Nam Hoon Cho*
Moon Shik Hong*
Chija Kim Cheong, Ph. D *
James R. Foreit**
Dae Woo Han, M.D., Dr. P.H.***

Community Based Distribution Programs: Description and Findings

INTRODUCTION

In the past few years, Community Based Distribution (CBD) projects have become common features of the international family planning scene. (Foreit, et. al., 1978) CBD projects are guided by the premise that contraceptive use in developing countries can be dramatically increased by eliminating the geographic, economic, administrative and cognitive barriers to acceptance.

Specifically, Community Based Distribution projects seek to maximize the access of low income persons to family planning by:

1. Training neighborhood people to act as distributors, thereby increasing the number of contraceptive outlets in a given area.
2. Offering services and supplies free or at nominal charge.
3. Eliminating or reducing the paperwork, proceedures and waiting time that confront prospective acceptors in clinical projects.
4. Increasing, through information and education efforts, public knowledge of what, where, when and how family planning service may be obtained and used.

The history of the Korean National Family Planning Program is characterized by a concern for maximizing the availability of contraceptive services. The system of designated doctors, fieldworkers and mothers' clubs were all attempts to maximize the geographic availability of contraceptives. Supplies have always been available free or at nominal charge, and educational efforts have employed all available media ranging from television to personal discussion. Given such a tradition, it is not surprising that the national family planning program should experiment freely with CBD programs in a search for solutions to the problems confronting it in the 1980's.

At the present time there are four Community Based Distribution projects in Korea. They operate in diverse settings, employ different delivery systems and are testing disparate hypotheses. They do, however, share a few commonalities. First, all are demonstration projects that seek to determine

* Senior Researcher, KIFP.
** Fellow, KIFP.
*** Regional Representative, IDRC/Asia.

the potential of their individual approaches for raising current practice rates to an estimated saturation point of 60 percent of all eligible couples. Second, some projects are testing the feasibility of the CBD approach as a cost-effective way of extending the service-providing capabilities of the national program to a larger population of eligible couples. As the post-Korean War "baby boom" cohorts are now reaching reproductive maturity, it is expected that this group will generate a demand for services that will exceed the present program's capacity to provide. Third, all local CBD programs seek to overcome at least some of the barriers that restrict family planning availability in Korea, including a low-fieldworker to population ratio, widely scattered service points, a target system that sometimes makes it impossible for an acceptor to receive her method of first choice, red tape, and inferior contraceptive products.(Park, 1977)

The CBD projects have issued a number of evaluation reports, but no overall appraisal has yet appeared. Therefore, this paper will summarize the findings of these projects in Korea and will attempt to discuss their strengths and weaknesses. Finally, we will speculate on the future role of CBD in the rapidly changing Korean context.

DESCRIPTION OF PROJECTS

Korean CBD projects operate in both urban and rural areas, and one or more projects has been operational since 1974. While all have been financially supported by international donors, they have operated in close cooperation with the national program.

The four projects currently operating are (1) The Korean Population Policy and Program Evaluation Study: (2) The Community Based Distribution of Contraceptives Pilot Project; (3) The Alternative Delivery System Project Utilizing Tong and Ban chiefs; and (4) The Women's Church Organizations Delivery Project.

KOREAN POPULATION POLICY AND PROGRAM EVALUATION STUDY

The Korean Population Policy and Program Evaluation Study (KPPPES) is being carried out on Cheju Island by the Korean Institute for Family Planning (KIFP) and the East-West Population Institute (EWPI). The project is funded by the United States Agency for International Development. The project began island-wide operation in July, 1976 following a pretest in a single county. (Park, et. al., 1977)

Cheju was selected for the demonstration because the island had the nation's lowest level of contraceptive practice, about 20 percent in 1975. (Park, 1978). Aside from the general barriers to availability discussed earlier, specific problems were identified as the low availability of contraception through the commercial sector and the high price of female sterilization. The major objective of the experiment is to determine if the CBD approach can increase contraceptive prevalence on Cheju island in a cost-effective way. The design includes a pre- and post-action prevalence survey in Cheju island and in a comparison area (Hapchun-Gun) in Kyungnam province.

The project employs the household distribution approach whereby canvassers go door to door to locate all eligible women in an area and offer them contraceptives. A total of 365 women were trained as canvassers. No method specific targets were imposed. They offered free pills and condoms and made referrals for clinical methods (IUD and sterilization) during a three month canvassing period in 1976. Arrangements were also made for tubal ligations to be done free of charge by a designated clinic in Cheju city. After the initial household distribution, acceptors were resupplied through village depots established in the homes of canvassers. To prevent wastage a nominal price was charged for resupply. Each canvasser was paid 9,700 won ($20) per month during the canvassing period. Retainers of 3,000 won ($6) per month were paid to depot holders after the canvassing period ended. The experiment will continue for 3 years, during which period the regular family planning program will be suspended in favor of the CBD project.

RESULTS

Adding 365 family planning auxilliaries improved the island's coverage ratio from about one worker per 3,956 married women aged 15 - 49 to about one worker per 282 married women aged 15 - 49. Over an approximately 18 month period, pill use rose from an average of 1,700 users per month to an average of 2,000 per month. Condom use increased from an estimated 1,000 users to about 1,800 monthly users. During the period about 2,000 female sterilizations were performed per month, compared to an average of less than 10 acceptors per month prior to the project.(Park, 1978)

As Table 1 indicates, a substantial increase in contraceptive prevalence occurred on Cheju-do during the period October 1975 - August 1978.

Table 1. Comparison of Contraceptive Practice Rates Among Married Women 15 - 49 on Cheju Island by Survey and Method

Method	Survey			
	Oct. 1975 (baseline)[a] (N=13,784)	Aug. 1978* (N=3,588)*	Absolute Increase	Relative Increase
Tubal ligation	1.0	8.8	7.8	780
Vasectomy	0.6	1.6	1.0	167
IUD	7.6	7.1	0.5	- 6
Orals	5.8	8.4	2.6	45
Condom	2.2	3.5	1.3	59
Others	2.8	5.3	2.5	89
Total	20.0	34.5	14.5	72.5

aSource Park. 1978.

*Preliminary data based on hand tabulation of prevalence survey as of August 25, 1978.

Over half of the absolute increase in prevalence of 14.5 percent is due to the rise in tubal ligation. The increase in the popularity of this method is further revealed in Table 2.

Table 2. Percent Distribution of Methods Used by Married Women 15 - 49 Practicing Contraception on Cheju Island by Survey and Method

Method	Survey	
	Oct. 1975 Percent (N = 2,754)	Aug. 1976 Percent (N = 1,239) *
Tubal ligation	5	
Vasectomy	3	5
IUD	38	20
Orals	29	24
Condom	11	10
Others	14	15
Total	100	100

*Preliminary data based on hand tabulation of prevalence survey data as of August 25, 1978.

The increase in popularity of tubal ligation seems to have come largely at the expense of the IUD. The other methods show little change in share of users.

The experiment on Cheju encountered a number of administrative difficulties. First, the household distribution system did not work well in urban areas. Some women resented being served by canvassers whom they felt were less sophisticated about family planning than they were themselves. The complicated numbering of street address made it difficult for many women to locate resupply depots and others wished to obtain their supplies from the well known and conveniently located health centers where professional advice was available. As a result of these problems, health centers, are again being utilized for contraceptive distribution in urban areas. The CBD approach, however, has worked well in rural areas,(Park, 1978) A second problem is that paperwork and other red tape remained burdensome for both acceptors and canvassers. The procedures kept many village women from visiting the resupply depots and many forms were so complicated that the canvassers had difficulty completing them. Many resupply depots operate at low volume. Due to rapid fieldworker and other professional staff turnover, supervision of canvassers became a problem. As a result of all these factors and others, morale was a problem among the distributors. In response, a number of remedial actions were taken, including simplifying forms, having distributors defer record keeping until the acceptor left the re-training canvassers and publicizing the location of depots and methods available. (Park, 1978).

COMMUNITY BASED DISTRIBUTION OF CONTRACEPTIVES (CBDC)

The Community Based Distribution of Contraceptives pilot project (CBDC) was begun in 1976. It is being conducted by the Planned Parenthood Federation of Korea (PPFK) with support from the International Planned Parenthood Federation. The project is being conducted in a Seoul ward, Sanggye-dong, and in two provincial towns, Dongduchun and Changsung. The purpose of the project is to increase current practice rates by distributing oral contraceptives and condoms through non-program outlets. The project also is attempting to assess the possibility of converting the present, heavily subsidized, distribution of pills and condoms into a self-supporting system. PPFK has identified two barriers to pill and condom use: red tape and a belief among potential acceptors that the pills and condoms supplied by the national program are of poor quality because they were originally offered free of charge. (PPFK, December 1976)

The CBDC project distributes pills and condoms through two networks. The community agent network is composed of 90 Mothers' Club and voluntary community leaders who recruit acceptors and distribute supplies in a flexible style. Some call on acceptors at home, others distribute supplies at Mothers' Club meetings while still others use their homes as distribution points. The distributors, who mainly have a primary school education, keep simplified records and request only a minimum amount of information from acceptors. The distributors sell attractively packaged, high quality pills and lubricated condoms. Both pills and condoms are sold for 150 won ($0.30) per package. Distributors keep 30 percent of the purchase price as an incentive payment. The price of program supplies is intermediate between those of unsubsidized drugstore pills and condoms (drugstore pills range between 250 - 300 won per cycle, condoms range between 400 - 500 won per dozen) and the price of national program supplies (50 won per pill cycle and 30 won per pack of condoms). The commercial network consists of drugstores that sell the same pills and condoms distributed by the community agents.

PPFK has conducted four surveys in the study areas to monitor program progress. The first was a baseline survey of married women aged 20 - 44 done by the Center for Population and Family Planning, Yonsei University, in January 1976. An interim acceptor's and a distributor survey were conducted in November, 1976 by the KIFP, and a second interim survey was done by ASI Market research, Inc. (Korea) in December 1977.

RESULTS

As shown in Table 3 contraceptive prevalence has increased in all three study areas, with the greatest increase in Changsung the town with the lowest baseline practice rate.

Table 3. Comparison of Current Practice Rates Among Married Women Aged 20 - 44 in the CBDC Study Areas by Survey and Area

Area	Survey			Absolute Increase Jan. 76 - Dec. 77	Relative Increase Jan. 76 - Dec. 77
	Jan. 1976 (N= 994)	Nov. 1976 (N= 3,422)	Dec. 1977 (N= 1,000)		
Sanggye	46.2	53.7	52.7	6.2	13
Dongduchon	50.8	50.2	56.8	6.0	12
Changsung	36.5	50.8	52.9	16.4	45
All Areas	44.7	51.9	53.8	9.1	20

The contribution of specific methods to current practice rates is shown in Table 4. "Jeenju" is the oral contraceptive and "Coatseen" is the condom distributed by the CBDC project. Together, they have contributed less than 2 percent to the overall increase in prevalence. However, "Jeenju" and "Coatseen" are the most favored pills and condoms in the study areas. "Jeenju" accounts for almost 70 percent of all pill users and 14.9 percent of all current contraceptors in the study areas. "Coatseen" accounts for about 61 percent of all condom use and 9.5 percent of all contraceptors.

Table 4. Comparison of Current Contraceptive Practice Rates among Married Women 20 - 44 in All CBDC Study Areas by Survey and Method

Method	Survey			Absolute Increase Jan. 76 - Dec. 77	Relative Increase Jan. 76 - Dec. 77
	Jan. 1976 (N= 994)	Nov. 1976 (N= 3,422)	Dec. 1977 (N= 1,000)		
Orals (total)	9.7	14.6	11.5	1.8	18
Jeenju	–	8.1	8.0	–	
Other Orals	9.7	6.5	3.5	–	
Condoms (total)	7.3	8.7	8.4	1.1	15
Coatseen	–	5.7	5.1	–	
Other Condoms	7.3	3.0	3.3	–	
Tubal ligation	4.0	12.6*	15.2	11.2	280
Vasectomy	5.2		5.6	0.4	8
IUD	8.0	9.3	8.3	0.3	4
Others	10.5	6.7	4.8	- 5.7	- 54
Total	44.7	51.9	53.8	9.1	20

* Male and female sterilizations combined

In terms of their demographic-economic characteristics, Jeenju and Coatseen users are different from the rest of the target population. Compared to all eligible women in the study areas, CBDC acceptors had higher monthly household expenditures (average $123 - $140 vs $100 - $123 for the eligible population); they were disproportionately concentrated in the 25 - 34 year age groups; and they were somewhat better educated than the population at large. Tables 5 and 6 illustrate the age and educational differences between the CBDC acceptors and total eligible women.

Table 5. Comparison of Age Distribution of All Eligible Women and CBDC Acceptors in All Study Areas

Age	Eligible		CBDC Acceptors	
	Number	Percent	Number	Percent
20 - 24	69	8	48	9
25 - 29	191	22	144	28
30 - 34	226	26	180	35
35 - 39	244	28	108	21
40 - 44	145	16	39	8
Total	875	100	519	101*

X^2 (df4) = 56.8 P <.001

* Does not add up to 100 percent due to rounding error.

Table 6. Comparison of Educational Distribution of all Eligible Women and CBDC Acceptors in All Study Areas

Education	Eligible		CBDC Acceptors	
	Number	Percent	Number	Percent
None	122	14	22	4
Primary	469	53	294	57
Middle	192	22	136	26
High	79	9	58	11
College	15	2	9	2
Total	877	100	519	100

X^2 (df4) = 43.7 P <.001

The relative popularity of available contraceptive methods at each survey is shown in Table 7. There is a flow away from temporary methods (condoms, pills, IUD's) to female sterilization. This trend is verified by the December 1977 survey which reported that tubal ligation received the greatest number of method switchers. The survey also found little switching between methods other than tubal ligation. Rather, a definite pattern of switching between method-use and non-use was revealed. (PPFK, 1978)

Table 7. Percent Distribution of Methods Used by Married Women 20 - 44 Practicing Contraception in the CBDC Study Areas by Survey and Method

Method	Survey		
	Jan. 76 (N=392)	Nov. 76 (N=519)	Dec. 77 (N=538)
Female Sterilization	8.9	24.3*	28.2
Vasectomy	11.6		10.4
IUD	17.9	17.9	15.4
Orals	21.7	28.1	21.4
Condom	16.3	16.8	15.6
Others	23.5	12.9	8.9
Total	99.9*	100.0	99.9*

* Male and females sterilization combined.

Clearly the increase in female sterilization is responsible for most of the increase in prevalence. Tubal ligation has attracted acceptors who were using temporary methods including "Jeenju" and "Coatseen" as well as some non-users. The trend toward female sterilization will probably continue: when current users and non-users were asked what method they intended to use in the future, the single most common response (given by 30 percent of those asked) was "tubal ligation".

The results of the interim evaluation study of CBDC distributors indicates that most women became distributors out of a sense of responsibility to their community or for the opportunity that being a distributor gave them to socialize in their neighborhood. Monthly income from sales of "Jeenju" and "Coatseen" was low, ranging from 622 won (about $1.50) to 1,416 won (about $3), and less than 4 percent of all respondents give financial reward as a reason for engaging in CBD activities.

Morale was a problem for many distributors. Almost one-third said they wished to discontinue working. However, those women with previous family planning experience as mother's club leaders were more likely to express a desire to continue in the program.

Distributors also disliked record-keeping. Almost 60 percent did not fill out the acceptor records, finding them "troublesome" and acceptors "uncooperative." (PPFK, 1976)

Table 8. Percent Distribution of Intention to Continue Distributor Activities by Previous Experience in Family Planning Program Activities

	Want to continue	Do not want to contiuue	Total (N)
Have Previous Experience	83.7	16.3	100.0 (43)
Do not have Previous Experience	53.8	46.2	100.0 (39)
Total	69.5	30.5	100.0 (82)
X^2 = 7.3, df = 1, p 0.01			

Source: An Interim Evaluation Study of CBDC Distributors, PPFK, December 1976, p. 32.

ALTERNATIVE DELIVERY SYSTEM

The alternative delivery system project was begun in 1976 as an 18 month experimental project. It was an attempt to increase contraceptive prevalence and to improve maternal and child health (MCH) practices in low income areas of the Sudaemun district of Seoul.

The project was conducted by the KIFP with funding from the International Development Research Center of the (Canadian) Government.

Specific problems in these areas where as many as 80 percent of the inhabitants are indigent were identified as low contraceptive practice rates, lack of pre- and postnatal care and lack of access to the family planning and MCH programs. A primary barrier to greater use of MCH services among women in the study areas is lack of funds. A second serious problem is the low ratio of family planning and MCH workers to eligible women. The problem of inadequate coverage is compounded by the fact that many women in the low income area work during the day and are not at home when fieldworkers do call.(Korean Institute for Family Planning, 1978)

To rectify the deficiencies in the existing delivery system, the alternative method uses voluntary community leaders, the 14 male "Tong" (ward) and 34 female "Ban" (neighborhood) chiefs, to provide family planning and MCH services to their constitutents. The "Tong" chiefs are paid 6,000 won per month ($12) to participate in the program and the "Ban" chiefs receive 3,000 won ($6) per month. The Tong and Ban chiefs act as auxilliaries to the family planning and MCH workers. Unlike the Cheju project, the pre-existing program was not suspended and the target system was not removed or replaced. The activities of the "Tong" and "Ban" chiefs consist of distributing pills and condoms, issuing coupons for IUD's and sterilizations, detecting and recording vital events, providing delivery aid kits to pregnant women who plan to deliver at home, and encouraging parents to have their children vaccinated. Under the new system the health center workers perform an increased number of follow-up and supervisory tasks.

The design of the project includes pre- and post-test measurement of family planning prevalence and MCH indicators. Results were compared to those of a control area in another part of Seoul.

RESULTS

Employing the Tong and Ban chiefs to supplement the fieldworkers improved the combined family planning and MCH coverage ratios from about one worker per 800 eligible women to one worker per 21 - 118 eligible women, depending on area. Perhaps because of this density, individual worker achievement was fairly low. Logs kept by the chiefs indicate that each community leader performed an average of 28 family planning and 17 MCH services during the 18 month study period. The distribution, by method, of the family planning coupons issued by the voluntary community leaders is given in Table 9.

Table 9. Distribution of Family Planning Coupons Issued by Voluntary Community Leaders in All Study Areas

Method	Coupons Issued	Percent
IUD	46	14.6
Tubal ligation	239	75.8
Vasectomy	30	9.5
Total	315	99.9*

* Does not add up to 100 percent due to rounding error.
Source: Korean Institute for Family Planning Unpublished Data.

In addition to the coupons issued, the chiefs also distributed 618 cycles of pills and 431 packages of condoms during the study period.

Prevalence data indicates that contraceptive practice among married women 15-44 increased in the study areas from 45.9 percent to 60.3 percent. The current practice rate in the control area increased from 48.9 percent to 59.4 percent during the 18 month period.

A breakdown of the most important MCH services provided by the community leaders is given in Table 10.

It is also notable that the chiefs detected 43 percent of the 147 pregnancies that were carried to term in the experimental area and distributed delivery aid kits to slightly over one third of the pregnant women they recorded.

Motivating and training "Ban" chiefs proved a serious problem during the experiment. Many did not initially wish to participate in the project. It also took longer to train "Ban" leaders in record keeping, probably because they had generally low levels of education, and their record keeping performance, on the whole, was worse than that of the better educated "Tong" chiefs. However, once trained, many of the neighborhood leaders proved to be very effective health auxilliaries.

Tong chiefs proved to be easier to motivate and train. Also, their co-operation was an important pre-requisite to effective porticipation by their subordinate neighborhood leaders. One of the most

Table 10. Selected MCH Services Performed by Voluntary Community Leaders in All Study Areas by Service Provided

	Service			
	Vaccinations arranged	Pregnancies detected	Delivery aid kits distributed	Total
Number	219	63	22	304
Percent	72.0	20.7	7.2	99.9*

* Does not equal 100 percent due to rounding error.
Source: Unpublished KIFP project data.

important contributions made by the "Tong" chiefs was to stress the importance of participating in the program to the "Ban" leaders at the regularly held ward meetings. Finally, high turnover rates among fieldworkers in the study area hampered supervision of the auxilliary workers.

WOMEN'S CHURCH ORGANIZATIONS PROJECT

The Women's Church Organizations' project has been conducted since 1975 by the Korean National Council of Churches (KNCC). The project is funded by Family Planning International Assistance, and involves the women's organizations of 6 denominations. The project operates in the cities of Seoul, Pusan, Taejon, and Kwangju. It is an outgrowth of earlier KNCC efforts at family planning education and referral. The goal of the project is to make oral contraceptives and condoms more available to urban church members and to other low-income women as well.

The project operates with a small paid staff and 200 volunteer distributors. The distribution system is flexible and depends on the style of the individual volunteer. Some make home visits to other church members, others recruit at church meetings and use the churches as resupply depots. In addition, the volunteers also operate street-side stalls to provide contraceptives to non-church members. A nominal sum is charged for the contraceptives which are the same as those provided by the national program.

RESULTS

About half of the volunteer distributors are active at a given time. Distribution of pills averages about 24,500 cycles per month and the number of acceptors per month is reported to average 4,250 (KNCC, 1978). A large descrepancy exists between the number of cycles distributed and the number of acceptors recorded. Evidence suggests that acceptors are under-reported because distributors do not keep accurate records, claiming that many acceptors dislike furnishing the required information.

Maintaining the interest and activity of the volunteers is a major problem in the KNCC program as only half of the 200 distributors are considered "active" at any given time. On the other hand, project staff feel that sharing membership in the same church is a distinct advantage in conducting home visits in urban areas where householders are often reluctant to open their doors to strangers.

Finally, acceptors have stressed the convenience of household and church resupply as an attractive feature of the program.

DISCUSSION

Although most CBD experiments have not yet been concluded and data from some comparison areas is not yet available, it seems possible to begin a tentative discussion of the policy and administrative implications of the findings.

First, the results of the experiments suggest that female sterilization rather than non-clinical methods such as the pill and condom will make the greatest short term contribution to raising contraceptive practice rates to the estimated saturation level.

Second, CBD programs can increase the ratio of workers to eligible women by ten or twelve fold. This approach may be effective in raising prevalence rates in small areas. However, payments of as little as 3,000 won per worker per month will make the cost of any such high density system prohibitive at the national level.

Third, a large market for high quality pills and condoms attractively packaged and priced between commercial and program levels exists. This market seems to be somewhat more affluent and better educated than the general population of eligible couples. However, it is not clear if the purchasers of such pills and condoms will be switching downwards from commercial sources or upwards from national program sources.

Fourth, no CBD program has yet been able to overcome the red tape that comprises the most important administrative barrier to contraceptive acceptance in Korea. Partly because of acceptor dislike of the red tape and the low educational attainment of distributors, record keeping is a serious problem in Korean CBD programs.

Fifth, low morale is a persistant problem in CBD programs. However, it appears that this problem is less serious if distributors have prior family planning experience and/or adequate training and recognition for their services.

Sixth, it does not appear necessary to pay distributors to maintain participation in CBD programs.

Seventh, high turnover rates among fieldworkers in the national family planning program makes adequate supervision of CBD distributors difficult.

Eighth, the usual household distribution mode of door to door canvassing followed by a switch to depot resupply does not appear practical in the Korean urban environment. Also, in any setting, special efforts must be made to publicize the location of CBD distribution points.

Ninth, CBD distributors have shown themselves capable of performing basic MCH tasks along with their family planning activities.

Finally, the good will and assistance of leaders at the dong and province levels is important to the success of CBD activities at the urban neighborhood and village level.

Any consideration of the role of CBD programs in Korea must be made with an understanding of current trends. Most salient is the fact that contraceptive prevalence has been increasing very rapidly at the national level and will reach the estimated saturation point before 1985. For married couples, at least, the general availability of family planning methods seems not to be a problem. According to the 1976 National Family Planning and Fertility Survey, less than one percent of women who have never practiced family planning state that they have been restrained by the expense of contraceptives or because of other difficulties in obtaining them. In addition, important barriers to the use of specific contraceptives have been removed since 1976. Economic barriers to female sterilization were removed by increasing the physician's payment to 15,000 won ($30) and by offering a small compensation payment to low income acceptors for time lost from work as a result of the operation. The results of this decision can already be seen in the current "sterilization boom". The number of tubal ligations increased from 35,600 in 1976 to 181,500 in 1977 and is expected to reach 200,000 in 1978. Geographic barriers to the acceptance of female sterilization will be considerably eased in 1979 as 95 new laparoscopes became operational in previously unserved rural counties.

In an attempt to improve continuation rates, the government has taken a number of steps to improve the acceptability of pills and condoms. Targets for these methods have been reduced, and efforts have been made to improve the quality of the supplies offered. A nominal price is now also charged for pills and condoms to discourage wastage.

The market for commercially supplied contraceptives has grown spectacularly in the last few years. Presently, about one fourth of currently contracepting couples obtain their supplies from private sources. This trend is being encouraged by the government which would like to see the national program become the secondary source of family planning services. Plans also call for the program to cease functioning as a free standing supplier of contraceptives. In future it will be integrated with MCH and other health and development activities.

The important challenges of the 1980's lie in providing adequate levels of family planning services to members of the large post - Korean War "baby-boom"cohorts how reaching reproductive age, and in promoting the use of contraception for spacing purposes.

By 1987, the number of eligible females will be 6.2 million, an increase of 35 percent over the 4.6 million requiring service in 1975. If the government goal of reducing the relative amount expended on family planning is to be achieved without a drastic sacrifice in quality, cost-effective methods of providing family planning must be discovered.

Only about 16.7 percent of Korean couples practice family planning to space births. There appears to be a deliberate acceleration of the first few births followed by termination of childbearing at a young age and low parity. The shortened birth intervals and reduced periods of breastfeeding implied by this phenomenon may have negative impacts on maternal and infant health in Korea. Therefore, the encouragement of spacing remains a goal of the Ministry of Health and its attainment requires increased use of non-permanent methods of contraception at low parities.

RECOMMENDATIONS

The role of CBD projects in Korea needs to be reconsidered light of the above findings and trends. High cost, high coverage projects that seek to maximize contraceptive prevalence should be restricted to areas of exceptionally low contraceptive practice.

In the future, the primary goal of government CBD projects should be to reduce the cost of service delivery. CBD experiments should be designed to produce integrated health and family planning workers who will provide adequate coverage for the population of low income women. The focus of these experiments should be to determine the cost effectiveness of alternative approaches.

The experience of Korean CBD programs indicates that an effective network of family planning and health auxilliaries can be created in rural and urban low income areas. The results also indicate that the effective performance of this network depends more on the experience, training and supervision of the distributors than on financial reward. Therefore, the mothers' club seems to be the natural mechanism for increasing the number of family planning and health workers in a cost-effective way. The duties of the clubs should be expanded to include the distribution of contraceptives and basic health supplies and the clubs should undertake periodic drives to have children vaccinated, get vital events registered and to recruit family planning acceptors. In areas where mothers' clubs do not exist, voluntary community leaders like Tong and Ban chiefs may be enlisted. In all community based programs pill and condom record keeping should be limited to recording supplies sold and money collected.

Reduction of pill and condom targets means that supplies of these methods will be reduced. The commercial sector may be able to pick up the slack in higher income urban areas, It is unlikely, however, that the commercial network will be able to serve low income and rural people. To prevent shortages while at the same time reducing government family planning expenditures, policies encouraging private CBD efforts such as the KNCC project should be adopted. Other attractive candidates for the sponsorship of CBD programs include labor unions and corporations. Industrial sites with clinical facilities are already being encouraged to provide as complete a range of family planning services as possible. Workplaces without clinical facilities should distribute pills and condoms and make referrals for clinical methods. At present, commercial distribution of pills and condoms is limited to pharmacies. Availability of these methods may be increased by marketing pills and condoms at government subsidized prices through door to door salespeople and other non-traditional outlets. However, the impact of the subsidized commercial distribution of contraceptives on the national program should be fully explored. Efforts must be made to determine the extent to which such projects draw acceptors from the government program, commercial sector, and from the pool of non-users.

Finally, although low level of practice for birth spacing is a demand rather than a supply (availability) problem, the feasibility of distributing pills and condoms as part of a motivational campaign to encourage birth spacing warrants investigation.

CONCLUSION

The national family planning program has already incorporated most of the important features of CBD programs and it is unlikely that a total CBD approach will contribute significantly to the achievement of prevalence goals. However, the creation of a largescale network of volunteer family planning and health auxilliaries seems desirable if the national program is to meet the service needs of the increasing number of eligible women in the 1980's. Korean CBD programs have demonstrated that such auxilliaries can effectively deliver family planning and health services if they are properly trained and supervised. The mothers' club is the most suitable foundation upon which to build this network. Non-governmental CBD activities should also be encouraged among religious groups, labor unions and corporations, and the community based distribution of contraceptives should be incorporated into motivational efforts to promote birth spacing.

CITATIONS

Foreit, James R. et. al, "Community-Based and Commercial Contraceptive Distribution: An Inventory and Appraisal," *Population Reports,* J 19 (March, 1978) 29 P.

Korean Institute for Family Planning, *A Baseline Survey Report of an Alternative Delivery System Providing Maternal and Child Health Care by Voluntary Community Leaders in Order to Maximize Family Planning Acceptance in Urban Low Income Areas,* Seoul, Korea, July, 1978, 265 P.

Korean National Council of Churches, "Family Planning Delivery System Through Women's Church Organizations and Church Institutions" project proposal to Family Planning International Assistance, February, 1975.

Korean National Council Churches, Project Report, March 1, 1978 - June 30, 1978.

Planned Parenthood Federation of Korea and Center for Population and Family Planning, Yonsei University, *Benchmark Survey Report on Community Based Distribution of Contraceptives in Korea,* CBD/K. PPFK, 1976, 125 P.

Planned Parenthood Federation of Korea, *An Interim Evaluation Study of CBDC Acceptors,* PPFK, December 1976, 88 P.

Planned Parenthood Federation of Korea, *An Interim Evaluation Study of CBDC Distributors,* PPFK, 1976, 79 P.

〈抄 錄〉

地域社會單位의 避姙普及事業
韓國事例의 考察

趙南勳*·洪文植*·金智子*·제임스·포라이트**·韓大愚***

最近 數年間 地域社會單位의 避姙普及事業이 여러나라에서 試圖되고 있다. 특히 開發途上國家에 있어서 避姙受容과 關係되는 地理的, 經濟的, 行政的, 心理的, 諸般障碍要因을 除去해 줄 境遇 避姙實踐이 크게 增加할 것이라는 假定下에 이와같은 地域社會單位의 避姙普及事業이 示顯된 것이다.

이러한 地域社會單位 避姙普及事業은 主로 다음과 같은 戰略에 의해 특히 低所得層의 家族計劃 實踐을 極大化 시키고자 하는데 力點을 두고 있다.

첫째, 對象住民과 가까운 주변사람을 避姙普及要員으로 訓練시켜 避姙利用者数를 增加시킨다.

둘째, 避姙普及 서어비스를 無料 또는 名目上 手數料程度의 負擔으로 提供토록 한다.

세째, 避姙受容節次上의 行政的인 번잡한 節次를 簡素化 시킨다.

네째, 避姙方法, 서어비스場所 등 避姙受容과 關係되는 知識을 높여준다.

現在 우리나라에서 그 規模와 接近方法上의 差異는 있지만 地域社會單位의 避姙普及 性格을 지닌 示範事業은 다음에 紹介되는 네가지 이다.

1. 家族計劃普及拡大化 示範研究事業

地理的, 經濟的, 行政的, 技術的으로 障碍 내지 不便을 주는 與件을 改善하여 避姙普及을 極大化 시키고자 美國東西人口問題研究所 (East-West Population Institute) 와의 契約에 의해 1976年 9月부터 3個年 計劃으로 始作된 事業이다.

對象地域은 濟州道로 定하여 이 地域을 200~300家口씩 造成地域으로 분할하고, 各 造成地域마다 1名씩의 造成要員을 選定하여 그들로 하여금 避姙普及活動을 實施토록 하고 있다. 처음 3個月間은 全体對象婦人을 家庭訪問하여 個別 家族計劃相談 管理記錄簿를 作成하는 同時에 避姙普及을 實施토록 하고 그 以後는 避姙普及所를 設置運營 함으로써 住民들이 便利하게 서어비스를 받을 수 있도록 하고 있다. 從來 政府家族計劃事業에서 邑面單位까지 미쳤던 要員組織体制에,

*家族計劃研究院 首席研究員.
**家族計劃研究院 特別研究員.
***카나다 國際開發研究處 아시아地域駐在代表.

地域社會의 마을單位까지 擴張시킨 것이며 家庭訪問을 통한 서어비스提供은 어떤 意味에서 地域社會單位의 避姙普及体制보다 한걸음 앞선 家庭單位의 普及体制라고 할 수 있다.

示範事業 2年만인 1978年 8月에 實施한 中間實態調査結果에 의하면 避姙實踐率이 크게 向上된 것으로 나타났다. 즉 1975年 10月에 實施한 基礎調査에서는 避姙實踐率이 20퍼센트이었으나 中間實態調査結果의 잠정적 集計에 따르면 實踐率이 34.5퍼센트로 14.5퍼센트의 增加를 나타내고 있다. 比較增加率로는 72.5퍼센트라는 높은 向上이다. 이로써 示範事業의 避姙受容에 미친 效果가 크다는 것을 알 수 있다.

2. 避姙家庭普及事業

避姙家庭普及事業은 國際家族計劃聯盟의 財政支援에 의해 大韓家族計劃協會가 1976年 12月에 着手하였다. 對象地域은 서울의 상계동, 경기도 동두천 및 강원도 장성지역이다.

이事業의 目的은 政府事業 以外의 組織을 통하여 먹는피임약과 콘돔을 실비로 普及 함으로써 避姙實踐率을 높여 보자는데 있다. 이 事業은 또한 현행 政府支援에 의한 避姙에만 依存하지 말고, 自費負擔에 의한 먹는피임약과 콘돔의 普及可能性을 打診하는 目的을 지니고 있다.

普及 方法은 어머니회장 또는 地域社会 指導者를 보급원으로 선정하여 콘돔과 먹는 피임약을 1個月分 150원씩에 팔도록 했고, 또 한편 藥局을 통하여 같은 가격으로 보급토록 했다. 판매가격의 30퍼센트는 보급요원에 보상 받도록 했다.

이 事業도 1977年 12月에 實施한 中間實態調査結果에 따르면 避姙實踐率이 3個地域 모두 높아질 것으로 밝혀졌다. 1976年 1月에 實施한 基礎調査에서는 상계동, 동두천, 장성의 避姙實踐率이 各各 46.2, 50.8, 36.5퍼센트로써 평균 44.7퍼센트 였으나 1977年 12月에 實施한 中間實態調査結果는 各各 52.7, 56.8, 52.9퍼센트로써 平均은 53.8퍼센트, 즉 9.1퍼센트의 증가를 이루었고, 比較增加率은 20퍼센트에 이르고 있다.

普及된 먹는 피임약은 상표가 "진주" 였고, 콘돔은 "꽃신" 이었다. 이는 各各 1個月分을 150원씩 普及했음에도 불구하고 그보다 값이싼 정부보급품 보다도 受容者가 즐겨 使用한 結果를 보여 주고 있다. 즉 먹는 피임약 사용자의 70퍼센트가 "진주"를, 그리고 콘돔사용자의 61퍼센트가 "꽃신"을 使用하고 있다.

3. 都市低所得層 住民에 대한 母子保健 및 家族計劃의 效果的인 普及事業

都市低所得層 住民의 母子保健 및 家族計劃의 效果的인 普及方案을 研究코자 統班長을 活用하는 示範事業이 1976年에 착수되어 18個月間 實施完了되었다.

이 事業은 家族計劃研究院이 「카나다」 國際開發研究所(IDRC)로부터 財政的 支援을 받아 서울 西大門區 弘恩洞의 低所得層地域을 對象으로 하여 實施했다. 14名의 統長(男子)과 34名의 班長(女子)을 事業要員으로 活用토록 했다. 이들은 現存家族計劃要員의 指導를 받으며 各種避姙

普及活動을 實施토록 하는 동시에 분만킷트의 提供 및 嬰幼兒의 豫防接種알선등, 서어비스를 兼하도록 했다. 약간씩의 수당을 매월 지급받으면서 擔當 統·班의 對象者에 대해 봉사한 結果 역시 큰 成果가 있었던 것으로 나타났다.

事後調査結果에 의하면 事前基礎調査에서 45.9퍼센트이던 對象地域의 避姙實踐率이 60.3퍼센트로 14.4퍼센트의 增加를 이루었다. 이는 봉천동 對照地域의 避姙實踐率이 48.9퍼센트에서, 59.4퍼센트로 10.5퍼센트 增加한데 比해 增加率이 높음을 알 수 있다. 避姙普及活動 外에 姙娠婦의 指導 및 분만킷트의 普及등 母子保健側面에서의 活動도 效果的으로 遂行하였음을 指摘할 수 있다.

4. 韓國基督敎聯合會事業

韓國基督敎聯合會가 家族計劃國際協助機構(FPIA)의 支援으로 서울, 釜山, 大邱 및 光州地域에서 1975年부터 實施해 왔다.

이 事業의 目的은 敎會를 中心으로 都市地域의 敎人 및 其他低所得層 婦人들에게 먹는피임약이나 콘돔을 보다 손쉽게 使用할 수 있도록 하기 위한 것이다. 이 事業은 약간의 有給要員과, 200余名의 自願指導者를 普及要員으로 活用하고 있다. 家庭訪問을 통한 避姙普及과 避姙普及所를 敎會로 하는 機能을 利用하여 事業運營을 해나가고 있다.

이 事業에 從事하는 自願指導者의 半은 活動的인 것으로 評價되며 事業遂行結果 1978年 現在 月平均 24,500싸이클의 먹는피임약이 普及되고 있다는 報告이다. 女性 自願奉仕者를 통한 이와 같은 避姙普及實績은 刮目할만한 것이라고 할 수 있다.

以上 네가지의 地域社會單位 避姙普及事業을 통하여 아직 事業이 終了되지 않았거나 比較資料가 不足한 面은 있지만 一般的인 政策的 行政的 事項에 관해 다음과 같은 잠정적인 論議가 可能한 것으로 본다.

첫째, 地域社會單位避姙普及 事業은 短期間에 특히 不姙施術을 增大시킬 수 있다.

둘째, 對象婦人에 대한 要員의 數는 10~12倍로 增加되어 避姙普及 實績은 크게 向上되지만 少額의 手當일지라도 全体的으로 適用하려면 큰 負擔이 된다.

세째, 아직 避姙受容과정의 行政的 手續 節次의 煩雜性을 이러한 示範事業에서도 完全히 除去하지 못하고 있다.

네째, 事業에 起用된 自願奉仕者나 要員의 誠實한 奉仕心이 不足한 便이다.

다섯째, 家庭訪問을 통한 造成活動과 그에 後續되는 避姙普及所의 運營은 都市地域에 있어서는 適合치 못한것 같다.

여섯째, 一線 行政關係指導者의 好意는 事業成敗에 큰 影響을 미친다.

이와같은 地域社會單位의 避姙普及事業의 役割에 관해서는 現在의 避姙傾向을 考慮하지 않으면 안된다. 가장 顯著한 事實은 避姙實踐率이 全國的으로 急速히 增加하고 있으므로 期待하는

極大化 水準은 1985年 以前에 이룩될 수 있다는 것이다. 또한 現在 避姙方法의 利用度는 적어도 既婚夫婦에 있어서는 어려움이 없다고 보는 것이다.

1980年代에 있어서 가장 重大한 도전은 韓國動亂以後의 "베이비붐"에 의한 많은 대상부인들에게 어떻게 適切한 서어비스를 提供하느냐 하는 問題와, 一般的으로 터울 調節등의 問題가 改善될 것으로 본다.

1987年에는 可姙婦人이 620万에 이를 것이므로 現在의 460万에 比해 35퍼센트가 增加될 것이다.

이러한 時點에서 우리나라의 地域社會單位의 避姙普及事業은 앞으로 再考되어야할 것으로 생각된다.

避姙受容의 極大化를 위하여 많은 費用과 人力를 投入해야 하는 性格의 示範事業은 避姙實踐率이 극히 低調한 地域에만 制限해서 實施해야 할 것이다.

앞으로의 避姙普及은 그 費用을 節減하는 方向으로 이루어 져야 한다. 따라서 示範事業은 특히 低所得層 婦人을 관할할 수 있는 統合保健要員 性格의 家族計劃要員으로 하여금 사업을 수행 하도록 構想되어야 할 것이다. 그리고 事業結果에 의한 収益費用上의 効果는 考慮되어야 한다.

그러한 事業은 都市地域에서 보다 農村地域에서 効果的이고 都市地域에서는 低所得層에 限해서 適用할만한 것이다.

政府家族計劃事業体制가 單位의 規模에 差異는 있지만 어떤 意味에서는, 地域社會單位의 避姙普及을 具顯하고 있는 것이므로 그동안 避姙普及增大에 큰 成果를 이룩해온 것이 事實이다. 그러나 1980年代의 增加하는 對象에 對處해서 보다 細分된 單位에 이르는 自願奉仕者格의 家族計劃 및 保健造成要員의 全國的인 組織擴張등은 바람직한 試圖가 될 수 있을 것으로 思料된다. 既存 새마을 婦女會의 어머니會 組織은 이러한 組織体制의 擴張을 위한 바탕으로 活用하는데 가장 適合한 것이 아닌가 생각된다.