

# 콘돔有料普及에 관한 示範研究

(PROJECT NO. T75.902/ICARP/UNRA-2)

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1977. 6.

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## Foreward

The use of condoms, which have been supplied through the national family planning program since its inception in 1962, is important for its effect on the fertility decline in Korea. In spite of condom use's contribution to lowered fertility, various problems have interfered with the total possible effectiveness of condom use. Of these, one crucial problem is the high rate of condom wastage which is caused by the free distribution process.

In order to solve this problem, the KIFP conducted the pilot project on condom distribution with a condom fee at Chung Joo City and Chung Won County, Choong Puk Province from May 1 through December 31, 1976. The project was very successful in providing information and guidelines to the government for implementing condom distribution policies.

Based on the results of this project, the government decided to distribute the condom with a 20 won fee per pack, as well as to reduce the annual condom target from 150,000 packs per month to 100,000 packs in 1977. Both these decisions reflect the need to reduce the large amount of condom wastage found in the program via the pilot project. Such a decision will be a turning point in making the national family planning program more effective.

We would like to express our sincere gratitude to ICARP for their financial support for this project, and to officials in the Family Planning Section, Ministry of Health and Social Affairs, officials in the Public Health Section, Choong Puk Province in the pilot project area, and Mr. Kyung Shik Cho, Researcher of the KIFP for their continuous participation and strong support throughout the course of the project. We would also like to express our thanks to Ms. Brenda Doe for her help in editing and proofreading the final manuscript.

June 30, 1977

Authors of the report



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# I. Background and Purpose of the Study

## 1. Background of the Study

Condoms have been available through the national family planning program since its inception in 1962, as well as contraceptive jelly and foam tablets. Because the variety of methods was so limited, the practice rate for condoms was fairly high. By 1965, the total contraceptive practice rate was 16.2 percent: 5.2 percent of which was due to the use of condoms<sup>1)</sup>. Other methods gradually made available through the national program, such as IUDs, sterilization and the oral pill, replaced condoms to some extent; by 1971 the condom practice rate had fallen to 3.7 percent.<sup>2)</sup> However, due to side effects from both the IUD and oral pill some couples returned to the condom. Thus, in 1976, 290,000 of the total 4,690,000 married women of child-bearing age were using condoms: a practice rate of 6.2 percent.<sup>3)</sup> From the beginning of the program in 1962 until 1976, about 2,325,000 persons utilized 23,850,000 packages of condoms distributed via the government program<sup>4)</sup>. A study has revealed that during the period of 1962 through 1975 approximately 460,000 births were averted due to condom use: 24 percent of the total 1,920,000 births averted<sup>5)</sup>. Undoubtedly, condom usage has contributed to the lowered fertility rate in Korea.

However, problems do exist. Probably most significant is false reporting of achievement by family planning workers, which lowers the credibility of these

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1/ Ministry of Health and Social Affairs, *The Findings of the 1965 National Survey on Family Planning*, Seoul: Ministry of Health and Social Affairs, December 1965.

2/ H.S.Moon, S.H. Han, and S. Choi, *1971 National Fertility and Family Planning Survey*, Seoul: Korean Institute for Family Planning, February 1973.

3/ Korean Institute for Family Planning, *1976 National Family Planning Evaluation Survey*, Seoul: KIFP, May 1977.

4/ Korean Institute for Family Planning, *Annual Report on Family Planning Service Statistics (1962-1976)*, Seoul: KIFP, 1977

5/ K.S. Koh and D.J. Nichols, *Measurement of the Impact of the National Family Planning Program on Fertility in Korea: 1960-1975*, Seoul: KIFP, April 1977.

statistics. False reporting of condom distribution is a result of the current family planning target setting system which uses a set formula to determine a quota for each method according to the number of currently married women in the target area: ignoring regional and local differences in method preferences. The fieldworkers tend to pressure their clients to accept the method for which the quota has not yet been met, rather than responding directly to the client's preferences. Because the condoms are free, the fieldworkers can easily distribute them, urging them at no cost on clients who really did not want nor intend to them but are to polite to refuse insistent fieldworkers. In addition, some fieldworkers could simply discard condoms, but falsely report them as having been given to clients. In contrast, because all other methods are available for a small fee, for which the fieldworkers and other health personnel were accountable, such wastage is much less likely to occur. One study conducted by KIFP showed that the fieldworkers themselves admitted that approximately 27.0 percent of the condoms are wasted by them<sup>6/</sup>. It can be assumed then that the actual level of wastage is even higher. Charging a fee for the condoms for which the fieldworkers would be accountable is the obvious solution to help reduce condom wastage and false reporting.

In 1962, the general level of living was lower and it was necessary not to charge a fee to encourage their acceptance and use of contraceptive methods. However, because the overall standard of living has greatly increased in the last fourteen years, because the commercial condom sector has steadily increased its sales, and finally because "free" goods tend to be suspected to some extent as inferior, initiating a small fee for condoms distributed via the national program appears to be a logical response to the current situation. However, a pilot study was needed to substantiate the validity of this assumption.

## 2. Purpose of the the Study

The primary purpose of this study is to determine the feasibility of collecting

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6/ K.S. Cho and E.I. Kim, *A Survey of Family Planning Workers*, Seoul: Korean Institute for Family Planning, March 1972.



a fee for condoms distributed via the national program in order to prevent condom wastage and thus increase the reliability of condom use statistics. Specific objectives are:

- a) To determine the appropriate fee to be collected.
- b) To measure condom acceptance and continuation rates before and after the fee is initiated.
- c) To determine appropriate condom quotas (targets) by comparing the amount of condoms distributed before and after a fee is initiated.
- d) To determine the effectiveness of new, additional condom supply channels by utilizing a variety of community outlets, such as beauty parlors, barber shops, cigarette stores, etc.



## II. Contents of The Pilot Study

### 1. Study Area and Survey Schedule

One urban area, Chung Joo City, and one rural area, Chung Won County, were selected as contrasting study areas. Chung Joo City, a provincial capital is a small city in terms of both population and land area, and is surrounded by Chung Won County. Because the participating health centers and the provincial capital government which are all cooperating with the project, are located in Chung Joo City, the implementation and supervision for the pilot study were convenient and efficient. The socio-economic level in both areas was typical of the national average. Table 1 shows the land area, population, and number of currently married women in Chung Joo City and Chung Won County.

**Table 1. Land Area, Population and Number of Currently Married Women in the Pilot Study Areas**

Sutdy Areas	Land Area(Km <sup>2</sup> )	Population	Number of Currently Married Women
Chung Joo City	64.96	192,734	24,242
Chung Won County	899.17	199,314	24,196

Source : a) Chung Joo City Government, *1975 Statistical Yearbook of Chung Joo*, Chung Joo City, 1976.

b) Chung Won County Office, *1975 Statistical Yearbook of Chung Won*, Chung Won County, 1976.

In both areas, condoms were distributed with a 30 won fee per package of six from May 1976 through December 1976. It was originally planned to charge the condom fee for one year, but because the government decided to initiate a condom fee nationwide beginning January 1, 1977 (The beginning of the Fourth Five-Year Plan), the pilot study schedule was shortened slightly in order to

provide necessary data to assist the national government with initiating such a decision<sup>7)</sup>.

## 2. Determining the Condom Fee

An obvious consideration in determining the amount of the condom fee is the economic situation of the users: too large a fee could prevent some low-income persons from using condoms. A mail survey was conducted to elicit opinions about an appropriate price. These results, as well as the production costs of the condom to the government's national program, commercial price of condoms, the fee for oral pills distributed via the national program, and the commercial oral pill price were also taken into account in determining an appropriate condom fee.

The mail survey sample included 11 provincial family planning supervising nurses, 198 health center family planning senior workers, and 141 family planning workers. Of the total 350 persons, 288 returned the questionnaire: a response rate of 82.3 percent. The survey sample also included 796 condom users taken from the files of five rural and five urban health centers. Of these, 360 returned the questionnaire for a response rate of 45.2 percent.

The results of the survey showed that 40.4 percent of the family planning personnel 41.0 percent of the condom users said a 30 won fee was most appropriate<sup>8)</sup>. 20.2 percent of the family planning personnel and 20.3 percent of the condom users responded that 50 won was an adequate fee. Table 2 shows little difference between the opinions of the family planning workers and the condom users.

The urban family planning personnel and urban condom users tended to report the higher fee as more appropriate than did the rural respondents. The average preferred price of the urban program workers was 39 won compared to 34 won for rural workers. The average price preferred by urban condom users was 40 won compared to 39 won for rural condom users. Among both rural and urban respondents, 79.2 percent of the family planning workers and 82.0 percent of

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7/ In actuality the decision was not initiated until February 1, 1977.

8/ US\$1 is equivalent to 480 won in Korean currency.

the condom users reported 30 won or more as an appropriate fee.

Other factors to be considered in determining an appropriate price included production costs to the national program per package of six condoms, which was 36 won. Because a profit was neither the goal of the fee nor particularly desirable, the fee should not exceed these production costs. The fee should also be less than the commercial cost of 150 won per package of six condoms, and comparable to the program oral pill fee of 50 won per cycle; one-fifth of the commercial price of 250 won.

**Table 2. Opinion of Family planning Workers and Condom Users about an Appropriate Condom Fee**

Price	Family Planning Workers			Condom Users		
	Urban	Rural	Total	Urban	Rural	Total
10 won*	6.6	14.0	12.8	4.5	16.3	12.2
20 won	9.2	7.9	8.0	0.8	8.4	5.8
30 won	35.6	41.3	40.4	53.3	34.4	41.0
40 won	6.6	9.4	8.5	3.7	0.8	1.9
50 won	30.9	16.7	20.2	18.2	21.4	20.3
60 won	8.9	9.1	9.0	17.2	11.4	13.3
70 won	2.2	0.7	1.1	2.5	7.6	5.5
Total (N)	100.0 (145)	100.0 (143)	100.0 (288)	100.0 (122)	100.0 (238)	100.0 (360)
Mean (won)	39	34	36	40	39	39

\*per six condoms

Based on this information, a price of 30 to 40 won per package of six condoms was deemed appropriate, with a 30 won fee being the final decision. Of this, 10 won was to be paid as an incentive to the distributor, and the other 20 won was to be paid to the pertinent local government to be reinvested in the family planning program.

### 3. Expansion of Condom Supply Channels

At the time of the pilot project, condoms were distributed by the family plan-

ning fieldworkers during home visits or by health center personnel to clients. But the limited number of fieldworkers means the number of home visits to any particular household are necessarily infrequent, and the long distances to health centers also interfered with adequate distribution. It was decided to expand the number of distribution sites using accessible local community channels: such as Mothers' Club leaders, Tong or Ri chiefs, grocery stores, barber shops, beauty shops, cigarette shops, public bath houses, etc.

#### **4. Personnel Training**

In February 1976, a one-day training session for 69 health personnel in the study area (35 family planning workers, 21 MCH workers, 7 TB workers, 2 provincial FP supervising nurses, 2 health center directors, and 2 health centers administrators) was conducted at the conference room of the Chung Joo Health Center in the pilot study area. The overall objectives of the training program were to provide background information on the study project, including objectives of the study, fee collection procedures, management of the condom fee revenue, record keeping, and reporting, and use of the new supply channels.

### III. Research Methodology

#### 1. Survey Sampling

In order to assess the conditions of condom use and wastage, the baseline survey was conducted in the project areas in April 1976. The survey sample included 700 condom users (320 in Chung Joo City and 380 in Chung Won County) randomly sampled from health center records in the two study areas. However, it was later found to be impossible to utilize this sample due to the many errors in the health center records. In an attempt to compensate for this unexpected situation, two Dongs (a governmental administrative unit in urban area) from Chung Joo City and two Myuns (a rural governmental administrative unit) from Chung Won County were selected for the baseline survey. Among those married women aged 20-49 who were living in the study areas, one half were randomly sampled for sample size of 575 respondents. However, due to the problems the baseline survey sample size of 199 contraceptive users, of which only a small proportion were condom users, was too small to conduct any comparative analysis between the condom and other method users.

For this reason, the final evaluation survey was extended to a minimum sample size of 2,000 respondents which will logically include a larger number of condom users. An evaluation survey was conducted in both Chung Joo City and Chung Won County in December 1976 after the condom began to be distributed with a charge. During the evaluation survey, retrospective information was obtained on all respondents in order to compensate for the lack of information available from the baseline survey.

In Chung Joo City, there are 21 Dongs, which consist of 1,002 Bans (a yet smaller governmental administrative unit in urban area). Three Bans in each of the 21 Dongs totalling 63 Bans were purposively selected on the basis of the

contraceptive distribution achievement, of the number of currently married women and of the socio-economic status of the individual area. In Chung Won County, there are 15 Myuns which consist of 467 Ries (a yet smaller rural governmental administrative unit comparable to the urban Bans). Two Ries from each of the

**Table 3. Sampling of Two Test Area: Chung Joo City and Chung Won County**

Classification	Chung Joo City	Chung Won Country	Total
No. of Dongs and Myuns	21 Dongs	15 Myuns	36 D&Ms
No. of Bans and Ries	1,002 Bans	467 Ries	1,469 B&Rs
No. of sampled Bans & Ries	63 Bans	30 Ries	93 B&Rs
No. of currently married women	24,242	24,196	48,438
Sampled respondents	990	1,003	1,993
Sampling fraction	4.1%	4.1%	4.1%

Source: a) Chung Joo City Government, *1975 Statistical Yearbook of Chung Joo, Chung Joo City*, 1976.

b) Chung Won County Office, *1975 Statistical Yearbook of Chung Won, Chung Won County*, 1976.

15 Myuns totalling 30 Ries were purposively selected on the basis of the same factors as considered in the case of the Chung Joo City.

Half of all currently married women aged 20 to 49 in each of the sampled Ban and Ri were randomly selected. Since the number of currently married women in both study areas was almost same, the sampling fraction of the corresponding size in each area was 4.1 percent respectively. There were 24,242 currently married women in Chung Joo City compared to 24,196 in Chung Won County, and the actual number of the sampled respondents was 990 for Chung Joo City and 1,003 for Chung Won County, with the total sample size reaching 1,993 (Table3).

## 2. Evaluation Survey

The respondents were currently married women aged 20 to 49 who had used



contraception at any time during the period from November 1975 to the time of the survey in December 1976. Two teams conducted the household survey from December 10 to December 24, 1976. Each team was composed of four interview-

**Table 4. Survey Sampling**

Classification	Chung Joo City	Chung Won County	Total
No. of Sample Respondents	990	1,003	1,993
No. of Surveyed Respondents	962	987	1,949
No. of women who have practiced contraception	415	425	840
No. of women who have not practiced contraception	547	562	1,109
No. of Incomplete Interviews:	28	16	44
Absence	8	4	12
Uncertainty of the Address	12	5	17
Refusal	5	3	8
Other	3	4	7
Response Rates	97.2 %	98.4 %	97.7 %

ers and one supervisor; all of whom had previous interviewing experience with KIFP. The total sample size as noted was 1,993: 990 in Chung Joo City and 1,003 in Chung Won County. The number interviewed was slightly less: 962 in Chung Joo City and 987 in Chung Won County for a total of 1,949: a response rate of 97.7 percent. The remaining 44 people could not be interviewed for various reasons. Of the 1,949 people actually interviewed, 840 have experienced using some forms of contraception during the period of November 1975 through December 1976 (Table 4). Of these contraceptive users, 143 were condom users.



## IV. Major Findings

### 1. Contraceptive Practice Rates

The rate of contraceptive use by method and area is shown in Table 6 for two time periods: April 1976 when condoms were available free of charge compared to December 1976, seven months after the condom fee was initiated. The total contraceptive use rate increased slightly in both areas. In Chung Joo City, the April practice rate was 38.6 percent compared to 41.0 percent in December. In Chung Won County, 37.2 percent practiced contraception in April compared to 39.7 percent in December. The total practice rate was slightly higher in Chung Joo City than in Chung Won County at both points in time. The condom use rate was approximately twice as high in Chung Joo City as in Chung Won County both in April and December (Table 5).

**Table 5. Percent Distribution of Current Contraceptive Use by Method and Area Before and Seven Months After Condom Fee was Initiated**

Method	Chung Joo City		Chung Won County		Total	
	Apr.	Dec.	Apr.	Dec.	Apr.	Dec.
IUD	9.9	9.9	14.1	14.9	12.0	12.4
Oral pill	9.1	9.6	7.5	7.4	8.2	8.5
Condom	6.4	7.2	3.3	3.3	4.9	5.2
Tubal ligation	1.5	1.7	1.3	1.8	1.4	1.7
Vasectomy	2.4	2.5	2.7	3.2	2.6	2.9
Rhythm	5.9	6.3	5.2	5.5	5.5	5.9
Other	3.4	3.8	3.0	3.6	3.2	3.7
Non-user	61.4	59.0	62.8	60.3	62.2	59.7
Total (N)	100.0 (962)	100.0 (962)	100.0 (987)	100.0 (987)	100.0 (1,949)	100.0 (1,949)
Contraceptive practice rate	38.6%	41.0%	37.2%	39.7%	37.8%	40.3%

The December practice rates for the IUD and oral pill were higher in the total study area than the national rates: 12.4 percent compared to 10.4 percent for the IUD and 8.5 percent compared to 7.7 percent for the oral pill. However, the vasectomy and condom practice rates were lower in the survey area than were the national rate: 2.9 percent compared to 4.2 for the vasectomy and 5.2 percent compared to 6.3 percent for the condom.<sup>9)</sup>

In both Chung Joo City and Chung Won County, the IUD and oral pill were used more frequently than other method at both points in time. In Chung Joo City the condom was third most frequently used method in both April and December 1976. In Chung Won County the third most often used method was rhythm.

The table also shows that during the eight months between April and December 1976, contraceptive use increased for all methods in both areas (except for the oral pill and condom in Chung Won County which remained at the same level). The largest increase was seen in condom use (0.8 percent) in Chung Joo City and in IUD use (0.8 percent) in Chung Won County. For the purposes of this study, it is important to note that condom use did not decrease

**Table 6. Percent Distribution of Current Contraceptive Users by Age of Wife and Method**

Method	-29	30-34	35-39	40+	Total
IUD	34.9	27.0	25.0	36.8	30.7
Oral pill	26.2	23.2	19.6	17.9	20.9
Condom	11.2	19.3	14.2	8.2	12.9
Tubal ligation	0.8	5.1	5.9	4.0	4.3
Vasectomy	10.4	6.8	5.5	7.3	7.2
Rhythm	11.1	12.4	19.3	13.5	14.7
Other	5.5	6.3	10.5	12.3	9.3
Total (N)	100.0 (126)	100.0 (177)	100.0 (239)	100.0 (245)	100.0 (787)

9/ Korean Institute for Family Planning, *1976 National Family Planning Evaluation Survey*, Seoul: KIFP, mimeo, May 1977.

in either area after the condom fee was initiated. It remained the same in Chung Won County at 3.3 percent, and even increased in Chung Joo City from 6.4 to 7.2 percent. It may be concluded that imposing a small condom fee does not adversely affect the rate of condom use.

## 2. General Characteristics of Contraceptive Users

The age distribution of the women currently practicing contraception by method is shown in Table 6. Women in their twenties and forties most frequently used the IUD, while women in their thirties most often used condoms. Use of the oral pill decreased as age increased.

The mean age of all currently practicing women was 35.7 years, and 39.3 for their husbands. Table 7 had revealed that the mean age of the husbands using condoms (38.1) was lower than for any other method as was the mean age of their wives (34.7).

**Table 7. Mean Age of Wives and Husbands Currently Using Contraception by Method**

Method	Mean Age of Wife	Mean Age of Husband
IUD	36.3	40.3
Oral Pill	35.1	38.4
Condom	34.7	38.1
Tubal ligation	36.7	39.6
Vasectomy	35.4	39.0
Rhythm	36.5	39.8
Others	37.4	41.4
Total (All Users)	35.7	39.3

The type of method used varied greatly by husband's educational level. The IUD was used most by couples where the husband had no education; 55 percent compared to 20.5 percent for couples where the husband had a college educa-

tion. Use of condoms and the rhythm method increased as the husband's education increased; 5 percent of the couples where the husband has no education use condoms compared to 20.5 percent of the couples with a husband with a college education, and 5 percent of the uneducated used the rhythm method compared to 23 percent of the college educated. Use of the IUD is higher among the couples with less educated husbands, and tubal ligation use is higher among couples with higher educated husbands (Table 8). The type of method used also varied by the wife's education as shown in Table 9.

**Table 8. Currently Used Contraceptive Method by Husband's Education**

Method	None	Primary School	Middle School	High School	College	Total
IUD	55.0	35.3	25.5	27.2	20.5	30.7
Oral pill	15.0	21.8	25.5	22.6	7.7	21.0
Condom	5.0	7.9	16.1	16.6	20.5	13.0
Tubal ligation	7.5	3.7	2.7	3.7	10.3	4.3
Vasectomy	2.5	7.3	8.7	6.0	9.0	7.1
Rhythm	5.0	12.5	14.8	16.1	23.0	14.6
Other	10.0	11.6	6.7	7.8	9.0	9.3
Total (N)	100.0 (40)	100.0 (327)	100.0 (164)	100.0 (227)	100.0 (81)	100.0 (787)

**Table 9. Currently Used Contraceptive Method by Wife's Education**

Method	None	Primary School	Middle School	High School	Total
IUD	40.9	32.3	21.3	20.0	30.7
Oral pill	12.5	22.6	23.0	14.0	21.0
Condom	5.7	12.5	15.6	24.0	13.0
Tubal ligation	4.5	3.6	4.9	10.0	4.3
Vasectomy	10.2	6.5	4.1	16.0	7.1
Rhythm	14.8	13.0	22.1	12.0	14.6
Other	11.4	9.5	9.0	4.0	9.3
Total (N)	100.0 (88)	100.0 (527)	100.0 (122)	100.0 (50)	100.0 (787)

The average number of living children per family is shown for the study areas by contraceptive method in Table 10. In Chung Joo City, the average number of living children among current contraceptive users is 3.5, and 4.0 in Chung Won County. Regardless of the current method of contraception, respondents in Chung Joo City had a smaller average number of children. Of all contraceptive methods used by Chung Joo respondents, vasectomy acceptors had the smallest average number of children (3.1).

In summary, among condom users the mean age of both the husband and wife is lower, their educational level is higher, and their family size is smaller compared with other method users in the study area.

**Table 10. Average Number of Living Children by Method**

Method	Chung Joo City	Chung Won County	Total
IUD	3.7	4.1	3.9
Oral Pill	3.5	3.9	3.6
Condom	3.4	3.8	3.5
Tubal ligation	3.4	3.8	3.6
Vasectomy	3.1	3.8	3.5
Rhythm	3.5	3.8	3.7
Others	3.8	4.6	4.3
Total (All Users)	3.5	4.0	3.7

### 3. Contraceptive Method Used Jointly with Condoms

Of the 143 condom users, 55.2 percent reported using condoms only, 39.2 percent used condoms along with the rhythm method, and 2.8 percent used the withdrawal method along with condoms. Table 11 shows that as the husband's education level increased, the couple was more likely to use condoms with another method rather than alone. For example, of the respondents whose husband graduated from primary school, 75.6 percent used condoms alone compared to 27.8 percent of those whose husband graduated from college.

**Table 11. Method Used with Condoms by Husband's Education**

Method	Primary School	Middle School	High School	College	Total
Condom only	75.6	58.8	43.7	27.8	55.2
Rhythm	17.1	38.2	50.0	66.7	39.2
Withdrawal	2.4	0.0	4.2	5.6	2.8
Other	4.9	2.9	2.1	0.0	2.8
Total (N)	100.0 (41)	100.0 (34)	100.0 (48)	100.0 (18)	100.0 (143)

#### 4. Method Used Before and After Condom Use

Table 12 shows the percentage distribution of contraceptive methods used before the condom was adopted by those 143 condom users, and the percentage distribution of methods used after condoms were discontinued. Of these condom users, 69.8 percent had previously used other methods; 30.2 percent reported that condoms were the first method they used, 33.6 percent used the oral pill before using the condom, 21.7 percent used the IUD and 10.5 percent used rhythm. At the time of the December 1976 survey, 75 percent who discontinued the condom changed to another method: 25 percent to the oral pill, 20 percent to rhythm, and 15 percent to the IUD. The remaining one-fourth who discontinued condom use did not adopt another method.

**Table 12. Percent Distribution of Contraceptive Method Used Before Condom Use and After Discontinuing Condom Use**

Method	Before Condom Use	After Condom Use
IUD	21.7	15.0
Oral pill	33.6	25.0
Tubal ligation	—	—
Vasectomy	—	—
Rhythm	10.5	20.0
Others	3.4	10.0
Non-user	30.8	25.0
Total (N)	100.0 (143)	100.0 (41)



## 5. Continuation Rates for Those Who Use Purchased Condoms Compared to Those Who Use Free Condoms

The condom is different from other methods, such as the IUD and oral pill, because it is a temporary method that may be used at some times but not others, and also because it is frequently used with another method. It is consequently difficult to estimate the continuation rate for condom. In estimating the continuation rates in this study, those who use another method with condoms were treated the same as those who used only the condom.

Table 13 shows the comparative continuation rate between those 65 respondents who had received a supply of free condoms, and the remaining 78 respondents who purchased condoms for the 30 won fee. For the free condom users, the continuation rate was calculated during the period extending from November 1975 to May 1976; during which time condoms were free. For the paid users, the continuation rate was calculated during the period when condom fee was collected: June to December 1976. In both cases the observation period was six months.

Among those who used free condoms, 88.6 percent continued after one month of use, 70.9 percent after three months and 53.4 percent after six months of use; a total decrease of 46.6 percent from initial use. However, among those

**Table 13. Continuation Rate of Purchased Condom Users Compared to Free Condom Users**

Ordinal Month of Use	Use Free Condoms	Use Purchased Condoms
One month	88.6%	93.6%
Two months	77.2	84.0
Three months	70.9	80.1
Four months	69.4	73.5
Five months	59.7	72.2
Six months	53.4	70.9

who used purchased condoms 93.6 percent continued to use condoms after one month, 80.1 percent after three months, and 70.9 percent were still using condoms after six months; a total decrease of only 29.1 percent. It is obvious the continuation rate of purchased condom users was higher than that of free condom users. These findings indicate that the condom fee does not adversely affect the contraceptive use rates.

Table 14 shows the termination rates for condom use in Korea compared to that in Taiwan. After six months of use, 47 percent of the Taiwan users and the Korean free condom users had terminated; although the Korean respondents had a lower drop out rate in the early months. The termination rate for Korean respondents who used purchased condoms was much lower, 29 percent, compared to the Taiwan respondents who used purchased condoms. Even more significantly the termination rate was lower than the Korean respondents who used free condoms: further evidence that a condom fee does not hamper condom use.

**Table 14. Termination Rate of Condom Use for Korea and Taiwan**

Ordinal Month of Use	Korea		Taiwan
	Use Free Condoms	Use Purchased Condoms	Use Purchased Condoms
One month	11.4%	6.4%	20.3%
Three months	29.1	19.9	35.4
Six months	46.6	29.1	46.9

Source: \*Taiwan Provincial Department of Health, *Condom Users' Follow-up Survey*  
Taichung: Committee on Family Planning, Taiwan Provincial Department of Health, 1974

## 6. Reasons for Condom Use and Discontinuation of Condom Use

Most condom users (89.5 percent) in the study area used condoms to terminate child-bearing while the remaining 4.9 percent used condoms for spacing purposes. Among those who used free condoms and those who purchased condoms a similar proportion used them to terminate child bearing; but those using free condoms tended to use them more frequently for spacing purposes than those who

purchased condoms (Table 15).<sup>10)</sup>

**Table 15. Percent Distribution of Reasons for Using Condoms by Type of Condom Used**

Reasons	Use Free Condoms	Use Purchased Condoms	Total
Do not want any more children	90.8	88.5	89.5
Space pregnancies	7.7	2.6	4.9
Health reasons	—	6.4	3.5
Economic reasons	1.5	1.3	1.4
Other	—	1.3	0.7
Total (N)	100.0 (65)	100.0 (78)	100.0 (143)

Of the 143 condom users in the sample areas, 41 discontinued use; 26 had purchased condoms and 15 had used free condoms. Among both groups of discontinuers, interference with sexual enjoyment was most frequently mentioned (24.4 percent), contraceptive failure was the second most frequently reported

**Table 16. Percent Distribution of Reasons for Discontinuing Condom Use by Type of Condoms Used**

Reasons	Use Free Condoms	Use Purchased Condoms	Total
Want more children	7.7	—	4.8
Changed method	11.5	20.0	14.6
Inconvenient to get condoms	11.5	—	7.3
Became pregnant	17.4	22.0	19.5
Condoms are low quality	15.4	6.7	12.2
Interferes with sexual enjoyment	19.2	33.3	24.4
Condom fee is too high	NA	—	—
Other	17.2	18.0	17.2
Total (N)	100.0 (26)	100.0 (15)	100.0 (41)

10/ Among 143 condom users, 65 received a supply of free condoms prior to initiation of the condom fee. The remaining 78 purchased condoms.

reason (19.5 percent), change to another method was the third most frequent reason (14.6 percent) and only 4.8 percent discontinued use because they desired another pregnancy (Table 16).

Of those who used free condoms, inconvenience in acquiring condoms (11.5 percent) and poor quality (15.4 percent) were also frequently noted as reasons to discontinue use. Of those who purchased condoms the three most important reasons were; a changes in method (20.0 percent), became pregnant (22.0 percent), and interference with sexual pleasure (33.3 percent). It is significant that among those using purchased condoms no one reported the condom fee as a reason to discontinue using them.

## 7. Number of Condoms Purchased and Used Per Month

The average number of condoms purchased at the health center at one time is 3.4 packages when the condoms are distributed with a charge, which compares with the 3.5 packages when the condom supply was free of charge. Those who purchased 3 packages account for 34.9 percent of the total health center condom users, the primary reason being that the standard of condom supply at one time is set at three packages for a three month use, which

**Table 17. Number of Condoms Purchased at One Time**

Number of Packages	When Condoms were free	When Condom Fee was charge	Total
One	16.9	21.8	19.6
Two	13.8	10.3	11.9
Three	40.0	30.8	34.9
Four	9.2	15.4	12.5
Five	4.6	11.5	8.3
Six	6.2	5.1	5.6
Seven or more	9.3	5.1	6.9
Total (N)	100.0 (65)	100.0 (78)	100.0 (143)
Mean	3.5	3.4	3.4

is in accordance with the health center guidelines on contraceptive supplies (Table 17).

Meanwhile, the average number of condoms used per month stands at 4.3, which breaks down into 4.2 condoms when the condoms are free of charge, and 4.5 condoms when they were supplied with a charge. Namely, those who use condoms when they were charged with a fee for their condoms used a slightly larger number of condoms per month than those who were supplied with condoms free of charge. Of the condom users who were supplied with condoms free of charge, 35.3 percent used 3 to 4 condoms per month, whereas of the condom users who pay for their condoms 37.2 percent used 5 to 6 condoms per month (Table 18).

**Tale 18. Number of Condoms Used Per Month**

No. of Condoms	When Condoms were free	When Condom Fee was charged	Total
1-2 Condoms	24.7	21.8	23.1
3-4	35.3	32.1	33.5
5-6	30.7	37.2	34.3
7-8	6.2	5.2	5.6
9+	3.1	3.8	3.5
Total (N)	100.0 (65)	100.0 (78)	100.0 (143)
Mean	4.2	4.5	4.3

## **8. Condom Distribution Site and Opinion about Condom Fee**

### **A. Condom Distribution Site**

Currently condoms are distributed by the family planning fieldworkers during home visits or by the health center to clients. But the limited number of fieldworkers means the number of home visits to any particular household are necessarily infrequent and the long distance to health centers interfere with adequate distribution. It was decided to expand the number of distribution sites

via local community channels. Table 19 lists the number of various local community channels available for the distribution of condoms in Chung Joo City and Chung Won County.

**Table 19. Number of Newly Established Condom Supply Sites by Area**

Sites	Chung Joo City	Chung Won County	Total
Mothers Club leaders	12	224	236
Ri (Tong/Ban) Chiefs	27	40	67
Grocery stores	2	3	5
Beauty shops	15	8	23
Cigarette shops	7	7	14
Barber shops	4	2	6
Total	67	284	351

Except for the health center, the distribution achievement of these new outlets was minimal (Table 20). This may be due to lack of motivation on the part of the distributors, inadequate public advertising and promotion of the new channels, the novelty of the new outlets, or the embarrassment typically related to sexual and contraceptive matters. After the condom fee was initiated, the number of condoms purchased from the health centers decreased, but the number purchased from drug stores increased in Chung Joo City. However, in Chung Won County, there were almost no changes before and after the condom fee was collected.

The most preferred distribution site was the health center although many also wanted to receive condoms from other places (Table 21).

In Chung Joo City, half of the respondents most preferred the health centers as a distribution site, 19.8 percent preferred drug stores, 17.6 percent preferred the Tong/Ban chief, with a few also preferring grocery stores, beauty parlors, etc. In Chung Won County, 73.1 percent preferred the health center, 9.6 percent the Ri chiefs, 7.7 percent the Mothers Club leader and 7.7 percent preferred drug stores.

**Table 20. Percent Distribution of Condom Supply Sites by Area**

Sites	Chung Joo City		Chung Won County		Total	
	I	II	I	II	I	II
Health Centers	76.4	67.7	87.8	88.6	80.5	73.5
Mothers' Club Leaders	—	—	4.9	5.7	1.8	2.1
Drug Stores	18.1	24.2	4.9	2.9	13.3	16.5
Others	5.5	8.1	2.4	2.8	4.5	6.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

I. Percentage distribution of condom supply sites when the condoms were supplied free of charge.

II. Percentage distribution of condom supply sites when the condoms were supplied with a charge.

**Table 21. Percent Distribution of Preferred Future Condom Purchase Sites**

Sites	Chung Joo City	Chung Won County	Total
Health Centers	57.1	73.1	62.9
Drug Stores	19.8	7.7	15.4
Ri (Tong/Ban in Urban) Chiefs	17.6	9.6	14.7
Mothers' Club Leaders	—	7.7	2.8
Grocery Stores	3.3	1.9	2.8
Beauty Shops	2.2	—	1.4
Total (N)	100.0 (91)	100.0 (52)	100.0 (143)

### B. Opinion About Condom Fee

The following table shows the opinion of the current condom users (as of December 1976) about the condom charge (30 won). The majority of the respondents said 30 won was an adequate price per package of six condoms, 17.3 percent of the condom users said it was cheap, compared to only 4.7 percent who responded that the 30 won was too expensive. These findings did not vary much by income.

However, in view of the fact that 78.7 percent of the condom users recruited by the free government program belong to the income bracket with per month

income less than 80,000 won, the condom charging schedule would be set up with due consideration of the low financial income of target group. Since the purpose of the condom charge is for eliminating the condom wastage and false reportings on the condom program performance, a realistic charging schedule that is acceptable to this income group should be established.

**Table 22. Percent Distribution on Condom Charge (30 won) by Monthly Income**

Opinion	₩40,000 or less	₩40,000- ₩80,000	more than ₩80,000	Total
Inexpensive	14.3	16.7	22.2	17.3
Adequate	82.1	79.2	70.3	78.0
Expensive	3.6	4.1	7.4	4.7
Total (N)	100.0 (28)	100.0 (72)	100.0 (27)	100.0 (127)

### 9. Comparison of the Amount of Condoms Distributed Before and After the Initiation of Condom Supply with a Charge

During the last fifteen years, approximately 150,000 packages of condoms per month were distributed each year via the national program. As explained earlier, because condoms were distributed free, a unknown amount of wastage occurred, which makes it difficult to assess the real impact of condom usage on fertility rates. To date, no study has been conducted to precisely determine the amount of wastage or the degree of false statistical reporting by the fieldworkers. Conducting such a study is difficult for several reasons. First, the ambiguity of health center records on condom users' addresses and socio-demographic background makes a condom user follow-up survey very difficult. Second, defining "condom wastage" and distribution "achievement" is difficult. For example, the health center may distribute a large number of condoms to community organizations for distribution to members, etc., and report this as distribution "achievement" for the health center. However, it is difficult to



determine how many of the condoms were actually distributed by the various organizations to users. Also if the user receives condoms directly from the health center or fieldworker but does not immediately use them, it cannot be defined as "wastage" because the possibility remains that condoms might be used in the future. And third, it is difficult to determine the wastage due to fieldworkers who discard condoms outright and then falsely report them as "distributed". Imposing a fee which the users must pay and for which the fieldworkers are responsible obviously help reduce condom wastage.

An objective then of this pilot study was to try to determine the wastage rate after the condom fee was imposed. To determine the wastage rate, the difference between condom achievement and practice rates before and after the condom fee was initiated was measured. In Chung Joo City, the average number of packages distributed free per month from the health center from May to December 1975 was 1,088. Of the total contraceptive practice rate in December 1975, 6.0 percent was due to condom use. During May to December 1976 when the condoms cost 30 won per package, the average distribution per month decreased to 1,003 packages. However, the condom practice rate in December 1976 had increased to 7.2 percent of the total contraceptive use rate: an increase of 0.8 percent compared to free condoms. Considering the condom distribution achievement and practice rates for these two time periods, Table 23 and 24 show that approximately 23 percent of the free condoms were wasted in Chung Joo City compared to the paid condoms according to the following formula:

$RR_1: RR_2 = D_1:D_2$  where,

$PR_1$  equals the practice rate for paid condoms

$PR_2$  equals the practice rate for free condoms

$D_1$  equals the number of condom packages distributed per month with a charge

$D_2$  equals the number of condom packages distributed free of charge per month;

and where it was assumed that none of the purchased condoms were wasted while some of the free condoms were. Thus,

$$\frac{\bar{P}R_1=7.2}{PR_2=6.0} = \frac{\bar{D}_1=1,003}{D_2=X}$$

X=836 packages (of free condoms used and not wasted).

The percent of free condoms wasted was:

$$\frac{D_2-X}{D_2} = \frac{1,003-836}{1,003} = 23 \text{ percent (See Tables 23 and 24)}$$

**Table 23. Achievement of Condom Distribution by Area** Unit: Package

Month	May-December 1975 (When Condoms were Free)		May-December 1976 (When Condom Fee was Charged)	
	Chung Joo City	Chung Won County	Chung Joo City	Chung Won County)
May	1,112	1,478	755	943
June	1,109	1,442	773	651
July	1,126	1,485	1,032	598
August	1,156	1,463	755	525
September	1,084	1,482	621	663
October	1,229	1,504	843	549
November	1,002	1,449	1,286	710
December	899	1,400	1,207	609
Total	8,707	11,703	8,027	5,248
Monthly Average	1,088	1,463	1,003	656

Source: Korean Institute for Family Planning, *Monthly Family Planning Service Statistics by Health Center*, Seoul: KIFP, April 1977.

**Table 24. Condom Wastage When Condoms were Free**

Area	May- December 1975 (When Condoms were Free)		May- December 1976 (When Condom Fee was Charged)		Condom Wastage Rate when Condoms were Free
	No. of Packages Distributed per Month	Practice Rate	No. of Packages Distributed per Month	Practice Rate	
Chung Joo City	1,088	6.0%	1,003	7.2%	23%
Chung Won County	1,463	3.3	656	3.3	55
Total	2,551	4.7	1,659	5.2	41

In Chung Won County, an average of 1,463 packages were distributed free each month from May to December 1975. The condom practice rate in December 1975 was 3.3 percent. From May to December 1976, when the condom fee was collected, an average of 656 packages per month were distributed. The condom practice rate in December 1976 remained unchanged at 3.3 percent. Utilizing the same formula, it was determined that approximately 55 percent of the free condoms were wasted.

In both areas together an average of 2,551 packages of condoms were distributed free per month from May to December 1975. The condom practice rate in December of that year was 4.7 percent. During the time a fee was collected, an average of 1,659 packages were distributed per month and the condom practice rate in December of 1976 was 5.2 percent. According to the same formula, approximately 41 percent of the free condoms in both areas was wasted (Table 23 and 24). However, these figures were made under the assumption that the condom purchase amount at one time and the number of condoms actually used per month are the same between those who received the condoms free of charge and those who purchased them with a fee.

## **10. Reconsideration of Condom Target System**

In view of the fact that best efforts have been made by family planning workers to distribute as many condoms as possible to the pilot areas, the condom achievement in the areas may as well represent the maximum amount of condoms that can be supplied to those areas. Thus it might be assumed that the condom achievement made during the pilot study can be the proper amount of condom target for those areas. That is, when condoms were distributed with charge, the condom achievement in Chung Joo City shrank by 8.8 percent of 8,027 packages, a decrease in the amount distributed in comparison with the achievement when condom supply was free, and in Chung Won County, the condom achievement dwindled by 55.2 percent down to 5,248 packages. The figures 8,027 and 5,248 packages for eight months, monthly average 1,003 and 656

packages would be the appropriate amount of condom target for these respective pilot areas (Table 24).

However, the problems such as wastage of contraceptive supplies, false reporting of services statistics, and discontinuation are due to the existing target system which determines yearly achievement goals by setting a target for each individual contraceptive method. A nationwide target for each method and the target number of acceptors is then apportioned out to various sub-areas according to the number of eligible couples in each area. Because these targets are set without consideration for the particular tastes and prejudices in the areas family planning workers are often guilty of false reporting in order to reach an otherwise unattainable target, and produce such problems.

As an alternative to the existing contraceptive method-based target system, a weighted credit system should be introduced. In the weighted credit system, each contraceptive method assigned a specific number of points based upon the couple years of protection (CYP) provided by the method. No specific targets for each method are given. This weighted credit system allows the family planning workers to take into account the individual and regional tastes and prejudices of potential acceptors in family planning promotion. In addition, this new target system will improve the quality of program output by eliminating unnecessary wastage in contraceptive supplies, particularly condoms and oral pills.

## V. Summary And Conclusions

One of the major impediments in the national family planning program since its inception in 1962 has been the inability to accurately enumerate condom users. The problem is not the quality of tabulating done at the national level, nor the data contained in the monthly reports. The primary problem is over-reporting and double reporting by fieldworkers.

Because the condoms are distributed free of charge and condom targets are allocated to family planning workers, the workers are often guilty of false reporting in order to achieve an otherwise unattainable target. This false reporting results in low quality service statistics and calls into question the quality of program evaluation research in general.

In order to overcome this situation, a pilot project on condom distribution with a fee was conducted at Chung Joo City and Chung Won County, Choong Puk Province during the period of May 1 through December 31, 1976. In the pilot project areas, the condom was distributed for 30 won per pack including six condoms. Also, a feasibility study utilizing the existing community agents such as cigarette shops, beauty shops, etc., as the condom supply points was examined. The main findings of the study are summarized as follows:

1. The majority of the condom users interviewed in the pre-survey approved of a 30 won fee per package. During the pilot study period, no one discontinued condoms because of the fee. In the follow-up evaluation survey, 95.3 percent of the condom users thought 30 won was a fair or cheap price.
2. Wastage of free condoms was found to be approximately 41 percent. Imposing a small fee can prevent most of the wastage.
3. The continuation rate after six month of use for those who purchased condoms was much higher (70.9 percent) than that among those who used free condoms (53.4 percent).
4. A small condom fee does not adversely affect condom use rates. Although

the number of condoms distributed decreased after the fee was imposed by 35 percent (from an average of 2,551 per month to an average of 1,659 packages per month); the condom use rates increased slightly from 4.7 percent in December 1975 to 5.2 percent in December 1976.

5. The number of condom distribution sites was greatly expanded by utilizing a variety of local community sources. However, their combined distribution achievement was low, the primary reason is that the general public dislike to obtain contraceptives and discuss about them at these local community sources. The yet prevailing attitude of the public toward the most intimate of their private life being such that the public preferred the health centers and hospitals to the community facilities.

As mentioned above, even though the condom distribution with a fee may greatly help alleviate the condom wastage, prevent the false reporting, and improve the condom continuation rate, it does not provide an answer to the problems related to the condom supply. The reason is that the problems originally drive from the existing target system in which contraceptive method-based targets are set without consideration of the acceptability differential of the individual region where the family planning workers are assigned. In order to solve such problems and to maximize the effectiveness of the national family planning program, the following points should be taken into consideration in addition to the initiation of the condom supply with a charge.

First, as a means of improving the current target system, the weighted credit system should be introduced. If the new system cannot be introduced within a short period of time, only the minimum amount of condom target which the individual region can afford to should be assigned to the area, and additional amount of condom target should be supplied at the request of the area where the condom is needed additionally. In view of the high rate of condom wastage found in the pilot study, the national condom target for 1977 should be reduced to 100,000 monthly users from 150,000 monthly users in 1976.

Second, the process whereby the condom users obtain condoms at the health center should be simplified. Many people hesitate to obtain condoms at the health

centers, because they have to report their name, address, residence registration card number, and they should affix their seals on whatever documents they fill out. One may think that these administrative red-tapes are necessary in order for the condoms to be supplied free of charge, but once the condom is distributed with a fee, nobody would like to undergo these cumbersome red-tapes. Under the new system where the condoms are distributed with a fee, the condom should be made available to the end users promptly whenever the condom charge is paid.

Third, the condom postal delivery system should be instituted. At present, condoms are being distributed to the users by the family planning workers through their home visits or the condom users themselves visit the health centers to get condoms. However, the limited number of family planning workers cannot provide the condoms to users, and moreover, there are as yet a large number of people who find it rather embarrassing to ask for condoms. If the condoms are distributed through the postal service system, the above inconveniences would be eliminated. A study has found that 34.4 percent of the urban condom users and 44.5 percent of the rural condom users prefer the condom distribution through the postal service. The postal service system would help family planning workers economize their time and efforts which they can subsequently utilize in recruiting new acceptors.

Fourth, those in the young-age group should be encouraged to use condoms, particularly for birth spacing. At present, 90 percent of the condom users in the pilot areas are practicing family planning for pregnancy termination. Since most of the eligible women in Korea contracept for pregnancy termination, education, and communication activities on family planning should be directed toward those in the young-age bracket. That is, contraceptives such as condoms should be distributed to the young-age group who contracept for birth spacing, and the sterilization program should be directed toward the old-age group over 30 whose purpose in contraception is for pregnancy termination. In addition, the fact that 20 percent of those who discontinued condoms did so as they became pregnant bespeaks the need for a more strengthened IE&C activities on the

condom use.

Fifth, an overall evaluation of the reliability of service statistics should be carried out. So far, evaluation on the family planning program effectiveness have been made solely on the basis of the data provided by the monthly service statistics, but, no nationwide survey for measuring the reliability and adequacy of the service statistics has yet been made. Therefore, a nationwide survey on the quality of service statistics has to be made on a regular basis for a better program evaluation. In addition, re-evaluation of the program achievement and its effectiveness done in the past years should be implemented.



**QUESTIONNAIRE FOR EVALUATION OF THE FEASIBILITY STUDY  
ON THE CONDOM CHARGE THROUGH HEALTH CENTER NETWORK**

ED No.	Household No.

Address:		City County	Dong Myun
Head of household:		Wife's (respondent's) Name:	
Month and Date of visit	Time of Visit	Interviewer's Name	Result of Visit
1977. 12. .	from: until:		<input type="checkbox"/> finished <input type="checkbox"/> unfinished
1977. 12. .	from: until:		<input type="checkbox"/> finished <input type="checkbox"/> unfinished
1977. 12. .	from: until:		<input type="checkbox"/> finished <input type="checkbox"/> unfinished

Supervisor's Name \_\_\_\_\_ (Seal)

DECEMBER 1976

KOREAN INSTITUTE FOR FAMILY PLANNING



1. How old are you and your husband, and when were you both born?

Wife's age: \_\_\_\_\_ (year of birth \_\_\_\_\_ month \_\_\_\_\_)

Husband's age: \_\_\_\_\_ (year of birth \_\_\_\_\_ month \_\_\_\_\_)

2. What kind of work does your husband do? Besides housework, if you currently have another job, please tell me what it is.

<u>Husband</u>	<u>Type of Work</u>	<u>Wife</u>
<input type="checkbox"/>	1. Professional	<input type="checkbox"/>
<input type="checkbox"/>	2. Administrative or governmental work	<input type="checkbox"/>
<input type="checkbox"/>	3. Sales work	<input type="checkbox"/>
<input type="checkbox"/>	4. Service work	<input type="checkbox"/>
<input type="checkbox"/>	5. Farming	<input type="checkbox"/>
<input type="checkbox"/>	6. Skilled work	<input type="checkbox"/>
<input type="checkbox"/>	7. Labour	<input type="checkbox"/>
<input type="checkbox"/>	8. Career army of police	<input type="checkbox"/>
<input type="checkbox"/>	9. No job	<input type="checkbox"/>

3. Which level of school have you and your husband finished?

<u>Husband</u>	<u>Level of School</u>	<u>Wife</u>
<input type="checkbox"/>	1. No schooling	<input type="checkbox"/>
<input type="checkbox"/>	2. Primary school	<input type="checkbox"/>
<input type="checkbox"/>	3. Middle school	<input type="checkbox"/>
<input type="checkbox"/>	4. High school	<input type="checkbox"/>
<input type="checkbox"/>	5. College or more	<input type="checkbox"/>

4. How many members are there in your family including yourself?

No. of family members: \_\_\_\_\_

5. How much money do you use for your family expenditure is an average month?

☐ a) Less than W 20,000

☐ b) W20,000 to W 39,999

☐ c) W40,000 to W 59,999

☐ d) W60,000 to W 79,999

☐ e) W80,000 to W 99,999

☐ f) W100,000 to W119,999

☐ g) W120,000 to W139,999

☐ h) W140,000 or more

6. At what age did you and your husband marry?

Wife age: \_\_\_\_\_

Husband age: \_\_\_\_\_

7. How many living sons and daughters do you have?

No. of sons: \_\_\_\_\_

No. of daughters: \_\_\_\_\_

Total: \_\_\_\_\_

8. Do you want to have more children?

☐ 1. No (if no, go to Q. 10.)

☐ 2. Yes

9. How many more children do you want to have?

No. of Sons: \_\_\_\_\_

No. of Daughters: \_\_\_\_\_

Total: \_\_\_\_\_

10. In genral what do you think is the ideal number of children?

No. of Sons: \_\_\_\_\_

No. of Daughters: \_\_\_\_\_

Total: \_\_\_\_\_

11. What age do you think is best for women to stop child-bearing?

Age: \_\_\_\_\_

12. Are you currently using contraceptive?

☐ 1. Current user

☐ 2. Past user (Go to Q. 14.)

13. Which method are you using now?

☐ 1. Loop

☐ 2. Oral pill

☐ 3. Condom

☐ 4. Tubal ligation

☐ 5. Vasectomy

☐ 6. Other (Specify: \_\_\_\_\_)

14. I'd like to know which method you used, and for how many months you used it from November 1975 through December 1976.

(\*Interviewre: Record in following table on the contraceptive history.)

15. During this year, did you become pregnant because of a contraceptive failure?

☐ 1. No

☐ 2. Yes

### Contraceptive History

Method \ Month	75 Nov	Dec	76 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. IUD														
2. Oral pill														
3. Condom														
4. Tubal ligation														
5. Vasectomy														
6. Rhythm														
7. Other (Specify)														
Normal Pregnancy														
Outcome of pregnancy due to contraceptive failure and method which failed														

Interviewer: 1. Mark (x) in the months contraceptive used by method.

2. In case of a contraceptive failure, write first letter of the method and the result of the pregnancy.

(\*Ask the following questions only to the women who have ever used condoms according to the previous question.)

15. Where did you purchase condoms before May 1976? And after May 1976 where did you purchase them?

#### Before May 1976

#### Purchase Place

#### After May 1976

☐

1. Health Center

☐
☐

2. Mother's Club leader

☐
☐

3. Dong or Ri chief

☐
☐

4. Beauty shop

☐
☐

5. Barber shop

☐
☐

6. Grocery store

☐
☐

7. PPFK Clinic

☐
☐

8. Drug store

☐
☐

9. Hospital or clinic

☐
☐

10. Others (Specify: \_\_\_\_\_)

☐

15-1. (To the respondents who purchase condoms from the drugstore or hospital) How much money did pay per dozen for the condoms?

W \_\_\_\_\_

16. Which place do you think is most convenient for you to purchase condoms in the future?

Purchase Place

- ☐ 1. Health Center
- ☐ 2. Mother's Club leader
- ☐ 3. Dong or Ri chief
- ☐ 4. Beauty shop
- ☐ 5. Barber shop
- ☐ 6. Grocery store
- ☐ 7. PPFK Clinic
- ☐ 8. Drug store
- ☐ 9. Hospital or clinic
- ☐ 10. Other (Specify : \_\_\_\_\_)

17. Have you ever purchased condoms for 30 won per package since May 1976?

\_\_\_\_ 1. No (Free user)

\_\_\_\_ 2. Yes (Paid user)

17-1. When did you first pay this condom fee?

\_\_\_\_\_, 1976  
(Month)

18. What do you think about the current condom fee of 30 won per package?

- ☐ 1. Rather cheap
- ☐ 2. Adequate (Go to Q.20.)
- ☐ 3. Rather expensive

19. Then, what do you think is the appropriate fee per package?

W \_\_\_\_\_

20. Why do you use condoms?

- ☐ 1. Do not want any more children
- ☐ 2. Spacing of pregnancies
- ☐ 3. For health reasons
- ☐ 4. For economic reason
- ☐ 5. Other (Specify: \_\_\_\_\_)

21. (For women who stopped using condoms) Why did you discontinue using condoms?

<u>Free Condom</u>	<u>Reasons</u>	<u>Purchased Condom User</u>
<input type="checkbox"/>	1. Wanted more children	<input type="checkbox"/>
<input type="checkbox"/>	2. Changed method	<input type="checkbox"/>
<input type="checkbox"/>	3. Hard to get condoms	<input type="checkbox"/>
<input type="checkbox"/>	4. Became pregnant	<input type="checkbox"/>
<input type="checkbox"/>	5. Troublesome to use	<input type="checkbox"/>
<input type="checkbox"/>	6. Condoms are low quality	<input type="checkbox"/>
<input type="checkbox"/>	7. Interferes with sexual enjoyment	<input type="checkbox"/>
<input type="checkbox"/>	8. Condom fee was too high	<input type="checkbox"/>
<input type="checkbox"/>	9. Other (Specify: _____)	<input type="checkbox"/>

22. How many packages did you usually get at one time when condoms were free? And now since the condom fee was initiated, how many packages do you usually pick up to at one time?

When condoms were free: No. of packages: \_\_\_\_\_

When condom fee was charged: No. of packages: \_\_\_\_\_

23. Which method did you use before using condoms?

- ☐ 1. IUD
- ☐ 2. Oral pill
- ☐ 3. Rhythm
- ☐ 4. Withdrawal
- ☐ 5. Condom only
- ☐ 6. Other (specify: \_\_\_\_\_)



24. How many condoms do you need per month?

No. of condoms: \_\_\_\_\_

(Ask Q. 24 to Q. 27 to respondents who are currently using condoms.)

25. Are you satisfied with using condoms?

\_\_\_\_ 1. Yes

\_\_\_\_ 2. No

26. Do you plan to another contraceptive method?

\_\_\_\_ 1. No

\_\_\_\_ 2. Yes

27. If yes, which method would you like to change to?

Method: \_\_\_\_\_



# 콘돔 有料普及에 관한 示範研究

(SUMMARY TEXT IN KOREAN)

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1977年 6月

家族計劃研究院



# 콘돔有料普及에 관한 示範研究

## I. 研究背景 및 目的

### 1. 研究背景

우리나라 家族計劃事業이 政府事業으로 採擇된 1962년부터 現今에 이르기까지 主要 避妊方法의 하나로 普及되어온 콘돔은 年次的으로 그 受容率이 增大되어 왔을뿐 아니라 콘돔이 우리나라의 出産力 低下에 미친 영향도 매우 至大한 것으로 評價되고 있다. 當 研究院에서 實施한 1976年度 全國 出産力 및 家族計劃評價調査에 의하면 1976年末現在 全體 有配偶 對象婦人 469萬名中 6.2퍼센트인 29萬名이 콘돔을 使用하고 있으며, 이중 약 半數가 政府支援에 依해서 콘돔을 使用中에 있으며 나머지 半數는 商業販賣網을 通하여 自費로 使用하고 있는 것으로 推定되고 있다. 지난 1962년부터 1976년까지 政府支援에 의한 콘돔受惠者의 數는 232萬 5千名으로 이들에게 普及된 콘돔의 量은 무려 2,385萬匣(콘돔 6個込)에 이르고 있다.

콘돔이 그간의 出産力 低下에 미친 寄與度를 測定한다는 것은 매우 어려운 일이라고 하겠으나 한 調査結果에 의하면 지난 1962년부터 1975년까지 家族計劃事業에 依하여 이룩된 出生防止數는 192萬名으로 이중 約 24%가 콘돔에 依하여 出生이 防止된 것으로 評價되고 있다.

이와같이 그간 콘돔에 의해서 이룩된 人口學的効果는 의심할 여지가 없으나 그 이면에는 콘돔의 普及과 관련하여 改善되어야 할 여러가지 問題點이 內包되어 왔다. 즉 事業初期부터 採擇되어온 既存 目標量制度는 避妊對象者의 避妊에 대한 嗜好를 考慮하지 않고 그 地域의 對象者數에 따라서 劃一的으로 目標量을 避妊方法別로 配定하여 왔기때문에 그 地域에서 受容이 잘안되는 避妊方法은 割當된 目標量때문에 要員에 依해서 無理하게 普及되어 早期에 避妊을 中斷하는 原因이 되었고 더 나아가서는 콘돔과 같은 避妊藥劑器具의 虛實이나 또는 月別事業實績報告上の 虛爲記載로 인한 事業統計의 信憑度를 低下시키는 結果를 招來하여 왔다. 특히 콘돔은 루우프施術 및 不妊手術의 施術費나 먹는避妊藥의 普及手數料와는 無關하게 事業初期부터 無料로 普及하여 왔기 때문에 事業實績 報告上の 虛爲記載나 虛

實量은 他 避妊方法에 比하여 더욱 높을것으로 推定되고 있다.

1971년에 當 研究院에서 實施한 全國 家族計劃要員 業務實態調査에 의하면 콘돔의 實績中 約 27퍼센트 程度는 避妊目的 以外로 虛實된다는 事實을 要員스스로가 肯定하고 있음을 勘案할때 콘돔의 虛實率은 그 以上이 될 것으로 豫想되고 있기 때문에 이를 改善하기 위한 制度的인 措置가 隨伴되지 않고서는 向後 콘돔에 의한 避妊效果는 크게 期待될 수없는 것이다. 더우기 그간 크게 變貌된 社會經濟的인 發展이나 避妊實態에 比하여 事業의 推進方式은 事業初期의 것을 그대로 踏襲하고 있는 現實을 감안할때 콘돔의 無料普及과 같은 既存 事業運營方式도 時代潮流에 符合되도록 과감하게 改善하여야 할 時點에 이르렀다고 思料된다.

## 2. 研究目的

本 示範事業은 콘돔의 無料普及에서 派生되는 各種 問題點에 對한 改善方案으로 콘돔의 名目上 有料普及에 關한 可能性을 糾明하기 위한 것이며, 同 示範事業의 目的을 要約하면 다음과 같다.

첫째로, 콘돔의 無料普及時와 有料普及時의 콘돔受容水準 및 繼續使用率을 比較 檢討하여 콘돔의 有料普及에 對한 妥當性을 檢討하고

둘째로, 콘돔의 無料 및 有料普及時의 콘돔普及實績과 使用率을 比較함으로써 有料普及時 防止될수 있는 콘돔의 虛實程度를 測定하고 이를 基礎로 向後 콘돔의 適正 目標量을 提示하며,

셋째로, 現在 콘돔의 普及은 使用者의 保健所 來訪이나 要員의 家庭訪問에 의해서 이루어 지고 있으나 使用者가 콘돔이 必要할때에는 언제, 어디서나 손쉽게 求得할수 있도록 하기 위하여 地域社會의 既存 組織體인 煙草販賣所, 美粧院, 雜貨商(가게), 里洞長宅等を 콘돔普及處로 活用할 수있는지의 可能性을 糾明하는데 그 目的이 있다.

## Ⅱ. 示範事業의 內容

### 1. 示範地域의 選定 및 事業期間

本 콘돔 有料化 示範事業의 對象地域은 都市 및 農村型으로 忠北 清州市와 清原郡이 각각 任意로 選定되었다. 清州市는 內陸地方의 道廳所在地 都市中에서 人口 및 面積이 가장 적은 都市이며 外廓地域이 清原郡에 의해서 둘러싸여 實際上으로 한 地域에서 都市, 農村型의 事業을 同時에 推進할수 있는 利點이 있고 同 示範事業의 遂行機關인 清州市 및 清原郡 保健所와 忠北道廳이 清州市內의 同一地域에 位

置하고 있어 同 示範事業의 效率의 推進을 위한 協助 및 指導監督이 수월하게 이루어질 수 있는 有利한 地理條件이 具備되어 있다. 또한 이 두地域의 社會, 經濟, 文化等 諸 水準은 他 都市, 農村地域의 平均値와 類似한 水準을 維持하고 있는 典型的인 地域으로 看做되어 이 두地域을 示範地域으로 選定하게 되었다. 淸州市 및 淸原郡의 面積, 人口數 및 有配偶 對象婦人數는 表 1에서 보는바와 같다. <表 1參照>

同 示範事業은 上記地域에서 1976年 5월부터 同年 12월까지 8個月間 持續되었다. 當初에 計劃된 事業期間은 1976年 5월부터 1年間을 推進할 豫定이었으나 1977年初부터 콘돔의 有料普及을 全國의으로 擴大實施하기로 決定한 政府의 方針에 따라 이에 必要한 基礎資料를 蒐集하기 위하여 同 示範事業의 期間을 短縮하게 되었다.

## 2. 콘돔 普及手數料의 設定

本 示範事業에서 施圖하고 있는 콘돔의 名目上 有料化는 商業網을 통한 有料化를 目的으로 하는것이 아니고 단지 政府에서 普及하는 콘돔의 虛實을 防止하고자 하는 것이기 때문에 이의 適正 手數料를 算出하는 過程에서 家族計劃要員과 콘돔 使用者를 對象으로 實施한 콘돔 手數料의 適正價에 관한 郵便調査 結果와 政府에서 普及하는 콘돔의 製造原價, 그리고 現在 徵收하고 있는 먹는避妊藥의 普及手數料를 勘案하였다.

1976年 1월에 實施한 콘돔 手數料에 대한 郵便調査는 各市道の 家族計劃 專擔指導員 11名, 保健所先任指導員 198名, 그리고 邑面要員 141名등 都合 350名の 要員을 對象으로 調査하였으며 이중 82.3퍼센트에 해당하는 288名の 要員이 이에 應答하였다. 또한 콘돔使用者에 대한 郵便調査는 選定된 都市, 農村型 保健所 각각 5個地域에서 入手된 콘돔使用者의 名單에 의해서 796名을 對象으로 調査하였으나 이중 45.2퍼센트인 360名이 이에 應答하였다.

이 郵便調査 結果에 의하면 政府에서 普及하고 있는 콘돔 6개에 1匣(콘돔 6個込)에 30원이 合當하다고 應答한 要員이 全體의 40.4퍼센트, 그리고 콘돔使用者中 41.0퍼센트로 가장 높았다. 이들이 應答한 手數料의 平均値를 地域別로 比較하여 보면 家族計劃要員의 경우 都市地域이 39원, 農村地域이 34원으로 都市地域이 5원이 높은 反面에 콘돔使用者의 경우 都市地域이 40원, 農村地域이 39원으로 매우 近소한 差異를 보이고 있다. 全般的으로 要員의 79.2퍼센트가, 그리고 콘돔使用者의 82.0퍼센트가 30원 또는 그 以上을 콘돔 手數料의 適正價格으로 應答하였다. <表 2參照>

現在 市中에서 250원에 市販되고 있는 먹는 避妊藥을 政府에서는 市販價格의 1/5에 該當하는 50원의 手數料을 받고 普及하고 있기 때문에 이에 比例한 콘돔의 手數料은 市販價格인 150원 (콘돔 6個)의 1/5인 30원의 水準이 되는 것이다. 한편 政府에서 普及하고 있는 콘돔의 製造原價는 꽃동네 1匣(콘돔 6個込)에 36원이 所要되었다.

以上과 같은 여러가지 要因을 考慮할때 콘돔의 手數料은 30~40원의 水準에서 決定되어야 할 것이다. 本 示範事業의 基本 目的이 콘돔의 虛實防止를 위한 것이라는 點에서 最低限度額인 30원을 콘돔 手數料로 設定하게 되었다. 또한 現在 政府에서 普及하고 있는 콘돔 使用者의 大部分이 都市 및 農村의 低所得層이고 그간 急激히 發展한 農村의 經濟水準을 勘案할때 이들의 地域間 所得隔差는 큰 差異가 없다는 點에서 콘돔의 手數料도 都市, 農村間의 區別없이 30원으로 均一化하였다.

### 3. 콘돔普及網의 擴大

앞에서 指摘한 바와 같이 既存 事業組織網을 통한 콘돔普及은 主로 家族計劃要員의 家庭訪問이나 使用者의 保健所에 來防에 의해서 이루어지고 있다. 그러나 限定된 要員의 數에 比하여 對象人口는 過多하고 콘돔 求得을 위한 保健所까지의 거리 등 諸 問題點으로 인하여 콘돔 求得上의 便利性이 결여되어 있는 實情이다.

一般的으로 避妊普及網의 密度는 避妊受容率과 相互 密接한 關係가 있기 때문에 本 示範事業에서는 콘돔의 普及을 용이하게 하기위하여 家族計劃要員 以外에 母子 保健要員, 및 結核要員도 콘돔을 普及하도록 하는 한편 地域社會에 既 組織되어 있는 어머니會長宅을 위시하여 里洞長宅, 煙草販賣所, 美粧院, 雜貨商等 各種 組織體를 콘돔 普及處로 利用하여 앞으로 이들 組織體의 活用 可能性을 打診코져 施圖하였다.

### 4. 勸獎費의 支給 및 手數料의 徵收節次

本 示範事業에서는 家族計劃要員을 비롯한 他 保健要員뿐만 아니라 地域社會의 既存 組織體를 利用한 콘돔普及을 促進하기 위하여 콘돔 普及時에 使用者로부터 徵收되는 手數料 30원中에서 10원은 콘돔을 直接 普及한 사람에게 勸獎費로 支給하고 나머지 20원은 該當地域의 保健所에 拂入토록 하였다. 또한 該當 保健所는 納入된 手數料을 一括하여 當月分을 翌月 10일까지 市郡金庫에 拂入토록 하였으며, 拂入된 手數料은 콘돔의 有料普及과 關聯된 事業에 再活用토록 하였다.



## 5. 要員訓練

示範事業地域인 忠北 清州市와 清原郡 管內에서 活動하고 있는 家族計劃要員 35名, 母子保健要員 21名, 結核要員 7名과 保健所長等 關聯 實務者 69名에 대한 訓練이 1976年 2월에 現地에서 實施되었다. 同 訓練에 包含되었던 內容은 콘돔有料普及의 必要性 및 目的, 手數料의 徵收節次 및 管理, 勸獎費의 支給節次, 콘돔 普及處로서 地域社會 既存組織體의 活用方法, 各種記錄 및 報告에 關한 諸般事項에 대한 內容이 包含되었다.

## Ⅲ. 研究方法

### 1. 評價調査의 標本抽出

同 示範事業의 效果를 測定하기 위한 評價調査가 콘돔이 有料普及이 着手된지 7個月後인 1976年 12월에 清州市 및 清原郡 地域을 對象으로 實施되었다. 이 評價調査의 面接對象者는 다음과 같은 方法에 의해서 抽出되었다.

清州市는 21個洞에 1,002個班으로, 그리고 清原郡은 15個面에 467個의 里洞으로 構成되어 있다. 따라서 本評價調査의 調査區는 末端 行政單位인 都市의 班과 農村의 里洞을 單位로 하여 清州市에서는 1個洞에서 3個班씩 63個班을, 그리고 清原郡에서는 1個面에서 2個里씩 30個里를 選定한바, 이는 各 地域의 避妊普及實績, 社會經濟의 水準 및 有配偶婦人數를 考慮하여 都合 93個의 調査區가 有意抽出되었다. 最終 面接對象者는 上記調査區內에 居住하는 20~49歲의 年齡層에 屬하는 有配偶婦人의 名單을 作成한 후 1/2의 比率로 再抽出하였다.

清州市와 清原郡의 有配偶婦人數는 거의 同一 하므로 各 地域의 標本抽出率도 4.1 퍼센트였다. 이와같이 抽出된 標本數는 清州市가 990名, 그리고 清原郡이 1,003名으로 都合 1,993名이 本 評價調査의 面接對象이 되었다. <表 3參照>

### 2. 調査方法

調査方法은 本 示範事業을 評價하기 위한 內容으로 設計된 調査表를 利用한 面接調査를 實施하였다. 本 調査의 面接對象者는 1975年 11월부터 1976年 12月 期間中 避妊을 實踐한 經驗이 있거나 또는 調査當時인 1976年 12月 現在 避妊을 實踐中에 있는 20歲부터 49歲의 年齡層에 속하는 有配偶婦人이었다. 이와같이 調査對象婦人의 避妊實踐時期를 限定시킨 理由는 콘돔의 有料普及이 着手된 1976年 5月을 前後한 7個月間의 콘돔無料普及時期와 有料普及時期의 避妊實態를 比較 分析하기 위함이었다.

調査員은 過去에 當研究院에서 實施한 面接調査에 參與한 經驗이 있는 10名の 調

査員을 選定하여 二個의 調査班을 構成하여 調査地域인 清州市와 清原郡에 各 配置되었다.

調査結果 清州市에서는 面接對象者 990名中 962名이 調査에 應答하여 97.2%의 面接率을 보였고, 清原郡에서는 1,003名中 987名이 應答하여 98.4%의 面接率을 보였다. 總應答婦人 1,949名中 840名이 1975. 11~1976. 12月 期間中 避妊을 經驗하였으며, 이중 콘돔使用을 經驗한 사람은 143名 이었다. <表 4參照>

#### IV. 主要結果

##### 1. 避妊實踐率

콘돔의 有料化事業이 시작되기전인 1976年 4月과 동 示範사업이 進行된 以後 7個月이 지난 1976年 12月 現在 清州市와 清原郡의 避妊實踐率을 各 方法別로 보면 <表 5>와 같다.

清州市의 4月 現在의 避妊實踐率은 38.6퍼센트 였으며 12月에는 41.0퍼센트로 2.4퍼센트의 增加를 나타냈고 清原郡에서는 4월에 37.2퍼센트, 12月에는 39.7퍼센트로 2.5퍼센트가 증가 하였다. 地域別로 보면 12月現在 清州市의 避妊實踐率이 清原郡보다 1.3퍼센트가 높았으며 특히 콘돔實踐率은 清州市가 3.9퍼센트나 높았다.

示範地域의 避妊實施率을 1976年度 全國 家族計劃評價 調査 結果와 比較하여 보면 示範地域의 루우프使用率은 12.4퍼센트로서 全國値인 10.5퍼센트보다 높았으며 먹는 避妊藥 使用率도 全國이 7.7퍼센트인데 비하여 示範地域은 8.5퍼센트로서 더 높았다. 그러나 精管手術 受容者는 全國 平均보다 낮았으며(全國 : 4.2퍼센트, 示範地域 : 2.9퍼센트) 콘돔 使用率도 5.2퍼센트로서 全國平均 6.3퍼센트 보다 약간 낮았다.

1976年 12月現在 清州市와 清原郡의 避妊方法別 實施率을 比較해보면 清州市및 清原郡에서 모두 루우프 및 먹는 避妊藥의 實踐率이 높았으며 그다음으로는 清州市에서 콘돔使用者가 많은 反面 清原郡에서는 月經週期法및 기타방법 使用率이 콘돔使用率을 약간 上廻하였다.

1976年 4月~12月 期間中 各 方法의 實踐率이 모두 비슷한 水準의 增加率을 보였으며 특히 清州市에서는 콘돔實施率이 현저하게 增加하였는데 콘돔有料化事業이 시작되기전인 1976年 4月 現在 清州市의 콘돔實踐率은 6.4퍼센트였으나 콘돔의 手數料를 받고 普及한 以後인 12月 現在 콘돔 實踐率은 7.2퍼센트로서 0.8퍼센트가 증가하였다. 清原郡에서는 同 期間中 不妊手術受容率이 현저하게 增加되었으며 콘

돔使用率は 4月과 12월에 모두 3.3퍼센트를 나타내었다. 즉 콘돔의 有料化事業이 進行된 以後 兩 地域에서 콘돔의 受容率이 低下되지 않았으며 清州市에서는 他避妊方法에 比해 콘돔使用率が 相對的으로 더 增加하였으라는 事實을 알 수 있다.

## 2. 避妊 使用者의 一般의 特性

避妊實踐婦人의 避妊方法別 年令分布를 보면〈表 6〉 루우프의 경우는 30代보다 20代와 40代에서 높은 受容率을 보인 반면 콘돔의 使用率は 30代에서 가장 높았으며 먹는避妊藥의 使用率は 年令이 높아짐에 따라 低下되는 趨勢를 보이고 있다. 避妊實踐婦人의 平均年令은 35.7才였으며 避妊方法別로 比較해보면 콘돔使用者의 平均年令이 가장 낮았고 기타方法使用 婦人의 年令이 37.4才로 가장 높았다. 한편 남편의 경우도 역시 콘돔 使用者의 平均年令이 38.1才로서 가장 낮았다. 〈表7參照〉

敎育程度別로 避妊方法別 實踐率을 比較해보면 男便의 敎育水準에 따라 實踐하고 있는 避妊方法에 현저한 差異를 보이는 것을 알 수 있다. 〈表 8〉을 보면 루우프 使用率과 男便의 敎育수준은 逆相關關係를 보여주고 있는데 남편의 學力이 無學인 층의 避妊實施者中 55.0퍼센트가 루우프를 使用하고 있으며 敎育수준이 높아질수록 루우프 使用率が 낮아져서 大學卒業者中 루우프의 使用者는 20.5퍼센트였다. 反面 콘돔과 月經週期法 使用率は 敎育程度가 높아질수록 增加되는 것을 알 수 있다. 男便이 大學以上の 學力을 가진 층의 避妊使用者中 20.5퍼센트가 콘돔使用者이며 月經週期法 使用者는 23.0퍼센트인데 비해 無學인 층에서는 콘돔使用率과 月經週期法使用率が 각각 5.0퍼센트에 지나지 않았다.

또한 避妊方法別로 婦人의 學力分布를 살펴보면 學力이 낮은 층에서 루우프 使用率が 높은 反面 學力의 높은 층에서는 콘돔및 不妊手術受容率이 높았으며 이 세 가지 方法을 제외한 他方法의 경우는 婦人의 學力에 따라 별 차이를 보이지 않았다. 〈表 9參照〉

調査당시 避妊實踐婦人의 平均子女數를 보면 清州市는 3.5名, 清原郡은 4.0名으로서 1976年度 全國 家族計劃評價調査의 全國平均値인 3.6名과 거의 비슷한 水準이었다.

清州市와 清原郡의 避妊實踐婦人의 平均 現存子女數를 各 避妊方法別로 살펴보면 〈표 10〉과 같다. 清州市에서는 精管手術 使用者의 平均子女數가 3.1名으로서 가장 적었으며 기타방법 使用者의 平均子女數가 3.8名으로 가장 많았다. 또한 清原郡의 避妊實踐婦人의 平均子女數를 보면 全體的으로 清州市 避妊實踐婦人의 現存子女數

보다 많았으며 非效果的인 其他方法 使用者의 자녀수(4.6명)가 특히 많은 것을 제외하고는 各 方法別로 큰 차이를 나타내지 않았다. 대체적으로 콘돔 使用者의 平均 現存子女數가 3.5名으로서 他方法 使用者에 비해 약간 적었다.

### 3. 콘돔과 併用하는 避妊方法

콘돔과 併用하는 避妊方法에 對하여 質問한 結果 콘돔 使用者 143名中 55.2퍼센트가 콘돔만을 사용한다고 하였으며 39.2퍼센트가 月經週期法을 그리고 2.8퍼센트가 질외사정법을 콘돔과 함께 사용하고 있었다. <表 11參照>

男便의 教育水準別로 보면 學力이 높아질수록 他方法과 콘돔을 함께 사용하는 比率이 높았다. 男便의 學力이 國民學校인 층에서는 75.6퍼센트가 他方法과 병용하지 않고 콘돔만을 사용한다고 應答하였으나 男便의 學力이 大學以上인 층에서는 콘돔만을 사용한 사람이 27.8퍼센트인데 비해 月經週期法을 콘돔과 併用한 경우가 66.7퍼센트로 현저하게 많았으며 5.6퍼센트가 질외사정법을 콘돔과 併用한다고 하였다.

한편 學力이 낮을수록 月經週期法과 질외사정 이외의 方法(먹는 피임약, 루우프 등)을 콘돔과 잘못 誤用하고있는 比率이 높았다.

### 4. 콘돔使用 前後의 避妊方法

1975年 11月~1976年 12月 期間中에 콘돔使用者는 143名이었다. 이들중 콘돔을 사용하기 以前에 他避妊方法을 實施하였던 婦人은 69.2퍼센트 였으며, 나머지 30.8퍼센트는 처음부터 콘돔을 사용한 것으로 나타났다. 콘돔使用 이전에 사용한 避妊方法을 보면 먹는 避妊藥에서 콘돔으로 轉向한 경우가 33.6퍼센트로 가장 많았으며 다음이 루우프가 21.7퍼센트 月經週期法이 10.5퍼센트의 順이었다. 또한 1976年 12月 당시 諸般 理由로 콘돔을 中斷한 應答者 中 75.0퍼센트가 他避妊法을 사용하고 있었는데 方法別로 보면 먹는 피임약으로 轉向한 경우가 25.0퍼센트로서 가장 많았으며 月經週期法만을 사용하는 경우가 20.0퍼센트, 루우프를 受容한 婦人이 15.0퍼센트였다. 콘돔 中斷者中 25.0퍼센트는 調査 당시 다른 避妊法을 사용하지 않고 妊娠에 露出된 상태로 있었다. <表 12參照>

### 5. 無料 및 有料 콘돔 使用者의 繼續使用率 比較

콘돔은 子宮內裝置나 먹는避妊藥과 같이 避妊의 使用이 持續적으로 이루어지는 것이 아니고 必要時에만 使用될 뿐 아니라 月經週期法, 性交中絶法과 같은 避妊方法을 併用하는 경우가 많기 때문에 繼續使用率의 算出에 있어서는 그 正確度を 기

하기 어렵다. 따라서 本 分析에서는 他 避妊方法과 併用하는 콘돔使用者도 콘돔만을 使用하는 경우와 同一하게 취급하였다.

콘돔의 無料使用時 및 有料使用時の 繼續使用率을 比較하기 위하여, 콘돔의 無料普及期間인 1975年 11월부터 1976年 5月 期間中の 콘돔 使用者와 有料普及時期인 1976년 6~12月 期間中の 有料使用者에 대한 6個月간의 繼續使用率을 觀察하였다.

콘돔 使用期間이 1個月인 경우의 繼續使用率은 無料使用者가 88.6퍼센트인데 반하여 有料使用者는 93.6퍼센트였으며 3個月인 경우 無料使用者는 70.9퍼센트, 有料使用者는 80.1퍼센트의 繼續使用率을 보였고 使用期間이 6個月인 경우에는 각각 53.4퍼센트, 70.9퍼센트로 콘돔의 使用 個月이 延長됨에 따라 현저한 差異를 보이고 있다(表 13參照). 따라서 콘돔의 無料使用者는 使用期間이 경과함에 따라서 높은 中斷率을 보이고 있는 反面에 有料使用者의 경우에는 그 中斷率이 比較的 완만한 傾向을 보이고 있다. 한편 대만 콘돔 有料使用者의 中斷率을 보면 6個月 後의 中斷率이 46.9퍼센트로서 우리나라 無料使用者의 中斷率과 거의 비슷한 水準이었으나 우리나라의 有料使用者와 比較하여 높은 中斷率을 보이고 있다. (表 14參照)

이와같이 콘돔의 有料使用者의 繼續使用率이 높다는 事實은 실사 콘돔을 有料로 普及하여 使用者의 數가 增加되지 않는다고 假定할지라도 有料普及에 따른 繼續使用率의 增大로 콘돔의 有料普及에 對한 妥當性이 認定될 수 있는 것이다.

## 6. 콘돔의 使用 및 中斷理由

콘돔使用者의 콘돔 使用理由를 살펴보면 應答者の 89.5퍼센트가 斷産을 願해서 콘돔을 使用하고 있었으며 4.9퍼센트만이 터울調節을 目的으로 하고 있었다. 콘돔 使用理由를 有料使用者와 無料使用者로 나누어볼 때 별 差異를 보이지 않았으나 콘돔 無料使用者의 경우 터울調節을 願해서 避妊을 하고 있는 比率이 약간 높았다. (表 15參照)

1975년 11月~1976年 12月 期間中の 콘돔 使用者 143名中 調査當時 中斷한 사람은 28.7퍼센트인 41名이었다.

콘돔使用을 中斷한 理由를 살펴보면 콘돔使用에 不便을 느껴서 그만두었다는 比率이 24.4퍼센트로 가장 높았으며, 使用中 失敗妊娠이 되어서 中斷하였다는 경우가 19.5퍼센트나 되는 反面에 妊娠을 스스로 원해서 中斷한 경우는 4.8퍼센트에 불과하였다.

콘돔使用理由를 無料使用者와 有料使用者로 나누어 比較해보면 콘돔 求得이 어려워 中斷하였다는 比率과 콘돔의 品質이 좋지않아서 그만두었다는 比率은 無料使用者가 더 높았으며 他 避妊方法으로 바꾸었거나 콘돔의 使用이 귀찮아서 中斷하였

다는 比率은 有料使用者에서 더 높았다. 콘돔 中斷者中 콘돔이 有料化가 되었기 때문에 使用을 中斷하였다는 應答者는 한명도 없었다. <表 16參照>

## 7. 콘돔의 1回 購入量 및 月使用量

콘돔의 1回 平均 購入量은 3.4갑이며 無料普及時에는 3.5匣인데 비하여 有料普及時에는 3.4匣으로 差異가 없었다. 一般的으로 콘돔의 1回購入量이 3匣인 경우가 34.9퍼센트로 가장 높은바, 이는 現在 保健所의 콘돔普及 基準量이 每回 3個月分の 콘돔(3匣) 普及을 原則으로 하고 있었기 때문이다. <表 17參照>

한편 콘돔의 月平均 使用量은 4.3個이며 이중 無料使用者가 4.2個, 有料使用者가 4.5個로 有料使用者가 약간 더 많은 콘돔을 消費하고 있다. 또한 無料使用者에 있어서는 月平均 3~4個를 消費하는 使用者가 35.3퍼센트로 가장 많고 有料使用者 中에는 5~6個를 消費하는 使用者가 37.2퍼센트로 가장 많다. <表 18參照>

## 8. 콘돔의 普及處및 手數料에 對한 意見

### A. 콘돔 普及處

現在 政府에서 普及하고 있는 콘돔은 保健所에 來訪하는 使用者에게 直接 普及하거나 家族計劃要員의 家庭訪問에 依하여 普及되고 있다. 그러나 保健所나 要員의 數가 극히 制限되어 있기 때문에 使用者가 원하는 時期에 맞추어 콘돔을 普及하는 데는 많은 難點이 있다. 따라서 本 示範事業에서는 콘돔을 求得하고자 할 때에는 언제, 어디서나 쉽게 구할수 있도록하기 위하여 地域社會內에 既存 組織體를 活用할수 있도록 措置하였다. 同 示範事業의 評價調査地域인 淸州市 및 淸原郡에 設置된 콘돔 普及을 위한 既存 組織體의 數는 <表 19>와 같다.

保健所 以外의 많은 普及處를 設置하였음에도 不拘하고 同 示範事業 期間中 콘돔 使用者들이 利用한 普及處는 無料普及時와 거의 類似한 樣相을 보이고 있다. 淸州市에서는 保健所를 利用한 使用者가 無料普及時の 76.4퍼센트에서 有料普及時에는 67.7퍼센트로 減少된 반면에 藥局을 利用한 使用者가 18.1퍼센트에서 24.2퍼센트로 增加되었다. 또한 淸原郡에서는 無料普及時나 有料普及時 普及處의 利用上에 큰 變化를 보이지 않고 있다. <表 20參照>

이와같이 保健所 및 藥局과 같은 專門保健醫療機關 以外에는 콘돔普及處로서 利用度가 낮은 理由는 아직도 우리나라에 있어서는 避妊藥劑器具의 求得 및 對話는 禁忌的인 觀念이 支配的이고 個人的 避妊에 關한 事項은 私生活에 속하는 것이기 때문에 他人에게 露出되기를 몹시 꺼려하는 傾向이 있기 때문이다. 또한 이 示範地域에서 既存 組織體의 活用이 未洽한 理由는 示範期間이 8個月이란 짧은 期間동안

지속됨에 따라서 이러한 組織體의 活用에 대한 使用者의 啓蒙이 不足한데서 그 原因을 찾을 수 있다.

그러나 콘돔은 使用하는 婦人들이 向後 콘돔 購入處로 便利하다고 생각하는 場所는 保健所가 가장 많았으나 保健所以외의 장소에서 콘돔購入을 願하는 比率도 적지 않았다. 清州市에서는 전체 콘돔 使用者의 1/2以上이 保健所를 통해서 콘돔을 購入하기를 원했으며 19.8퍼센트가 藥局을 통해서, 그리고 17.6퍼센트가 通반장 집에서 구입하기를 원하였고 그밖에도 雜貨商, 美粧院등을 向後 콘돔 購入處로 희망하였다. 또한 清原郡에서는 73.1퍼센트가 콘돔購入에 便利한 場所로서 保健所를 응답하였으며 그다음으로는 里長, 어머니會, 藥局등의 順으로 希望하였다. <表 21 參照>

#### B. 콘돔 手數料에 대한 意見

調査當時의 콘돔 手數料 30원에 對한 使用者의 意見을 質問한 결과 大部分의 應答者(78.0퍼센트)가 적당하다는 意見이었으며 싼편이라고 대답한 사람은 17.3퍼센트였고 비싼편이라고 한 사람은 4.7퍼센트에 불과하였다. 이러한 경향은 應答者の 經濟水準別로 보아도 별 차이를 보이지 않았다. <表 22參照>

그러나 調査當時 政府에서 普及하는 콘돔 使用者의 78.7퍼센트가 月平均 80,000원 以下の 所得水準에 속해 있었다는 것은 콘돔 手數料가 低所得 對象集團을 충분히 考慮하여 設定되어야 할 必要性을 提示해준다.

#### 9. 콘돔 無料및 有料普及時期의 實績比較

지난 15年동안 年平均 15萬이라는 많은 量의 콘돔을 普及하여 왔으나 이의 人口學的 效果 내지는 避妊效果 測定에 많은 問題點이 內包되어 있다. 즉, 콘돔은 앞에서 言及한 바와 같이 施術費나 手數料와는 無關하게 無料로 普及하여 왔기 때문에 虛實되는 경우가 많이 있음이 指摘되어왔다.

그러나 그간의 콘돔 實績에는 어느 程度의 虛偽報告나 虛實率이 包含되어 있는지는 精確히 測定된 바가없다. 그 理由는 保健所에 備置되어있는 콘돔 使用者의 住所 및 人的事項이 不明確하여 콘돔 使用者에 대한 追究調査가 不可能할 뿐 아니라 “콘돔의 虛實”에 대한 定義 자체가 매우 막연하기 때문이다.

예로들면 保健所에서 地域內 各級 團體에 대하여 多量으로 콘돔을 普及하였을 경우 이는 保健所에서 콘돔 實績으로 中央에 報告는 되지만 콘돔을 配付받은 機關이 그것을 얼마나 實使用者에게 普及하였는지를 正確히 確認할수가 없다. 또한 要員의 強要로 직접 保健所에서 콘돔을 求得한 사람일지라도 使用치 않고 집에 保管하

고있는 경우에는 이를 虛實로 規定하기 어렵다. 왜냐하면 이와같이 配付된 콘돔이 언젠가 避妊目的으로 使用될 수도 있기 때문이다.

한편 콘돔의 普及實績을 올리기 위하여 要員스스로가 적당히 處分한 콘돔의 量이나 그 結果에 대한 資料 蒐集이 不可能하기 때문에 콘돔의 無料普及時 어느 程度의 콘돔이 虛實되었는지의 測定을 더욱 어렵게 하고있다.

콘돔의 普及時 手數料를 徵收한다고 해서 虛實되는 콘돔이 전혀 없다고 할수는 없겠으나 無料普及時에 比하여 상당한 虛實量이 減少될 수 있을 것이다. 따라서 本示範事業에서는 콘돔의 有料普及時에 防止될 수 있는 콘돔의 虛實量이 無料普及時에 比하여 어느 程度가 되는지를 糾明코져 하였다. 즉 無料普及時的 콘돔 實績에 의한 콘돔 使用率과 有料普及時 콘돔實績에 의한 콘돔 使用率間의 差異를 算出함으로써 콘돔의 虛實水準을 測定하였다. 이는 콘돔의 無料및 有料普及時期에 使用者의 콘돔 1回 購入量 및 月平均 콘돔 使用量이 同一하다는 假定下에 이루어진 것이다.

콘돔의 無料普及時期인 1975.5~12月期間中 清州市의 月平均 普及實績은 1,088匣으로 同年 12月末 現在 콘돔 使用率은 6.0퍼센트였다. 그러나 有料普及期間인 1976年 5月~12月 期間中에 콘돔 普及實績은 1,003匣으로 減少한 反面 使用率은 1976年 12月末 現在 7.2퍼센트로 오히려 增加되었다. 다음 公式에 의하여 清州市의 콘돔 實績과 實施率을 比較하여 볼 때 有料普及時期에 比較하여 無料普及時期에 약 23퍼센트에 해당하는 콘돔의 虛實率이 存在했을 可能性을 보여주고 있다.

$$PR_1 : PR_2 = D_1 : D_2$$

$PR_1$  = 有料普及時 콘돔 實施率

$PR_2$  = 無料普及時 콘돔 實施率

$D_1$  = 有料普及時 月平均 콘돔 普及量

$D_2$  = 無料普及時 月平均 콘돔 普及量

콘돔을 有料로 普及한다고 해서 虛實되는 콘돔이 전혀 없다는 保障은 없다. 그러나 本章에서는 便宜上 有料普及時에는 콘돔의 虛實이 없다고 假定하고 이에 比例한 無料普及時 콘돔의 虛實量을 測定코져하였으며 이의 計算方法을 清州市의 例를 들어 說明하면 다음과 같다.

$$\frac{PR_1 = 7.2}{PR_2 = 6.0} = \frac{D_1 = 1,003}{D_2 = X}$$

$X = 836$ 匣 (有料普及時的 콘돔 使用率 및 月平均 普及實績을 基準한 無料普及時 콘돔使用率 6.0%達成에 必要한 月平均 콘돔量)

따라서 콘돔 無料普及時 虛實率은,

$$\frac{D_2 - X}{D_2} = \frac{1088 - 836}{1088} = 23\% \text{가 된다.}$$



또한 淸原郡에 있어서는 無料普及時期인 1975年 5月~12月 사이에 月平均 1,463 匣의 콘돔 普及實績으로 3.3퍼센트의 콘돔 使用率을 보였으나 有料普及時期인 1975年 5月~12月 期間中에는 단지 656匣의 콘돔 普及으로 同一한 콘돔使用率을 維持하였다. 따라서 淸州市와 같은 公式에 의하면 淸原郡의 有料普及時 節約될 수 있는 콘돔의 量은 無料普及時에 比하여 무려 55퍼센트나 될 것으로 推定된다.

全體的으로 볼 때 淸州市 및 淸原郡에서 콘돔의 無料普及期間인 1975年5月~12月中 月平均 2,551匣의 콘돔 普及으로 4.7퍼센트의 콘돔 使用率을 示顯하였으나 有料普及期間인 1976年5月~12月中에는 月平均 1,659匣의 콘돔 普及으로 5.2퍼센트의 使用率을 보이고 있어 위의 公式에 의거한 콘돔 無料普及時의 虛實率은 대략 41퍼센트로 推定된다. 이는 앞에서 言及된 바와 같이 콘돔의 無料普及時 및 有料普及時 콘돔 使用者의 콘돔 1回 購入量 및 月使用量이 同一하다는 前提下에 算出된 것이다. <表 23, 24參照>

#### 10. 콘돔 目標量에 대한 再考

콘돔의 有料普及 示範事業期間中 地域內 家族計劃要員은 過去 어느때보다도 콘돔의 普及에 더욱 많은 勞力을 投入했다는 事實을 考慮한다면 同 示範期間中の 콘돔 實績은 이 地域에서 達成이 可能한 適正 目標量의 基準이 될 수 있을 것이다. 이와같은 假定下에서 본다면 淸州市는 無料普及時의 實績에 比하여 8.8퍼센트 減少된 8,027匣이, 그리고 淸原郡은 無料普及實績에 比하여 무려 55.2퍼센트가 減少된 5,248匣이 8個月間의 適正 目標量이라고 할 수 있을 것이다. 따라서 淸州市는 1,003匣이, 淸原郡은 656匣이 月平均 콘돔 目標量으로 適合한 것이다. <表24參照>

그러나 避妊方法에 대한 對象者의 嗜好는 各 地域에 따라서 相異하고 數시로 變動되는 것이기 때문에 各 市, 郡單位의 地域別로 콘돔 目標量을 正確히 算出한다는 것은 不可能한 일이다. 既存目標量制度는 各 地域住民의 避妊方法에 대한 嗜好를 考慮하지 않고 단지 各 地域의 對象者數에 따라서 配定하고 있기 때문에 그 地域에서 受容이 안되는 避妊方法은 家族計劃要員에 의해서 無理하게 普及된 나머지 事業實績의 虛偽報告, 避妊藥劑器具의 虛實 및 높은 中斷率을 發生시키는 原因이 되고있다. 특히 콘돔의 普及과 관련된 問題를 根本적으로 改善하기 위하여는 事業目標量을 避妊方法別로 配定하는 것보다는 各 地域에서 受容이 잘되는 避妊方法만을 重點적으로 普及할 수 있는 “綜合評點制度”의 導入이 절실히 要求된다.

## V. 要約 및 結論

우리나라의 家族計劃事業이 着手된 1962년부터 普及되고 있는 콘돔은 그간의 出產力 低下에 미친 人口學的 効果는 크다고 하겠으나 그 裏面에는 시급히 改善되어야 할 많은 問題點을 지니고 있다. 즉 事業初期부터 採擇되어온 既存 目標量制度 및 콘돔의 無料普及과 같은 事業 運營上的 결함으로 인하여 콘돔의 虛實이나 事業 實績上的 虛偽報告라는 各種 結果를 招來하게 되었다. 이와같은 問題點은 이제까지 無料로 普及하여온 콘돔을 有料로 普及함으로서 어느정도 減少시킬수 있다는 假定下에 콘돔의 名目上 有料普及에 관한 示範事業을 推進하게 되었다.

지난 1976년 5월~12월 期間中 忠北 淸州市와 淸原郡 全域에서 實施된 同 示範事業의 結果는 매우 고무적인 것이었으며, 主要結果를 要約하면 다음과 같다.

첫째로, 콘돔普及 手數料 30원(꽃동네 1匣: 콘돔 6個込)에 대한 意見을 보면 콘돔 使用者中 95.3퍼센트가 값이 싸거나 또는 適當하다는 態度를 보이고 있으며,

둘째로, 콘돔을 有料普及 함으로서 無料普及時에 比하여 約 41퍼센트의 콘돔 虛實을 防止할수 있었으며,

셋째로, 콘돔의 有料普及時 繼續使用率は 콘돔의 無料普及時에 比하여 매우 높은 率을 나타내고 있다. 따라서 콘돔을 有料化하여 使用者의 數가 增加되지 않는다고 假定하더라도 避妊效果面에서는 相當한 成果를 높일수 있을 것이다.

넷째로, 콘돔의 無料普及時인 1975년 12월의 콘돔使用率は 4.7퍼센트 였으나 有料普及 7個月後인 1976년 12월에는 콘돔 使用率は 5.2퍼센트로 增加하였다. 이는 콘돔을 有料化한다 할 지라도 콘돔受容率의 減少에는 하등의 影響을 미치지 않음을 알수있다.

끝으로, 콘돔의 普及處로서 煙草販賣所, 雜貨商, 어머니會 등과 같은 地域社會의 既存 組織體의 活用은 매우 不振한 것으로 나타났다. 이와같은 理由는 우리나라의 國民은 아직도 콘돔과 같은 避妊器具의 求得이나 對話는 禁忌的인 觀念이 支配的이기 때문에 上記와 같은 非專門 保健醫療機關의 利用效果는 크지못한 것으로 생각된다.

이와같이 콘돔의 有料普及은 無料普及時에 야기되었던 各種 問題點을 改善하는데 있어서 매우 効率的인 方案임은 틀림없으나 이러한 問題點을 根本的으로 解決하는 方案은 될수 없다. 그 理由는 앞에서 言及된 바와같이 콘돔의 普及과 관련된 問題點을 야기하는 根本原因이 既存 目標量制度에서 出發하는 것이기 때문이다.

따라서 向後 家族計劃事業의 效果를 더욱 高揚시키기 위하여는 콘돔의 有料普及과 더불어 다음과 같은 몇가지 事項이 同時에 考慮되어야 할 것이다.

첫째로, 既存 目標量制度에 대한 改善方案으로서 各 地域住民의 避妊에 관한 嗜好度에 따라 避妊普及이 가능한 綜合評點制의 導入이 早速히 이루어져야 할 것이다. 이러한 綜合評點制의 早速한 導入이 어려운 경우에는 各 地域別로 配定되는 콘돔의 目標量을 最少限으로 減少하여 配定토록하고 各 地域의 要請에 따라서 追加로 콘돔事業量을 配定하는 方案이 檢討되어야 할 것이다. 同 示範事業의 結果에 의한 콘돔의 無料普及時의 콘돔 虛實率이 約 41퍼센트 水準임을 감안할때 1977年度 政府의 콘돔目標量은 1976年の 月平均 15萬匣에서 1/3이 減少된 10萬匣으로 設定하는 것이 바람직 하다.

둘째로, 保健所에서 콘돔求得을 위한 手續節次가 簡素化 되어야 한다. 콘돔의 無料普及時期에 있어서는 콘돔의 管理上에 필요한 절차로서 콘돔普及時 求得者の 住所, 姓名, 住民登錄證의 提示 및 印章의 持參等 까다로운 節次로 인하여 保健所에서의 콘돔求得을 주저하는 使用者가 많이 있었다. 따라서 콘돔의 有料普及時에는 이와같은 行政節次를 簡素化하여 手數料만 支拂하면 一般藥局과 같이 便利하게 구입할 수 있도록 制度化되어야 한다.

셋째로, 콘돔使用者의 콘돔求得을 便利하게 하기 위하여 콘돔의 郵便送付 制度和 같은 方案의 導入이 必要하다. 특히 限定된 數의 要員이 地域內 全對象者가 必要한 콘돔을 適時에 供給한다는 것은 매우 기대하기 困難한 것이므로 이와같은 制度를 導入함으로서 要員의 時間을 새로운 避妊受容者の 確保에 活用할 수 있는 것이며, 동시에 콘돔使用者도 아무런 不便없이 콘돔을 求得하여 使用할 수 있는 利點이 있다. 콘돔使用者를 대상으로한 郵便調査 結果에 의하면 都市地域 콘돔使用者의 34.5퍼센트가, 그리고 農村地域 使用者의 44.5퍼센트가 郵便에 의한 콘돔送付를 希望하고 있는 現實에비추어 매우 效率的인 方案으로 사료된다.

넷째로 콘돔은 低年齡層에서 더욱 調節을 위하여 使用되도록 勸獎되어야 한다. 現在 示範地域內의 콘돔使用者中 90퍼센트가 斷產目的으로 콘돔을 使用하고 있는 實情임으로 이들에게는 永久的인 避妊方法인 不妊手術을 중점적으로 普及하기 위한 弘報戰略이 隨伴되어야 한다. 또한 콘돔中斷者의 20퍼센트가 콘돔使用의 失敗 妊娠이라는 事實은 앞으로 콘돔使用法에 관한 啓蒙도 더욱 強化되어야 할 必要性을 提示해 주고 있다.

끝으로 콘돔을 비롯한 各種 避妊方法別 事業實績統計의 信憑度에 대한 再評價가 이루어 져야 한다. 事業이 着手된 以來 事業效果和 관련된 諸評價活動은 주로 事業

實績統計를 基礎로 이루어져 왔으나 事業統計의 信憑度에 관한 全國的인 規模의 調査는 實施된바 없다. 따라서 이와같은 調査를 早速히 實施하여 이제까지의 事業實績 및 效果에 관한 再評價가 이루어져야 할 것이며, 이러한 調査는 週期的으로 實施되어야 할 것이다.