1	26.5	26.6
6	2.1	2.4	3.7
7 and more	0.6	0.6	—
Never thought about it	6.4	1.9	3.2
Total	100.0	100.0	100.0
Mean	3.9	3.9	3.9
Mean, urban	3.5	3.6	3.5
Mean, rural	4.1	3.5	4.1

Table 5. Contrasts in "Ideal" Number of Sons, by Residence, for 1965, 1966 and 1967 Survey Respondents

"Ideal" sons	1967 *Survey*			1966 *Survey*			1965 *Survey*		
	Total	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*
0—2	57.8	75.8	48.9	58.3	75.9	50.1	58.4	75.9	50.6
3 or more	35.8	21.1	43.0	39.9	22.6	47.9	38.4	20.6	46.3
Don't know	6.4	3.1	8.1	1.8	1.5	2.0	3.2	3.5	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(Respondents)	(3,624)	(1,207)	(2,417)	(3,368)	(1,074)	(2,294)	(3,445)	(1,060)	(2,385)
Mean	2.4	2.2	2.5	2.4	2.2	2.5	2.4	2.1	2.5

Table 6. Gap between Knowledge of a Method of Contraception and Current Practice, by Education

Education	*Know of a method(A)*			*Currently Practicing(B)*			*Differential(A—B)*		
	Total	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*
Illiterate	45.0	40.0	45.7	15.6	19.0	15.3	29.4	21.0	30.4
Read Korean	55.8	49.0	57.5	15.6	20.5	14.3	40.2	28.5	43.2
Primary school	56.6	58.0	55.8	21.7	25.4	19.3	34.9	32.6	36.5
Middle school	68.9	66.3	75.0	25.7	26.0	25.0	43.2	40.3	50.0
High school	75.3	72.5	85.0	36.8	37.3	35.0	38.5	35.2	50.0
College or above	78.3	76.2	100.0	34.8	33.4	50.0	43.5	42.8	50.0
Total	55.9	58.9	54.4	20.2	26.0	17.3	35.7	32.9	37.1

Table 7. Comparison of Percentages Having Practiced and Having Registered, 1965, 1966 and 1967 Surveys

	1967 *Survey*			1966 *Survey*			1965 *Survey*		
	Total	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*
Practicing or practiced in past (A)	28.0	35.6	24.2	27.2	34.2	23.8	22.4	30.1	19.1
Registered with Government F.P. program (B)	23.8	23.4	24.0	22.2	18.7	23.9	17.8	13.1	20.0
Difference (A—B)	+4.2	+12.2	+0.2	+5.0	+15.5	−0.1	+4.6	+17.0	−0.9

Table 8. Comparison of Proportions of Wives and Husbands in Various Educational Background Groups, Sample Surveys of Three Successive Years

Educational background	1967 *KAP Survey*		1966 *KAP Survey*		1965 *KAP Survey*	
	Wife	*Husband*	*Wife*	*Husband*	*Wife*	*Husband*
Whole area						
Illiterate	22.7	6.9	23.1	6.5	30.3	11.1
Read Korean	21.1	16.0	19.1	13.8	14.6	12.6
Primary school	24.8	39.8	45.0	40.9	42.7	40.4
Middle school	7.1	14.7	6.9	16.8	7.4	15.3
High school	5.0	14.3	4.6	14.2	3.9	12.7
College or above	1.3	8.3	1.3	7.8	1.1	7.8
Don't know					0.3	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Urban area						
Illiterate	8.4	1.7	13.1	3.1	15.7	4.2
Read Korean	12.5	5.9	8.3	5.4	7.6	4.3
Primary school	48.9	26.8	49.2	28.7	48.0	27.6
Middle School	15.0	21.1	14.3	22.3	15.9	23.4
High school	11.8	25.4	11.3	22.7	9.4	22.0
College or above	3.4	19.1	3.8	17.8	3.4	18.3
Don't Know						0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rural area						
Illiterate	29.9	9.5	27.8	8.1	36.4	14.2
Read Korean	25.4	21.1	24.1	17.7	17.5	16.2
Primary school	39.8	46.3	43.1	46.6	40.0	46.0
Middle school	3.1	11.5	3.4	14.3	3.6	11.7
High school	1.7	8.7	1.5	10.2	1.3	7.6
College or above	0.1	2.9	0.1	3.1	0.8	3.2
Don't know					0.4	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

Table 9. "Ideal" Number of Children Versus Number of Living Sons or Daughters by Surveys in Two Successive Years

	Number of sons or daughters wants or has							
	0	*1*	*2*	*3*	*4*	*5*	*6 or more*	*Don't know*
1966 Survey (N=3,368)								
Sons								
Urban area (N=1,074)								
Per cent who want	0.2	5.2	70.5	21.6	0.7	0.3	—	1.5
Per cent who have	15.6	30.7	30.5	16.7	5.7	0.8	—	—
Rural area (N=2,294)								
Per cent who want	—	2.0	48.1	44.6	2.7	0.4	0.2	2.0
Per cent who have	18.5	25.8	28.0	17.0	7.5	2.4	0.8	—
Daughters								
Urban area (N=1,074)								
Per cent who want	1.7	58.9	36.9	1.0	—	—	—	1.5
Per cent who have	20.5	32.7	23.3	13.8	6.8	2.2	0.7	—
Rural area (N=2,294)								
Per cent who want	2.0	38.4	54.6	2.8	0.2	0.04	—	2.0
Per cent who have	21.0	30.0	25.0	14.3	6.6	2.4	0.7	—
1965 Survey (N=3,445)								
Sons								
Urban Area (N=1,060)								
Per cent who want	—	7.0	68.9	19.4	0.8	0.4	—	3.5
Per cent who have	18.8	31.1	28.5	15.0	4.8	1.6	0.2	—
Rural area (N=2,385)								
Per cent who want	—	2.0	48.6	43.6	1.9	0.8	—	3.1
Per cent who have	20.1	27.7	23.7	17.0	7.6	3.1	0.8	—
Daughters								
Urban area (N=1,060)								
Per cent who want	—	56.4	36.1	1.5	—	—	—	6.0
Per cent who have	23.3	31.0	26.1	11.5	5.7	2.0	0.4	—
Rural area (N=2,385)								
Per cent who want	—	37.7	52.4	3.7	0.3	0.1	—	5.8
Per cent who have	22.3	28.9	22.3	16.2	7.3	2.3	0.7	—

Note: This table has been reproduced from Kim, T. R.: The Findings of the National Survey on Family Planning 1966. Ministry of Health and Social Affairs, December 1966.

C. TABLES HIGHLIGHTING ANALYSIS OF INTRA-UTERINE CONTRACEPTION FOLLOW-UP SURVEY DATA

Table 1. Cumulative 12 Month Gross Termination Rates by Age and Residence 1966 and 1967

Residence	Age	Sample size		Pregnancy		Expulsion		Removal		Total	
		1966	1967	1966	1967	1966	1967	1966	1067	1966	1967
Urban	−30	115	242	5.4(2.7)	6.6(2.2)	8,1(3.0)	18.8(3.4)	42.3(4.9)	51.6(3.7)	49.9(4.8)	63.1(3.4)
	30—34	222	321	4.2(1.6)	6.3(1.7)	10.7(2.5)	14.2(2.4)	34.8(3.4)	40.9(3.1)	44.3(3.4)	52.5(3.0)
	35+	240	290	2.2(1.1)	3.0(1.2)	6.9(1.8)	7.8(1.9)	28.3(3.0)	40.7(3.1)	34.8(3.1)	47.0(3.1)
Rural	−30	331	436	5.1(1.6)	4.7(1.2)	18.9(2.6)	19.3(2.2)	31.4(2.8)	27.9(2.5)	47.2(2.9)	44.6(2.5)
	30—34	546	546	1.8(0.6)	3.6(1.0)	13.9(1.6)	18.3(1.9)	27.2(2.0)	24.4(2.1)	38.4(2.1)	40.5(2.2)
	35+	730	592	1.4(0.5)	1.6(0.6)	12.6(1.4)	11.5(1.4)	22.0(1.6)	20.6(1.8)	32.7(1.8)	30.8(2.0)

Table 2. Cumulative 12 Month Gross Termination Rates by Age and Education 1966 and 1967

Education	Age	Sample size		Pregnancy		Expulsion		Removal		Total	
		1966	1967	1966	1967	1966	1967	1966	1967	1966	1967
Illiterate & read Korean	−30	157	152	5.9(2.4)	5.9(2.3)	13.6(3.1)	22.8(4.2)	29.3(4.0)	33.0(4.4)	42.5(4.1)	51.3(4.3)
	30—34	353	317	1.5(0.7)	2.6(1.1)	14.1(2.1)	19.1(2.5)	23.8(2.4)	25.7(2.7)	35.5(2.6)	41.4(2.9)
	35+	657	533	1.0(0.4)	2.0(0.7)	11.6(1.4)	11.4(1.5)	21.9(1.7)	20.9(1.9)	31.7(1.8)	31.3(2.1)
Primary school & above	−30	289	526	4.6(1.6)	5.2(1.2)	18.0(2.8)	17.8(2.0)	37.0(3.0)	37.2(2.4)	50.7(3.0)	51.0(2.3)
	30—34	416	551	3.3(1.0)	5.8(1.2)	11.9(1.8)	15.5(1.8)	34.2(2.5)	33.3(2.3)	44.0(2.5)	46.9(2.2)
	35+	312	348	2.9(1.1)	2.0(0.9)	10.4(1.9)	8.7(1.8)	27.0(2.6)	36.7(2.8)	36.6(2.8)	43.4(2.8)

Table 3. Cumulative 12 Month Gross Termination Rates by Residence and Education 1966 and 1997

Education	Residence	Sample size		Pregnancy		Expulsion		Removal		Total	
		1966	1967	1966	1967	1966	1967	1966	1967	1966	1967
Illiterate & read Korean	Urban	191	211	3.0(1.4)	4.7(1.8)	10.2(2.5)	9.5(2.4)	28.3(3.4)	35.6(3.4)	37.6(3.4)	44.5(3.6)
	Rural	976	791	1.5(0.4)	2.3(0.6)	13.0(1.2)	16.7(1.5)	22.4(1.4)	21.2(1.6)	33.6(1.5)	35 8(1.8)
Primary school & above	Urban	386	642	3.8(1.2)	5.4(1.2)	7.7(1.6)	14.3(1.8)	36.1(2.6)	46.4(2.2)	43.3(2.6)	56.6(2.1)
	Rural	631	783	3.3(0.9)	4.0(8.6)	16.1(1.7)	15.0(1.4)	30.7(2.0)	26.7(1.8)	43.8(2.0)	40.2(1.9)

Source: Kim, Tae Ryong: National Intra-Uterine Contraception Report. The National Family Planning Center, December 1970.
This applies to tables that follow on the subject of IUD.

Table 4. Cumulative 12 Month Gross Termination Rates (Weghted) by Various Characteristics, 1967

Characteristics at time of first insertion	N	Type of Termination			Total Termination
		Pregnancy	Expulsion	Removal	
(1) Year of Insertion					
1964	305.42	3.0(1.1)	12.2(2.0)	22.3(2.5)	33.8(2.7)
1965	596.10	4.1(0.9)	13.9(1.5)	24.3(1.9)	37.5(2.0)
1966	1,044.89	3.5(0.7)	16.8(1.4)	35.7(1.6)	48.3(1.6)
1967	480.49	—	—	—	—
(2) Residence					
Urban	853.10	5.2(1.0)	13.0(1.5)	43.7(1.9)	53.6(1.8)
Rural	1,573.71	3.1(0.5)	15.9(1.0)	23.9(1.2)	38.0(1.3)
(3) Western age at insertion					
Less than 25	128.42	3.5(2.1)	21.9(4.8)	42.2(5.0)	56.5(4.7)
25—29	549.28	5.7(1.2)	18.4(2.0)	34.9(2.3)	49.9(2.3)
30—34	897.63	4.6(0.9)	17.0(1.5)	30.5(1.7)	44.9(1.8)
35—39	652.02	2.1(0.7)	11.2(1.4)	28.7(1.9)	38.1(2.0)
More than 40	229.46	1.7(2.0)	8.2(2.0)	22.9(3.0)	30.4(3.2)
(4) No. of check-ups after insertion					
None	1,475.19	3.2(0.6)	17.8(1.2)	31.2(1.4)	45.2(1.4)
One	557.02	5.2(1.1)	14.1(1.8)	35.2(2.2)	47.2(2.2)
2—4	394.60	3.8(1.1)	7.4(1.4)	23.0(2.2)	31.4(2.4)
(5) Recommend to others					
No	1,295.46	3.9(0.7)	17.1(1.3)	35.8(1.5)	48.9(1.5)
Yes	1,078.96	3.6(0.7)	12.7(1.1)	25.3(1.5)	37.2(1.5)
(6) Intend to recommend to others					
Yes	1,607.60	2.8(0.5)	13.5(1.0)	21.8(1.2)	34.3(1.3)
No	819.21	6.3(1.2)	18.5(1.7)	48.7(2.0)	60.9(1.8)
(7) Using contraception immediately before insertion					
None	1,984.49	3.9(0.5)	14.8(0.9)	29.3(1.1)	42.1(1.2)
Using contraception	442.32	3.3(1.1)	16.1(2.1)	37.7(2.6)	49.5(2.5)
(8) No. of induced abortions before first insertion					
None	1,889.59	3.6(0.5)	15.8(1.0)	28.5(1.2)	42.0(1.2)
One	310.40	6.0(1.7)	12.6(2.2)	37.0(3.0)	48.3(3.0)
2—9	226.82	2.4(1.2)	10.8(2.6)	41.1(3.6)	48.7(3.5)
(9) Inserting agent					
Male doctor	1,711.18	3.6(0.6)	15.7(1.0)	28.0(1.2)	41.5(1.3)
Female 〃	419.60	4.8(1.3)	12.4(1.9)	41.4(2.7)	51.1(2.6)
Midwife, nurse, F.P. workers, others	296.03	3.2(1.3)	14.3(2.4)	32.1(3.0)	43.7(3.1)

(10) No. of pregnancies before first insertion					
0—2	229.09	4.2(1.7)	25.6(3.9)	45.4(3.9)	61.1(3.5)
3	287.99	5.7(1.7)	16.9(2.6)	33.8(3.2)	48.1(3.1)
4	437.86	3.6(1.1)	17.3(2.2)	30.8(2.5)	44.8(2.5)
5	455.34	5.5(1.3)	14.3(1.9)	30.0(2.4)	43.4(2.4)
6	358.74	2.9(1.1)	15.1(2.2)	28.6(2.7)	41.1(2.7)
7—9	657.79	2.3(0.7)	10.5(1.3)	26.8(1.9)	36.0(1.9)
(11) Wife's occupation					
None	2,160.71	3.8(0.5)	15.7(0.9)	30.5(1.1)	43.7(1.0)
Have	266.10	3.8(1.5)	9.6(2.1)	32.8(3.1)	41.6(3.1)
(12) Husband's occupation					
None	230.34	4.7(1.7)	14.0(1.7)	28.2(3.3)	41.2(3.4)
Have	2,196.47	3.7(0.5)	15.1(0.9)	31.1(1.1)	43.7(1.1)
(13) Education of wife					
Illiterate	481.92	2.9(0.9)	16.2(1.9)	25.6(2.2)	39.5(2.3)
Read Korean	520.07	2.6(0.8)	14.6(1.8)	22.8(2.0)	35.8(2.2)
Primary school	1,199.07	4.7(0.8)	14.7(1.2)	32.8(1.5)	45.4(1.5)
Middle school & above	225.75	4.0(1,9)	14.3(2.9)	50.4(3.8)	59.3(3.5)
(14) Education of husband					
Illiterate	469.06	3.5(1.0)	15.4(1.9)	22.8(2.1)	37.0(2.3)
Primary school	1,110.01	3.6(0.7)	14.5(1.2)	27.0(1.5)	39.9(1.6)
Middle school	403.99	4.7(1.3)	15.3(2.2)	37.3(2.7)	49.3(2.6)
High school & above	443.75	3.8(1.2)	15.8(2.2)	43.0(2.6)	53.8(2.5)
(15) No. of live births at lst insertion					
0—2	286.78	5.0(1.7)	23.0(3.4)	46.4(3.5)	60.8(3.1)
3	366.60	4.2(1.3)	15.7(2.3)	36.8(2.9)	49.0(2.8)
4	526.29	5.0(1.2)	17.9(2.0)	33.3(2.3)	47.9(2.3)
5	470.55	4.6(1.2)	13.8(1.8)	26.6(2.3)	39.6(2.4)
6	776.59	2.0(0.6)	11.7(1.7)	23.9(1.7)	34.1(1.8)
(16) No. of living sons at lst insertion					
0—1	422.41	6.4(1.6)	20.3(2.5)	43.9(2.9)	58.2(2.7)
2	898.76	4.7(0.9)	14.8(1.4)	32.8(1.7)	54.4(1.8)
3	687.03	2.5(0.7)	13.8(1.5)	26.0(1.8)	37.8(1.9)
4—9	418.61	1.9(0.8)	13.2(1.8)	22.8(2.2)	34.3(2.4)
(17) No. of living children at 1st insertion					
0—2	320.50	5.3(1.6)	22.6(3.1)	45.7(3.3)	60.2(2.0)
3	441.12	4.1(1.1)	15.6(2.1)	37.0(2.6)	49.9(2.5)
4	606.72	5.2(1.1)	17.2(1.8)	29.4(2.1)	44.6(2.1)
5	537.37	4.1(1.0)	12.9(1.7)	28.4(2.2)	40.1(2.2)
6—9	521.10	1.1(0.5)	10.9(1.5)	21.7(1.9)	31.0(2.1)

(18) Place of acceptance					
Health Center	305.07	3.5(1.3)	18.5(2.6)	23.6(2.7)	40.0(3.0)
Other than health center	2,212.74	3.8(0.5)	14.4(9.0)	31.8(1.1)	43.9(1.1)
(19) Outcome of last pregnancy					
Normal delivery	1,964.61	3.5(0.5)	15.5(1.0)	28.9(1.1)	42.1(1.2)
Stillbirth, spontaneous abortion	41.25	5.6(4.2)	22.5(8.1)	31.7(8.1)	50.0(8.2)
Induced abortion	420.95	4.9(1.4)	11.5(1.8)	39.6(2.7)	49.2(2.6)
(20) Constructed variable-quarter of insertion					
Up to Sep. 1964	171.08	3.0(1.4)	11.9(2.6)	21,6(3.3)	32.4(3.6)
Oct.-Dec. 1964	134.34	3.3(1.7)	12.5(3.0)	23.8(3.9)	35.5(4.1)
Jan.-Mar. 1965	159.90	2.1(1.3)	12.9(2.8)	207.(3.3)	32.4(3.7)
Apr.-Jun. 1965	221.15	4.7(1.7)	14.8(2.6)	25.5(3.1)	39.6(3.3)
Jul.-Sep. 1965	132.90	5.7(2.3)	11.4(3.0)	26.7(4.1)	38.8(4.2)
Oct.-Dec. 1965	82.15	3.3(2.3)	17.2(4.5)	24.7(5.1)	39.7(5.4)
Jan.-Mar. 1966	267.24	5.0(1.5)	17.1(2.6)	29.4(3.0)	44.4(3.0)
Apr.-Jun. 1966	340.09	2.8(1.1)	16.6(2.3)	37.2(2.8)	49.0(2.7)
Jul.-Sep. 1966	194.25	3.0(1.4)	15.4(3.0)	35.8(3.6)	47.3(3.6)
Oct.-Dec. 1966	243.31	2.9(1.3)	19.3(4.7)	40.1(4.2)	53.2(4.3)

* All characteristics are at the time of first insertion or the period preceding that event.
** Standard errors are shown in parentheses.

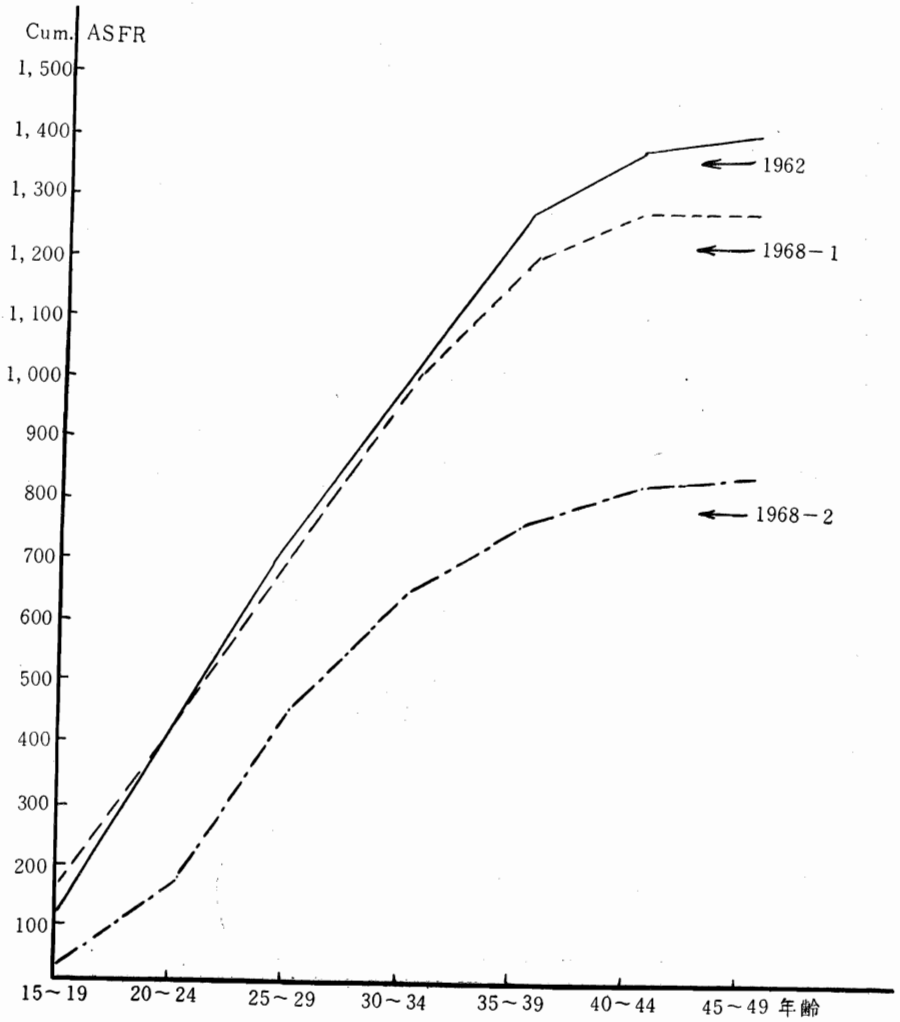
D. TABLE AND CHART FROM 1968 FERTILITY SURVEY DATA

Table1. Age Specific Cohort Fertility Rates for Ever Married Women, 1968

Age at Event \ Age at Interview	45—49 (1919—1923)	40—44 (1924—1928)	35—39 (1929—1933)	30—34 (1934—1943)	25—29 (1939—1943)	20—24 (1944—1948)	—19 (since 1949)
15～19	0.130	0.112	0.084	0.044	0.034	0.040	(0.078)
20～24	0.290	0.284	0.292	0.286	0.250	(0.170)	
25—29	0.286	0.290	0.324	0.316	(0.174)		
30～34	0.268	0.274	0.236	(0.120)			
35～39	0.224	0.166	(0.068)				
40～44	0.086	(0.036)					
45～49	(0.001)						
Total (15～44)(1.285×5)=6,425……children ever born							
No. of Women in Sample (Ever Married)	922	1,147	1,400	1,616	1,659	676	57
No. of Single women	18	9	32	33	148	1,045	2,094
Total	940	1,156	1,432	1,649	1,808	1,721	2,151

Source: Koh, Kap Suk and David P. Smith, The Korean 1968 Fertility and Family Planning Survey, The National Family Planning Center, December 1970. The chart below is from the same source.

Figure 1. Cumulative Age Specific Fertility Rates.



1962 Married women, 45～49 (cohort fertility.)
1968～1; Ever married, 45～49 (cohort fertility)
1968～2; All women, 15～49 (current fertility)

E. TABLES FROM SPECIAL EVALUATION STUDIES

Table 1. Need to Include the Concept of Family Planning in the School Curriculum

Characteristic or experience	Should be included	Should not be included	Don't know	N. A.
1. Total	82%	9%	7%	2%
2. Religion				
None	84	7	8	1
Protestant	83	9	6	2
Catholic	77	13	10	—
Buddhist	82	10	7	1
Confucian	70	18	11	1
3. Subject				
Science, mathematics	80	10	9	1
Language, literature	81	12	7	1
Social subjects	89	5	4	2
Art, crafts, music, etc	82	9	8	1
4. Formal Population Instruction				
Yes	86	8	5	1
No	79	10	10	1
5. Participation in Population Seminar				
Yes	90	6	3	1
No.	82	9	8	1
6. Discuss Family Size in Class				
Frequently	39	4	3	—
Once in a while	89	7	4	—
Never	76	12	12	—
7. Opinion on Speed of Population Growth in Korea				
Too fast	85	8	6	1
About right	77	15	8	—
Too slow**	78	11	11	—
Don't know	53	19	27	1

** Base too small for percentages on these lines to be meaningful.

Source: Kim, T. R. and Kyoung Sik Cho, Knowledge, Attitude and Behavior of Middle and High School Teachers with Regard to Population and Family Planning Education, December 1970, The National Family Planning Center

Table 2. Desire to Learn Versus Learning Experience.

Past learning experience or desire	Base	Desire to learn family planning	Desire to have sex education
1. Family planning:			
Have experience	999	82%	92%
No experience	761	73	85
2. Contraceptive methods:			
Know loop	1,078	78	89
Don't know loop	482	73	84
Know pill	1,106	78	89
Don't know pill	350	69	81
Know condom	717	78	89
Don't know condom	356	68	81
Know vasectomy	958	80	89
Don't know vasectomy	704	70	85
3. Perception about size of population in Korea.			
Correct	1,481	79	89
Incorrect	410	70	83
4. Desire to learn family planning			
Yes	1,482	—	95
No	251	—	73
5. Desire to have sex education, etc.			
Yes	1,706	82	—
No	89	28	—

Source: Kim, T. R. et al. A Survey of Soldiers With Regard to Population-Family Planning Education. The Korean Institute for Family Planning, August 1971