An Alternative Delivery System
Providing MCH And Family Planning Services
Through Tong/Ban Chiefs In Order To Maximize
Family Planning Acceptance In An Urban Low Income Area

– English Summary Report –

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Foreword

This project, which was an experimental study funded by the International Development Research Center (IDRC) in Canada was carried out by the Korean Institute for Family Planning (KIFP) research team in the period from November 1, 1976 through April 30, 1978 in a low income area of Seoul, Korea.

The major purpose of the project was to test the feasibility of an alternative delivery system which was designed to utilize community agents such as Tong or Ban Chiefs as providers of information as well as simple services concerning maternal and child health care and contraception in close contact with Health Center workers in order to improve MCH care status and to maximize family planning acceptance among the low income residents.

Preliminary as well as final project reports were published in Korean with an English summary. However, in order to meet the need of foreign readers who are interested in this project, we have prepared this English report under separate cover.

We would like to express our sincere gratitude to Dr. John Gill and IDRC authorities for their financial as well as moral supports without which this project could not have been materialized. We also acknowledge the contribution of Dr. J. Y. Peng, former IDRC Asia Regional Officer, at the initiation and implementation stages of this project.

Sincere thanks are given to the personnel who participated in the study; Tong/Ban chiefs, heads of Dong offices, Suhdaemun Health Center workers and the Technical and Administrative Advisory Committee members.

October 1979

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I. Background and Objectives of the Study

The rapid increase of urban population in recent decades is largely attributable to an increase in the volume of migration from rural areas where the fertility rates are generally high. The majority of migrants from rural areas settle in urban low income areas where the health and sanitary conditions are generally poor. A recent survey reported that the fertility rates in low income areas are higher than those found in other areas of the city\(^1\). It has also been noted that differential family planning practice rates exist between low income and other areas. For instance, a total of approximately 43 percent of all eligible women in Seoul were currently practicing family planning, whereas only 34 percent of the women living in low income areas had adopted family planning.\(^2\).

Despite the efforts to cope with the urban low income areas in terms of family planning programs, severe limitations are imposed upon the Health Center programs trying to get access to urban residents. On the average, one Health Center in Seoul has to cover a total of 120,000 households with only twelve family planning workers and four maternal and child health care workers. This figure implies an average of approximately 8,000 eligible women per field worker.\(^3\)

Moreover, it is assumed that there would be more eligible women in low income areas due to the heavy density of households. In addition only limited number of women can be visited or consulted by Health Center workers and/or other family planning information services because a large number of women in these areas work during the day time in order to earn wages. As a result, their exposure to mass media and/or family planning information, education and communication materials seemed to be lower than the other urban residents. Consequently, a large number of eligible women were not covered by the family planning service available only during the daytime, and therefore had even less access to family planning information. More-

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2/ Ibid., p. 36.
3/ In 1975 there were about 2,000,000 eligible women in Seoul with 211 family planning field workers to provide service.
over, those women who began to practice family planning frequently discontinue contraception because of the lack of follow-up services.\(^4\)

In an effort to increase the number of acceptors, an alternative service strategy was proposed to remedy the deficiencies of the conventional method of delivering family planning services to these low income urban residents. The alternative new model for delivering family planning services in the present project was designed to cover a specific number of potential acceptors by utilizing non-clinical community leaders as motivators, information linkers, and extended service points. In this case, the community leaders were limited to the Tong chiefs and female Ban chiefs or wives of Ban chiefs.\(^5\)

It was also planned to provide maternal and child health care for eligible women in the study area through the community leaders working under close supervision from Health Center based Maternal and Child Health Care workers. Such services were supposed to contribute to the general health level of the low income communities as well to encourage the practice of family planning by integrating health and family planning in a convenient totally accepted distribution and motivation network.

To test the supposition that the utilization of non-clinical community resources such as Tong/Ban chiefs, could contribute to the maximization of family planning acceptance, and to the improvement of the general level of health in urban low income areas, this project was carried out under a research grant from International Development Research Center (IDRC).

More specific objectives of this project were as follows:

- To try to maximize the supply of contraceptives among the eligible population in urban low income areas through the existing, well-organized Tong and Ban system;
- To try to promote better health among mothers and new-

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\(^4\) There are big differences in the discontinuation rates of eligible women in slum and non-slum areas of Seoul. According to kwon et al slum survey, the discontinuation rate for all contraception was 24 percent in slum areas, but only 15 percent in other areas of Seoul.

\(^5\) The city administrative structure consists of Ku (District) and Dong. Seoul has 343 Dongs under 11 Kus in 1975. In addition, there are semi-official supporting structure for Dong's activities: the lowest unit is called a Ban which covers 20-40 households and a Tong which includes 4-6 Bans.
born babies by utilizing community agents (leaders) under the supervision of family-planning and maternal and child health care worker through existing government administrative channels.

- To identify the problems in utilizing Tong and Ban chiefs in family planning and MCH program; and
- To test the selected new delivery system in an urban low income area for its replicability, and to consider the implications of the system for future urban slum family planning program in Korea and other countries in Asia.

II. Methodology

To achieve the overall objectives elaborated in foregoing paragraphs, the following activities were pursued.

1. A routine channel for collecting and disseminating information related to health and family planning services was firmly established and maintained to monitor vital events and the morbidity information necessary to provide simple medical care, referral, or information on preventive health measures.

2. The community leaders, Tong and Ban chiefs, were designated to provide family planning and health service information to the underprivileged people in their areas. These community leaders were specifically assigned to carry out the following activities:
   - Motivate and promote family planning practice;
   - Function as distribution point for contraceptives, such as condoms and oral pills provided by the government for the use of acceptors;
   - Refer IUD or sterilization acceptors to Health Centers and designated medical doctors;
   - Refer eligible women who suffer from side effects to the local Health Centers;
   - Report vital events and the movement of households especially of married eligible women;
   - Keep records of the status of family planning practice for the married eligible women;
• Identify pregnant women and distribute delivery aid kits who need them;
• Assist in the provision of prenatal and postnatal care and the vaccination of infants.

3. The family planning workers at the Health Center were required to visit the Tong and Ban chiefs at least twice a month to provide guidance for their activities, to participate in group meetings, to receive activity reports and to consult on various matters. Maternal and child health care workers were also expected to meet with voluntary leaders to consider the most effective way of providing delivery aid kits and disseminating information about maternal and child health care.

4. In order to evaluate the action project, household survey which interview a sample of married eligible women were conducted before and after the project implementation.

5. In order to compare the results of the project, several measures were employed. One measure was having a control area whose environmental and socio-economic situations were similar to the action area for the purpose of comparison. One other measure was conducting surveys at the beginning and after completion of the project. The two surveys were conducted both in experimental and control areas. Community leaders' activity report, Health Center records, and other documents relevant to the project activities were also analyzed for the purpose of evaluation.

6. In order to observe the feasibility of utilizing community leaders of different kinds, the experimental area was divided into two sub-area: Tong chief's participating area and female Ban chief's or wives of Ban chief's action area. Since a Ban is composed of 20-40 households and Tong is composed of 4-6 Bans, the status of Tong chiefs' and that of Ban chiefs were considered to be different, and therefore influential on their impact on the community.

7. Subsidies were given to community leaders as well as Health Center workers (to the Tong chiefs US$12 per month, to the Ban chiefs US$6 per month and to the Health Center workers US$20).
III. Selection of Project Area and Participating Agents

The project was conducted in Hongje Dong, Sudaemun-Ku, located at the western part of the capital city, Seoul. Suhdaemun-Ku has a total population of roughly 800,000 living in 160,000 households in 1975. The control area for the present project was selected in Bongchun Dong, Kwanag-Ku, located at the southern part of Seoul, across the Han River.

In the selection of the project area, the following criteria were employed:

- Area with heavy population concentration in which more than 80 percent of the total households were indigent;
- Area with many residents living in houses of temporary or makeshift construction;
- Area with residents whose educational, cultural and economic status were generally below the standards set by the Seoul city administration.

With such selection criteria in mind, three Dongs in Sudaemun-ku (Hongje 1 Dong, Hongje 2 Dong and Hongje 4 Dong) and two Dongs in Kwanag-ku (Bongchun 3 Dong and Bongchun 6 Dong) were selected as experimental and control Dongs, respectively. The ultimate selection unit of the study area was the Ban in which the composition of low income residents was relatively large.

The selection of Tong chiefs and Bans chiefs were automatically done by the selection of Tongs and Bans within the Dongs. In charge of those low income Tongs were assigned as participating Tong chiefs, while in Hongje 2 Dong, 34 Ban chiefs were assigned to participate.

Three family planning workers from the Suhdaemun Health Center, who were in charge of Hongje 1, 2, and 4 Dongs and two MCH workers (one maternal health care specialist and the other child health care worker) were assigned to work closely with the Tong and Ban chiefs. In control areas, regular government programs by the Kwanag Health Center workers were carried out as usual.

For the technical and administrative consultation, technical and field operation advisory committees were organized.
IV. Action Research Procedure

The research procedure can be divided into three stages, that is, the preliminary or design stage implementation stage, and the evaluation stage. In the preliminary stage (April 20, 1976–November 1, 1976) the following activities were completed:

- Selection of project areas and participants
- Establishment of cooperative system with administrative offices
- Preparation of a guide book for Tong/Ban chiefs’ activities
- Completion of the baseline survey
- Training of participants

In the implementation stage (November 1, 1976 - April 30, 1978) the following activities were completed:

- Monthly meeting of participating agents
- An intermediate evaluation of Tong/Ban chiefs’ activities
- Refresher training for the Tong/Ban chiefs
- Modification of Tong/Ban chiefs’ activities, etc.

The final, evaluation stage included:

- Evaluation survey and data analysis
- Meetings to discuss the results and policy implications
- Writing and printing the final report

For further information, major activities done in the above three stages were briefly summarized as follows:

1. Baseline Survey:

Before project implementation, a comprehensive household survey in the study area was conducted, using a structured interview schedule, by 24 interviewers, from September 14th to October 4th, 1976. In addition to the household survey, a total of 1965 individual interviews with ever-married women, aged 15 to 49, residing in sample households were completed. Individual interviews were done in both experimental (1,266 cases) and control areas (427 cases).

2. Basic and Refresher Training for Tong & Ban chiefs:

The basic training for the field personnel was held from October 6 to 8, 1976. Among the trainees were the 14 Tong chiefs, and 34
Ban chiefs, and five Health Center workers. Based on the interim assessment and observation for the several months' performance, a two-day refresher training was offered on July 28-29, 1977 at the KIFP. These programs were designed especially to meet the needs of the Tong & Ban chiefs as well as the Health Center workers.

3. Implementation:

The main action program was inaugurated on November 1, 1976. The expected activities of the Tong & Ban chiefs and the supervision by the family planning and MCH workers were started. The program was completed at the end of April, 1978.

4. Publication of the Baseline Survey Report:

A baseline survey report on the project area was published in July, 1978. (Korean with English summary, 265 p.)

5. Post-Evaluation Survey:

A post evaluation survey for the purpose of program evaluation was conducted in the study areas from April 24 to May 8, 1978. Individual interviews with currently married women aged 15 to 49 were done in both experimental (848 cases) and control area (181 cases) by 14 interviewers.

V. General Characteristics of Respondents and of Participating Tong/Ban Chiefs

1. Characteristics of household heads

Including unemployed, a majority of the household heads were laborers. Of them, 7.3 percent (8.3% in control area) of household heads were unemployed, 25.2 percent (41.4% in control area) un-skilled laborers, and 23.0 percent (24.3% in control area) skilled laborers (Table 1).

Regarding educational attainment 47 percent (38% in control area) had high school education or above, and 27 percent (29% in control area) had middle school education. The educational level in both experimental and control areas were found to be a little higher than that of the base line survey (Table 2).

Birth places of household heads were usually rural (57% in experimental, 67.4% in control area) (Table 3).
Half of the household income fell within the range of 90-100 thousands won per month (55% in experimental, 48% in control area), which were higher than in the base line survey (Table 4).

The respondents' financial status perceived by the women was reported as static during the program period (51.9% in experimental, 58.3% in control area), and generally becoming better (34.4% in experimental, 29.4% in control area)(Table 5).

Table 1. Occupation of the household heads before and after the action program

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Experimental Area</th>
<th></th>
<th>Control Area</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td></td>
<td>Remain</td>
<td>Move-in</td>
<td>Total</td>
<td>Remain</td>
</tr>
<tr>
<td>Unemployed</td>
<td>8.5</td>
<td>8.1</td>
<td>2.6</td>
<td>7.3</td>
</tr>
<tr>
<td>Unskilled laborer</td>
<td>28.4</td>
<td>25.3</td>
<td>25.0</td>
<td>25.2</td>
</tr>
<tr>
<td>Skilled laborer</td>
<td>17.1</td>
<td>22.3</td>
<td>27.6</td>
<td>23.0</td>
</tr>
<tr>
<td>Peddler</td>
<td>4.7</td>
<td>4.0</td>
<td>5.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Commerce</td>
<td>13.2</td>
<td>14.8</td>
<td>12.9</td>
<td>14.5</td>
</tr>
<tr>
<td>Industry</td>
<td>2.3</td>
<td>4.0</td>
<td>5.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Service</td>
<td>2.1</td>
<td>2.7</td>
<td>3.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Clerical</td>
<td>11.5</td>
<td>13.4</td>
<td>12.1</td>
<td>13.2</td>
</tr>
<tr>
<td>Professional</td>
<td>0.7</td>
<td>1.1</td>
<td>—</td>
<td>0.9</td>
</tr>
<tr>
<td>Agriculture</td>
<td>0.1</td>
<td>—</td>
<td>—</td>
<td>0.5</td>
</tr>
<tr>
<td>Others</td>
<td>4.0</td>
<td>0.7</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>7.5</td>
<td>3.8</td>
<td>5.2</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>(N)</td>
<td>(1,266)</td>
<td>(732)</td>
<td>(116)</td>
<td>(848)</td>
</tr>
</tbody>
</table>

Table 2. Educational level household heads in study areas before and after the action program

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Experimental Area</th>
<th></th>
<th>Control Area</th>
<th></th>
</tr>
</thead>
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<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td></td>
<td>Remain</td>
<td>Move-in</td>
<td>Total</td>
<td>Remain</td>
</tr>
<tr>
<td>No schooling</td>
<td>3.2</td>
<td>2.2</td>
<td>1.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Primary school</td>
<td>24.7</td>
<td>23.3</td>
<td>25.0</td>
<td>23.6</td>
</tr>
<tr>
<td>Middle school</td>
<td>26.1</td>
<td>27.7</td>
<td>24.1</td>
<td>27.2</td>
</tr>
<tr>
<td>High school</td>
<td>28.8</td>
<td>32.8</td>
<td>36.2</td>
<td>33.3</td>
</tr>
<tr>
<td>College or above</td>
<td>11.6</td>
<td>14.0</td>
<td>12.9</td>
<td>13.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>7.6</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>(N)</td>
<td>(1,266)</td>
<td>(732)</td>
<td>(116)</td>
<td>(848)</td>
</tr>
</tbody>
</table>
Table 3. Birth place of household heads in the study areas before and after the action program

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<th>Birth Place</th>
<th>Experimental Area</th>
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<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
<td>Before</td>
<td>After</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remain</td>
<td>Move-in</td>
<td>Total</td>
<td></td>
<td></td>
<td>Remain</td>
<td>Move-in</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seoul</td>
<td>10.8</td>
<td>10.9</td>
<td>8.6</td>
<td>10.6</td>
<td>11.5</td>
<td>7.4</td>
<td>7.4</td>
<td>11.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>13.2</td>
<td>16.1</td>
<td>15.5</td>
<td>16.0</td>
<td>10.3</td>
<td>12.3</td>
<td>14.8</td>
<td>12.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eup</td>
<td>9.8</td>
<td>14.8</td>
<td>16.4</td>
<td>15.0</td>
<td>8.1</td>
<td>7.1</td>
<td>11.1</td>
<td>7.7</td>
<td></td>
<td></td>
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<tr>
<td>Myun</td>
<td>63.5</td>
<td>56.6</td>
<td>59.5</td>
<td>57.0</td>
<td>67.1</td>
<td>68.2</td>
<td>63.0</td>
<td>67.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign country</td>
<td>—</td>
<td>1.6</td>
<td>—</td>
<td>1.4</td>
<td>—</td>
<td>16.0</td>
<td>3.7</td>
<td>11.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>2.6</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2.7</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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<td></td>
</tr>
<tr>
<td>(N)</td>
<td>(1,165)</td>
<td>(732)</td>
<td>(116)</td>
<td>(848)</td>
<td>(407)</td>
<td>(154)</td>
<td>(27)</td>
<td>(181)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Average monthly income per household in study areas before and after the action program

| Monthly income (Unit: 10,000 won) | Experimental Area | | | | | Control Area | | | | |
|-----------------------------------|-------------------|---|---|---|---|---|---|---|---|
|                                   | Before | After | | | | Before | After | | | |
|                                   | Remain | Move-in | Total | | | Remain | Move-in | Total | | |
| — 8                               | 12.1   | 2.6    | 19.0 | 2.4 | 17.1 | 2.6 | — | 2.2 | | |
| 3-5                                | 29.7   | 7.7    | 9.5 | 8.0 | 37.0 | 7.1 | 7.4 | 7.2 | | |
| 5-7                                | 23.9   | 12.5   | 11.2 | 12.4 | 23.4 | 14.9 | 33.3 | 17.7 | | |
| 7-9                                | 11.0   | 12.1   | 18.2 | 12.9 | 9.4 | 20.1 | 18.5 | 19.9 | | |
| 9-10                               | 22.0   | 19.7   | 23.3 | 26.2 | 11.7 | 22.1 | 11.1 | 20.4 | | |
| 16-20                              | —      | 36.2   | 26.7 | 34.9 | —     | 29.2 | 18.5 | 27.5 | | |
| 20+                                | —      | 9.1    | 16.3 | 9.3 | — | 3.9 | 11.1 | 5.0 | | |
| Unknown                            | 1.3    | —      | —   | —   | 1.4 | — | — | — | | |
| Total                              | 100.0  | 100.0  | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | | |
| (N)                                | (1,266) | (732) | (116) | (848) | (427) | (154) | (27) | (181) | | |

Table 5. Financial status perceived by wives of the family based on monthly income at the of the action program

| Financial Status | Experimental Area | | | | | Control Area | | | | |
|------------------|-------------------|---|---|---|---|---|---|---|---|
|                   | Remain | Move-in | Total | | | Remain | Move-in | Total | | |
| Worse             | 14.2   | 10.3    | 13.7 | | 13.1 | 7.4 | 12.2 | | |
| Better            | 33.9   | 37.9    | 34.4 | | 27.5 | 40.7 | 29.4 | | |
| Static            | 51.9   | 51.7    | 51.9 | | 59.5 | 51.9 | 58.3 | | |
| Total             | 100.0  | 100.0   | 100.0 | | 100.0 | 100.0 | 100.0 | | |
| (N)               | (732) | (116) | (848) | | (154) | (27) | (180) | | |
Table 6. Mass media ownership of the households in study areas before and after the action program

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Experimental Area</th>
<th>Control Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td></td>
<td>Remain</td>
<td>Move-in</td>
</tr>
<tr>
<td>TV set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43.2</td>
<td>84.0</td>
</tr>
<tr>
<td>No</td>
<td>56.8</td>
<td>16.0</td>
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<tr>
<td>Radio/Transistors</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>89.2</td>
<td>90.6</td>
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<td>No</td>
<td>10.8</td>
<td>9.4</td>
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<td>Newspaper subscription</td>
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<tr>
<td>Yes</td>
<td>27.3</td>
<td>44.1</td>
</tr>
<tr>
<td>No</td>
<td>72.7</td>
<td>55.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>(N)</td>
<td>(1,266)</td>
<td>(732)</td>
</tr>
</tbody>
</table>

Table 7. Age distribution of Tong, Ban chiefs participated in the action program in 1976

<table>
<thead>
<tr>
<th>Age</th>
<th>Tong Chiefs</th>
<th>Ban Chiefs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>20-29</td>
<td>21.4</td>
<td>—</td>
<td>23.5</td>
</tr>
<tr>
<td>30-39</td>
<td>21.4</td>
<td>3</td>
<td>35.3</td>
</tr>
<tr>
<td>40-49</td>
<td>64.4</td>
<td>9</td>
<td>32.4</td>
</tr>
<tr>
<td>50-59</td>
<td>7.1</td>
<td>1</td>
<td>8.8</td>
</tr>
<tr>
<td>60-69</td>
<td>7.1</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>14</td>
<td>100.0</td>
</tr>
<tr>
<td>Mean</td>
<td>44.6 Years</td>
<td>37.8 years</td>
<td></td>
</tr>
</tbody>
</table>

Table 8. Educational level of Tong, Ban chiefs participated in the action program

<table>
<thead>
<tr>
<th></th>
<th>Tong Chiefs</th>
<th>Ban Chiefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>7.1</td>
<td>11.1</td>
</tr>
<tr>
<td>Primary school</td>
<td>14.3</td>
<td>40.7</td>
</tr>
<tr>
<td>Middle school</td>
<td>35.7</td>
<td>25.9</td>
</tr>
<tr>
<td>High school</td>
<td>42.9</td>
<td>18.6</td>
</tr>
<tr>
<td>College or above</td>
<td>—</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>(N)</td>
<td>(14)</td>
<td>(34)</td>
</tr>
</tbody>
</table>
Eighty three percent (84.5% in control area) owned a TV set, 90.1 percent (85.1% in control area) owned a radio, and 43.6 percent (21.0% in control area) subscribed to a newspaper (Table 6).

2. Characteristics of Tong or Ban chiefs

The average Tong chief’s age was 44.6 years, while the Ban chief’s average age was 37.8 years (Table 7).

Educational attainments of Tong/Ban chiefs was generally higher than that of the community while Tong chiefs’ educational attainment were higher than Ban chiefs (Table 8).

Tong/Ban chiefs’ income varied from 30 thousands to 150 thousands won a month.

VI. Major Findings

Married eligible women’s attitude toward two-child family concept was generally favorable. Yet 22 percent in experimental area and 28 percent in control area disapproved of the two-child family which did not change during the study period (Table 9).

The main reason for not approving two-child concept was the desire for sons (Table 10).

A great deal of progress was made in contraceptive use rates in experimental and control area. Contraceptive use rates before implementation were 40.2 percent in the experimental area and 45.7 percent in the control area. But rates after action increased 15.5 percent point in experimental areas and 9.0 percent point in control areas (Table 11). However, analysis of variance did not show a significant difference between experimental and control areas in terms of increase in current users.

Female sterilization increased in rate of use for both experimental and control areas. However, the increase is reflective of not only the Tong/Ban chiefs’ recommendation, but also the effect of national program policy which encouraged sterilization.

A large proportion (67.2% in experimental area and 78.2% in control area) of all pregnancies occurring during the action period were terminated by induced abortion (Table 12).

Fifty four percent of the married eligible women in experimental area said that they had received recommentation from the Tong/Ban
chiefs regarding family planning. It was observed that the contraceptive use rate of those who had contact with the Tong/Ban chiefs was higher (66.7%) than of those who did not have contacts (50.5%) or of those who were not aware of the project (50.9%).

Residents’ attitude toward the action program was generally favorable (87%), and the main reason for having a favorable attitude was regarding their accessibility to the contraceptive services (56%).

Tong/Ban chiefs’ participation in family planning and MCH program can not replace the present family planning and MCH workers totally, but Tong/Ban chiefs showed a potential ability to be utilized as voluntary community leaders who could effectively help family planning and MCH workers’ efforts.

The participating Tong chiefs were generally middle aged, and had an average high school education. Therefore, Tong chiefs were judged as having an adequate background for family planning and MCH activity. It is important to note that a majority of Tong chiefs were wage earners and their responsibilities as Tong chiefs were relatively demanding. Therefore, their many activities along with MCH/Family Planning efforts keep them busy and away from their residence which can cause hardship. But with their wives’ cooperation, Tong chiefs’ efforts appeared to be very effective.

On the other hand, Ban chiefs were mostly housewives and had lower educational level than Tong chiefs. In addition, Ban chiefs had less experiences in public services and administrative activities. Besides, the position of Ban chiefs could not help their activity, and furthermore, it would take much time and effort to motivate them to participate in family planning and MCH motivators’ activity.

Table 9. Attitude toward two-child slogan before and after the action program

<table>
<thead>
<tr>
<th></th>
<th>Experimental Area</th>
<th>Control Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>Agree</td>
<td>87.7</td>
<td>76.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>12.3</td>
<td>21.8</td>
</tr>
<tr>
<td>Don't know</td>
<td>—</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 10. Reasons for not approving tow-child slogan

<table>
<thead>
<tr>
<th>Reason</th>
<th>Experimental Area</th>
<th>Control Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Must have sons</td>
<td>98</td>
<td>53.0</td>
</tr>
<tr>
<td>Need son for family lineage</td>
<td>23</td>
<td>12.4</td>
</tr>
<tr>
<td>Two is too small</td>
<td>46</td>
<td>24.9</td>
</tr>
<tr>
<td>Have son feel safe</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Worry child death</td>
<td>7</td>
<td>3.8</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>185</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 11. Family planning practice rates of currently married women aged 15-49 before and after the action program by area

<table>
<thead>
<tr>
<th></th>
<th>Experimental Area</th>
<th>Control Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>Past-user</td>
<td>25.3</td>
<td>21.3</td>
</tr>
<tr>
<td>Current-user</td>
<td>40.2</td>
<td>55.7</td>
</tr>
<tr>
<td>Never-user</td>
<td>34.5</td>
<td>22.9</td>
</tr>
<tr>
<td>N. R.</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>(1,266)</td>
<td>(848)</td>
</tr>
</tbody>
</table>

Table 12. Pregnancy termination status during the action period

<table>
<thead>
<tr>
<th></th>
<th>Experimental Area</th>
<th>Control Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live birth</td>
<td>18.5 (43)</td>
<td>7.3 (4)</td>
</tr>
<tr>
<td>Abnormal delivery</td>
<td>5.1 (12)</td>
<td>1.8 (1)</td>
</tr>
<tr>
<td>induced abortion</td>
<td>67.2 (156)</td>
<td>78.2 (43)</td>
</tr>
<tr>
<td>Current pregnancy</td>
<td>8.6 (20)</td>
<td>12.7 (7)</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>100.0 (232)</td>
<td>100.0 (55)</td>
</tr>
</tbody>
</table>

VII. Problems Observed in the Course of Project

Although the present project had achieved the project goals to a significant extent, there had been occurred several obstructions which might have affected the project outcomes. The followings are the incidents or problems observed in the course of project.

1. A large reshuffle of the composition of Tong or Ban residents were inevitable in the project areas due to the unexpected illegal
housing clearance plan of the Seoul City Government which was implemented in the areas in April, 1977, only five months after the initiation of the experimentation. As a result of this reshuffle, the total project seemed to be paralyzed for several months before and after the clearance implementation.

2. Tong chiefs’ high mobility and Ban chiefs’ low motivation appeared to be big problems. Tong chiefs who were generally middle aged and high school graduates seemed to have enough capability to assist health center workers. Nevertheless, their high mobility not only due to their duties but also to maintain their own living caused often inability of locating them to certain places by the health center workers as well as the residents who sought the help of them.

On the other hand, Ban chiefs seemed to have a hard time understanding and participating in the project as presently designed since they were mostly housewives and were not accustomed to administrative affairs. Although some of them were very active and had performed excellent job, the majority remained as passive leaders.

Therefore, it was suggested that further attention should be paid to how to motivate the passive community leaders. Though most Tong or Ban chiefs approved and understood the importance of family planning as well as MCH programs, many of them still have limited knowledge, and seemed to feel little reward or motivation to take an additional activities.

3. Another problem was related to the existing family planning target system and the supervisory role of the Health Center workers.

Five workers from the Sudaemun Health Center participated in the present action program. Their main role was to motivate and supervise the activities of the Tong or Ban chiefs to take active part in family planning and MCH motivator’s role.

However, problems arose in keeping contact with Tong or Ban chiefs. One of them was that the Health Center worker’s achievements were mainly rated on the basis of their method specific targets under the existing target system and there was no exception for the present project. Therefore, the Health Center workers could not but pay little attention to contact Tong/Ban chiefs for supervision.
4. On the other hand, the frequent turn-overs of Health Center workers made the Tong or Ban chiefs to be less motivated to participate in the experimentation. In other words, four out of five health workers assigned for the project were replaced in the period of project implementation in search for better stable jobs. Hence, it took more time for the Tong or Ban chiefs to take active part in the program.

VIII. Recommendations

On the basis of the results found in this research project, the following recommendations were made.

1. In view of community impact, utilizing Tong chiefs seemed to be more preferable than Ban chiefs. Accordingly, by including family planning and MCH assisting role among the Tong chief’s regular duties in urban low income area, the Health Center workers’ burden may be reduced.

2. An intensive short-term training program in order to motivate and refine Tong chief’s participation is needed along with continuous supervision by Health Center workers.

3. In mobilizing Tong chiefs, the cooperation of Dong chiefs was imperative. So that an population education program for Dong chiefs should be considered to motivate a cooperative attitude and to help integrate family planning issues into their regular operations, which will also facilitate Tong chiefs’ participation.

4. The existing target system for the Health Center workers in the urban low income areas should be modified in order to shift work responsibility to allow the establishment of closer relationship with the Health Center and the community it serves.

5. Certain measures such as tenure system should be adapted to reduce frequent turn-overs of Health Center workers and to create more job stability.

6. Because of the frequent migration caused by city beautification or illegal housing clearance plan, etc., the urban low income area family planning and MCH program project should be short-term and intensive, with more frequent program evaluation.

7. More researches on urban low income areas should be done for understanding these communities and their residents.
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POST-EVALUATION SURVEY QUESTIONNAIRE

Name of household head_____________________
Name of spouse_____________________________
Address_____________________________________

Result of interview: ______ Finished ______ Partly finished
________ Absence ______ Refusal
______ Others ______

1. HOUSEHOLD DISTINCTION

1.1 Have you lived in this village since November 1976 or before?
Or moved in after that?
1) ___ extant household
2) ___ in-migrated household

1.2 (If in-migrated) When and from where did you in-migrate?
1) ___ when_______ year_______ month
2) ___ where_______ Do (Shi)_______ Gun_______ dong/eup/myun

* Interviewer: Confirm to the dong level if it is Seoul.
Confirm to the gun level if it is rural area.
2. HOUSEHOLD COMPOSITION

2.1 I would like to have some information about those who are living with you in your house.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Relationship to the household</th>
<th>Age at time of interview</th>
<th>Date of Birth</th>
<th>Sex: M F</th>
<th>Marital status: 1. Currently married 2. Un-married 3. Widowed 4. divorced or separated</th>
<th>Education</th>
<th>Occupation (specify)</th>
<th>Currently married Under 49</th>
<th>Use contraceptives or not (method)</th>
<th>Pregnant or not (gestation)</th>
<th>Infant (less than 1 year)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

* Interviewer: (1) List the names of family member beginning with the head of household, then ask the following question in order.
(2) Specify occupation from kind to position.

2.2 I would like to ask about changes in your family member after November 1976. (Confined to numbers lived more than 3 months)

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Relationship to household head</th>
<th>Change of family member</th>
<th>Reason</th>
<th>Place moved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Increase</td>
<td>Decrease</td>
<td></td>
</tr>
</tbody>
</table>
2.3 You have — children now. Tell me the birthplaces of your children and periods lived in those places and the other information.

<table>
<thead>
<tr>
<th>Birth order</th>
<th>Name</th>
<th>Sex</th>
<th>age of Child</th>
<th>Date of Birth</th>
<th>Wife's age</th>
<th>Birth place</th>
<th>Period lived</th>
<th>Contraception Status</th>
<th>Practice</th>
<th>Not Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example of birth place: 1. Seoul (confirm to dong level)  
2. Pusan  
3. Other Cities  
4. Eup  
5. Rural area  
6. Foreign country

3. PREGNANCY AND CONTRACEPTION

Marriage  
3.1 How old were you and your husband when you first married?  
Wife___ years old in ___ year ___ month (lunar, solar)  
Husband ___ years old

* Interviewer: In case of Marriage after 1976, write ‘M’ in column(3) of pregnancy and contraceptive history chart

3.2 Are you living with your husband?  
1) Yes  
2) No (Reason )
Pregnancy and Contraceptive History Chart

- Marriage: M  - Live birth: L  - Still birth: S  - Induced Abortion: I
- Menopause: Me  - Condom: C  - Tubal ligation: T  - Pregnancy: P
- Loop: Lo  - Natural Abortion: N  - Oral pill: O  - Vasectomy: V  - Other: Ot

<table>
<thead>
<tr>
<th>(1) If normal delivery, name</th>
<th>(2) Sex</th>
<th>Birth place</th>
<th>Age of Child</th>
<th>Age of Mother</th>
<th>Year</th>
<th>Birth order</th>
<th>(3) Pregnancy termination</th>
<th>(4) If died, year and age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>Dragon</td>
<td>1976</td>
<td></td>
<td></td>
<td>1 2 3 4 5 6</td>
<td>Normal delivery</td>
<td>Abnormal delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Day (Lunar, Solar)</td>
<td>Day (Lunar, Solar)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Snake</td>
<td>1977</td>
<td></td>
<td></td>
<td></td>
<td>&quot;&quot;</td>
<td>&quot;&quot;</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Horse</td>
<td>1978</td>
<td></td>
<td></td>
<td></td>
<td>&quot;&quot;</td>
<td>&quot;&quot;</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Pregnancy and Childbirth

3.3 Now I would like to ask about your pregnancy and childbirth. How many pregnancies did you have?
______ times (involve current pregnancy)

3.4 How many livebirths, spontaneous abortions, induced abortions and stillbirths did you have?
1. Livebirth______ times 2. spontaneous abortion______ times
3. Induced abortion______ times 4. Still birth______ times

3.5 How many living children do you have?
1. Total number of living children______
2. Number of sons______
3. Number of daughters______

3.6 Did you have any children who died?
1. Total number of children died.______
2. Number of sons died.______
3. Number of daughters died.______

*Interviewer: In case of pregnancy and contraception occurred after 1976, write down in the pregnancy and contraceptive history chart. If the number of pregnancy and birth exceeds one, number them after the order of occurrence, and write down the number in column concerned.

3.7 Have you ever become pregnant since 1976 till now?

1. Yes
2. No (go to 3-16)

3.8 During the pregnant period did you visit the public health center or any other medical institution? Were you visited by family planning worker?
(Medical institution) (FP worker)
1. Yes
2. No
3. Yes
2. No (go to 3-10)

3.9 (If yes), what medical institution did you visit?

1. ______ Health center
2. ______ Other clinics ______ gynaecology
   ______ general hospital
   ______ general clinic
   ______ midwife

3.10 Was it live-birth?

1. ______ Live birth
2. ______ Abnormal delivery
3. ______ Induced abortion
4. ______ Currently pregnant

3.11 (If live birth) where did you deliver?

1. ______ Home
2. ______ Medical institution
3. ______ Others

3.12 (If delivered at Home) Who helped you or attended at your delivery?

3.13 (Children born after Nov. 1976) Did your child receive vaccination within one year after birth?

<table>
<thead>
<tr>
<th>Child older than 6 month</th>
<th>Child Under 6 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

3.14 (If Yes) Where was your child vaccinated?

1. ______ Private hospital
2. ______ Health center
3. ______ Dong Office (from health center)
4. ______ Within the residence region
5. ______ Others

______________________________
3.15 After the childbirth (after November 1976) did you visit health center or other medical institution? Or were you family planning workers?

1. Yes (health center _______, medical institution_______)
2. No_______

Family Planning Workers
1. Yes (____ times)
2. No_______

Contraceptive history

3.16 Have you ever used contraceptive methods?

1. Ever user (1) ever used before 1976
   (2) ever used after 1976 (go to 3-17)
2. Current user: Method ______________________
3. Non user (Reason for not using ______________________)

3.17 You said that you have ever used contraceptive method. What kind of method have you used, when have you begun and stopped using?

What was the reason for stopping and did you paid for it or not?

* Ask the method used and period of using, write down the answer in the contraceptive history chart, and write down the other events in the table below.

<table>
<thead>
<tr>
<th>Method</th>
<th>Date at use</th>
<th>Date at Termination</th>
<th>period</th>
<th>Sources</th>
<th>Reason for termination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gov't</td>
<td>Mixed</td>
</tr>
</tbody>
</table>


Fecundity Status

3.18 There are some women who can’t have children because of physical problems or the other reasons. What do you think is your condition?

1) Fecund
2) Infecund
3) Don’t know (uncertain)

3.19 What is the reason?

1) Vasectomy
2) Tubal ligation
3) Physical condition (male female ) Reason
4) Natural sterilization

4. ATTITUDE TOWARD THE NUMBER OF CHILDREN

4.1 In addition to the children you already have (son daughter) you want more children to have?

1) No
2) Yes

4.1.1 If you want, how many more?

1) Children (Son Daughter)
2) Children (Without distinction)

4.2 If you are just married, how many do you think is the ideal number of children?

1) Children (son daughter )
2) Children (Without distinction)
3) No idea
4.3 Without consideration of your own personal situation, how many children do you think is the appropriate number for women to have?

1) ___ Children (Son ___ Daughter ___)
2) ___ Children (either son or daughter)
3) ___ Don’t know

4.4 Suppose you had the number of children you want but had no son, would you keep giving birth to have a son?

1) ___ Yes
2) ___ No
3) ___ Don’t know

4.5 If you had the number of children you wanted and only one son among them, would you keep giving birth to have another son?

1) ___ Yes
2) ___ No
3) ___ Don’t know

4.6 Have you ever heard “Son, or daughter, stop at two and raise them well”?

1) ___ Yes
2) ___ No

4.7 (If yes) Do you agree to that or not?

1) ___ Agree
2) ___ Disagree (reason )
3) ___ Don’t know

4.8 These days, some say about one child for one couple. What do you think about it?

1) ___ Agree
2) ___ Disagree (reason : )
3) ___ Don’t know
5. FAMILY PLANNING AND MATERNAL AND CHILD HEALTH CARE.

Knowledge and Attitude

5.1 There are a number of ways women can avoid getting pregnant. What methods have you heard about? (knowledge)

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>5-1</th>
<th>5-2</th>
<th>5-3</th>
<th>5-4</th>
<th>5-5-1</th>
<th>5-5-2</th>
<th>5-5-3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
<td>Source</td>
<td>How to use</td>
<td>Operation Place</td>
<td>Effectiveness</td>
<td>Side effects</td>
<td>Preference</td>
</tr>
<tr>
<td>1) Oral Pill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Loop</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Condom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Tubal ligation</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Vasectomy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Others</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Interviewer: Mark with X in the column 5-1 of method recognized then, ask the method unrefereed one by one. Mark with X in the same way. Ask 5-2, 5-3, 5-4, 5-5, one by one, and write down the number answered in the column concerned.

5.2 From wherrr or whom did you hear? (Source of knowledge)

1) FP Workers       7) Husband
2) Drugstore        8) Friend, neighborhood
3) Hospital         9) School
4) Dong's officer and 10) Others
       Tong/Ban chief. 11) Never heard
5) Newspaper, magazine
6) Radio, TV
5.3 Do you know how to use the method?
   1) Yes
   2) No

5.4 Do you know where you could get the method if you wanted to use it?
   1) Drugstore
   2) Hospital, clinic
   3) Health center
   4) Dong office
   5) Other (where)
   6) Don’t know

5.5 What is your opinion about each contraceptive method?

5.5.1 Effectiveness
   1) Almost not to be pregnant
   2) Sometimes to be pregnant
   3) Frequently to be pregnant

5.5.2 Side effects
   1) Not harmful
   2) A little harmful
   3) Very harmful

5.5.3 Preference
   1) Very good method
   2) Comparatively good
   3) Comparatively bad

5.6 Do you know the way of prenatal and postnatal MCH care?
   1) Know
   2) Don’t know well
   3) Don’t know (to 5-8)

5.7 From where or whom did you become to know about MCH care?
1) Mother-in-law
2) Relatives neighborhood
3) Husband
4) Clinics
5) Newspaper, magazine, TV, Radio
6) Bulletin
7) School
8) Book
9) FP workers
10) Other

5.8 Do you know what maternal and child health care workers are doing?
   1) Yes. (what )
   2) No.

5.9 Do you know what we must to do for child under 1 to prevent diseases?
   1) Yes
   2) No

6. CONTACT WITH HEALTH WORKER

6.1 Do you know family planning worker or maternal and child health care worker?
   Family planning worker  Yes  No (go to 7-1)
   Maternal & child health care worker  Yes  No

6.2 Have you ever met them since November 1976?
   Family planning worker  Yes (  )  No
   Maternal & child health care worker  Yes (  )  No

6.3 (If yes) Did the worker visit your house? Or met them through someone?
1) __ FP worker's visit (alone)
2) __ Through ____________
3) __ I visited the worker

*Interviewer: Don't ask about "service contact (7)" to wives of Tong or Ban chief. Chiefs means wife of Ban chiefs. In Hongie 2 dong there are some volunteer who are not wives of Ban chiefs. Regard them "women working for family planning" and write in Ban chief's column.

7. SERVICE CONTACT

7.1 Do you know Tong (Ban) chiefs?
   1) __ Yes
   2) __ No (go to 7-42)

7.2 Have you ever heard about family planning from Tong (Ban) chiefs?
   1) __ Yes
   2) __ No

7.3 Do you know the fact that Tong (Ban) chiefs are doing pilot project on family planning in your region?
   1) __ Yes
   2) __ No (go to 7-30)

7.4 When did you become to know about that project? (make reference to 1-1)
   1) — Extant household (Year _____ Month _____)
   2) — In-migrated household (Year _____ Month _____)

7.5 How did you become to know?
   1) __ Chiefs of Tong or Ban
   2) __ Wives of Tong & Ban chiefs
3) Neighborhood
4) Ban sang hoe
5) Others

7.6 What did you think about when you first became to know about their family planning activities?
   1) Good
   2) Usual (go to 7-9)
   3) Bad (go to 7-8)

7.7 (If good) What is the reason?
   1) Convenient
   2) Economical
   3) Credible
   4) Others

7.8 (If bad) What is the reason?
   1) It concerns with private life
   2) They seems to force
   3) Incredible
   4) Others

7.9 What do you think about Tong (Ban) chief's activities for FP and MCH care, now?
   1) Good
   2) Usual
   3) Bad
   Reason

7.10 Have you ever been recommended or counselled about family planning from Tong (Ban) chiefs?
   1) Yes
   2) No (go to 7-30)

7.11 At that time of being recommended were you practicing family
planning?

1) Yes
2) No (go to 7-30)

7.12 (If yes) Did you change the method or purchase place of contraception after being recommended?

<table>
<thead>
<tr>
<th>1) Method</th>
<th>Continue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Purchase place</td>
<td>Continue</td>
<td>Change</td>
</tr>
</tbody>
</table>

7.13 (If no) Did you become to use contraceptive methods after being recommended?

1) Yes (method )
2) No (Reason ) (go to 7-16)

7.15 What is the reason for accepting recommendation to practice family planning from Tong (Ban) chiefs?

1) Convenient (time, distance)
2) Economical
3) Credible
4) Others

7.14 After how many times of being recommended from Tong (Ban) chiefs, did you become to practice? times.

7.16 Where is the place of being recommended?

1) Own house
2) House of Tong (Ban) chiefs
3) Within village
4) Ban sang hoe
5) Other ( )

7.17 Did you become to know any more about family planning through Tong (Ban) chiefs?
1) ___ Yes
2) ___ No (go to 7-19)

7.18 (If yes) What are those?
1) ___ Knowledge ( )
2) ___ Source ( )

7.19 What method have you been recommended mainly?
Method ____________________________

* Interviewer: Only ask those who use the recommended method
If not go to 7-26.

7.20. Are you using that method? or terminated?
1) ___ Interrupted
2) ___ Continue (go to 7-26)

7.21 What is the reason for termination?
Reason ______________________________

7.22 After termination, have you ever been recommended the other methods from Tong (Ban) chiefs? Or have you ever visited them to use the other methods?

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Visited</th>
</tr>
</thead>
</table>
| 1) ___ Yes  | ______  | ______ | (go to 7-24)
| 2) ___ No   | ______  | ______ |

7.23 (If yes) did you use the other method recommended?
1) ___ Yes (method ) (go to 7-26)
1) ___ No

7.24 Have you ever visited any other place, besides Tong (Ban) chiefs, to use the other methods?
1) ___ Hospital, clinic
2) ___ Health center
3) Drugstore
4) Other (  )
5) Never

7.25 What is the reason for visiting the other place?
Reason ____________________________

7.26 If you moved to other residence and there were such project as this, would you like to make use of it?
1) Yes
2) No (Reason )

7.27 Are there any difficulties in practicing family planning through Tong (Ban) chiefs?
1) Yes
2) No (go to 7-29)

7.28 What are the difficulties?
1) Difficulty in meeting heads
2) Difficulty in access because of sex difference
3) Shame to talk
4) Others ( )

7.29 Was it possible to finish business in the absence of Tong (Ban) chiefs when you visited their house for family planning?
1) Yes (How )
2) No

Maternal and Child Health care

7.30 Do you know that Tong (Ban) chiefs are doing maternal and child health care pilot project in your region?
1) Yes
2) No (reason ) (go to 7-42)
7.31 Have you ever been recommended or counselled by Tong (Ban) chiefs to visit the health center?
   1) ___ Yes
   2) ___ No (go to 7-42)

7.32 (If yes) Did you visit Tong (Ban) chiefs directly? or they visited you?
   1) ___ I visited them
   2) ___ They visited me

7.33 Have you become to know any more about maternal and child health care through Tong (Ban) chiefs?
   1) ___ Yes (What )
   2) ___ No

7.34 After being recommended or taking counsel, have you ever visited health center or met MCH worker?

<table>
<thead>
<tr>
<th>Health center</th>
<th>MCH worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ___ Yes</td>
<td></td>
</tr>
<tr>
<td>2) ___ No</td>
<td></td>
</tr>
</tbody>
</table>

7.35 (In case of children born after February 1977)
Did you receive any delivery aid kid?

* Interviewer: Make reference to column (3) in the pregnancy and contraceptive history chart
   1) ___ Yes (go to 7-37)
   2) ___ No

7.36 (If No) What is the reason?

   1) ___ In order to deliver at hospital
   2) ___ Didn’t know
   3) ___ Knew but they didn’t give
   4) ___ Other ( )
7.37 When did you receive?

   Year   Month (in th month of pregnancy)

7.38 Did you use delivery aid kid at the time of delivery?

   1) Yes (go to 7-40)
   2) No

7.39 (If No) What is the reason for not using?

   Reason________________________

7.40 Have you been informed of vaccination for infants from Tong (Ban) chiefs?

   1) Ever
   2) Never

7.41 What do you think about Tong (Ban) chiefs' activities for family planning and maternal and child health care in your region?

   1) Work very hard
   2) Usual
   3) Seems not to work
   4) Don't know

7.42 (To those who don't know the activities of Tong (Ban) chiefs. What do you think about that Tong (Ban) chiefs' work for family planning and maternal and child health care in your region?

   1) Very good
   2) Usual
   3) Not good
   4) Don't know

7.43 Do you have an intention to meet Tong (Ban) chiefs for family planning or maternal and child health care in the future?

   1) Yes
   2) No (Reason )
7.44 Who do you think is better to work for family planning and maternal and child health care in your region besides Tong (Ban) chiefs?

Who______________________________
Position__________________________
Occupation________________________
Organization involved_________________

7.45 (To women who receive maternal and child health care services)
Did you become to practice family planning after receiving maternal and child health care services?
1) ___ Yes
2) ___ No

8. SOCIO-ECONOMIC BACKGROUND

8.1 Where is your birthplace? And your husband?

<table>
<thead>
<tr>
<th>Wife</th>
<th>Husband</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Seoul</td>
<td>_______</td>
</tr>
<tr>
<td>2) Cities</td>
<td>_______</td>
</tr>
<tr>
<td>3) Eup</td>
<td>_______</td>
</tr>
<tr>
<td>4) Rural</td>
<td>_______</td>
</tr>
<tr>
<td>5) Foreign country</td>
<td>_______</td>
</tr>
</tbody>
</table>

8.2 Where is the place longest lived before marriage?

<table>
<thead>
<tr>
<th>Wife</th>
<th>Husband</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Seoul</td>
<td>_______</td>
</tr>
<tr>
<td>2) Cities</td>
<td>_______</td>
</tr>
<tr>
<td>3) Eup</td>
<td>_______</td>
</tr>
<tr>
<td>4) Rural</td>
<td>_______</td>
</tr>
<tr>
<td>5) Foreign country</td>
<td>_______</td>
</tr>
</tbody>
</table>

8.3 Where is the place longest lived after marriage?

1) ___ Seoul
2)____Cities
3)____Eup
4)____Rural
5)____Foreign country

8.4 Where did you marry?
   1)____Seoul
   2)____Cities
   3)____Eup
   4)____Rural
   5)____Foreign country

8.5 When did you move to Seoul?
    How many years before or after marriage?
    (Only to those who came from other places except Seoul)
    Year moved to Age__________ No. of living children
    ____Years before marriage Wife__________ _________
       Hus _________
    ___ years before marriage Wife__________ _________
       Hus _________

8.6 How long have you lived in Seoul?
    ____________ year (month)
    How long have you lived in Seoul after marriage? ____year (month)

8.7 Where is the first place you’ve lived when you came to Seoul, and
    What is the reason?
    ___________ Gu_______ Dong_______ Reason____________

8.8 How long did you live there?
    __________ year (month)

8.9 How long have you lived in this residence?
    __________ year (month)
8.10 What is the ownership of your house?

1) ___ Owned
2) ___ Contracted rent
3) ___ Monthly rent
4) ___ Others ( )

8.11 How many rooms do you use? _________ rooms
How many pyung is the rooms? _________ pyung

8.12 How much is your (your husband) monthly income?

1) Husband _________ won
2) Wife _________ won

8.13 Are there any others, besides you and your husband, who help your household financially?

Who (relationship to household head) | How much | Occupation
1) Yes | _________ | _________
2) No | _________ | _________

8.14 Then _________ won will be the total income of your family.
How much is your monthly living expenses?

___________ _________ won

8.15 How much do you spend for each?
Please answer considering last month’s expenditure.

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Food</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>2) Side dish</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>3) Housing</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>4) Light and heat</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>5) Clothing</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>6) Education</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>7) Medical care</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>8) Saving</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>9) Other</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>
8.16 Does your family’s monthly income increase or decrease, comparing to that in 1976?

1) Increase ______ won
2) Decrease ______ won

8.17 Do you spend more or less as living expenses, comparing to that in 1976?

1) More ______ won
2) Less ______ won

8.18 How do you think your financial situation comparing to that in 1976?

1) Better
2) Static
3) Worse

8.19 In your house, do you have any of the following items?

1) Radio 8) Sewing machine
2) TV 9) Electric fan
3) Record player 10) Electric kettle
4) Telephone 11) Oil cooking stove
5) Refrigerator 12) Electric iron
6) Piano 13) Daily newspaper
7) Washing machine

8.20 Are there any new items that you bought after 1976?

1) Yes (what )
2) No

9. Community

9.1 Did you suppose what difficulties you would met in Seoul before you came to Seoul? And what were real difficulties in Seoul?
(Tell only 2 difficulties in order)
1) Dietary life
2) Clothing
3) House
4) Education
5) Language (tone)
6) Occupation
7) Interrelationship
8) Other
9) Don’t have difficulties
10) Do not know
11) Not applicable

9.2 Do you come to your native place frequently? And do your relatives in native place come to your frequently?

Your visit

1) Frequent
2) Sometimes
3) Rarely
4) Never
5) Can’t go and come
6) Not applicable

Relatives visit

9.3 (If yes) For what purpose, do you come and go?

* Interviewer: Make sure of the mentioned household referring to the household list in the following question.

9.4 Who is the most familiar with your family?

Husband Who Occupation
Wife ” “

9.5 Whom do you think is the most respectable man in your village?

Who Occupation

What is the reason? In which respect?
9.6 What do you mean by “our village”?

1) ___ Ban
2) ___ Tong
3) ___ Dong
4) ___ Other (What)

9.7 (Only to those who come from rural area) Does your word “our village” mean the same as “our village” in rural area? If different, what is it?

1) ___ Same
2) ___ Not same (What)

9.8 Are there any meeting that you involve?

1) ___ Yes
2) ___ No

9.9 (If yes) What kind of meeting do you involve?

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
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<tr>
<td>2)</td>
<td></td>
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<tr>
<td>3)</td>
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</tbody>
</table>