

*Achievements and Challenges
of the Population Policy
Development in Korea*

A Biographical Note on the Author

Namhoon Cho is the Vice President of the Korea Institute for Health and Social Affairs and has been involved in the research and evaluation activities of the population and development programme since 1965. He received his MPA in 1972 from the University of Pittsburgh, USA, and his Ph.D. in 1994 from the National Institute of Public Health, Japan. In recognition of his contribution to the success of Korea's population policy, the Government of the Republic of Korea awarded him a decoration of Mokryun-jang in 1982. Dr. Cho served as Vice President(1988~1992) and President(1993~1994) for the Population Association of Korea.

Among his important publications are: Policy Issues and their Counter-measures of Demographic Transition in Korea(1995); Imbalance of Sex Ratio at Birth and its Policy Implications in Korea(1994); Changes in the Determinants of Fertility Decline in Korea(1993); Overview on the Future Options and Directions of the Population Control Policies in Korea(1990); Management Development of the National Family Planning Programme in Korea(1988); Effects of Economic Factors on Fertility Behavior in Korea(1977).

Date of Printing: November, 1996

Publisher: Hacheong Yeon

Publishing Institute: Korea Institute for Health and Social Affairs
San 42-14, Bulgwang-dong, Eunpyung-ku,
Seoul 122-040, Korea

TEL: (02) 355-8003, FAX: (02) 352-9129

Registration of Copyright: July 1, 1994

E-mail: kihasa @ soback.kornet.nm.kr

ISBN 89-8187-072-1 93320

*Achievements and Challenges
of the Population Policy
Development in Korea*

Namhoon Cho

Korea Institute for Health and Social Affairs

Contents

Preface	VI
Chapter 1	
Introduction	1
Chapter 2	
Population Policy Developments and Its Past Accomplishment	5
Highlights of Policy Developments	5
Past Accomplishments	5 1
Chapter 3	
Future Directions and Measures for Population Policy	9 2
Goal Setting	9
Situation Analysis	7 3
Current and Prospective Challenges: Policy Options and Measures	9 6
Institutional Framework: Coordination and Implementation	6 8
Chapter 4	
Conclusion	9
Appendix	9 4
References	9 6

Preface

The Republic of Korea has undergone demographic changes at a pace that has dazzled many population scientists. Fertility has declined to far below the replacement level (TFR=1.7) within a short span of three decades. Concerted government policies and programmes played a major role in achieving this momentous transition.

Although achievements have exceeded expectations in terms of the population goals in Korea, several new population problems have emerged. These new problems must be faced with the same determination and imagination that were used to solve the population problems in the past. The steep fertility decline has brought in its wake profound changes in the composition of the population. One major and early change is the decline in the school-age population, which has provided policy makers with an opportunity to improve the quality of education with the same resources or to divert funds elsewhere. Moreover, socio-economic development is bringing about a concomitant transformation in the lives of women. In particular, whereas married women used to spend the bulk of their adult lives bearing and raising children,

many now have the opportunity to expand their role in society, by pursuing careers of their own, for instance. Korean society will have to adjust to accommodate the changing roles and needs of Korean women.

Other inevitable consequences of rapid fertility decline include the shrinking of the labour force and the growth of the elderly population. There is a range of policy options available and measures that can be taken in response to labour supply problems. Concentration on capital-intensive production, raising retirement ages and greater labour force participation by women are among the obvious choices. The growth in the number of elderly people poses perhaps the single most difficult challenge. Though Korean society is characterized by a strong tradition of familial support for the elderly, these customs are under pressure to change. Moreover, elderly people are living longer, which means that they are more susceptible to chronic health problems that may demand long-term treatment and constant nursing care. The implications in terms of health costs for family care-givers are serious. Consequently, it is a matter of crucial importance that a formula for optimally blending state and family support for the elderly be developed.

These and other new concerns led the Ministry of Health and Welfare to establish the Population

Policy Deliberation Committee in 1994 to develop a comprehensive population policy and strategy. The Korea Institute for Health and Social Affairs(KIHASA) functioned as the Secretariat in the preparation of background documents and other related materials.

The present report explains the new population policy adopted by the government. I hope this volume will clarify the emerging issues and possible future directions and policy options for Korea, and will represent a major step forward in addressing the issues that will be faced by the low fertility countries of Asia.

I would like to sincerely thank Dr. Iqbal Alam and Dr. Tan Boon Ann, Advisor of CST/UNFPA, for their valued technical assistance for this report. I am also grateful to the staff of KIHASA, in particular Dr. Moonsik Hong, Mr. Sangyoung Lee, Dr. Youngsik Chang, Dr. Yongchan Byun, and Dr. Byungsik Yoon for their efforts in preparing and reviewing the report.

Hacheong Yeon
President, KIHASA

Chapter 1

Introduction

It is well known that population and socio-economic development are interrelated. Changes in population size and structure affect various economic and social factors pertaining to output, income, education, and employment. Conversely, demographic factors such as fertility, mortality, and migration are effected by changes in socio-economic conditions. In addition, the determinants of demographic changes are embedded in the social system and are influenced by collective perceptions and public policy. Since the early part of 1950s, many governments in the developing world have perceived rapid population growth to be an obstacle to achieving their socio-economic goals. The number of nations adopting population policies has increased and those policies have mainly emphasized fertility control and family planning programmes through public health networks. Many studies suggest that such programmatic efforts have made significant contributions to current reductions in fertility (Mauldin and Berelson, 1978). Moreover, the changing pattern of fertility in the

developing countries has given rise to the theory of demographic transition, which postulates that the decline in fertility is the result of social and economic development.

In 1961 Korea became the third nation in the world, after Pakistan(1953) and India(1958), to adopt an explicit population control policy and from the following year the establishment and operation of the national family planning programme was included in each of the Five-Year Economic Development Plans that began in 1962. This policy was pursued in the understanding that without proper population control measures, Korea would not be able to achieve economic development within a short period of time.

In the late 1950s, fertility increased very rapidly, reaching its highest level around 1960 with a Total Fertility Rate(TFR) of about 6.0. This can be mainly attributed to the baby boom and the high level of mortality, especially infant and child mortality, after the Korean War(1950~1953). Accordingly, population growth peaked at an explosive rate of 2.9 percent in 1960, which was more than enough to cancel out the slight economic growth at that time.

The successful implementation of a series of 'Five-Year Economic Development Plans' has resulted in a sustained rate of economic growth of 8 percent per annum over the last three decades, which has, in turn, contributed to higher levels of income and

educational attainment, improving the social status of women, and generally altering the role of the family and the value of children in the process of modernization. This socio-economic progress owes much to the Korean government's economic development plans, but it can also be traced to the vigorous population control policy that constituted an integral part of those successive economic development plans beginning in 1962 (Yeon, et al., 1995).

Between 1960 and 1988, the nation's total fertility rate was reduced from 6.0 to 1.6, which was below replacement-level fertility. One of the consequences of this unusually rapid fall in fertility is that Korea now faces the new challenges of a low level fertility. Korea finds herself in the awkward situation of having to tackle population problems that are characteristic of developed countries and for which she is ill-prepared.

Since the major demographic transition in Korea took place in the midst of the rapid socio-economic developments between 1960 and 1990, it is not easy to identify clearly which of the socio-economic factors and proximate determinants have been most influential in the rapid decrease in fertility levels over time. Many studies suggest that among the proximate determinants of fertility, family planning, induced abortion, and rising age at marriage all share substantial responsibility for the fertility decline in

Korea during the last three decades, although socio-economic developments have also contributed to the fertility decline(Cho, et al., 1982).

This report aims to provide an overview of developments in Korea's population control policy in chronological order, changes in fertility and contraceptive behaviors by focusing on the past accomplishments, and prospects for the future, as well as a few socio-cultural and demographic problems that we encountered in the course of executing our population control policy.

Chapter 2

Population Policy Developments and Its Past Accomplishments

Highlights of Policy Developments

The national family planning programme as a major means of population control has been in effect as a priority government project since 1962 under the direction of the Ministry of Health and Welfare. The programme included a demographic target of reducing the annual growth rate of the population and the total fertility rate, and it was implemented through the successive Five-Year Economic Development Plans.

In its initial stage the main emphasis of the national programme was placed on providing contraceptive and information services free of charge through family planning workers at health centers and designated private physicians. The primary reason for adopting such a strategy stemmed from the need to focus on rural areas, because not only was the fertility level relatively high and contraceptives practically unheard of in rural areas, but over 70

percent of total population in 1960 resided there.

In response to the increasing number of people moving from rural areas to urban settings in the 1970s, more weight had to be given to family planning programmes for urban areas and, in particular, for those in the low-income brackets and those who worked at industrial-sites.

Furthermore, the government introduced a number of social support policies designed to propagate the small family norm. These policies can be subdivided into three categories: the incentive and disincentive schemes, the revision of laws and institutions, and population related education.

In 1981, the government paid particular attention to the impact of population growth on the nation's socio-economic development in the immediate future and, accordingly, announced new, innovative population control policy measures through Presidential Decrees on August 11. These new policies, consisting of 49 measures, called for 1) improved family planning programme management and operating systems, 2) strengthened social support policy measures, 3) a revision of laws to eradicate the traditional preference for sons, 4) a strengthening of Information, Education and Communication(IEC) activities, and 5) the establishment of close coordination among the government ministries to carry out the programme. Thanks to these efforts of the government to step up

the population control programmes, fertility took a drastic downturn in the 1980s.

Until the enactment of the Maternal and Child Health(MCH) Law in 1973, the national family planning programme was carried out by executive decrees and cabinet decisions, which lacked legal provisions specifying the limits and management of the programme. In 1986, the government revised the MCH law, which had been enacted to legalize the induced abortion under certain conditions, in order to institutionalize legal support for the national family planning programme, including free contraceptive services and incentives for contraceptive use.

In 1988 the national family planning programme in Korea achieved its primary objectives of reducing the fertility rate to below the replacement level and accomplishing near universal contraceptive use. As a result, when the 7th Five-Year Economic and Social Development Plan(1992~1996) was drawn up in 1991, the government began to move away from its policy on free contraceptive distribution through government programmes toward a self-paid system administered by the private and commercial sectors, including the nationwide health insurance programme. Accordingly, the government's budget for the national family planning programme was greatly reduced from the peak of 31.8 billion won in 1986 to 2.4 billion won in 1996, and the number of people accepting free

contraceptive devices through the government programme sharply decreased during the same period(see Appendix 1 and 2).

Nevertheless, no sooner was one set of problems overcome than new challenges of a totally different nature arose out of the resulting decreased fertility rate. Some of the unfavorable consequences of rapid fertility decline in Korea include an imbalanced sex ratio, a shrinking of the labour force, an increase in the elderly population, and a high prevalence of selective abortions. In order to deal with these new problems, it became apparent that Korea would have to shift its population policy directions in a way that best reflects the changing socio-economic and demographic conditions currently being witnessed and forecast for the immediate future.

For this very purpose, the government established a Population Policy Deliberation Committee in December 1994 comprised of 20 experts, scholars and government officials. Its purpose was to review the population policy by focusing on its past accomplishments and its future prospects, as well as the socio-economic problems related to it, in an effort to work out new policy directions and measures for the 21st century. In 1996, the government officially adopted and announced the new population policy, which had been prepared and suggested by the committee, with an emphasis on the population's quality of life and welfare.

The following is a chronological overview of population control policy developments in Korea.

- 1961 • Adopted a national Family Planning(FP) programme policy as part of the Five-Year Economic Development Plans starting in 1962.
 - Abrogated the law prohibiting importation and domestic production of contraceptives.
 - Established Planned Parenthood Federation of Korea(PPFK) as a private voluntary organization.
 - Adopted FP slogan, "Have few children and bring them up well".
- 1962 • Initiated the national FP programme under the jurisdiction of the Ministry of Health and Welfare(MOHW) utilizing the government's health delivery system.
 - Established FP counselling room and assigned a FP worker at each of the 183 public health centers.
 - Introduced vasectomies, condoms and jelly into the national programme(jelly was deleted from the programme in 1963).
 - Started training programmes for FP workers and for physicians on vasectomy procedures.
- 1963 • Established MCH Division under the Bureau of Public Health, MOHW.
 - Assigned two additional FP senior workers to each of the 183 public health centers.
- 1964 • Assigned FP field worker to each of 1,473

township health sub-centers.

- Started training programme on Intra-Uterine Device(IUD) insertion for physicians.
 - Introduced IUD into the national programme.
 - Began to use FP mobile teams to cover remote areas.
- 1965 • Established FP Survey and Evaluation Team in MOHW.
- 1966 • Included FP target system in the national programme.
- 1968 • Organized FP Mother's Clubs throughout country.
- Introduced oral pill into the national programme.
- 1971 • Established Korean Institute for Family Planning(KIFP).
- Adopted FP slogan, "Stop at two regardless of sex".
- 1972 • Strengthened government programme organization by establishing MCH Bureau in MOHW.
- 1973 • Promulgated the MCH law legalizing induced abortions under certain conditions for medical reasons and allowing paramedical IUD insertion.
- 1974 • Initiated special urban FP projects.
- Hospital project
 - Industrial site project
 - Urban low-income area project
 - Population education project
- Introduced Menstrual Regulation(MR) service

into the national programme.

- Income tax exemption for families with up to three children.
- 1975
- Started training programme for physicians on female laparoscope sterilization procedures.
 - Established Korean Association for Voluntary Sterilization(KAVS) as a voluntary organization.
- 1976
- Introduced female sterilization into the national programme.
 - Established Population Policy Deliberation Committee(PPDC) under the Deputy Prime Minister.
 - Assigned male information officer to each of 138 county health centers.
- 1977
- Income tax exemption up to two children.
 - Corporation tax exemption on expenditures for FP service given to employees.
 - Revision of Family Law on women's inheritance of property.
 - Integrated FP Mothers' Clubs into Saemaul Women's Associations.
- 1978
- Priority in allotting public housing given to sterilization acceptors with two or fewer children.
 - Tax exemption on contraceptive raw materials imported.
 - Adopted FP slogan "a well bred girl surpasses ten boys".

- 1980 • Granted a reduction in child delivery charges for sterilization acceptors after second delivery in public hospitals.
- 1981 • Issued new innovative population policy to place greater emphasis on social support policies and the activation of the FP programme.
- Established Family Health Division in MOHW as an integrated division of FP and MCH divisions.
 - Upgraded health workers' status from temporary workers to regular health officials.
 - Inaugurated Korea Institute for Population and Health(KIPH) as an integrated institution of KIFP and Korea Health Development Institute(KHDI).
- 1982 • Reorganized of FP section of provincial governments making them Family Health Sections covering FP and MCH programmes.
- Sterilization and IUD services provided through the medical insurance system.
 - Priority given to sterilization acceptors with two or fewer children for housing loans and livelihood loans for the low income groups.
 - Monetary subsidies provided to low-income sterilization acceptors to compensate for lost wages(US \$140 for those with two or fewer children and \$40 for those with three or more children).

- Primary medical services for children up to 5 years old provided free of charge to sterilization acceptors with two or fewer children.
 - Tax exemption on education allowance granted for first two children.
 - Family and education allowances given to government employees with up to two children (in force from 1983).
- 1983 • Introduction of newly developed IUDs such as Copper T.
- 1985 • Expanded health insurance coverage granted to married female workers' parents and the married workers' parents-in-law.
- Integrated individual FP, MCH and Tuberculous (TB) workers into health workers in rural area.
- 1986 • Shifted contraceptive strategies from sterilization to reversible methods for the 20s age group.
- 1987 • Revision of the Medical Law to forbid prenatal sex identification and to allow the licenses of physicians who provide such medical services to be revoked.
- 1989 • Initiated a gradual reduction of the contraceptive services provided free of charge through government support and an increase of self-support contraceptive users through the health insurance programme and commercial sector.
- Revision of the Family Law to give

daughters the official right to become the head of the household and to claim an equal share of the inheritance regardless of sex and birth order.

- Revision of the Equal Employment Opportunity Act to prevent the differential treatment of male and female employees in the same job conditions.
- 1990 • Inaugurated the Korea Institute for Health and Social Affairs(KIHASA) by adding the functions of social welfare research to KIPH's existing health and population policy research duties.
- 1994 • Revision of the Medical Law to strengthen the disciplinary code by punishing medical personnel who provide medical services for prenatal sex identification with a maximum of three-years imprisonment or a substantial fine of not more than 10 million won(US \$12,500).
- In 1996, the government strengthened the Medical Law through the Health and Welfare Minister's Enactment Ordinance by abolishing the first warning to physicians who provide such illegal services.
- Established the Population Policy Deliberation Committee under the Minister of Health and Welfare in December 1994 to work out new

- population policy directions and strategies.
- 1996 • Adopted the New Population Policy with an emphasis on population quality and welfare, which had been approved by the Cabinet Meeting chaired by the President Youngsam Kim on 7 June 1996(see chapter III).

Past Accomplishments

Contraceptive Use

Contraceptive methods, including IUD(1962), vasectomies(1962), condom(1962), oral pill(1968), and tubectomies(1976), were all introduced into the national family planning programme. IUD was the principal contraceptive method provided by the government through 1976, when female sterilization was introduced. From its inception in 1976 female sterilization was very popular, so the government changed its emphasis from IUD to female sterilization in 1977. As a result of this shift, the use of IUD, oral pill and condoms declined while female sterilization sharply rose.

The contraceptive practice rate for married women aged 15~44 increased from 9 percent in 1964 to 79 percent in 1991, after which it fell to 77 percent

in 1994. This phenomenon can most likely be attributed to the gradual shift in the distribution of contraceptive services from government supported programmes to self-supporting programmes through the health insurance system and private sector, which began in 1989.

As shown in Table 1, the practice rate in rural areas exceeds that of urban areas since 1991, and this urban-rural convergence is largely due to the fact that the national programme has been oriented toward the traditionally high-fertility rural areas since the initial stages of the programme. The rapid increase in the contraceptive practice rate since 1982 is traced to the strengthened population control policies devised by the government in 1981.

Table 1. Percentage of Married Women Currently Practicing Contraception by their Selected Characteristics, 1976~1991

(Unit: %)

Women's Characteristics	1979	1982	1985	1988	1991	1994
Total Practice	54.5	57.7	70.4	77.1	79.4	77.4
Rate Residence:						
Urban	55.1	58.7	71.5	77.7	79.3	77.1
Rural	53.6	55.7	67.7	75.5	80.0	78.4
Method:						
Oral Pill	7.2	5.4	4.3	2.8	3.0	1.8
Condom	5.2	7.2	7.2	10.1	10.2	14.3
IUD	9.6	6.7	7.4	6.7	9.0	10.5
Tubectomy	14.5	23.0	31.6	37.2	35.3	28.6
Vasectomy	5.9	5.1	8.9	11.0	12.0	11.6
Others	12.1	10.3	11.0	9.3	9.9	10.6
Age(wife):						
15~24	18.3	22.3	35.8	44.4	45.6	40.6
25~29	40.9	44.4	60.8	65.4	61.4	60.1
30~34	68.5	71.6	84.2	86.8	84.5	81.3
35~39	71.9	79.9	87.2	89.6	93.7	89.6
40~44	53.3	62.5	69.6	81.6	87.2	87.4
Parity:						
0	7.0	11.0	13.8	21.0	20.4	22.7
1	20.7	24.3	44.7	58.1	61.8	58.7
2	58.7	66.7	82.5	89.3	91.4	90.2
3	69.0	76.4	84.5	90.5	92.8	91.4
4 or more	68.9	70.8	80.1	87.6	84.7	88.4

Source: Hong, M.S., et al., *1994 National Fertility and Family Health Survey Report*, Korea Institute for Health and Social Affairs, 1995.

Use of Induced Abortion

Before the 1950s when the prohibitive Korean Penal Code was strictly observed, few induced abortions were performed. Along with the development of the national family planning programme in 1962, induced abortions started to increase gradually as a direct means of avoiding unwanted births and as a final resort of contraceptive failure.

The MCH Law enacted in 1973 laid out the following conditions under which abortions could be performed: cases where hereditary defects or certain infectious diseases are present, cases where the pregnancy resulted from rape or incest, and cases where the health of the mother is in jeopardy.

In spite of the legal and social constraints, as well as extensive contraceptive services offered by the government programme, the proportion of women who have had at least one induced abortion among married women aged 15~44 increased from 7 percent in 1964 to 53 percent in 1991, falling to 49 percent in 1994 (Hong, et al., 1994). The 1994 survey data showed that 58 percent of the most recent abortions obtained by these women were performed for fertility termination reasons. In fact, induced abortion has been a very important factor in Korea's fertility transition in two ways: as a direct means of avoiding unwanted births and as a final resort of failed contraceptive use.

Table 2. Age Specific Induced Abortion Rates for Currently Married Women, 1963~1994

Age of Women	1963	1973	1979	1985	1988	1991	1994
20~24	16	86	70	91	108	183	105
25~29	29	75	156	146	107	111	94
30~34	58	137	148	115	72	59	63
35~39	40	88	156	40	28	22	25
40~44	-	22	54	20	7	7	1

Source: Same as for Table 1.

A study conducted in 1970 indicated that the rise in the age at first marriage accounted for 38.6 percent of the reduction in fertility at that time, while induced abortion contributed 29.4 percent and contraception 31.9 percent(Cho, 1993). However, according to a 1985 survey, induced abortion accounted for 32.2 percent and contraception 50.3 percent of the fertility reduction(Han and Cho, 1987).

The Rising Age at First Marriage

The fertility decline among younger women in their 20s is related with the rising age at marriage. The mean age at the time of first marriage for women rose from 21.6 in 1960 to 25.5 in 1990(see Table 3). In addition, the proportion of married women to the total female population aged 20~24 decreased from 51 percent in 1960 to 19 percent in 1990, and from 95 percent to 78 percent for the 25~29 age category

during the same period(Lee and Cho, 1992).

The rising age at marriage is closely associated with the rapid growth of educational levels and the compulsory military conscription of males for three years. The average years of educational attainment in 1990 were 10.01 years for males and 8.22 for females. This represents an increase of 5.23 years for males and 5.30 years for females over a period of thirty years when compared to the average figures of 4.78 years for males and 2.92 years for females in 1960. In addition, the universal military conscription of men affected the age at marriage for both men and women because of the prevailing idea that the ideal age difference between husband and wife is three to five years.

The rising age at marriage has contributed significantly to reducing the general fertility level by shortening the average reproductive span. On the other hand, many studies have found that this postponement of marriage has caused an increase in fecundability in the early years of marriage(Cho, 1993).

Table 3. Changes in Mean Age at First Marriage by Sex, 1960~1990

(Unit: %)

Sex	1960	1966	1970	1979	1980	1985	1990
Male	25.4	26.7	27.1	27.4	27.3	27.8	28.6
Female	21.6	22.8	23.3	23.6	24.1	24.8	25.5

Source: National Statistical Office(NSO), *Social Indicators in Korea*, 1995.

Based on the findings of a study conducted in 1987, more than 66 percent of those in a 1981~85 marriage cohort had their first live birth within the first year of marriage, while only 24.2 percent of those in the 1950's marriage cohorts had done so (Lee, 1987). Additionally, the transition of early to late marriage has been accompanied by a growing incidence of premarital pregnancy. These two forces have tended to counteract the depressing influence of a rising age at marriage on the level of fertility in Korea.

Maternal and Child Health

Since both mortality issues and health development programmes are closely related to changes in fertility, one of the biggest contributing factors to the reduction in fertility and the increase in contraceptive practice rates has been the improvement in MCH. The institutional delivery rate increased from 75.2 percent

in 1985 to 98.8 percent in 1994, and it is expected to improve further because the entire population has been covered by the national medical insurance programme since 1989.

In inverse proportion to the level of socio-economic and health developments and the high rate of contraceptive use in Korea, the maternal and infant mortality rates have fallen sharply over the past thirty years. The reduction of mortality has contributed to the decline of the fertility rate through the formation of a small family norm.

In the initial stages of the national family planning programme in Korea, there were no health workers engaged in health education and related services, although the health centers did exist at the time. In 1962, the government established a family planning section in each of the health centers scattered throughout the country, and assigned nurses and midwives as family planning workers to visit the homes of prospective contraceptive acceptors. This proved to be an efficient approach despite the low level of socio-economic development at that time. In 1967, the government assigned maternal and child health workers, as well as tuberculosis control workers, to the health centers.

It was not until the 4th Five-Year Economic Development Plan(1977~1981) that the government's development programmes started to include matters

of public health and social welfare concerns. At that time the policy makers began to realize the necessity of integrating the three different groups of health workers into a single, multipurpose cadre of health officials. In fact, the government took the steps necessary to merge the three types of health workers, making them multi-purpose health workers in 1985.

The national family planning programme was indeed the major force behind the successful achievement of the current low fertility level. However, there are still many problems to solve. Currently over 90 percent of all contraceptive users are reported to be practicing contraception primarily for pregnancy termination, and due to the high contraceptive discontinuation rates, the induced abortion rate is extremely high.

The primary reason for the appearance of these new problems has to do with the fact that the FP programme from the outset was an independent programme designed to reduce the population growth rate. Therefore, the family planning programme's future emphasis should be placed on the improvement of maternal and child health through the prevention of unwanted pregnancies and induced abortions. The integration of family planning with maternal and child health programmes should help to achieve these goals.

Changes in Fertility and Mortality Rates

The total fertility rate declined by 73 percent from 6.0 in 1960 to 1.6 in 1988, but it slightly increased to 1.75 in 1994. The slight fertility rate increase in recent years seems to be a temporary phenomenon that can be traced to the shift in policy directions from fertility reduction to population quality and to the reduction of free contraceptive services through government programmes since 1990. In any case, while the overall rate of decline applies to all age categories, the decline for those in their twenties is mainly due to the rising age at marriage, and for those between 30~34, the decline can be attributed to contraceptive use and induced abortions. The change in fertility level for those in the 25~29 age category has been relatively slow, displaying only a 41 percent decline during the period of 1960~1994. Essentially, however, socio-economic developments have contributed to the fertility decline by helping to change people's attitudes toward the small family norm and family planning. Furthermore, the gap between fertility in urban and rural areas has been eliminated: a national sample survey in 1994 showed that the total fertility rates in urban and rural areas were basically equal at 1.75. Along with the fertility decline, the Crude Birth Rate(CBR) fell by 60.8 percent, from 42.1 to 16.5 between 1960 and 1994.

Table 4. Age Specific Fertility Rates, 1960~1994

Year	15~19	20~24	25~29	30~34	35~39	40~44	45~49	TFR(RC)
1960	37	283	330	257	196	80	14	6.01.24
1966	15	205	380	242	150	58	10	5.49.13
1970	18	185	307	197	101	44	13	4.32.13
1974	11	159	276	164	74	29	3	3.68.4
1980	8	168	263	93	24	5	-	2.87
1985	9	119	162	40	8	2	-	1.75
1991	3	62	188	50	7	1	-	1.66
1994	3	71	195	64	15	1	-	1.75

Source: Same as for Table 1 and 3.

Although the fertility decline was observed in every age category, a fall in marital fertility, especially among wives 30 years of age or older(see Table 5), played the biggest role in reducing the fertility rate. The decline in marital fertility can be accounted for by a drop in the ideal family size from about 5 children in 1960 to 2.2 children in 1994, and this drop was accompanied by a large increase in the use of abortion and contraception. It can be argued that the decline for those in their early and mid-twenties was mainly due to the rise in age at marriage, while for those aged 30~34 years, the 81 percent decline was mainly due to the increase in contraceptive practice and induced abortion rates.

Table 5. Age Specific Marital Fertility Rates, 1960~1994

Year	20~24	25~29	30~34	35~39	40~44	45~49
1960	447	351	298	232	117	22
1970	450	356	223	122	53	8
1976	439	309	148	64	22	3
1981	458	292	103	28	7	1
1986	414	209	45	9	2	-
1991	306	234	53	7	1	-
1994	320	237	65	15	1	-

Source: Same as for Table 1.

Inversely proportional to the level of socio-economic and health developments since 1960, the Crude Death Rate(CDR) was markedly reduced from 14.1 per thousand population in 1960 to 5.9 in 1995. The decline in mortality was also affected by a decrease in the infant mortality rate from 56 per thousand live births in 1960 to 13 in 1990. Life expectancy at birth rose from 55.3 years to 72.9 during the 1960 to 1995 period(see Table 6).

Table 6. Vital Statistics and Population Composition,
1960~1995

Major Indicator(Unit)	1960	1970	1980	1990	1995
Total Population(thousand)	25,012	32,2	38,1	42,8	44,851
Population Density(pers./Km ²)	254	319	385	437	457
Natural Increase Rate(%)	3.00	2.04	1.67	0.98	0.93
Crude Birth Rate(per thousand)	42.1	29.5	24.0	15.6	15.2
Crude Death Rate(per thousand)	14.0	9.4	6.7	5.8	5.9
Infant Mortality Rate (per 1,000 live births)	55.6	45.5	17.3	12.8	n.a.
Proportion of Fecund Age Women Aged 15~49(%)	46.9	46.7	52.7	56.9	57.7
Life Expectancy at Birth(yrs.):	55.3	63.2	65.8	71.3	72.9
Age Composition(%):					
0~14	42.3	42.5	34.0	25.8	23.2
15~64	54.8	54.4	62.2	69.2	71.1
65 and over	2.9	3.1	3.8	5.0	5.7
Proportion of Females Aged 15~49 to Total Pop.(%)	23.4	23.1	26.1	28.3	28.7
Dependency Ratio(%)	82.6	83.8	60.7	44.5	40.6
Urbanization Ratio(%)	28.0	41.1	57.3	74.4	77.5

Sources: 1) National Statistical Office(NSO), *Population and Housing Census Reports, 1960, 1995.*

2) NSO, *Social Indicators in Korea, 1995.*

Population Growth and Age Structure

The population increased from 21.5 to 25.0 million at 2.9 percent per annum growth rate between 1955 and 1960, which is attributed to the post-Korean war baby boom and a reduced death rate resulting from improved public health measures and better medical facilities. The annual rate of population growth has

declined steadily since reaching its peak around 1960. The population of Korea for 1995 totaled 44.8 million and the population growth rate was 0.93 percent per annum. The urban/rural ratio was 28:72 in 1960, and 78:22 in 1995.

The proportion of the population under age 15 and over 65 comprised 45.2 percent of the total population in 1960, meaning the number of dependent people made up almost half the population. In 1970 the ratio of dependent population was almost the same, but the number of children under 15 decreased sharply from 42.3 percent of the total population in 1960 to 23.2 percent in 1995, while the population of elderly persons over 65 increased from 2.9 percent to 5.7 percent during the same period. Women in the 15 to 49 age bracket increased not only in terms of absolute numbers from 5.8 million in 1960 to 12.8 million in 1995, but also as a proportion of the total population, from 23.4 percent to 28.7 percent between 1960 and 1995(see Table 6).

As a result of the continuously declining fertility rates, the absolute size and the relative proportion of the young population below the age of 15 will continue to decrease, while the proportion of the elderly is expected to grow rapidly in the next century with prolonged life expectancy due to socio-economic development.

Chapter 3

Future Directions and Measures for Population Policy

Goal Setting

Future Population Prospects

In 1991, new population projections used for drawing up the 7th Five-Year Economic and Social Development Plan(1992~1996) were made with the assumption that the total fertility rate would be maintained at the level of 1.7 in the coming years. Based on the 1990 population census, the 1990 population of 42.9 million is expected to increase by 9.1 percent and reach 46.8 million by 2000, stabilizing at around 50.6 million by the year 2021.

Due to the continuing decline in the crude birth rate, the proportion of population under 15 years of age will decline from 23.2 percent in 1995 to 15.8 percent in the year 2021, while the population aged 65 or more will increase from 5.7 percent in 1995 to 13.1 percent in the year 2021. Accordingly, the dependency ratio of 41 in 1995 will slowly decline to

40 in the year 2021.

One interesting indicator for showing the change in age structure is the elderly/children ratio, which is the number of elderly(65 and over) per 100 children under age 15. Increases in this ratio are primarily due to the fall in fertility and the lengthening of life expectancies resulting from the advances in medical sciences and improvements in public health represented by the fall in mortality. The ratio for Korea is predicted to rise from 25 in 1995 to 83 in 2021. The figures for Taiwan are slightly higher: 21 to 88 for the period 1988~2020. For Japan, which achieved replacement-fertility in 1957, this ratio is expected to rise from 54 in 1987 to 143 in 2020, naturally higher than Korea and Taiwan as Japan reached replacement-fertility at a much earlier date(Kono, 1992).

As shown in Table 7, Korea's population is still in the mature population stage, since in 1995 only 5.7 percent of its population was represented by those aged 65 years and over. However, by the year 2010, Korea will certainly enter the aged population stage, as 9.4 percent of her total population would then be accounted for by those aged 65 years and over. Moreover, given the fact that life expectancy at birth is expected to rise from 72.9 in 1995 to 77.0 in 2021, a variety of welfare support policies for the elderly, including pension schemes, will surely have to be strengthened in response to these ageing trends of

the population. At any rate, there will undoubtedly be some important issues for Korea to face once it enters the aged population phase in about 10 years from now.

Table 7. Future Population Growth and Structure, 1990~2021

Index	1990	1995	2000	2010	2021
Total Population(thousand)	42,869	44,851	46,789	49,683	50,586
Crude Birth Rate(thousand)	15.5	15.2	14.2	11.3	10.0
Crude Death Rate(thousand)	5.8	5.9	6.1	7.2	9.7
Natural Increase Rate(%)	0.98	0.93	0.81	0.41	0.03
Life Expectancy at Birth(yrs.)					
Male	67.4	69.5	71.3	73.8	74.9
Female	75.4	76.6	77.4	78.7	79.1
Age Composition(%)					
0~14	25.8	23.2	21.2	19.1	15.8
15~64	69.2	71.1	72.0	71.5	71.1
65 and over	5.0	5.7	6.8	9.4	13.1
Elderly/Children Ratio(%)	19.4	24.5	32.1	49.2	82.9
Dependency Ratio(%)	44.5	40.6	38.8	39.9	40.6
Young Age	37.5	32.6	29.4	26.8	22.2
Old Age	7.2	8.0	9.4	13.1	18.4
Mean Age of Population(yrs.)	29.5	31.2	32.9	36.3	39.8

Source: NSO, *Results of 1990 Population Census and New Population Projections*, 1991.

Anticipated Socio-economic and Cultural Problems

As mentioned in the previous chapter, the

Republic of Korea has undergone a revolution in reproductive behaviour over the last couple of decades which has been accompanied by an equally rapid process of economic and social development. This is the result of a deliberate and concerted effort on the part of the government to regulate fertility through motivational activities and the provision of family planning services, combined with well designed policies to promote economic growth and human resource development. While the population and economic development policies may have been developed more or less independently of each other in the past, it is clear that their impacts have been mutually reinforcing.

In the area of population the main focus has been on designing and implementing policies to reduce fertility. The achievements have been truly remarkable; the Total Fertility Rate(TFR) now stands at 1.75(i.e., well below the replacement level of 2.05), which is down from 6.0 in the 1960s. At the same time, it is obvious that significantly higher contraceptive prevalence rates than the present level of about 80 percent cannot be achieved and that further reductions in the TFR may be feasible but not desirable for social and economic reasons.

Notwithstanding these successes, several problems remain, and the following is a brief description of these problems.

- The annual number of induced abortions is high and will likely remain that way in the near future.
- A number of groups remain difficult to reach or are under-served in terms of Reproductive Health and Family Planning(RH/FP) services. These include residents of urban slums and remote rural areas, as well as unmarried adolescents and youths who are sexually active and in need of RH/FP services.
- The very success of efforts to lower fertility has accentuated the adverse consequences of the strongly rooted tradition of son preference. This has resulted in greater recourse to new techniques of pre-natal sex determination and the abortion of female fetuses, resulting in increasingly disproportionate male/female sex ratios.
- In the Korean programme, as indeed in all programmes, there is a need to ensure that the achievement of fertility goals is not reversed, which can be done by encouraging and supporting private sector efforts, such as Health Insurance Schemes and the activities of NGOs, to improve the quality of care and services.
- In the wake of fertility decline, a problem of uneven population distribution has arisen between rural and urban areas and within the urban sector. Changes in population growth and

composition have led to a deceleration in labour force growth leading to problems of labour shortages. The size of the elderly population in absolute terms and in relation to the size of the working age group is rising. This imposes a growing dependency burden.

- With lower fertility and improved educational attainment, as well as the adoption of new technology to facilitate working at home and reduce household chores, female participation in the labour force is expected to rise. However, in order to ensure the full economic participation of women, efforts are needed to improve maternity benefits and reproductive health care, promote women's employment, particularly at the upper end of the labour market, remove discrimination and exploitation in the work place, and encourage men to support gender equality.

Need for a New Population Policy

With the successful implementation of the population policy couched strictly as an anti-natalist policy during the last three decades, the total fertility rate in Korea decreased to replacement level in 1984 and has remained below the replacement level since that time. However, there now exists a need to direct population policy away from the narrower approach

of fertility reduction towards the enhancement of quality of life and welfare services for the people. The new policy should seek to:

- maintain a proper population size and structure in the context of sustainable socio-economic development in the 21st century;
- contribute to the advancement of the quality of life through the development of welfare-oriented strategies focused on the qualitative population goals; and
- incorporate major objectives of the International Conference on Population and Development(ICPD) Programme of Action and recommendations into the new population policy(This includes broadening the family planning programme to incorporate reproductive rights and reproductive health, STD/HIV prevention, human sexuality, adolescent sexual and reproductive health, unwanted pregnancies and unsafe abortions, infant and child health, women's health and safe-motherhood, gender equality and the empowerment of women, population distribution, urbanization and migration, and family welfare).

Goals

The major goals of the new population policy are as follows:

- to maintain the below replacement level of fertility and to improve morbidity and mortality levels as part of the process of achieving sustainable socio-economic development;
- to achieve a balanced spatial distribution of the population;
- to set-up the infrastructure for implementing regional population plans and collecting statistical data;
- to enhance family health and welfare;
- to prevent the imbalance of sex ratios at births and to reduce the incidence of induced abortions;
- to tackle the sex-related problems of the youth and adolescents;
- to empower women by expanding employment opportunities and welfare services for them;
- to improve work opportunities and provide adequate health care and welfare services for the elderly;
- to strengthen institutional capacities and capabilities at various levels in accordance with the reformation of programme management, including organizational and functional restructuring, for the successful implementation of the new population policy.

Situation Analysis

Overview

With the rising costs of rearing and educating children, coupled with parents' higher aspirations for their children, parents will continue to favour the small family norm. In the near future, the Korean total fertility rate will most likely hover around 1.75 births per woman, which is below replacement fertility level of 2.05. Mortality levels have declined considerably and are likely to decline further. The life expectancy at birth has reached 73 years old and is expected to rise to 77 by the year 2020. A population growth rate of one percent, which was targeted in the 6th Five-Year Economic and Social Development Plan(1987~1991), was achieved in 1988. Thereafter, the rate has been maintained at around 0.9 to 1.0 percent per annum(see Table 6).

The Korean experience is consistent with the demographic transition experienced by other countries that have undergone similar rapid socio-economic changes, such as Japan, Singapore and Taiwan. The declining incidence of marriage among women, particularly among those in their 20s, may be expected to continue due mainly to such factors as high educational attainment and their increasing participation in gainful employment. The persistence

of a strong son preference, which has resulted in a high number of selective female fetal abortions, is adversely affecting the sex-ratio at birth and will further exacerbate nuptiality trends and patterns.

Rapid fertility decline usually interacts with the process of economic development and social change. In Korea, where the pace of this decline has been unprecedented, the impact of demographic, economic and social interactions has also been more dramatic than in most other countries. Major changes have taken place in population composition and distribution, family structures and values, urbanization and settlement patterns, empowerment of women, and the growth and structure of the labour force. These issues are briefly reviewed in the succeeding paragraphs.

Future Population Changes and Socio-economic Trends

Based on the medium variant population projections as shown in Table 7, the population of Korea will grow from 44.9 million in 1995 to 50.6 million in 2021. The rate of economic growth will continue to be high. The "New Long Term Economic Plan" assumes that the annual real economic growth rate on average will be 7.0 to 7.5 percent from 1996 to 2000; 6.0 percent from 2001 to 2005; 5.0 percent from 2006 to 2010; and 4.0 percent from 2011 to 2020.

By the early 21st century, the per capita GNP will have approached the current level of advanced countries.

Unlike other countries where population growth has been shown to have adverse consequences on environment, housing, and/or transportation, Korea has encountered less of these types of negative impacts. A recent study indicates that population growth has had only a 1 percent impact on environmental degradation, while per capita consumption or per capita national income has had a 7 to 11 percent impact. Environmental degradation is also affected by environmentally unfriendly technologies(Cho, et al., 1995).

The major factors that have had an impact on the supply and demand of transportation were economic growth, changes in industrial structure, land utilization policies, and rising standards of living. In the future, the supply and demand of transportation will be decided by these dynamic factors rather than by population growth. Even for the recent past, the sharp increases in the number of vehicles between 1970 and 1990 may be attributed mainly to improved living standards rather than to population growth. Urbanization, particularly urban concentration or metropolitanization, has also contributed to the increased number of vehicles. Currently, 48.5 percent of the total number of vehicles are concentrated in metropolitan areas.

Table 8. Trends in the Number of Vehicles by Period

	1970~75	1975~80	1980~85	1985~90
Number of Vehicle(1000)	23	165	308	518
Attributable to(%):				
Population Increase	25.2	4.1	5.7	19
Increase in the Standard of Living	74.8	95.9	94.3	81

Source: Cho, N.H., et al., *Policy Issues and Their Counter-Measures of Demographic Transitions in Korea*, Korea Institute for Health and Social Affairs, 1995.

The demand for housing is effected by population growth and distribution, as well as by patterns of family formation. Moreover, the number of households will be affected by changes in the type of living arrangements and by changes in marriage patterns. For example, the nuclearization of families will increase the demand for housing. In general, environment, housing and transportation are more likely to be affected by consumption behaviour, life styles, urban crowding, and governmental investment priorities than by prospective population growth.

Age Structure and Its Consequences

A comparison of trends in the age composition of the population between 1995 and 2030 reveals several important features, which depend to some extent on the variant that is chosen. The medium variant (which assumes little change in the total fertility

rate) indicates a large drop of about 8 percentage points for the population group under 15 years of age, compared to a more modest drop of about 5 percentage points when the high variant (which assumes that the TFR will rise from 1.75 to 2.05 by 2030) is used. Correspondingly, the share of the 15~64 age group in 2030 will fall by about 6 percentage points according to the medium variant and by 5 percentage points under the high variant. Lastly, the share of the population aged 65 and over will rise by about 13 percentage points and about 11 percentage points based on the medium and the high variants respectively.

Table 9. Population Composition based on the Medium and the High Variant Population Projects
(Unit: %)

	1995	2000	2010	2020	2030
Medium Variant					
0~14	23.2	21.2	19.1	16.0	14.9
15~64	71.1	72.0	71.5	71.5	66.7
65 and over	5.7	6.8	9.4	12.5	18.4
High Variant					
0~14	23.3	21.6	20.6	18.3	18.2
15~64	71.0	71.7	70.2	69.7	64.7
65 and over	5.7	6.7	9.2	12.0	17.1

Source: Moon, H.S., et al., *Fertility Forecasting and Optimal Level of Fertility in Korea*, Korea Institute for Health and Social Affairs, 1995.

According to both variants the trend of relative and absolute declines in the school age population is likely to continue. The decrease in average class size has helped to make it possible to improve the quality of education. However, the uneven distribution of the population between residential areas has created a paradoxical situation in which schools are being forced to close down in rural areas for want of an adequate number of pupils; at the same time, urban schools suffer from overcrowding. In the six large cities, including the capital, Seoul, elementary school class size averages over 41 compared to only 27 to 38 in the other nine provinces.

The Labour Market

Labour Force Growth Deceleration

According to the 7th Five-Year Economic and Social Development Plan(1992~1996), the growth rate of the economically active population is likely to significantly slow down throughout the 1990s, from 3.4 percent per annum during 1987~1991 to 1.6 percent per annum during 1997~2000. For the period 2000 to 2021 the preliminary labour force projections indicate that the labour supply will grow from 22.7 million in 2000 to 27.3 million in 2020, while the demand will increase from 22.6 million to 28.3 million during the same period(see Table 10).

Prospect of Growing Labour Shortages

In the recent past Korea has been experiencing GNP growth rates of around 7~8 percent per annum and the expectation is that such high growth rates will continue into the foreseeable future. During the 1980s the economically active population grew at an annual average rate of 2.5 percent. If output continues to grow at 7~8 percent annually during the period 1997~2000, while the labour force grows at only about 1.6 percent per annum, the progressive emergence of labour shortages can be reasonably predicted. It should also be noted that further declines in labour

force growth are likely over the period 2000~2021.

Table 10. Projected Labour Supply and Demand, Based on the "New Long Term Economic Plan"
(Unit : thousand person)

Year	Labour Supply (A)	"New Long-term Economic Plan"	
		Demand(B)	(A-B)
2000	22,743	22,596	147
2010	25,841	25,994	-153
2020	27,260	28,295	-1,035

Source: Chung, W.J., *Effects of Population Changes on Labor Forces and Their Policy Implications in Korea*, Korea Institute for Health and Social Affairs, 1996.

Continued rapid growth of output in the face of diminished labour force growth is certain to create labour shortages over time. As shown in Table 10, labour demand will outstrip the labour supply in 2010 by 153 thousand workers and by 1.035 million in 2020.

While labour shortages may have initially shown up in certain unpleasant occupations that indigenous workers are no longer willing to do, over time a much wider range of economic activities may be affected by labour shortages, and it may not always be possible to cope with these shortages by substituting capital for labour in the production process. Recent indications are that the available automation technologies have been almost fully exploited, and there may be little room for the supplementation of the labour force

by machines in the near future, especially in the services sector.

Gender Imbalance

Women's employment has recently been increasing, especially since the mid 1980s, and this trend is likely to continue in the near future. In 1994 the female labour force participation rate was 47.9 percent. Moreover, most of the women are employed in low-tech and semi-professional occupations. A recent survey estimates that there are between 0.6 and 1.2 million potential female workers available, but many of them only want part-time employment.

In order to promote the empowerment of women and their full participation in economic activities, it will be necessary to enhance their skills in the technical and managerial fields. For example, the current proportion of females enrolled in technical high schools is below 5 percent compared to about 90 percent in commercial schools. Similarly, the proportion of female employees in professional, technical and administrative jobs has only increased marginally, from 4.3 percent in 1983 to 9.8 percent in 1992. Employment conditions for women still lag considerably behind those for men. In 1972, the average monthly pay for a female worker was 44 percent that of male workers, while in 1992 it had only risen to 54 percent

that of male workers.

Labour Force Aging

A somewhat different labour market problem created by rapid demographic change is the expected increase in the average age of workers over time. In 1990 about 16 percent of the entire population aged 15~64 was in the age group 45~64; by 2021 it is expected that this proportion will have risen to 31 percent. The corresponding proportions for the labour force are likely to be higher as those outside the labour force but within the 15~64 population group are typically the relatively young(15~24), who are receiving education and undergoing training, and women under the age of 44 with heavy family responsibilities. The rising average age of the labour force may adversely affect the future adoption of new technologies and the maintenance of high productivity growth in the face of the slowing labour force growth.

Migration and Urbanization

Rapid Urban Growth

In conjunction with the process of accelerated economic development, there has been a rapid growth in urban settlements, which has resulted in an

uneven spatial distribution of the population. One graphic indicator of this phenomenon is the fact that 45 percent of Korea's population is concentrated in the Seoul metropolitan area, which accounts for only 12 percent of the land area.

Rural Exodus

At the same time, there has also been a rapid exodus of young adults (mainly males) from rural areas, leading to social strains within the larger family unit that stays behind in the rural area. The proportion of single persons, mostly elderly, in rural areas has increased and young children are often left in the care of the elderly. The exodus from rural areas combined with future low, or even negative, population growth rates could create a situation where many rural settlements would cease to be viable from an administrative, social and economic point of view. The future prospects of agriculture and other rural-based economic activities may also be in doubt.

Increasingly Complex Movement Patterns

One consequence of rapid development is that patterns of movement among the population have become much more complex. People are increasingly tending to live in one place and work in another, and commuting between one's place of residence and the

workplace is becoming a more common pattern. Planners and policy makers need to take account of not only long-term migratory flows but also short-term periodic movements of the population.

International Migration

International outmigration in the Republic of Korea was viewed as an important means for helping to achieve the population policy objectives. In the 1970s and 80s, when the outmigration was at its peak, the scale was about 30,000 per annum, with most people going to the United States. However, in the 1990s the number of people outmigrating to the United States has decreased to about 12,000 per annum (i.e., about 70 percent of the total outmigration), while migration to Canada and New Zealand has increased (see Table 11).

Table 11. Outmigration by Country and Period
(Unit: person)

Period	USA	Canada	Australia	New Zealand	Latin America	Europe	Others	Total
1962~69	24,100	2,211	41	-	6,380	2,202	149	35,083
1970~79	276,511	16,436	2,485	-	23,351	21,973	2,733	343,489
1980~89	265,667	14,269	8,238	101	24,278	9,325	4,185	326,063
1990~94	60,257	12,760	4,448	7,778	2,323	46	142	87,755
Total	626,535	45,676	15,212	7,819	56,333	33,546	7,209	792,390

Source: Same as for Table 8.

Table 12. Return Migration by Country and Period
(Unit: person)

Period	USA	Canada	Australia	Argentina	Others	Total
1980~84	5,413	408	79	69	710	6,679
1985~89	14,547	520	209	1,873	2,445	19,594
1990~94	28,316	1,603	673	2,403	6,392	39,387
Total	48,276	2,531	961	4,345	9,547	65,660

Source: Same as for Table 8.

In recent years, there has been a rise in return migration: the number of return migrants during the latter half of the eighties(1985~1989) on average was about 4,000 per year, but it has doubled to about 8,000 in the 1990s(see Table 12).

Changing Family Structures and Values

Traditionally the family plays a very important and central role in social life in Korea. Family norms and values govern social behaviour and social relations, and the family is directly involved in the activities of its individual members in several areas, such as child rearing and schooling, marriage, and career development. This role was much stronger, however, when the family was large, extended and multigenerational.

Marriage patterns in Korea are changing rapidly, due mainly to social factors such as higher educational

achievement and increasing participation in gainful employment. The proportion of women aged 20~24 and 25~29 who remain single is rising sharply, as shown in Table 13. If this trend continues, there is a strong likelihood that marital life in Korea will start around age 30. This would have very profound socio-economic implications.

Along with rapid demographic change, the Korean family is being transformed. The typical family that is emerging tends to be nuclear and small. Couples are getting married later nowadays, and while couples generally do have children, they start bearing children later and have fewer children than in the past.

Table 13. Percentage of Currently Married Women by Year, 1970~1990

(Unit: %)		
Year	20~24	25~29
1970	42.3	88.4
1980	33.7	84.9
1985	27.8	80.9
1990	19.5	77.3

Source: Same as for Table 6

The nuclearization of the family is likely to continue and, along with other demographic and socio-economic changes, may put greater pressure on the stability of the twin institutions of marriage and family. These pressures stem from an interaction

between the following:

- rapid urbanization and rural-urban migration
- the growing incidence of divorce among couples
- the greater awareness of individual rights
- the changing role of women in the labour market
- the growing burden of caring for the elderly as it manifests itself at the level of individual families
- the increasing difficulty likely to be faced by women trying to harmonize their productive and reproductive roles, especially in the absence of adequate child care services
- the dislocatory effect on families of rural-urban migration and the new residential and work patterns of family members
- the impending marriage squeeze that will likely result from a serious shortage of girls of marriageable age, given the strong preference for sons and the availability of new technologies for selecting the sex of children

Empowerment of Women

In the traditional Confucian society of Korea, women had subservient roles to men and great importance was placed on women's conformity to social norms and hierarchy. Rapid industrialization, modernization and educational attainment, however, have produced changes in women's lives. However,

the socio-economic system remains gender-stratified and hinders, among other things, the equal participation of women in economic activities.

In 1994, the labour force participation rate among married women was 46.6 percent. With the expansion of educational opportunities for women and the reduction in family size, female labour force participation is likely to increase further. This adds a sense of urgency to the need for a new employment system, one which covers working women both at home and at the workplace. The new system should include:

- (1) the adoption of flexible work hours, time based work systems and home-based work systems;
- (2) reemployment systems for married female workers;
- (3) greater equity in employment systems (equal payment and work hours for male and female employees); and
- (4) a strengthened mechanism for female employment mediation and the protection of vulnerable women workers.

In order to further increase the job opportunities, it will be necessary to enhance the skills of women by:

- (1) expanding the skills development training programmes for female workers;
- (2) granting priority to women for on the job training;
- (3) encouraging female students to select technical

and engineering fields, as well as establishing specialized vocational colleges for female technical workers; and

- (4) assisting those who are successful in their respective technical fields in the process of locating a job.

In order to make it more feasible and worthwhile for women to participate in the labour force, the following measures are needed:

- (1) expanding baby-sitting facilities at workplaces;
- (2) developing social security programmes for the elderly and after-school programmes for children;
- (3) providing subsidies to cover the health care costs of elderly; and
- (4) granting tax exemptions for baby-sitting expenses to female employees, as well as concessions and/or tax-breaks for the owners of baby-sitting facilities.

In order to enhance the status of women, the government is in the process of enacting a comprehensive "Basic Law on Women's Development." The government has enacted various laws and regulations to improve women's status in the past, but due to weak enforcement and monitoring mechanisms, little was achieved. Hence, there is a need to develop strict enforcement procedures and mechanisms to monitor the situation.

Problems of the Elderly

Increase in the Elderly Population

The age pyramid of the population has been changing and will continue to change in the coming decades. In 1990 about 5 percent of the population was composed of elderly persons, i.e., those in the age group of 65 and over; by 2021 this is expected to rise to 13 percent (see Table 7). The increased dependency burden of the elderly would more than offset the reduction in young age dependency after about 2020. As a result, total dependency ratio would decline from about 45 percent in 1990 to about 40 in 2021.

Provision of Public Support

A national pension scheme was introduced in 1988, but it is widely acknowledged that with rapid growth in the elderly population, the financial implications for the government of providing pensions, as well as elderly allowances, for all elderly persons are grave. It may also be quite difficult to ensure that all elderly persons are in fact effectively and adequately covered.

Evolving Patterns of Health Care

Current medical insurance programmes cannot hope to fully meet the long-term needs of the elderly. As elderly persons on average live longer, the structure and costs of health care needs will itself be altered. The "older elderly" tend to be subject to higher morbidity and very different patterns of ill health than the "younger elderly." The new and evolving pattern of needs will entail more intensive (and more expensive) health care for a growing proportion of the population.

Employment Opportunities

Opportunities for the active elderly to continue working may have to be provided. This would promote among these elderly citizens a sense of participation and involvement in the economy and society, while at the same time reducing the financial burden on the pension scheme and on the rest of the working population.

The retirement age in Korea is relatively low compared with life expectancy and the age requirement for government-supported welfare services. More than 90 percent of all businesses and enterprises set the retirement age at 60 or below (64.3 percent of enterprises: 55 or below). The elderly have a very limited chance of finding a reasonable source of

income after retirement. In 1994, for example, 38 percent of those aged 60 and over were employed mostly in the primary industry and in unstable and low-paying sectors. In addition, welfare services provided for under the Elderly Welfare Law mainly target those aged 65 and over, while the minimum age to draw pension is 60.

In order to promote the employment of the elderly, the following measures are required.

- (1) The current Elderly Employment Promotion Law covers enterprises with 300 or more workers and can require that the elderly form at least 3 percent of the work force. This regulation needs to be strengthened and modified to include enterprises with 100 or more workers and require that the elderly comprise up to 6 percent of the work force.
- (2) The Employment Insurance Law, which provides subsidies to enterprises where the elderly (aged 55 and over) comprise at least 6 percent of the permanent work force, needs to be strengthened. Information and advocacy activities should be promoted to develop awareness and to encourage the participation of enterprises in this system.
- (3) Efforts to raise the retirement age need to take into consideration the physical and mental health of the elderly, providing for a gradual decrease in working hours in conjunction with the elderly

employee's age, with necessary wage adjustments. However, a minimum living wage should be ensured.

- (4) The government needs to provide training programmes for jobs that are suitable for the elderly, and enterprises need to develop their own preparatory education and training programmes for retirees-to-be to help them to secure re-employment. The Employment Insurance Law, which supports partial training expenses for those aged 50 and over who seek self-paid job training for re-employment, needs to be strengthened and utilized effectively.
- (5) Lastly, the existing Talent Bank for the elderly (60 establishments in 1995) and the Manpower Bank for the elderly (25 establishments in 1995) need increased support to strengthen their function and roles.

Social Needs of the Elderly

The elderly also suffer from a sense of alienation from their families and communities. The pattern emerging from recent surveys suggests that the elderly do not wish to live with their children and that the children also are unwilling to reside with their elderly parents. The family and the community have to play a much more active role in the care of

the elderly. This would have several advantages: it would result in better quality and more cost-effective care, a better use of the skills and experience of the elderly by the family, and a greater sense of involvement in family and community life for everyone concerned.

Reproductive Health and Family Planning (RH/FP)

While the existing fertility control programme has successfully achieved its demographic goals, the unforeseen impact of the sexual "revolution" has resulted in many serious social and health problems, such as adolescent pregnancies, pre-marital abortions, STDs and HIV, and other reproductive health conditions that could lead to severe health problems, including anemia, obstetric complications, and infertility.

RH/FP Services

Most of the family planning services are provided by health workers and designated private physicians, particularly in rural areas. In urban areas, the government recently started making an effort to have a greater share of the family planning services be carried out by the commercial sector, particularly the national health insurance schemes. However, at this

stage, it is difficult to assess the impact of this gradual shift of services from the Ministry of Health and Welfare(MOHW) to the private sector under the health insurance schemes.

It is important to note that the government cannot absolve itself from its responsibility to provide comprehensive RH/FP services by shifting these services to the private sector and NGOs.

Health and welfare centers at the city and county levels need to be integrated in order to provide comprehensive health and welfare services to the family units.

- The utilization of field workers needs to be maximized by retraining the 5,300 health workers and 3,750 social welfare workers as multipurpose health and social workers.
- A comprehensive services management system needs to be developed in order to provide comprehensive health and welfare services to the families.

There is a need to strengthen the birth registration and reporting system of physicians to facilitate child-care services and monitoring. In particular, immunization, prenatal and postnatal care, family planning, and nutritional supervision need to be promoted through the improvement of the birth reporting system and the utilization of MCH family-health books by mothers.

In order to reduce congenital birth defects, compulsory screenings for high-risk mothers and/or couples need to be institutionalized. The cost for such examinations for low-income groups should be provided by the government. Furthermore, the development of genetic counselling service networks, operated through the existing health center networks, needs to be encouraged. These services should then be expanded so that an effort can be made to prevent pregnancies with genetic problems.

The existing RH/FP programme does not meet the full needs of disadvantaged families. The development of a service delivery and social support system for these families needs to be strengthened.

Efforts in the past were directed mainly at married women of fertile reproductive ages and had neglected adolescents and post-menopausal women. There is an urgent need, however, to address these issues by expanding the family planning programme framework to that of RH/FP with the active involvement of men.

Quality of Care

While the need for quality services was recognized from the start of the family planning programme, the programme emphasized quantitative fertility targets, which were achieved through the promotion and near

universal use of effective contraceptives. Since 1985, family planning has been gradually integrated with other health programmes, particularly primary health. However, the implementation of the integration schemes has not been very successful, and the shift in the focus of the programme run by the Ministry of Health and Welfare from family planning to social welfare has further affected the quality of care and services. With the progressive privatization of services through the introduction of health insurance schemes that also cover family planning, the quality of services in urban and more developed areas may have improved. Nevertheless, services for the disadvantaged and under-served groups have tended to deteriorate. There is still considerable room for further improvements to reduce the high incidence of induced abortions, contraceptive failure rates, as well as unsafe sexual behaviour of adolescents and married couples. There is also a need to improve and expand the quality of care for reproductive health services.

Choice of Method

The current family planning programme is heavily oriented towards sterilization. The range of contraceptive methods offered to the clientele remains inadequate. More reversible methods, which are safe, convenient and affordable and which would better serve the

needs of younger couples' spacing purposes, are needed. New contraceptive technologies are being developed and introduced to the market. Consequently, there is a need to introduce new methods to Korean society after careful field testing for safety, effectiveness and acceptability.

Induced Abortions

In spite of the high contraceptive prevalence (79 percent in 1991), a recent study has drawn attention to the high incidence of induced abortions among married and unmarried women, as well as adolescents, of reproductive ages. The 1991 Fertility and Family Health Survey indicates that there is a rising trend in induced and spontaneous abortion. In 1970~1974, only about a quarter of all pregnancies were aborted, while in 1985~1991, about 1/2 were aborted (see Table 14).

According to a survey conducted in a medium-sized city in Korea, 33 percent of the total number of abortions that performed in clinics were related to unmarried women. In order to reduce unwanted pregnancies and induced abortions, the following measures need to be adopted.

- (1) Contraceptive services and follow-up care for women under the age of 25 need to be strengthened.
- (2) Sexual education, including counselling for students, the youth and young industrial workers,

needs to be strengthened.

- (3) Campaigns aimed at preventing illegally performed induced abortions must be organized by medical and health personnel, as well as by NGOs.
- (4) Educational campaigns on the ethical and medical problems related to induced abortions need to be systematically conducted.

Table 14. Percentage Distribution of Pregnancy Outcomes by Year of Pregnancy

(Unit: %)

Outcomes	1970~74	1975~79	1980~84	1985~91
Live Birth	74.0	62.2	55.9	51.2
Induced Abortion still Birth	19.1	30.8	35.9	39.0
Spontaneous Abortion	6.9	7.0	8.2	9.8
Total	100.0	100.0	100.0	100.0

Source: Kong, S.K., et al., *1991 Fertility and Family Health Survey Report*, Korea Institute for Health and Social Affairs, 1992.

Imbalance of Sex Ratio

Since the mid 1980s, when the fertility rate reached the replacement level, the prevalence of sex-selective induced abortions using procedures to determine the sex of the fetus has resulted in an imbalance in the sex ratio at birth. The sex ratio at birth was normal up until 1982, but it increased thereafter to 116 in

1993(see Table 15). It is particularly alarming that over the years high sex ratios by parity of births, which were higher for higher parities, have gradually become higher and higher for lower parities. For example, in 1985 sex ratios at parity 2 and parity 3 were 108 and 129 respectively, while in 1990 the corresponding figures rose to 117 and 191 respectively.

Table 15. Sex Ratio at Birth by Birth Order and Year
(Boys per Hundred Girls)

Year	Total	Birth Order			
		1	2	3	4
1980	103.9	106.1	106.5	106.3	110.2
1985	109.5	106.0	107.8	129.1	148.7
1990	116.8	108.7	117.2	191.0	218.9
1994	115.4	106.1	114.3	205.6	223.7

Source: National Statistical Office(NSO), *Annual Reports of Vital Statistics, 1980~1994*.

Similar sex ratios are present in selected East Asian countries where rapid fertility decline has occurred over the last three decades and where the influence of Confucianism has attached importance to a strong son preference within the culture, such as China and Taiwan(see Table 16).

Table 16. Sex Ratio at Birth by Country

Country	Year	Sex Ratio	Country	Year	Sex Ratio
USA	1988	105.0	China	1989	113.9
England	1986	105.2	Taiwan	1990	110.2
Germany	1989	105.1	Korea	1990	116.8
Japan	1989	105.6			

Source: Same as for Table 8.

If such a sex ratio imbalance persists over a long period of time, one may expect serious social problems to arise due to a shortage of females, resulting in a marriage squeeze and disrupting family formation processes. In order to overcome these social problems, the following measures need to be adopted:

- (1) efforts to make people understand the adverse impact of the sex ratio imbalance on society and to raise status of female births;
- (2) continued improvement of the social system and support policy for promoting the social status of women (During the last quarter century, social and legal systems for correcting sex biases have been set up, but there is room for further improvement);
- (3) strengthening the promotion of women's employment and social participation so that they can contribute better to socio-economic development;

- (4) strengthening the ethos at medical schools, as well as educating currently practicing physicians, in order to eliminate gender biases;
- (5) strengthening the monitoring of sex determination procedures for fetuses, particularly through medical and social organizations;
- (6) strict enforcement of the current medical law, which stipulates a fine of up to 10 million won (US \$12,500) and/or imprisonment for up to 3 years for doctors who perform fetus sex determination procedures;

Adolescent Sexuality

Given the increased disruption of stable family life, the globalization of the mass media may contribute to unhealthy, immoral and deviant behavior, such as drug use and unsafe sex. This is becoming a serious social problem, particularly among adolescents and the youth. According to the results of a 1992 survey, 5.5 percent of third-year middle school boys, 15.4 percent of third-year high school boys and 37.7 percent of male vocational training students reported having an experience of sexual intercourse at least once. Moreover, about two-thirds of the adolescents in prison had sexual experience (Joo, et al., 1992).

According to the 1992 survey, lewd videos were watched by 52.4 percent of third-year middle school

boys, 69.7 percent of third-year high school boys and 74.6 percent of male vocational training students. The population smoking while at school was 14.7 percent among males and 8.6 percent among females in the middle schools, while it was 48.8 percent among males and 12.7 percent among females in the high schools. The incidence of drinking was 42.8 percent among males and 35.0 percent among females in the middle schools, compared to 76.9 percent among males and 68.0 percent among females in the high schools in 1993. The drug abuse experience rate was 8.6 percent among middle school students, 16.2 percent among high school students and 20.8 percent among adolescent workers in 1993.

In order to promote sexual health and well-being among adolescents and the youth, the government, NGOs and private organizations need to undertake the following measures on a priority basis:

- (1) The government's adolescent programmes have been implemented by different ministries, such as the Ministry of Education, Ministry of Health and Welfare and Ministry of Home Affairs. In order to formulate integrated policies and programmes, there is a need to strengthen coordination among the ministries concerned.
- (2) There is a need to strengthen the Committee for Adolescents, which consists of 12 ministers and 14 experts, to address and prevent sex

problems and drug abuse. In addition, the committee will be made responsible for coordinating and developing integrated policies and programmes to address the needs of adolescents. The Korean Association of Youth Organizations with 34 members and 15 affiliate members, is also complementing the activities of the Committee.

(3) Entertainment through mass media and amusement facilities, which can give rise to adolescent problems, need to be monitored and streamlined through:

- strengthening the existing Committee for Censoring Mass Media, including broadcasting and magazines, which promote promiscuity and substance abuse;
- teachers, parents and youth organizations, who need to monitor entertainment programmes to prevent adolescent exposure to lewd material;
- strengthening social monitoring and punishments related to various illegal lewd media; and
- strengthening the control of adolescents to ensure that they do not see adult-only movies or attend prohibited amusement places.

(4) School education for substance abuse and sexuality need to be strengthened by:

- sensitizing and training school nurses for handling and counselling sexual problems and

substance abuse;

- expanding school curricula to include more information on drug abuse and sexuality; and
- establishing a department for adolescents at KIHASA to develop and produce various media for students, youth workers, teachers, and parents on adolescent sex problems, as well as drug and substance abuse.

(5) Strengthening of adolescent education especially for the youth workers through:

- strengthening youth workers center for education about drug abuse and sexuality; and
- strengthening the counselling on drug and substance abuse and sexuality at Health and Welfare Centers, including care provided by PPFK.

Current and Prospective Challenges: Policy Options and Measures

The foregoing discussion identifies several new challenges the Republic of Korea is facing. In short these are:

- maintaining and enhancing population quality and welfare through RH/FP programmes and

- services as well as human resource development;
- responding to changing family structures and values;
 - increasing women's role and involvement in the process of socio-economic development;
 - handling labour market problems arising from the slowing down of labour force growth;
 - taking adequate and timely measures to tackle the growing problem of caring for the elderly;
 - handling problems relating to migration and urbanization.

Future Fertility Trends

A case can be made for striving to reach a replacement level of fertility as a long run goal. This would result in a moderate rise in Korea's TFR and thereby reduce the severity of some of the problems discussed earlier. As mentioned earlier, the TFR will most likely hover around 1.8 births per woman.

It is also likely that the privatization of family planning services through Health Insurance Schemes and the withdrawal of incentives and disincentives for encouraging a small family norm of up to 2 children, will not have any significant impact on the current and future fertility levels. This conclusion is drawn from the recent experiences of Singapore,

Taiwan and Malaysia, which indicate that relatively recently established patterns of low fertility, once they have in fact become established and a part of the accepted behaviour of couples and individuals, are not easy to significantly alter. Therefore, there is a need to withdraw the existing incentive/disincentive schemes and transfer these resources so that more services can be provided to vulnerable groups, adolescents, the urban poor and couples living in remote areas. Moreover, these resources could also be used for other emerging areas of concern, such as the imbalanced sex ratio and the prevention and management of induced abortions.

Population Quality and Welfare

The family planning programme has been the pillar of the Korean population programme over the last three decades. It was implemented by the Ministry of Health and Welfare (MOHW) and KIHASA, and it was supplemented by the efforts of NGOs, particularly PPFK. The programme has successfully achieved its demographic goals. Small family norms are accepted by nearly all couples. Concomitantly, women's age at marriage is rising, due mainly to factors such as a higher educational attainment level and an increasing participation in gainful employment, and this trend is likely to continue. With rising opportunity

costs of bearing and nurturing children, coupled with high parental aspiration for their children, parents will continue to favour small families.

In the context of future programme development, existing family planning programmes should be expanded to cover broader issues of reproductive health, such as Maternal and Child Health(MCH), family welfare, the reproductive rights of women and the quality of reproductive life. Wherever possible, men's involvement in RH/FP should be reiterated. Integrated with the national health promotion programmes, which will be implemented from 1996, the RH/FP programmes should promote reproductive health concerns including FP services to enhance the quality of life. The following discussion focuses on the policy and programme measures that need to be undertaken.

The government should promote self-reliance in contraceptive services through medical insurance schemes and private commercial networks, but the government's support for contraceptive services should be continued for special groups, such as the residents of remote areas, the youth and adolescents, and disadvantaged groups.

Specifically, this involves government support for the costs of services for at least 20 percent of the sterilizations and IUDs, 10 percent of condoms and 5 percent of oral pills. These are needed to maintain

contraceptive practices at their current level. The provision of condoms should be increased not only for contraceptive purposes but also for the prevention of STDs and HIV. The projected contraceptive supplies by the government are listed in Table 17.

With the onset of regional autonomy in 1995, the central and local governments should share the expenditures for the RH/FP programme. Both the central and local governments should expand their financial support for private organizations and NGOs, so that major programme activities, particularly for adolescents and disadvantaged groups, can be strengthened. The provision of government-supported contraceptives for special groups should be channelled through private organizations, such as Health Insurance Schemes and NGOs(i.e., the Planned Parenthood Federation of Korea(PPFK)).

Table 17. Current and Projected Government Support for
Contraceptive Services and Supplies, 1996~2005
(Unit: thousand persons)

Methods/Years	1995	1996	1997	1998	1999
IUD	75.4	77.5	79.6	80.5	80.2
Vasectomy	10.7	12.2	12.2	11.0	9.6
Tubectomy	40.9	43.5	46.2	42.7	38.4
Condom	101.4	103.6	106.0	108.4	109.4
Oral Pill	6.4	6.5	6.7	6.8	6.9
Methods/Years	2001	2002	2003	2004	2005
IUD	82.0	83.0	83.2	82.5	82.5
Vasectomy	2.6	2.7	2.5	2.3	2.3
Tubectomy	40.6	41.7	39.3	36.0	35.4
Condom	111.6	112.8	114.0	114.2	114.4
Oral Pill	7.0	7.1	7.2	7.2	7.2

Source: Same as for Table 8.

In addition, efforts should be made to upgrade the quality of RH/FP services by strengthening follow-up activities. They should also be aimed at the development of education and counselling programmes to enhance people's knowledge of contraception, pregnancy, sexuality, and sexual morality, as well as to prevent unwanted pregnancies and the spread of STDs and HIV.

The main strategy should focus on strengthening education and counselling programmes to counter misinformation and the misconception that family planning is meant for birth control only. These programmes should emphasize the broader role of FP

in reducing induced abortions and the sex-related problems of adolescents, preventing unwanted pregnancies and the spread of STDs/HIV, and providing the means for safe sex and a healthy reproductive life. IEC activities by various media should be channelled through private organizations and NGOs, which can play a more effective advocacy role. Private organizations and NGOs should be supported by the government for these activities.

Couples in the Republic of Korea have come to expect that they can obtain high quality, convenient and affordable family planning services. The government should continue to provide financial and other support to the private sector through commercial schemes, like the Health Insurance Schemes, and NGOs, like PPFK, to ensure that these expectations will continue to be fully met. In all likelihood, the role of the government in service provision will gradually diminish and that of the private sector and NGOs will expand.

Due to the longstanding emphasis on fertility control, the family planning programme tends to lean towards sterilization rather than reversible or spacing methods that are safe, convenient and affordable. Every effort should be made to widen the choice of methods available to the user, particularly women in their twenties and early thirties. The government should take the lead in introducing and initially

promoting new methods, as well as ensuring the safety, affordability, and acceptability of these methods.

It is also important that steps are taken to minimize the incidence of illegitimacy and premaritally conceived births as they can have serious personal and social costs. Special programmes and services are needed to reach sexually active mobile or migratory workers and couples among whom the rates of unwanted pregnancies and births are still high. It is also important to ensure that adequate measures are taken to prevent the spread of HIV/AIDS and STDs.

The present high rates of induced abortion among married women are a matter of serious concern from the point of view of reproductive health. It appears from studies that there is also a high incidence of induced abortion among unmarried women. Sustained information and educational activities are required to promote safe sex, eliminate unwanted pregnancies and prevent HIV/AIDS and STDs. The government should take the lead in promoting these measures to reduce induced abortions, but much of the responsibility of carrying out these measures, especially the ones aimed at unmarried women, could be undertaken by NGOs, who have a good understanding of the needs of this group and a more direct line of communication.

With the rise in the age at marriage, the increased participation of young unmarried women in economic activity, and the spread of educational

opportunities and new life styles, there are large numbers of adolescents and youth who are sexually active. For a variety of reasons, these groups do not have adequate access to counselling or family planning information and services. As a result, they face the problems of unplanned pregnancies, induced abortions, and the risks of contracting STDs and HIV/AIDS. This is an area in which the government could encourage NGOs to work with these groups and provide appropriate information, education and counselling, in addition to the reproductive health/family planning services.

At the current low levels of fertility, the existence of a strongly rooted son preference and the availability of technologies for sex selection is leading the nation towards a serious distortion in realized sex ratios at birth. As this is likely to lead to a marriage squeeze and other social problems, concerted efforts are needed to counteract this trend. While the government has attempted to deal with this problem through legislation banning prenatal sex determination tests, there is the danger that it may prove counterproductive if such tests continue on an illegal basis and without adequate safeguards. New developments in technology may make it even more difficult to detect illegal operators and to enforce the ban. Legal measures have to be complemented by information and education programmes to make the

public more aware of the value of female children and to counteract other biases that make people prefer boys to girls.

Incentives that came in the form of income tax relief to parents observing the small family norm were unquestionably important in the past, particularly in terms of their public announcement effects. In the current situation, however, where people are fully aware of the costs and benefits of having children, such measures have outlived their utility and should be withdrawn. Nonetheless, incentives should be continued for the provision of services to special groups, such as the urban poor, couples in remote rural areas, single-parent families and other disadvantaged groups. In order to mitigate gender biases, there is a need to emphasize gender equality in all social and institutional support measures and programmes.

The MOHW and KIHASA should also ensure the development of innovative IEC, counselling, and training materials for RH/FP. In order to ensure quality care and services, as well as broad coverage, KIHASA should continue RH/FP programme monitoring, research and evaluation.

Since RH/FP programmes require multi-sector approaches involving various ministries, departments, institutes and NGOs, an effective coordination among organizations will help to ensure smooth programme

implementation and to avoid any duplication of efforts. Therefore, a high level Coordinating Committee/Body, consisting of representatives from concerned organizations involved in the RH/FP programmes, should be established.

Strengthening the Family

In light of the rapid changes in demographic, social and economic conditions, there is a need for measures to strengthen the key institution of the family with its associated values and characteristics. This calls for appropriate government-promoted educational activities at schools, the workplace, and the community level. Japan has shown the way in the care of the elderly with its 'Golden Plan' by introducing a system of loans and tax concessions to care givers, the funding of homehelps, day care centers and short-term stay facilities. Keeping in mind the fact that these measures are much cheaper than the full institutionalization of the elderly, the government should consider the potential of the Japanese model as a starting point and a source of ideas.

Labour Markets, Employment and Migration

With the decline in fertility the question of

promoting better spatial distribution and greater mobility of the population assumes greater importance from the point of view of development policy. While it is not easy to control the outflow of the population from rural areas, policies are needed to channel this migration away from crowded metropolitan areas towards newer and less congested centres. This will require greater attention to be paid to urban planning and the provision of infrastructure.

While the desire to preserve and uplift rural communities can be justified on social and cultural grounds, it should not be at the cost of economic efficiency. The question of the future of the agricultural sector and, more generally, the viability of rural-based activities has to be addressed.

There is a need to take a fresh look at present patterns of residence and work, and to explore ways to enable more people to continue to reside in rural or semi-urban areas while commuting to work in the cities. With modern technology it may also be possible for many people to live outside the big cities but carry on their professions through telecommuting and other similar means.

Over the next few decades, high economic growth rates will lead to severe labour shortages. Rapid labour-saving technological progress and the closing down labour-intensive industries at home or shifting them abroad may help to mitigate labour

shortage. Policies that encourage the restructuring of production to eliminate or minimize labour-intensive activities should be adopted, combined with policies to promote the relocation of these enterprises to less developed countries where adequate labour supplies are available.

To augment the labour supply, efforts should be made to further increase female participation in the labour force, especially in the more skilled and better paid jobs. This cannot be achieved without a more equal sharing of domestic burdens within the family. The government should initiate educational activities aimed at developing a better understanding of women's capabilities and roles in the household and the labour market.

The provision of better child care facilities may also make it possible for more women to work outside their homes. However, child care of acceptable quality is typically expensive and labour intensive, and the government may have to support and complement private efforts to provide child care facilities for female employees. Telecommuting should be encouraged as a means whereby more women can participate in economic activities and household burdens can be shared among the male and female members.

Even with all these policies, there is likely to be a need to import significant amounts of labour in the foreseeable future. It is important to ensure that this

is done with minimal social and cultural dislocation and in a manner that is consistent with basic human rights. The government should explore the possibility of creating an institutional framework whereby special companies or corporations are set up to act as labour contractors. They would arrange the orderly procurement and deployment of the personnel, look after their working conditions and welfare, and ensure their return to their home countries at the end of the contract. This would be a considerable improvement over the present situation where labour migration is often illegal, working conditions are unsatisfactory, benefits are not adequately provided, and the government has to intervene or take on obligations for humanitarian reasons.

The Elderly

The government should develop a innovative policy and action plan for the elderly. This would require a rethinking of the policy options with respect to the treatment of the elderly. Past efforts of the government, which focused mainly on introducing various laws and regulations, have met with limited success. For example, some employers are willing to pay fines rather than employing the stipulated number of the elderly/disabled. To have more effective programmes for the elderly/disabled, stronger measures

are needed to address various concerns, and these include:

- a consideration of changes in employment and retirement policies to enable a greater portion of the healthy and active elderly population to continue working;
- a retraining of older workers so that they can take up new occupations and cope with rapid technological change;
- measures aimed at strengthening community and familial support to ensure not only that the elderly are cared for, but that ways are found whereby they can continue to positively contribute to society;
- plans for the provision of institutional care for those elderly persons who are incapacitated and for the development of gerontological hospitals and other facilities for the treatment of health problems among the elderly.

Social Support Policies

Concerned that IEC activities alone might not be enough to secure substantial changes in fertility and contraceptive behaviors, the government launched the social support policies in 1977 and greatly reinforced these policies in the 1980s(see chapter II). These policies were comprised of incentives and disincentives

to promote the small family norm and contraceptive practice, as well as measures to improve women's social status. Some of the incentives were successfully executed, specifically those granting: priority to sterilized couples with less than three children in the allocation of public housing(1978); a special lump sum subsidy for sterilized couples from the low income group(1982); and free primary health examinations for the children of one-child families(1982). However, other incentive schemes were not so successful due to the lack of the general public's awareness and cumbersome administrative procedures.

The disincentives contributed greatly to bringing about the necessary social atmosphere for the development of a small family norm. These include limiting the head-based exemption of consolidated income tax for up to two children(1977), limiting delivery allowances of medical insurance up to the second birth(1982), and limiting family allowances of government officials for up to two children(1982). In addition, various efforts to create institutional support, such as the revision of the Family Law(1977 and 1989) and the Labor Standard Law(1982) and promulgation of the Law for Gender Equality of Employment(1987), have been made in an attempt to remove preferences for male children and to improve women's social status in general. However, there is still a considerable disparity between the legal ideals and actual

practices.

The contraceptive practice rate has remained near the saturation point since the late 1980s and small family norms are now widely spread. However, the demands for welfare services are increasing and the imbalance in the sex ratio (male births per 100 female births) is rising. Furthermore, there is no need to continue incentive and disincentive schemes. However, support programmes for the low income and disadvantaged groups should be maintained. The following incentive and disincentive measures are to be abolished: 1) delivery allowances of medical insurance up to the second birth; 2) head-based exemption of income tax up to two children (to be abolished in 1996); 3) priority of subsistence loans to sterilized couples with less than two children; 4) priority of farming and fishery loans to the sterilized couples with less than two children; 5) priority in housing allocation to sterilized couples with less than three children; 6) tax exemption of education subsidies up to two children; and 7) free primary health examinations for children of one child families.

The social and institutional support policies for achieving a balanced sex ratio and the empowerment of women should be strengthened. The specific measures to be undertaken are as follows: 1) special subsistence allowances to sterilized couples from low income groups; 2) contraceptive methods offered free

of charge for adolescents and members of low income groups; 3) family allowances for couples who support their parents; 4) medical insurance benefits for the elderly; 5) improving various systems related to son preference and women's status, such as the revision of the Family Law; 6) strengthening the regulations related to fetal sex determination procedures and sex-selective induced abortions; and 7) tax exemptions for voluntary contributions to donor organizations/corporations and individuals who support RH/FP activities, particularly for the disadvantaged groups and adolescents.

Institutional Framework: Coordination and Implementation

Central Government

The central government should provide overall policy directions and long-term plans, while at the same time coordinating and promoting cooperation among governmental organizations at the central level and supporting the local governments. The specific actions to be taken include:

- developing short and long term plans and conducting programme evaluations and surveys;
- coordinating policies and programmes of related

- organizations and local governments;
- providing support supervisors for the implementation of policies and programmes by local governments;
- making allocations from national budgets and providing financial assistance for local governments and NGOs;
- promoting cooperation between government organizations and NGOs;
- providing technical assistance for local governments in formulating population policies and producing information and statistical data at the local level; and
- developing efficient measures to integrate programme activities with other related programme activities.

Local Government

In accordance with the national policy direction promulgated by the central government, local governments should develop policy and programme measures at the regional level, while fully involving NGOs and mobilizing resources within the respective regions. The specific measures include:

- developing local programmes which fully take account of regional conditions and characteristics and allocating budgets for those programmes;
- promoting cooperation between public health

organizations and NGOs for IEC activities at the local level;

- developing the management information system of RH/FP programmes to monitor programme performance at the local level;
- providing financial support for NGOs in the region; and
- establishing a system for generating and reporting regional information and data.

NGOs

NGOs, particularly those in the population field, should promote cooperation with the central and local governments through the following strategies:

- providing contraceptive services for special groups, such as residents in remote areas, the urban poor, adolescents and disadvantaged groups, and implementing RH/FP programmes for these groups;
- conducting IEC activities according to the specific characteristics of community members;
- implementing IEC and counselling activities for various target groups, including adolescents;
- training physicians in the surgical techniques of contraception, and developing the human resources of related organizations;
- assisting the government in the introduction of

- new contraceptive technology; and
- playing a pro-active role in the promotion of safe guards for migrant workers, both national and international.

Financial Allocation

In the long run, local governments should increase their own allocations for financing the RH/FP programme. However, at present, the self-financing capacity of the local governments is low, which means the central government will have to continue to provide financial support for the local governments. Nevertheless, the central and the local governments should at least equally share programme expenditures, including those related to the provision of contraceptive methods. The responsibility of implementing the incentive system for sterilized couples in the low income groups should fall on the local governments. Furthermore, an evaluation system should be developed to monitor the policies and programmes implemented by the local governments. Ongoing evaluation systems for RH/FP programmes should also be improved in order to strengthen the capability of local governments in programme planning and implementation.

Policy Monitoring and Coordination

Finally, in order to implement an integrated population policy, it will be essential to develop a computerized networking system for programme planning, implementation and monitoring at the central, regional, sub-regional and local levels. This will assist implementation of the decentralized programmes. Furthermore, the roles and responsibilities of the central government, local governments, NGOs and private sector should be clearly identified and mechanisms for coordination and cooperation should be established.

Chapter 4

Conclusion

Korea has completed the whole process of what is called "demographic transition" with her successful implementation of the national family planning programme that started in 1962 and this has occurred simultaneously with rapid socioeconomic development. It is estimated that if the current level of a below replacement fertility continues, the population in Korea will stabilize at around 50.6 million people by the year 2021, and will begin to decrease thereafter. These demographic changes suggest that new population policy directions and strategies for the 21st century have to be sought with careful deliberation on the changes in various socioeconomic and demographic factors. These demographic changes suggest that the main concerns of the national family planning programme have to be shifted from the past quantitative policy to a qualitative approach. That is to say, the future family planning programme should focus on the improvement of programme quality and use-effectiveness of contraception, the maintenance of a balanced sex ratio, and a reduction in the

number of induced abortions. In particular, it should be kept in mind that the sex ratio at birth has changed in recent years due to the practice of selective abortions which is triggered by parental sex preference.

In a changing socioeconomic and cultural environment, the decline in fertility has important implications for the elderly's living arrangements and the labor force supply. Accordingly, Korea should shift its role to accommodate these new dimensions in the future population policy directions. Under these circumstances, the government adopted new directions and strategies of the population policy in June, 1996, which focused primarily on population quality and social welfare rather than on demographic arenas.

The current family planning programme must play a crucial role once again, and its major anticipated shifts in the policy options and directions in the immediate future are: 1) to improve the current family planning programme management system for recruiting new contraceptive acceptors in their 20s for birth spacing and offering more choice of contraceptive methods; 2) to shift the free contraceptive services from the government supported system to the self-supporting system through medical insurance and the commercial sector; 3) to enhance the quality of contraceptive services for reducing the induced abortion prevalence rate; 4) to integrate

reproductive health programmes, such as family planning, maternal and child health, and other social welfare programmes; 5) to strengthen social and institutional support policies for a balanced sex ratio through the improvement of women's social status and gender equality; and 6) to expand the scope of the family planning programme target population to cover the young unmarried population in order to prevent premarital pregnancies.

In order to overcome various problems associated with family planning as well as the many challenges stemming from below replacement fertility, the importance of current family planning should not be underestimated simply because demographic targets have been met. Finally, it should also continue to conduce population/family planning research studies in the context of changing phenomena in socioeconomic and demographic conditions and policy directions in the future, and more efforts should be made to help keep policy makers, planners, and administrators informed about current and prospective population and fertility trends.

Appendix 1. Government Contraceptive Services by
Year, 1962~1995

(Unit: thousand)

Year	IUD	Vasectomy	Tubectomy	Condom ¹⁾	Oral Pill ¹⁾
1962	-	3.4	-	59.4	-
1963	1.5	19.9	-	129.8	-
1964	106.4	26.3	-	156.3	-
1965	226.0	12.9	-	191.7	-
1966	391.7	19.9	-	168.9	-
1967	323.5	19.7	-	152.7	-
1968	263.1	16.0	-	135.2	26.3
1969	285.5	15.5	-	147.8	91.2
1970	295.1	17.3	-	163.0	170.5
1971	293.7	18.6	-	161.3	199.7
1972	299.9	16.4	3.3	155.6	214.0
1973	325.9	19.7	4.8	176.0	234.7
1974	351.6	32.0	5.3	172.7	242.0
1975	343.9	43.1	14.5	196.7	240.2
1976	297.9	44.9	35.6	158.0	203.4
1977	281.8	53.8	181.5	103.2	178.9
1978	240.9	36.9	193.4	110.9	130.5
1979	188.7	25.9	195.3	80.8	108.8
1980	188.4	28.0	179.1	73.8	102.8
1981	167.2	31.3	164.8	79.0	91.4
1982	199.1	53.1	233.5	101.6	113.0
1983	213.1	97.2	329.9	127.3	82.4
1984	195.4	123.2	255.6	129.7	59.2
1985	176.9	110.1	217.6	124.9	44.0
1986	233.4	92.2	220.3	108.3	45.8
1987	242.5	83.0	211.9	144.2	39.3
1988	251.9	70.9	165.9	137.8	29.3
1989	235.9	66.2	115.6	144.0	29.4
1990	186.6	45.4	68.1	102.6	20.3
1991	149.5	31.8	36.6	90.3	6.5
1992	145.4	33.1	27.2	100.2	5.7
1993	84.0	26.2	15.8	68.1	5.4
1994	52.0	19.5	8.8	23.5	4.9
1995	34.9	14.5	5.4	13.9	4.2
Total	7,273.3	1,367.9	2,889.8	4,189.2	2,723.8

Note : 1) Monthly average of condom and oral pill users.
Source: Ministry of Health and Welfare, Monthly FP Service
Statistics, 1962~1995.

Appendix 2. Government Budget for FP and MCH
Programmes by Year, 1975~1996
(Unit: million won)

Year	Health	FP	MCH Won per US\$	
1975	6,422	834	97	400
1980	64,783	8,457	988	485
1981	79,582	8,709	5,240	600
1982	93,267	9,826	12,953	715
1983	115,238	20,532	12,253	768
1984	114,649	22,227	9,981	780
1985	134,135	30,237	2,794	780
1986	157,483	31,760	2,975	900
1987	175,802	27,599	4,240	865
1988	179,798	26,767	4,273	790
1989	193,683	22,026	3,554	700
1990	201,735	10,932	3,158	665
1991	226,693	9,459	4,157	715
1992	196,519	7,563	4,363	725
1993	208,755	5,644	4,632	770
1994	232,135	4,515	4,703	800
1995	229,230	3,618	4,776	800
1996	265,048	2,358	2,765	750

Source: Unpublished data from the Ministry of Health and Welfare.

References

- Bumpass, L., R. Rindfuss, and J. Palmore, "Determinants of Korean Birth Intervals: The Confrontation of Theory and Data", *Population Studies*, Vol.40, No.3, 1986, pp.403~423.
- Cho, N.H., et al., *Policy Issues and Their Countermeasures of Demographic Transitions in Korea*, Korea Institute for Health and Social Affairs, 1995.
- Cho, N.H. and Tan, B.T., "Overview on the Future Options and Directions of the Population Control Policies", *The Journal of Population Association of Korea*, 1990, pp.56~66.
- Cho, N.H. and Seo, M.H., *Imbalance of Sex Ratio at Birth and Its Policy Implications in Korea*, Korea Institute for Health and Social Affairs, 1994.
- Cho, N.H., "Demographic Transition: Changes in the Determinants of Fertility Decline in the Republic of Korea", *The Institute of Public Health*, Tokyo, Japan, 1993.
- Chung, W.J., *Effects of Population Changes on Labor Forces and Their Policy Implications*, Korea Institute for Health and Social Affairs, 1996.
- Han, S.H. and Cho, N.H., Changes in Induced Abortion and Its Impact on Fertility, Fertility Changes in

- Korea, KIPH, 1987, pp.331~372.
- Haub, Carl, "South Korea's Low Fertility Raises European Style Issues", *Population Today*, 19(10), 1991, p.3.
- Hong, M.S., et al., *1994 National Fertility and Family Health Survey Report*, Korea Institute for Health and Social Affairs, 1994.
- Jain, A.K., "The Effect of Female Education on Fertility: A Simple Explanation", *Demography*, 18(4), 1981, pp.577~595.
- Joo, W.K., et al., *Current Status of Youth's Drug Abuse and Its Counter Measures*, KIDA, 1992.
- Kim, T.H., "Fertility Differentials and Socio-Economic Factors", *Analysis on Population Trend in Korea*, Korea Institute for Health and Social Affairs, 1990, pp.155~186.
- Korea Institute for Health and Social Affairs(KIHASA) and UNFPA, *Sex Preference for Children and Gender Discrimination in Asia*, 1996.
- Kong, S.K., et al., *Family Formation and Fertility Behavior in Korea*, Korea Institute for Health and Social Affairs, 1992.
- Kono, Shigemi, "The Consequences of Fertility Decline in Japan: Cultural, Social and Economic Implications", *Impact of Fertility Decline on Population Policies and Programme Strategies*, Korea Institute for Health and Social Affairs, 1992, pp.67~89.
- Kwon, T.H., et al., *The Population of Korea*, Population and Development Studies Center, Seoul National University, 1975.

- Lee, H.T. and Cho, N.H., "Consequences of Fertility Decline: Social, Economic and Cultural Implications of Korea", *Impact of Fertility Decline on Population Policies and Programme Strategies*, Korea Institute for Health and Social Affairs, 1992, pp.27~48.
- Lee, S.B., "Analyzing Birth Interval in Korea", *Fertility Changes in Korea*, KIPH, 1987, pp.271~312.
- Mauldin, Parker W. and B. Berelson, "Conditions of Fertility Decline in Developing Countries, 1965~1975, Studies in Family Planning", *The Population Council*, Vol.9, No.5, 1978, pp.90~147.
- Moon, H.S., et al., *Fertility Forecasting and Optimal Level of Fertility in Korea*, Korea Institute for Health and Social Affairs, 1995.
- National Statistical Office(NSO), *Social Indicators in Korea*, 1995.
- _____, *Population and Housing Census Reports, 1960~1990*.
- _____, *Results of 1990 Population and Housing Census and New Population Projections*, 1991.
- _____, *Annual Reports of Vital Statistics, 1980~1994*.
- Park, C.B. and Cho, N.H., "Consequences of Son Preference in a Low-fertility Society: Imbalance of the Sex Ratio at Birth in Korea", *Population and Development Review, The Population Council in New York*, Vol.21, No.1, 1995, pp.59~84.

United Nations, *Abortion Policies: A Global Review*, Vol.III, 1995.

Yeon, H.C., et al., *Social Development in Korea: An Overview*, Korea Institute for Health and Social Affairs, 1995.

Yeon, H.C., *A New Vision of National Welfare toward the 21st Century: Harmonizing Global Trends and Traditional Values in Korea*, Korea Institute for Health and Social Affairs, 1996.