The 1976 National Fertility And Family Planning Evaluation Survey

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February 1979

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Printed by Pyung Kang Printing Company, Seoul, Korea

FOREWORD

The fertility level in Korea has been declining gradually ever since 1962 when the family planning program was introduced into the country as part of the nation's socio-economic development policy.

Of particular importance is the fact that the government plans to place greater emphasis on the current family planning program in an attempt to successfully carry out the Fourth Five-Year Economic Development Program that started in 1977. In line with the government's effort to streamline the current family planning program, there needs to be an evaluative analysis of the whole program. It is hoped that this report will provide basic information to the family planning policy-makers in their effort to set up better strategies for successful implementation of the program.

The report also aims at pinpointing the problem areas in the nation's family planning program and offering suggestions for their solution. The present report mostly covers the contraceptive and fertility behavior of eligible women, with in-depth analyses of specific topics other than contraceptive and fertility behavior covered in special reports which will be issued shortly following this main report.

Thanks are extended to a number of researchers at KIFP and several consulting members including Hung Soo Park, Tae Hwan Kwon, Ung Ring Ko, Sang Jin Choi, Mo Im Kim, Sung Bong Hong, Yung Kee Kim, and Nam Il Kim. Without their contributions the present report would not have been materialized. Special thanks go to Ehn Hyun Choe, senior researcher of KIFP, and Hung-Tak Lee, former senior researcher of KIFP who read the manuscript, and to Sook Yoon, who had important roles of this project ranging from data collection to tabulation.

Finally I wish to acknowledge the financial assistance of the UNFPA that supported the project upon which this report is based.

February, 1979

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Contents

Tables

Figures

Chapter 1. Outline of Studies

With a growing understanding of the seriousness of the population problems affecting resources and environment, many countries have initiated efforts and strategies to find solutions.

In 1962, Korea adopted a population control program as part of the national economic development plan, and implemented a national family planning program as a means of solving the population problem. The national family planning program in the past fifteen years has brought about a remarkable decline in Korean fertility. The crude birth rate in pre-program 1960 was 43 per thousand population, but declined to 24 in 1975, and the total fertility rate (TFR) declined from 6.0 in 1962 to 3.2 in 1976. Of course, we do not ascribe this fertility decline to the national family planning program alone. Other contributing factors have been changes in the value of children, growing numbers of induced abortions, and a rising marriage age.

The national family planning program has been carried out under a long-term plan, with annual program operations based on that plan. In addition, evaluation studies have been conducted to revise program operations as needed. Data have been obtained from nation-wide surveys, which were conducted each year in the early days of the program and latter every 2-3 years. These studies, as they have been carried out on a common model, provided very useful data for long-term and short-term program plans by providing sequential comparative analyses of the effects and problems related to contraceptive practice and fertility levels. This is the 9th such study to evaluate the national family planning program.[1] In view of the fact that the National Fertility Survey conducted in 1974 as part of the World Fertility Survey (WFS) focused on fertility, it was decided that this study would provide specific data related to the functioning of the national family planning program. In addition, as 1976 was the concluding year of the Third Five-Year Development Plan, it was a most appropriate time to conduct a study to evaluate program effects and identify problem areas. Hopefully by detecting problems in program operation, this study will provide useful information for implementation during the Fourth and Fifth Five-Year Plan.

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[1] The first national-level survey on family planning was conducted in 1964, then a several studies had been done in 1965, 1966, 1967, 1968, 1971, 1973, 1974 and 1976.

1.2 Purpose of the Studies

The ultimate goal of this study is to produce data which can be used in implementating the future national family planning program by reviewing the effects and problems of the present program. Furthermore, this study has the secondary purpose of providing information to other countries about population planning through identifying fertility levels and patterns and other population variables. In line with these purposes, a comprehensive survey has been conducted throughout the country and data on the fertility of Korean women and contraceptive practice gathered. The detailed objectives of this study are as follows:

1. This study will seek to improve the future family planning by reviewing women's characteristics, fertility, KAP, program progress and related problems.
2. This study will also provide data on the trends in induced abortion.
3. This study will provide basic data for comprehensive planning for fertility control by identifying the relation between the rising marriage age and fertility behavior.

1.3 Contents of the Studies

1. Prior to a review of fertility level and contraceptive behaviour, a survey was conducted of population structure and household characteristics.
2. A review was conducted of individual characteristics influencing fertility and contraceptive practices, e.g., women's socio-economic, cultural and demographic backgrounds.
3. A review was conducted of current marriage patterns as this affects fertility.
4. A review was conducted of the changing pattern of family norms by studying women's ideal number of children and sex preference.
5. A review was conducted of the changing pattern of fertility as influenced by the national family planning program and measured the current fertility differences by socio-economic groups.
6. This study has identified actual contraceptive practice. The findings include the general attitude of women towards the population and family planning, evaluation of IE&C activities, KAP on contraception, characteristics of female contraceptors, annual trends in contraception, change in private practice, characteristics of female drop-outs and their causes, characteristics of non-acceptors, and their possible future acceptance, etc..

7. This study has identified the fertility and various problems related to the national family planning program, thus providing a summary of measures needed in future planning.

1.4 Methodology

1.4.1 Sampling

Generally, sample size is dependent upon the desired degree of reliability of variables measured and the amount of funds available for the proposed survey. In view of this, the number of sample households required was determined to be about 7,000-8,000. Accordingly, the sampling frame for this survey was based on the 260 PEDs* of the 1975 Census. The sampling method was a two-stage stratified form, in which 66 units were selected from the 260 PEDs in large cities such as Seoul, Busan and Daegu, 36 were selected from other cities, and 49 were selected from the rural areas, 151 survey areas in all. The urban survey areas were divided into two groups according to population size within each area, then one of the areas was finally selected. In rural areas, the 49 rural survey areas out of 151 districts were chosen as a sampling unit.

The sample rate selected through this process was an average of 1/844 against the population census districts. A complete survey was conducted on the selected sample households in the survey areas, the contents of which included the fertility and family planning behavior of all married women aged 15-49.

Upon completion of the sampling, mapping was conducted in the survey areas to confirm the location of selected households.

Table 1—1. Number of Sampled Household with Sampling Fraction by Geographic Strata

Strata	No. of EDs for 1975 Census	No. of EDs for PES	No. of EDs for 1976 NFS	Sampling Fraction	No. of Sampled HHs	No. of Women Aged 15-49 Ever Married
Large Cities	27,976	88	66	1/847.8	2,841	2,072
Other Cities	14,967	65	36	1/831.5	1,544	1,129
Rural	41,427	107	49	1/845.4	3,999	3,057
Whole Country	84,370	260	151	1/843.7	8,384	6,258

* PEDs means Post-Enumeration Districts.

1.4.2 Questionnaire Design

The questionnaire was designed by KIFP staff using many international and national references, especially Freedman's fertility-related diagram[2/] and the reports of past national family planning program evaluations. The instrument was pre-tested twice. The first test was conducted in areas of Daejeon city and Ogcheon country. The second test was conducted on 200 households in Chuncheon city and Chunseong country. Based on these two tests, the questionnaire was finalized. The contents of the final questionnaire include as follows:

Household Survey: The household survey form includes the demographic status of family members, movement of household and members, birth, death, socio-economic background, etc.. Eligible women were identified by the household survey. These data also provided information on population sturcture. The questionnaire on the movement of households and members includes information on the movement of the household during the past five years and the characteristics of the family members who were not residing with the family at the time of survey. The questionnaire on births includes information on births occuring within the household during the past two years. The questionnaire on death includes information similar to that of the birth questionnaire, with additional information on age at death and cause of death. The questionnare on socio-economic background of household includes such information as type of house, ownership, type of cultural possessions and employment (please refer to attached household survey guestionnaire).

Individual Survey: The individual survey form includes extensive information on fertility and contraception in four major sections. The first section deals with fertility and related issues such as age of women, marital status, fecundity, number of children, desired number of children, etc. It also includes the pregnancy and contraceptive history charts. The second section deals with knowledge about and attitudes toward family planning and national family planning program activities. The third section deals with induced abortion and variables related to the selection of given contraceptive methods. The fourth section deals with the socio-economic background of the respondent and her family (please refer to attached individual survey questionnaire).

[2/] Ronald Freedman, *The Sociology of Human Fertility: An Annotated Bibliography*, N.Y. Irvington, 1975, p. 15.

1.4.3 Field Survey

In conducting this survey, 48 interviewers and 11 supervisors were employed. They were given one-week training in accordance with the prepared survey guidelines. They were organized into 11 teams and were assigned to 11 survey areas (151 areas) throughout the country. The main survey was conducted for a period of 50 days from September 20 to November 10, 1976. Each supervisor reviewed the completed survey forms at the survey areas. Travelling researchers solved problems arising from the survey. This survey covered 8,160 households among the total number of 8,384 sample households, which represents about a 97 percent survey rate. The incomplete household survey was caused by a few people in large cities who declined to respond to the questionnaires and by absentees at the time of survey. Among the 8,160 households, a total of 6,258 (or 77%) married women aged 15-49, lived in the sample households. Of these women, 6,020 were interviewed, which represents about a 96 percent response rate. The results of the field survey is indicated in Table 1-2.

Table 1—2. Number of Surveyed Households and Interviewed Women

Area	Sampled Households	Surveyed Households	Not Surveyed Households	Sampled Women(15-49 Ever-Married)	Surveyed Women	Not Surveyed Women	Surveyed Women (15-44 Currently-Married)
Large Cities	2,841	2,745	97	2,072	1,964	108	1,658
Other Cities	1,544	1,503	41	1,129	1,090	39	933
Rural	3,999	3,912	85	3,057	2,966	91	2,417
Whole Country	8,384	8,160 (97.3%)	223	6,258	6,020 (96.2%)	238	5,008

1.4.4. Analysis

a. Data processing

The collected data were coded, punched, edited and taped. In editing the data, the "Mini-Tab Editing Programme"[3/] was used to ensure accuracy of the data. The

3/Henry G. Elkins, *Mini-Tab Edit, Mini-Tab Frequencies and Mini-Tab Tables: A Set of Three Interrelated Statistical Programs for Small Computers*, Family Planning Evaluation Manual, No. 7, Chicago, Community and Family Study Center, University of Chicago, 1971.

edited data (information on households survey and on women) was taped. The household survey data used 7 cards for each interview, totalling 57,120 cards, and the survey of women used 55 cards per women, totalling 331,100 cards. In order to include maximize information on pregnancy and contraception, one card was used for each incident of pregnancy and contraception. Detailed information on the obtained data is included in the separately published Code Book.

b. Data analysis

As stated in the objectives of the studies, the primary purpose was to produce basic data on fertility and family planning practice. In view of this, this study is a "descriptive analysis," employing cross tabulations. However, it is thought that this extensive first analysis will provide a starting point for future in-depth study.

The independent variables used in the descriptive analysis cover resident areas, women's educational background and age, women's pre-marital employment and present employment, husbands' educational background and present occupation. Special emphasis was placed on past behaviors. This method is thought to be most appropriate for identifying the problems and evaluating the national family planning program.

Chapter 2. Population Structure and Household Characteristics

2.1 Population Structure

2.1.1 Age, Sex and Population Structure

A comparison of the population structure of the 38,597 individuals tabulated under this survey and that of the previous census and other surveys is shown in Table 2-1. Korea's population has been high proportion of population under age 15 mainly because of a high fertility rates in the past. This survey also revealed that the population under 15 to be 41 percent male and 36 percent female. These percentages show a decline since the 1970 census from about 43 percent and 41 percent. With this slight decline in and proportion of the youngest age groups, Korea's population structure can be seen as changing from a "pyramid" to a "bell" shape. A review of the population structure in terms of male and female population shows a sex ratio of more than 100 at birth, but a decline to below 100 gradually, mainly due to a high death rate for males. The 1970 census shows the sex ratio for the age group 35-39 as less than 100, but the 1975 census and this study does not show a sex ratio of below 100 until the age group 40-44. This change in sex ratio in the older age groups indicates a declining trend in death rates. This decline affected the proportion of the age groups 20-24 and 25-29 in the total population due to special EDs including military camp, prison and types of dormitory were excluded from sample areas. For this reason, the sex ratio is below 100 for these age groups.

Figure 2-1. Age-Sex Composition of 1976 Survey Population Compared with Other Data

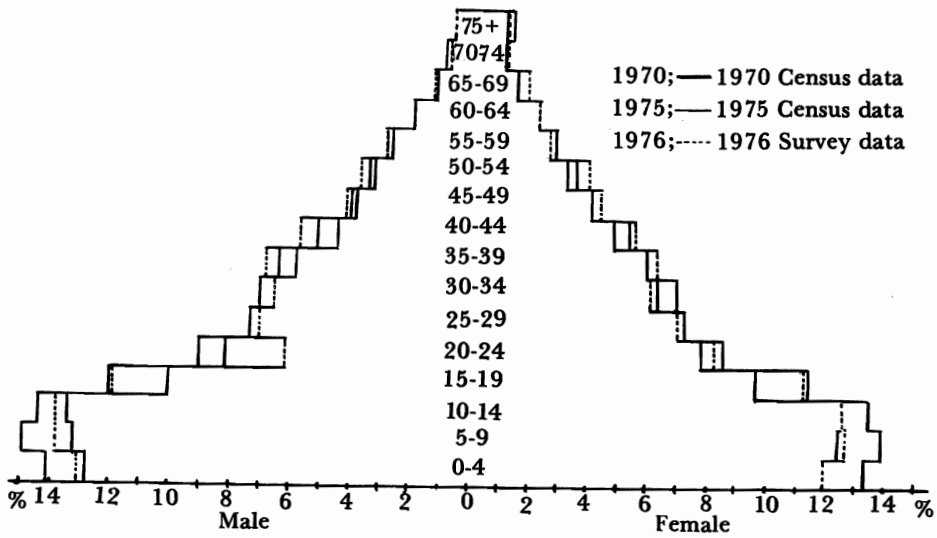


Table 2–1. Age and Sex Composition of 1976 Survey Population Compared with Other Data

	Male				Female				Sex Ratio			
	(1)	(2)	(3)	(4)								
Age	1970 Census	1974 Survey	1975 Census	1976 Survey	1970 Census	1974 Survey	1975 Census	1976 Survey	1970 Census	1974 Survey	1975 Census	1976 Survey
0-4	14.1	14.4	12.8	13.1	13.3	13.2	12.0	12.0	106.8	106.4	108.0	106.7
5-9	14.9	13.6	13.2	13.8	13.9	12.5	12.5	12.7	107.6	105.8	107.3	105.6
10-14	14.4	14.0	13.4	13.8	13.5	12.9	12.6	12.6	107.3	106.2	107.3	106.8
15-19	10.0	11.5	12.0	11.9	9.7	10.8	11.5	11.4	103.8	104.3	106.1	101.7
20-24	8.2	5.6	9.0	6.2	7.8	7.8	8.6	8.2	106.1	70.2	105.2	74.1
25-29	7.0	7.1	7.3	7.0	7.1	7.5	7.2	7.1	99.0	93.0	102.5	96.4
30-34	7.0	7.3	6.5	6.5	7.0	6.3	6.3	6.2	102.2	112.3	104.2	100.8
35-39	5.8	6.6	6.4	6.8	6.0	6.2	6.3	6.3	97.4	104.1	103.1	106.0
40-44	4.4	5.1	5.1	5.7	4.9	5.2	5.4	5.5	89.7	96.3	96.5	101.9
45-49	4.0	3.9	3.8	4.2	4.2	4.2	4.4	4.4	95.9	91.7	86.6	93.1
50-54	3.2	3.4	3.4	3.7	3.3	3.8	3.6	4.0	97.8	88.3	92.9	91.7
55-59	2.6	2.6	2.6	2.8	2.9	2.8	2.8	2.8	91.2	91.2	89.9	98.5
60-64	1.9	1.9	1.9	1.9	2.3	2.3	2.3	2.3	83.3	79.7	83.5	83.1
65-69	1.2	1.4	1.3	1.3	1.6	1.9	1.9	1.9	71.6	71.6	71.7	69.4
70-74	0.8	0.7	0.7	0.7	1.2	1.2	1.2	1.3	62.1	57.5	60.2	50.8
75-79	0.4	0.4	0.4	0.4	0.7	0.8	0.8	0.8	53.2	51.8	49.8	50.6
80+	0.2	0.4	0.2	0.2	0.5	0.6	0.6	0.5	46.0	40.3	38.0	42.6
All Ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.8	97.4	101.1	97.7

Index of dissimilarity (1970-75) Male 4.85
Female 4.20
(1974-76) Male 2.85
Female 2.15

*Index of dissimilarity = 1/2 the sum of absolute differences between the percentage in each age group for 1970-75, 1974-76.

Source: (1) EPB, *1970 Population and Housing Census Report.* Vol. 1, Complete Enumeration, 12-1 Republic of Korea, Seoul, 1973, pp. 22-23.

(2) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974.* First Country Report, Seoul, BOS, EPB, 1977, p. 47.

(3) EPB/BOS, *Advance Report of 1975 Population and Housing Census: Based on Five Percent Sample Survey.* Seoul, 1976, pp. 24-26.

(4) The Present Study.

2.1.2 Population Distribution by Residence

Table 2-2 shows a comparison of population structure by residence. Differential characteristics can be observed among the three major population groups: age group 0-14, age group 15-44 and age group 45 and above. In the age groups 0-14 and 45 and above, the population distribution for both males and females is higher in rural areas than in urban areas. Contrary to this, the population distribution for the age group 15-44 is higher in urban areas. The higher proportion of the young age group in rural areas reflects a higher fertility level in rural areas. The higher proportion of the age

Table 2–2. Age and Sex Composition of 1976 Survey Population by Residence

	Male			Female			Total		
Age	Large Cities	Other Cities	Rural	Large Cities	Other Cities	Rural	Large Cities	Other Cities	Rural
0-4	12.73	13.89	13.08	12.05	12.76	11.75	12.38	13.32	12.41
5-9	12.09	14.03	14.67	11.27	13.17	13.51	11.67	13.61	14.09
10-14	11.44	12.98	15.38	9.91	11.21	14.70	10.65	12.10	15.04
15-19	13.32	14.18	10.27	14.39	12.25	9.34	13.87	13.22	9.80
20-24	7.80	5.68	5.43	11.37	8.24	6.18	9.64	6.95	5.80
25-29	9.34	6.45	5.88	8.42	9.25	5.63	8.86	7.84	5.75
30-34	7.96	7.44	5.15	7.40	6.78	5.31	7.67	7.11	5.23
35-39	7.79	7.32	6.05	6.76	6.36	5.95	7.26	6.85	6.00
40-44	5.56	5.45	5.93	4.98	4.91	6.03	5.26	5.18	5.98
45-49	3.70	3.84	4.65	3.89	3.84	4.95	3.80	3.84	4.80
50-54	3.24	3.11	4.21	3.41	3.87	4.33	3.32	3.48	4.27
55-59	2.41	2.26	3.19	2.04	2.11	3.43	2.22	2.18	3.31
60-64	1.36	1.61	2.38	1.61	1.81	2.84	1.49	1.71	2.61
65-69	0.74	0.94	1.84	1.04	1.69	2.48	0.89	1.31	2.16
70-74	0.31	0.62	0.90	0.81	1.01	1.68	0.57	0.81	1.29
75-79	0.19	0.15	0.69	0.47	0.39	1.24	0.33	0.27	0.97
80+	0.03	0.06	0.43	0.24	0.39	0.80	0.14	0.22	0.61
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
(N)	(5,805)	(3,413)	(9,860)	(6,166)	(3,363)	(9,990)	(11,971)	(6,776)	(19,850)

group 15-44 in urban areas indicates urban migration to participate in economic activities. The proportion of the older age group is higher in rural areas than in urban areas.

Because of the differential age structure for each area, the proportion of eligible women, the child-woman ratio, and the dependency ratio vary. As shown in Table 2-3, the proportion of eligible women is lower in rural areas than in urban areas. Contrary to this, the child-women ratio is higher in rural areas than in urban areas. This means that the natural increase rate is higher in rural areas than in urban areas, and the dependency ratio in rural areas is higher than in urban areas.

Table 2–3. Demographic Compostition by Residence

Residence	Proportion of 15-44 Female Pop.	Child-Woman Ratio	Dependency Ratio
Large Cities	53.3	451	1.019
Other Cities	47.8	562	1.215
Rural	38.4	642	1.285

2.1.3 Population Distribution by Marital Status

This study indicates a higher ratio of currently married couples compared with that of the previous population census. The current ratio of married couples for males is higher than those of 1966, 1970 and 1975. The ratio for females is slightly higher than in 1975. It is believed that this phenomenon is an artifact of the sample areas which exclude dormitories, military installations, etc., which are inhabited by unmarried people. However, there probably has been a slight decline in the number of currently married women from about 60 percent in 1966 to about 59 percent in 1970, and about 58 percent in this survey. This phenomenon is related to the rising age at first marriage. The proportion of widowed population also shows a gradual decline. This can be interpreted as a result of the declining death rate, and may also be caused by a rising trend in remarriage.

Table 2—4. Percent Distribution of Population Aged 15 and Over by Sex and Marital Status: The Present Study and Others

Marital Status	Male				Female			
	1966[1]	1970[2]	1975[3]	1976[4]	1966	1970	1975	1976
Single	36.5	37.4	40.7	35.7	23.0	24.8	28.5	27.4
Married	60.3	59.8	57.0	61.9	60.1	59.1	57.1	57.9
Widowed	2.7	2.4	1.9	1.8	16.1	15.2	13.7	13.3
Divorced or Seperated	0.5	0.4	0.4	0.6	0.8	0.9	0.7	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1) EPB, *1966 Population Census Report of Korea*, 12-1 Whole Country, op. cit., pp. 68-69.
2) EPB, *1970 Population and Housing Census Report*, Vol. 1, 12-1, op, cit., pp. 114-115.
3) EPB/BOS, *1975 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 116-117.
4) The Present Study

A review of the marital status trends of the female population aged 15-49 is shown in

Table 2—5. Percent Distribution of Women Ever-Married and Currently Married in Each Age Group: 1976 Survey Compared with 1966, 1970, 1975 Census

Age	Ever Married				Currently Married			
	1966[1]	1970[2]	1975[3]	1976[4]	1966	1970	1975	1976
15-19	3.9	2.9	2.4	1.7	3.8	2.8	2.3	1.7
20-24	48.4	42.8	37.4	39.2	47.7	42.3	37.1	39.0
25-29	92.3	90.3	88.9	91.3	89.8	88.4	87.5	89.8
30-34	99.0	98.6	98.2	98.2	93.9	94.6	94.4	95.1
35-39	99.7	99.6	99.4	99.3	89.2	91.9	93.2	93.2
40-44	99.9	99.8	99.8	99.7	82.7	84.8	88.1	88.9
45-49	99.9	99.9	99.8	99.9	75.2	76.9	78.9	78.6
All Ages	70.7	71.1	64.5	65.4	64.2	64.5	59.9	60.9

Source: 1) EPB, *1966 Population Census Report of Korea*, 12-1 Whole Country, op. cit., pp. 68-69.
2) EPB, *1970 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 114-115.
3) EPB/BOS, *1975 Population and Housing Census Report*, Vol. 1, 12-1 op. cit., pp. 116-117.
4) The Present Study

Table 2-5. It reveals that the precentage of married females is gradually declining. This trend is becoming especially apparent in the under 25 age groups. This trend indicates a rise in the proportion of the unmarried population.

2.1.4 Population Distribution by Educational Level

A comparison of 1966 and 1970 census data and the results of this survey indicates that there has been a considerable improvement in educational level for both the male and female population. The proportion of the population that has received a middle and high school education has increased. The number of non-educated women is declining. And the proportion of females who have received a middle school education has increased. However, there is still a great difference in the educational levels of the male and female populations. About 38 percent of males and about 21 percent of femaels had attended middle school in 1970. The 1976 Survey indicates that these proportions have risen to about 47 percent and 30 percent respectively. However, a 17 percent difference in middle school attendance between males and females was observed in both 1970 and in 1976, indicating that females are not gaining educational ground on males.

Table 2-7 shows population distribution by educational attainment and by residence.

A difference for urban and rural areas can be observed. About 62 percent of urban males have received secondary educations, while only about 36 percent of rural males have received secondary educations. About 5 percent of the urban male population

Table 2–6. Percent Distribution of Population Aged 6 and Over by Sex and Educational Attainment: Present Study and Others

	Male				Female			
Education	1966[1)]	1970[2)]	1975[3)]	1976[4)]	1966	1970	1975	1976
No Schooling	18.3	13.7	9.7	10.5	32.6	25.3	18.8	20.8
Primary	50.6	48.4	42.7	42.4	52.9	54.0	50.3	49.1
Middle	16.4	18.2	21.7	24.3	9.0	12.4	17.9	19.3
High	9.3	13.3	18.5	15.1	4.3	6.6	10.7	8.6
College	5.4	6.4	7.4	7.7	1.2	1.7	2.3	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1) EPB, *1966 Population Census Report of Korea,* 12-1 Whole Country, op. cit., pp. 68-69.
2) EPB, *1970 Population and Housing Census Report,* Vol. 1, 12-1, op. cit., pp. 114-115.
3) EPB/BOS, *1975 Population and Housing Census Report,* Vol. 1, 12-1, op. cit., pp. 116-117.
4) The Present Study.

have no formal education, while about 15 percent of the rural male population have no formal education. As in the case of males the level of educational attainment for females varies by residence. About 44 percent of the female population in large cities received a secondary education, while only 20 percent of female population in rural areas received a secondary education. The proportion of females with no formal education is 12 percent in large cities, and 28 percent in rural areas. In general, residential educational differentials are greater than sex differentials.

Table 2–7. Percent Distribution of Population Aged 6 and Over by Sex, Residence and Educational Attaimnmet

	Male			Female		
Education	Large Cities	Other Cities	Rural	Large Cities	Other Cities	Rural
No schooling	5.1	6.6	14.9	11.8	15.6	28.1
Primary	33.1	38.1	49.3	44.5	47.6	52.2
Middle	27.0	25.2	22.4	24.4	21.9	15.5
High	20.5	20.5	10.2	14.7	12.2	3.6
College	14.3	9.6	3.2	4.6	2.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

2.2 Individual Household Characteristics

2.2.1 Structure of Household

It is felt that family norms and structure affect fertility. Data from this survey shows that about 74 percent of families are nuclear families or two generation families. About 17 percent of families contain three generations, and one percent are extended families. Although there exact method of classification may vary, a comparison of the 1971 fertility survey and this survey shows that there has been little change in Korean family norms during the past 5 years. From a functional point of view, nuclear families in Korea are different from those of western society. If we look into the family pattern by residence, about 24 percent of the stem-families are in rural areas, on the other hand there are many nuclear families in urban areas. In urban areas, about 12 percent of households consists of unmarried members, which means that there are many individuals living in a household without forming a family, who are in the city for the purpose of obtaining education or employment.

Table 2–8. Percent Distribution of Family Type by Residence

Family Type	Large Cities	Other Cities	Rural	Total
Unmarried	12.3	8.8	1.6	6.5
1 Generation	10.6	7.5	8.7	9.1
2 Generation	64.5	70.0	63.7	65.1
3 Generation	10.1	11.6	23.5	16.8
1 Generation + Collateral of Married	0.4	0.1	0.2	0.2
2 Generation + Collateral of Married	0.8	0.2	0.4	0.5
3 Generation + Collateral of Married	0.5	0.1	0.5	0.4
Other	0.8	1.6	1.5	1.3
Total	100.0	100.0	100.0	100.0
(N)	(2,745)	(1,503)	(3,912)	(8,160)

Family members include not only those who are related, married or adopted, but also those living together in a single household. A review of the distribution of family members obtained through this household survey is shown in Table 2-9. The average number of family members for each household in the country is 4.7 persons. About 66 percent of households are composed of 3-6 persons. While less than 10 percent consist of more than 8 persons. In large cities, about 54 percent of families consists of less than 5 persons, compared with 40 percent in rual areas. The average number of family members in large cities is 4.4 persons, compared with about 5.1 persons in rural areas.

Table 2–9. Percent Distribution of Households Size by Residence

Household Size	Large Cities	Other Cities	Rural	Total
1	6.7	6.6	4.7	5.7
2	12.1	10.5	7.9	9.8
3	15.7	14.1	11.8	13.5
4	19.1	19.4	15.7	17.5
5	19.6	18.6	17.8	18.5
6	13.8	16.0	17.6	16.1
7	7.5	8.4	11.3	9.5
8	3.4	3.3	7.2	5.2
9	1.5	1.9	3.6	2.5
10+	0.6	1.2	2.4	1.7
Total	100.0	100.0	100.0	100.0
(N)	(2,745)	(1,503)	(3,912)	(8,160)
Mean	4.4	4.5	5.1	4.7

A review of trends in the average number of family members in Table 2-10 reveals that there has been a gradual decline from 5.5 persons in 1966, to 5.1 persons in 1971 and 4.7 persons in 1976.

Table 2–10. Mean Number of Household Members by Year

	1966[1)]	1970[2)]	1971[3)]	1974[4)]	1975[5)]	1976[6)]
Mean Number of Household Members	5.5	5.2	5.1	4.9	5.0	4.7

Source: 1) EPB, *1966 Population Census Report of Korea,* 12-1, op. cit., p. 459.
2) EPB, *1970 Population and Housing Census Report,* Vol. 1, 12-1, op. cit., p. 306.
3) Hyun Sang Moon, et. al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey,* Seoul, KIFP, 1973, p. 46.
4) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey-* 1974. op. cit., p. 47.
5) EPB/BOS, 1975 *Population and Housing Census Report,* Vol. 1, 12-1, op. cit., p. 318.
6) The Present Study

2.2.2 Migration of Household and Family Members

This survey attempts to describe the trends of migration between urban and rural areas during the last 5 years. According to Table 2-11, about 17 percent of households moved during the last 5 years. About 44 percent moved from urban areas, while about 56 percent moved from rural areas. Among those households migrating in urban areas, about 57 percent migrated to the same urban areas or to other urban areas, while the remaining 43 percent migrated to rural areas. About 79 percent of the households which migrated from rural areas moved to large cities or other cities. Only about 21 percent migrated from one rural area to another.

The urbanization trend is also observable in the data on individuals who were residing away from their usual household at the time of survey. About 9 percent of the population are living away from their usual households. Among those absent from rural households, about 52 percent were residing in Seoul and other large cities and about 22 percent were living in other urban areas

Table 2–11. The Status of Household Migration by Residence: October 1971-September 1976

Previous Residence	Current Residence			
	Large Cities	Other Cities	Rural	Total
Urban	167	183	260	610
	(27.4)	(30.0)	(42.6)	(100.0)
Rural	387	232	163	782
	(49.5)	(29.7)	(20.8)	(100.0)
Total	554	415	423	1,392
	(39.8)	(29.8)	(30.4)	(100.0)

Table 2–12. Current Residence of Persons Living Away from Usual Households by Location of Usual Household

Current Residence of Living Away Member	Large Cities	Other Cities	Rural	Total
Large Cities	36.6	44.0	55.7	51.5
Other Cities	12.5	20.5	24.3	22.1
Rural	15.5	15.3	8.0	10.0
Abroad	7.2	3.7	1.0	2.2
Other	28.2	16.5	10.9	14.2
Total	100.0	100.0	100.0	100.0
(N)	(503)	(400)	(2,445)	(3,348)

The reason for migration of individuals who have left their usual household is shown in Table 2-13. About 59 percent have migrated in search of employment. This high proportion of migration for employment implies that population is concentrating in large cities for economic reasons. In addition to migration for employment, about

17 percent migrated for educational reasons, and about 14 percent for military service. In large cities, the proportion of non-residence for military service is higher than rural areas. In rural areas, the proportion of non-residence for educational purposes is higher.

Table 2–13. Percent Distribution of Reasons for Living Away of Family Members by Residence

Working Status	Large Cities	Other Cities	Rural	Total
Student	14.9	14.8	18.2	17.3
Employed	37.7	56.5	63.4	58.6
Deep-Sea Fishery	0.4	3.8	0.9	1.2
Soldier	28.0	15.5	10.7	13.9
Job-Seeker	0.4	1.2	0.8	0.8
Others	18.6	8.2	6.0	8.2
Total	100.0	100.0	100.0	100.0
(N)	(503)	(400)	(2,445)	(3,348)

2.2.3 Socio-Economic Background

In the household survey of this project, about 93 percent of houses were found to be detached house, 5 percent were attached house and about 1 percent were apartments. This survey showed a considerable increase in the number of apartments and attached house compared with the housing pattern uncovered by the 1970 census.

Table 2–14. Percent Distribution of Household by House Type and by Year

Type of House	1970[1)]	1975[2)]	1976[3)]
Detached House	95.0	92.0	92.8
Attached House	3.6	4.4	5.3
Apartment	0.7	1.4	1.1
Others	0.7	2.2	0.8
Total	100.0	100.0	100.0

Source: 1) EPB, *1970 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 344-347.
2) EPB/BOS, *1975 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., p. 318.
3) The Present Study.

Housing patterns vary by area. As shown in Table 2-15, the proportion of apartment and attached house in large cities is about 12 percent. However, 95 percent of houses in other cities and rural areas are detached house.

Table 2—15. Percent Distribution of Household by House Type and by Residence

Type of House	Large Cities	Other Cities	Rural	Total
Detached House	86.8	97.6	95.2	92.8
Attached House	8.4	1.9	4.5	5.3
Apartment	3.2	0.0	0.0	1.1
Other	1.6	0.5	0.3	0.8
Total	100.0	100.0	100.0	100.0
(N)	(2,743)	(1,498)	(3,906)	(8,147)*

* Excluded 13 missing cases.

Rental of housing has increased due to the shortage and expense of dwellings for sale. Only 60 percent of the households own their own homes, while the remaining popula-

Table 2—16. Percent Distribution of Household by House Ownership and by Residence

Ownership of House	Large Cities	Other Cities	Rural	Total
Own House	37.2	42.5	78.3	57.9
House Leased	6.8	6.5	1.5	4.2
Room Leased	25.4	20.2	3.1	13.7
House Rented on a Monthly Basis	2.2	1.0	0.9	1.4
Rooms Rented on a Monthly Basis	26.2	27.5	8.7	18.0
Rented Free of Charge	1.1	1.5	3.8	2.5
Other	1.1	0.8	3.8	2.3
Total	100.0	100.0	100.0	100.0
(N)	(2,742)	(1,502)	(3,910)	(8,154)*

* Excluded 6 missing cases.

tion lives in rented house or rooms. Especially, it should be noted that there are many households living in rented rooms rather than entire houses or apartments. The proportion of renters is especially high in large cities. About 78 percent of households in rural areas own their own houses, while only about 37 percent own their own houses in large city areas. In large cities, about 52 percent of households rented rooms in houses.

We should keep in mind that in the sampling design employed in this survey, households consisting of only unmarried individuals were treated as a completed household. Table 2-17 shows that among total households, about 70 percent were living in a single room or in 2 rooms. Only about 20 percent were using 3 rooms and about 10 percent were using more than 4 rooms. Therefore, the average number of rooms occupied by a household is about 2.1 rooms. Since the average number of family members per household is 4.7 persons, the average room is being used by more than 2 persons. This reveals a high density per room. In large cities, about 57 percent of total households have only 1 room.

Table 2–17. Percent Distribution of Household by Number of Room and by Residence

No. of Rooms	Large Cities	Other Cities	Rural	Total
1	56.5	47.4	20.3	37.4
2	25.2	30.1	38.6	32.5
3	10.5	15.0	28.6	20.0
4	5.3	4.5	8.9	6.9
5	1.6	1.9	2.6	2.1
6+	0.9	1.1	1.0	1.1
Total	100.0	100.0	100.0	100.0
(N)	(2,737)	(1,501)	(3,908)	(8,146)*
Mean	1.74	1.88	2.38	2.07

* Excluded 14 missing cases.

In order to see household's economic background, the primary source of income was observed. The results revealed, as shown in Table 2-18, that approximately 47 percent of the total households have obtained earning from salary and wages, about 29 percent from farming and fishing and about 18 percent from self-employed. When we analyzed this figure by area, about 60 per cent of the total households in urban areas including large cities and other cities have earned from salary or wages and about 20 percent from self-employed. In rural areas, however, about 59 per cent of the total households have earned from farming and fishing.

Table 2—18. Percent Distribution of Household by Primary Source of Income and by Residence

Primary Source of Income	Large Cities	Other Cities	Rural	Total
Agriculture, Fishing	0.4	4.5	59.3	29.4
Self-employed	28.5	22.4	9.5	18.3
Salary, Wages	64.9	63.3	27.7	46.8
Other 1: From Family Help	3.9	7.3	2.2	3.7
Other 2: From One's Own Property	1.5	1.7	0.6	1.1
Other 3: Others Excluding 1 & 2	0.8	0.8	0.7	0.7
Total	33.6	18.4	48.0	100.0
(N)	(2,738)	(1,498)	(3,909)	(8,145)*

* Excluded 15 missing cases.

In an attempt to determine the primary income sources of households, a review was conducted of economically active members. The results are shown in Table 2-19. Among total households, about 53 percent have only one wage-earner, and about 20 percent have 2 wage-earners. About 50 percent of households in rural areas obtain earnings from farming or fishing and the remaining 50 percent have non-farming incomes. A comparison between large cities and other cities shows that about 27 percent of the total households in large cities have more than 2 wage-earners and that about 18 percent have 2 wage-earner in rural areas. This is probably because there are more opportunities for employment in large cities than in other cities. The average number of wage-earners per household in large cities is 1.3 persons, 1.1 persons in other cities, and 0.6 persons in rural areas.

Table 2–19. Percent Distribution of Household by Number of Family Members Working and Residence

Total Number of Working Member	Large Cities	Other Cities	Rural	Total	(N)
0	6.1	12.6	50.1	28.4	(2,310)
1	66.5	69.1	37.8	53.2	(4,332)
2	20.2	14.6	9.9	14.3	(1,161)
3	5.4	3.0	1.8	3.2	(264)
4	1.2	0.7	0.4	0.7	(58)
5+	0.6	-	0.0	0.2	(17).
Total	100.0	100.0	100.0	100.0	
(N)	(2,737)	(1,500)	(3,905)	(8,142)*	
Mean	1.31	1.10	0.64	0.96	

* Excluded 18 missing cases.

As shown in Table 2-20, about 64 percent of total wage-earners[1/] are heads of households. Children and wives of heads of households also play an important economic role with their earnings. Among the total number of earners, about 20 percent are children and about 10 percent are wives. As shown in the Table, in the rural areas, the children are playing an important role in earnings. But this has resulted from the survey conducted only among non-farming earners.

[1/] In case of a household having more than 4 earners, a study was made only for 3 earners in relation with the head of household. But, as shown on the Table 2-19, the proportion of household having more than 4 earners is less than 1 percent.

Table 2–20, Percent Distribution of Household by Breadwinners and by Residence

Relationship of Earner	Large Cities	Other Cities	Rural	Total	(N)
Household Head	64.0	70.5	58.9	63.8	(4,908)
Husband or Wife of H.H.	9.4	10.2	11.7	10.3	(797)
Father or Mother of H.H.	0.5	0.2	0.5	0.4	(33)
Son, Daughter or Their Spouse of H.H.	17.1	16.1	25.4	19.6	(1,508)
Grand Father, Grand Mother, Grandchild or Their Spouse of H.H.	0.1	0.4	0.5	0.3	(21)
Step Brother, Step Sister or Their Spouse of H.H.	0.0	-	-	0.0	((1)
Brother, Sister or Their Spouse of H.H.	4.5	1.5	2.5	3.2	(246)
Other Relatives of H.H.	2.1	0.4	0.2	1.1	(86)
Unidentified	2.3	0.6	0.2	1.3	(98)
Total	46.0	21.3	32.7	100.0	
(N)	(3,541)	(1,642)	(2,515)	(7,698)*	

* Excluded no breadwinner of household and no answer cases.

Table 2-21 shows the result of the survey conducted on the possession of modern appliances. The ownership of these appliances indirectly measures the living standard of each household. If it is hypothesized that the more individuals are exposed to modern appliances, then the more individuals are inclined to display modern behaviors, we can treat the possession of appliances as an independent variable affecting fertility and family planning. The review indicates about 82 percent of households have radios, about 40 percent have televisions, and about 10 percent have telephones. If we look at this data by area it is evident that radio is possessed equally by people in rural and urban areas, and that people in urban areas have about three times as many television sets as people in rural areas. Regarding transportation, about 30 percent of households own a bicycle, and 1 percent own an automobile. In addition, about half own an electric iron, electric fan, sewing machine, etc. and about 10 percent own a refrigerator. With the exception of sewing machines it was found that there are more appliances in urban than in rural areas.

Table 2–21. Percent Distribution of Modern Items Owned by Residence

Item	Urban (N=4,248)	Rural (N=3,012)	Total (N=8,160)
1. Mass Media			
Radio	82.6	80.4	81.6
Television	52.6	26.7	40.2
Telephone	14.7	5.1	10.1
2. Transportation			
Bicycle	21.1	39.2	29.8
Automobile	1.4	0.1	0.8
3. Utility			
Electric Iron	70.4	41.2	56.4
Electric Fan	57.3	23.8	41.2
Sewing Machine	39.3	50.3	44.6
Refrigerator	13.4	2.0	8.0
4. Others			
Record Player	21.2	10.7	16.2
Camera	12.1	3.3	7.9
Gas Stove	3.5	0.3	2.0
Piano/Organ	3.0	0.3	1.7

Chapter 3. Background Characteristics of Respondents

3.1 Demographic Characteristics

Women's age, marital status, and other demographic characteristics that directly influence fertility will be examined in this section.

3.1.1 Age Distribution

Birth, death, and migration all affect the age distribution of the population, and the family planning program, if it is to be successful, has to take into account all these diverse factors in policy formulation. Table 3-1 shows the age distribution of respondents in the 1976 survey. There is no marked difference between the 1976

Table 3—1. Percent Distribution of Respondents by Age: The Present Study and Others

Age	1970[1]	1974[2]	1975[3]	1976[4]
15-19	1	1	1	1
20-24	10	10	10	10
25-29	20	22	20	20
30-34	22	20	19	19
35-39	19	19	19	20
40-44	15	16	17	17
45-49	13	12	14	13
All Ages	100	100	100	100
Index of Dissimilarity	1970 vs. 1976:3.0			
	1974 vs. 1976:3.0			
	1975 vs. 1976:1.0			

Source: 1) EPB, *1970 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 114-115.
2) EPB/BOS and KIFP, *World Fertility Survey : The Korean National Fertility Survey*, 1974. op. cit., p. 56.
3) EPB/BOS, *1975 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 116-117.
4) The Present Study

survey and the 1975 census in age distribution, which is evidence testifying to the reliability of the 1976 survey data. About 60 percent of the women are in the 25-39

age category in the 1976 survey. The fact that the proportion of those aged less than 20 years is very small indicates that the age at first marriage has been increasing in the past. As represented in Table 3-2, 52 percent of the respondents are urban, and the remaining 48 percent in rural. By age, about 64 percent of the respondents in urban areas are in the 25-39 age bracket, but only 54 percent of the respondents in rural areas are in the same age category. Thus, the urban area has a greater proportion of younger women than the rural. The changes in age distribution between urban and rural areas are revealed in a comparison of 1976 survey data with 1968 and 1971

Table 3-2. Percent Distribution of Respondents by Age and Residence

Age	Urban			Rural		
	1968 [1]	1971 [2]	1976 [3]	1968	1971	1976
15-19	1	1	-	1	1	1
20-24	10	11	10	9	9	10
25-29	23	21	23	21	17	17
30-34	22	23	21	21	20	17
35-39	19	18	20	19	22	20
40-44	15	15	15	15	17	19
45-49	10	11	11	14	14	16
Total	100	100	100	100	100	100
(N)	(2,797)	(2,346)	(3,054)	(4,680)	(3,363)	(2,966)
Mean Age	34.2	34.3	34.3	35.0	35.4	35.9

Source: 1) Kap Suk Koh and David P. Smith, *The Korean 1968 Fertility and Family Planning Survey*, Seoul, NFPC, 1970, p. 26.

2) Hyun Sang Moon, et. al., *Fertility and Family Planning: An Interim Report on the 1971 Fertility – Abortion Survey*, op. cit., p. 36.

3) The Present Study.

survey data. The comparison reveals that in urban areas, the proportion of young women has been on the decrease and in the rural area that of older women (aged over 40 years) has been increasing, probably because of in-migration.

3.1.2 Marital Status

a. Distribution of currently married women

Table 3-3 shows that 94 percent of the ever married women are currently married,

and the remaining 6 percent either separated, divorced, or widowed. By age, little change is observed for women aged less than 35 years, but the proportion of currently

Table 3–3. Percent Distribution of Ever Married Women by Marital Status, Age and Residence: 1976 Survey Compared to 1971 survey

	1971[1]			1976[2]			
	Respondents	Currently Married	Divorced Widowed Separated	Respondents	Currently Married	Divorced Seperated	Widowed
Whole Country							
Under 25	605	98.2	1.8	637	99.8	0.2*	-
25-29	1,087	98.4	1.6	1,232	98.8	0.8	0.4*
30-34	1,209	96.2	3.8	1,150	97.6	1.4	1.0
35-39	1,161	91.6	8.4	1,182	94.2	2.0	13.8
40-44	917	86.3	13.7	1,025	89.8	2.2	8.0
45-49	730	75.8	24.2	794	79.2	2.0	18.8
All Ages	5,709	91.7	8.3	6,020	93.6	1.5	4.9
Urban							
Under 25	273	97.8	2.2*	329	100.0	-	-
25-29	496	98.4	1.6*	715	98.8	1.1*	0.1*
30-34	540	95.0	5.0	643	96.6	2.0	1.4*
35-39	427	88.5	11.5	597	92.3	2.8	4.9
40-44	346	83.2	16.8	443	86.5	3.8	9.7
45-49	264	73.1	26.9	327	76.1	2.5*	21.4
All Ages	2,346	90.7	9.3	3,054	93.0	2.0	5.0
Rural							
Under 25	332	98.5	1.5*	308	99.7	0.3*	-
25-29	591	98.5	1.5*	517	98.8	0.6*	0.6*
30-34	669	97.2	2.8	507	98.8	0.6*	0.6*
35-39	734	93.5	6.5	585	96.1	1.2*	2.7
40-44	571	88.1	11.9	582	92.3	1.0*	6.7
45-49	466	77.3	22.7	467	81.4	1.7	16.9
All Ages	3,363	92.4	7.6	2,966	94.3	1.0	4.7

* Less than 10 cases.

Source: 1) Hyun Sang Moon, et. al, *Fertility and Family Planning: An Interim Report on the 1971 Fertility-Abortion Survey*, op. cit., p. 36.

2) The Present Study.

married women over 35 has been decreased gradually, in the 45-49 age category, 79 percent of the women are currently married. Compared with the 1971 survey the overall proportion currently married increased by about 2 percent point,especially it is observed the increment was being found in the age category over 35 years. By residence, the proportion currently married is higher in rural areas than in urban areas. For those over 30 the proportion currently married is higher in rural areas than in urban areas.

b. Marital duration

Marital duration is inversely related to the age at first marriage and directly related to the number of children ever born. Table 3-4 points out that 19 percent of the women have been married less than 5 years at the time of survey, and that 20 percent have been married 5 to 9 years, in both of these groups the fertility level is high. Among those less than 30 years old, over 90 percent have been married less than 10 years and for those 40 years or older, over 90 percent have been married women more than 15 years.

Table 3-4. Percent Distribution of Ever Married Women by Age and Marital Duration

Marital Duration	Age							All
(Years)	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Ages
0-4	100.0	88.3	41.0	4.4	0.9	0.6	1.1	19.1
5-9	-	11.5	53.3	34.7	5.5	1.6	2.2	20.3
10-14	-	0.2	5.7	51.3	27.1	4.4	3.5	17.5
15-19	-	-	-	9.6	50.3	15.9	5.0	15.1
20-24	-	-	-	-	16.0	51.7	12.1	13.5
25+	-	-	-	-	0.2	25.8	76.1	14.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(30)	(607)	(1,232)	(1,150)	(1,182)	(1,025)	(794)	(6,020)
Mean	0.9	2.4	5.2	10.3	15.8	21.6	26.6	13.6

3.1.3 Currently Pregnant and Fecund Status

Not all married women can be classified as eligible for family planning. Those currently pregnant, divorced and seperated women, and steriled women should not be included among eligibles. In Table 3-5, about 9 percent reported currently pregnant women, and by residence, the proportion breaks down into 8.4 percent in large cities, 9.6 percent in other cities, and 8.5 percent in rural areas. Thus, the currently pregnancy rate is highest in other cities. By age 27 percent of those less than 25 years old and 20 percent of those in the 25-29 age group are pregnant, but the proportion of currently pregnant women older than 30 years is rapidly declining.

For those in the 20-24 age category, there exists little difference between the rural and the urban areas in the proportion of women currently pregnant, however, for those in the 25-29 age category, the proportion is higher in rural areas than in urban areas. For those aged over 30 years, the proportion is also higher in rural than

Table 3–5. Percent Distribution of Pregnancy Status by Age and Residence

Residence and Pregnancy Status	Under 25	25-29	30-34	35-39	40-44	45-49	All Ages
Whole Country							
Currently Pregnant	26.8	19.6	6.2	3.1	0.3*	-	8.7
Not Currently Pregnant	73.2	80.4	93.8	96.9	99.7	100.0	91.3
Large Cities							
Currently Pregnant	28.6	16.3	5.4	2.0*	0.3*	-	8.4
Not Currently Pregnant	71.4	83.8	94.6	98.0	99.7	100.0	91.6
Other Cities							
Currently Pregnant	26.6	21.2	5.5	2.0*	-	-	9.6
Not Currently Pregnant	73.4	78.8	94.5	98.0	100.0	100.0	90.4
Rural							
Currently Pregnant	25.6	21.7	7.1	4.1	0.3*	-	8.5
Not Currently Pregnant	74.4	78.3	92.9	95.9	99.7	100.0	91.5

* Less than 10 cases.

Table 3—6. Percent Distribution of Ever Married Women According to Exposure Status, by Respondent's Characteristics

Characteristics	Currently Pregnant	Widowed Divorced Separated	Other Impairment	Sterilization for Contraception	Reported Fecund	Total Percent (N)
All Women	8.7	6.3	8.5	7.3	69.2	100.0 (6,020)
Age of Women						
15-19	36.7	-	-	-	63.3	100.0 (30)
20-24	26.4	0.2	0.2	1.0	72.2	100.0 (607)
25-29	19.6	1.1	0.6	4.2	74.5	100.0 (1,232)
30-34	6.2	2.4	1.2	11.0	79.2	100.0 (1,150)
35-39	3.0	5.8	5.2	12.1	73.9	100.0 (1,182)
40-44	0.3	10.2	13.4	7.4	68.7	100.0 (1,025)
45-49	-	20.8	36.3	4.9	38.0	100.0 (794)
Residence						
Large Cities	8.4	7.4	7.1	10.3	66.8	100.0 (1,964)
Other Cities	9.6	6.3	6.4	8.6	69.1	100.0 (1,090)
Rural	8.5	5.7	10.1	4.9	70.8	100.0 (2,966)
No. of Living Children						
0	40.8	4.5	13.0	0.6	41.1	100.0 (353)
1	20.9	6.8	3.5	2.7	66.1	100.0 (808)
2	10.3	5.5	3.3	7.0	73.9	100.0 (1,168)
3	3.9	5.6	5.4	12.0	73.1	100.0 (1,185)
4	2.0	6.1	8.7	10.7	72.5	100.0 (1,064)
5+	1.6	8.0	16.5	5.6	68.3	100.0 (1,442)
Education						
No Schooling	2.5	15.8	19.4	3.6	58.9	100.0 (895)
Primary	8.6	5.5	8.6	5.7	71.6	100.0 (3,083)
Middle	12.1	4.1	4.1	8.8	70.9	100.0 (1,120)
High	10.6	2.4	3.0	14.9	69.1	100.0 (739)
College	12.0	3.3	1.1	14.2	69.4	100.0 (183)

in urban areas. Table 3-6 indicates that 69 percent of the women are eligibles, and the remaining proportion includes 9 percent who are currently pregnant, 6 percent who are separated, divorced, or widowed, and 16 percent who underwent sterilization or are post-menopausal. Overall, about 79 percent of those in the 30-34 age category are eligible women, but for those aged 45-49 years, only 38 percent are eligibles.

By residence, 67 percent of those in large urban areas are eligible and the proportion of those eligible in other urban and rural areas are 69 percent and 71 percent respectively. The difference in the proportion of the eligible women in the above three regions seems influenced by the differences in the number of the women who had undergone sterilization in the respective regions.

By the number of living children, 41 percent of those without children are currently pregnant and 21 percent of those with one child are currently pregnant. This contrasts with the fact that 41 percent of those without children are eligibles and that 66 percent of those with one child are eligibles. Moreover, over 73 percent of those with two or three children are eligibles. The proportion of eligibles with four or more children is much smaller.

By education, about 59 percent of women with no education are in the eligible category and most of them are older. The proportion of eligible women with high school and college education is much smaller than those of eligible women with primary and middle school education.

3.1.4 Other Demographic Characteristics

In Table 3-7, it is shown that the average number of pregnancies per women is 4.7, of which 75 percent or 3.5 pregnancies resulted in live births. The number of living children per women, on the other hand, is 3.2. The difference in the ideal number of children between rural and urban areas is not as great as that of the number of actual living children between the two regions.

Table 3—7.Mean Number of Major Demographic Characteristics by Residence

Demographic Characteristics	Whole Country	Large Cities	Other Cities	Rural
Living Sons	1.7	1.4	1.6	1.9
Living Children	3.2	2.6	2.9	3.6
Dead Children	0.3	0.2	0.2	0.4
Children Ever Born	3.5	2.9	3.2	4.0
Induced Abortions	0.9	1.3	0.9	0.6
Total Pregnancies	4.7	4.5	4.9	4.9
Additional Children Wanted	0.3	0.3	0.3	0.3
Expected Children	3.5	2.9	3.2	3.9
Ideal Sons	1.8	1.5	1.7	1.9
Ideal Children	2.8	2.5	2.7	3.1
Ideal Age at Which to Stop Childbearing	31.1	30.6	30.9	31.5
Ideal Birth Interval	3.4	3.3	3.4	3.6
Ideal Age at Marriage for Female	23.7	23.8	23.9	23.6
Ideal Age at Marriage for Male	28.1	28.4	28.3	27.9

3.2 Socio-Economic and Cultural Background

3.2.1 Current Residence and Birth Place

Table 3-8 shows that 19 percent of the women were born in urban areas, and 79 percent in rural areas, which contrasts with the fact that 51 percent of women are currently residing in urban areas and the remaining 49 percent in rural areas. Sixty-eight percent of those currently residing in urban areas were born in rural areas, an indication of the nation's rapid urbanization.

By age, over 20 percent of those less than 35 years were born in urban areas, but the proportion of those born in urban areas for those over 35 is comparatively small. The 1976 survey indicates the proportion born in urban areas has been increasing. The increase in the number of those born in urban areas may have been affected by the sampling method of this survey, but if the increase has not been due to sampling error, the increasing trend of urban births may contribute toward further lowering of the fertility level in the future.

Table 3—8. Percent Distribution of Ever Married Women by Birth Place and by Current Age and Residence: Compared to 1971 Survey

Age and Current Residence	Urban		Rural		Foreign		Total	
	1971	1976	1971	1976	1971	1976	1971[1]	1976[2]
Total	15	19	82	79	3	2	100	100
Age								
Under 25	20	22	80	78	-	-	100	100
25-29	18	24	79	76	3	-	100	100
30-34	16	21	80	76	4	3	100	100
35-39	13	16	84	80	3	4	100	100
40-44	13	17	85	80	2	3	100	100
45-49	14	14	85	84	1	2	100	100
Current Residence								
Urban	27	29	70	68	3	3	100	100
Rural	6	9	92	90	2	1	100	100

Source: 1) KIFP, *Report on 1971 Fertility-Abortion Survey*, Seoul 1973, pp. 119-121.
2) The Present Study.

3.2.2 Educational Level

a. Wives' educational level

The level of education is believed to exert a strong influence on the fertility level. Table 3-9 shows that 15 percent of the women received no education, and 15 percent received high school or college educations. About 51 percent of the women have received primary school education. In 1971, 31 percent of the women had no education and only 10 percent of the women had a high school or college education.

The younger the age of women, the higher the educational level. For instance, 5 percent of the women in the 45-49 age category had a high school or college education, whereas 7 percent of those in the 40-44 age category and 23 percent of those in the 25-29 age category had the same level of education. The fact that the proportion

Table 3—9. Percent Distribution of Ever Married Women by Education and Age: The Present Survey Compared to 1971 Survey

Age	No Schooling	Primary	Middle	High	College	Total (N)
1971[1)]						
15-19	6.4	72.3	14.9	6.4	-	100.0 (47)
20-24	7.3	52.9	22.8	14.7	2.3	100.0 (558)
25-29	12.5	51.6	20.3	11.7	3.9	100.0 (1,086)
30-34	22.9	51.8	13.3	10.1	1.9	100.0 (1,207)
35-39	33.5	47.6	10.4	7.8	0.7	100.0 (1,161)
40-44	48.1	40.0	6.6	4.6	0.7	100.0 (916)
45-49	64.4	28.4	3.4	3.4	0.4	100.0 (730)
All Ages	30.8	46.3	12.6	8.6	1.7	100.0 (5,705)
1976[2)]						
15-19	-	63.3	30.0	6.7	-	100.0 (30)
20-24	2.0	48.9	29.3	16.7	3.1	100.0 (607)
25-29	2.4	45.5	28.8	18.1	5.2	100.0 (1.232)
30-34	6.1	52.6	20.4	16.4	4.5	100.0 (1,150)
35-39	15.6	56.9	14.3	10.7	2.5	100.0 (1,182)
40-44	25.1	55.6	11.8	6.3	1.2	100.0 (1,025)
45-49	43.1	45.2	6.7	4.2	0.8	100.0 (794)
All Ages	14.9	51.2	18.6	12.3	3.0	100.0 (6,020)

Source: 1) KIFP, *Report on 1971 Fertility-Abortion Survey*, op. cit., p. 46.
2) The Present Study.

of those with high school or college education among women less than 25 years old is relatively small has to do with the rising age at first marriage. Specifically, most of the women in this age category have not yet married.

Only 2 percent of those aged less than 30 have received no education, but the proportion increase to 16 percent for the 35-39 age category, and to 43 percent for the 45-49 age category. There is little observed change in the proportion of those who have received primary school educations only. However, in the case of those with a

Table 3–10. Percent Distribution of Currently Married Women Aged 15-44 by Education and Residence: The Present Study and Others

Residence and Year	No Schooling	Primary	Middle	High	College	Total	(N)
Whole Country							
1965[1]	44.9	42.7	7.4	3.9	1.1	100.0	(3,445)
1967[2]	43.8	42.8	7.1	5.0	1.3	100.0	(3,624)
1973[3]	18.8	47.9	15.7	12.8	4.7	100.0	(1,919)
1976[4]	10.6	52.1	20.4	13.5	3.4	100.0	(5,008)
Urban							
1965	23.3	48.0	15.9	9.4	3.4	100.0	(1,060)
1967	20.9	48.9	15.0	11.8	3.4	100.0	(1,207)
1973	9.2	38.3	21.8	22.0	8.6	100.0	(905)
1976	4.8	43.0	26.2	20.4	5.6	100.0	(2,590)
Rural							
1965	53.9	40.0	3.6	1.3	0.8	100.0	(2,385)
1967	55.3	39.8	3.1	1.7	0.1	100.0	(2,417)
1973	27.3	56.4	10.4	4.5	1.3	100.0	(1,014)
1976	16.9	52.1	14.1	6.0	0.9	100.0	(2,418)

Source: 1) MOHSA, *The Findings of the National Survey on Family Planning, 1965,* Seoul, PPFK, 1965, p. 86.
2) MOHSA, *The Findings of the National Survey on Family Planning, 1967,* Seoul, PPFK, 1968, p. 164.
3) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility: A Comprehensive Report,* Seoul, KIFP, 1974, p. 22.
4) The Present Study.

middle school education, the greater the proportion, the younger the women's age. Compared with the 1971 data, in all age categories, the proportion of those with no education has been decreasing, and that of those with middle and high school education has been increasing. The increase is particularly noteworthy among younger

women. Also, among older women, the proportion with primary school education has treatly increased. In Table 3-10, 26 percent of urban women have received a high school or college education, while 7 percent of those in rural areas have the same level of education. Apparently, educated women tend to migrate to urban areas.

The annual trend in the educational level since 1967 indicates that, the proportion of women with above middle school level education in urban areas increased from 15 percent in 1967 to 26 percent in 1976. In the case of those with no education, the proportion decreased from 21 percent in 1967 to 5 percent in 1976, and the same trend has beenobserved in the case of women with primary school education.

In rural areas, the proportion of women with a high school education increased from 2 percent in 1967 to 7 percent in 1976, and that of women with middle school education increased from 3 percent in 1967 to 14 percent in 1976. However, in rural areas, the absolute number of women with middle and high school educations is still small. One striking feature is that the proportion of the women with a primary school education in rural areas increased from 40 percent in 1967 to 62 percent in 1976, while the proportion of women with no education decreased from 55 percent in 1967 to 17 percent in 1976.

b. Husband's educational level

Husband's educational level, influences the spouses' family planning behavior and fertility level. Table 3-11 shows that the husband's educational level is distributed as follows, 8 percent have no education, 33 percent have a primary school education, 21 percent have a middle school education, 38 percent have a high school education. In the case of wives the largest proportion (51%) was found in the group with a primary school education, which shows a marked difference from the general education, which shows a marked difference from the general educational level of the husbands. Except for those with a middle school education, both in rural and in urban areas, there is a great difference between the two regions in level of education, particularly in the category of primary school and high school education. However, in the case of those with no education, the regional differences are not so marked as was the case for wives. For husbands, the greater the rural urban differences was seen in the higher level of education.

Table 3—11. Percent Distribution of Husbands by Educational Attainment and Residence

Educational Attainment	Whole Country	Large Cities	Other Cities	Rural
No Schooling	7.5	2.1	3.4	12.6
Primary	32.7	20.5	23.6	43.8
Middle	21.0	22.7	21.6	19.7
High	25.2	31.7	34.6	17.5
College	13.5	22.8	16.8	6.3
Unidentified	0.1	0.2	-	0.1
Total	100.0	100.0	100.0	100.0
(N)	(5,637)*	(1,818)	(1,021)	(2,798)

* Excluded 383 cases of not currently married women.

The proportion of husbands with no education declined by 2 percent point in 1976 from the 1973 level, but those with middle and high school education increased by 3 percent point and 1 percent point respectively. Greater effort should be given to improve the educational level of those in rural areas where fertility levels remain high.

Table 3—12. Percent Distribution of Husband's Educational Attainment by Residence

Education	Whole Country		Urban		Rural	
	1973	1976	1973	1976	1973	1976
No Schooling	7.2	5.2	2.8	1.5	11.1	9.1
Primary	33.9	31.6	18.3	20.4	47.8	43.7
Middle	18.0	21.8	18.6	22.5	17.6	21.1
High	23.7	27.0	31.3	34.1	16.9	19.4
College	16.9	14.3	28.8	21.3	6.3	6.7
Unidentified	-	0.1	-	0.2	-	-
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,919)	(5,008)	(905)	(2,590)	(1,014)	(2,418)

* Both survey data were adjusted a same marital status, age 15-44.

3.2.3 Occupation

a. Wives' pre-marital work experience

Women's pre-marital work experience is related to their marital duration, age at first marriage, attitude toward children, and ultimately their fertility behavior. Pre-marital work experience, together with educational level affects the fertility level.

Table 3-13 shows that only 24 percent of the women reported having worked outside the home before marriage, of which 11 percent were engaged in skilled work, and 7 percent in clerical work. Overall, 44 percent of those aged less than 25 years, and 40 percent of those aged less than 25 years, and 40 percent of those in the 25-29 age category, and 10 percent of those aged over 40 years have premarital work experience. By occupation, among those aged less than 25 years, more than 50 percent were engaged in skilled work, followed by clerical work, sales, and service occupations. A similar pattern was observed for those aged over 25 years. By residence, in the large cities, 35 percent of the women had pre-marital work experience, while

Table 3—13. Percent Distribution of Women Pre-Marital Working Status by Age and Residence

	Prof. Adm. & Manag.	Clerical	Sales & Services	Agricultural	Skilled	Unskilled	Unemployed	Total	(N)
Total	3.0	6.7	2.5	0.4	10.9	0.4	76.1	100.0	(6,020)
Age									
Under 25	2.1	11.8	5.3	0.5	23.9	0.9	55.5	100.0	(637)
25-29	4.1	13.3	3.9	0.5	18.2	0.3	59.7	100.0	(1,232)
30-34	3.5	6.3	3.4	0.3	10.7	0.3	75.5	100.0	(1,150)
35-39	3.1	3.8	1.8	0.3	7.5	0.3	83.2	100.0	(1,182)
40-44	1.8	3.1	0.5	0.5	3.9	0.5	89.7	100.0	(1,025)
45-49	2.5	2.1	0.6	0.1	3.9	0.1	90.7	100.0	(794)
Residence									
Large Cities	5.6	11.1	3.0	0.3	14.0	0.7	65.3	100.0	(1,957)
Other Cities	3.5	9.8	3.0	-	12.5	0.4	70.8	100.0	(1,089)
Rural	1.0	2.7	2.0	0.5	8.3	0.2	85.3	100.0	(2,963)

29 percent and 15 percent worked in the other urban and rural areas respectively. In urban areas, most women were engaged in skilled work followed by clerical and professional work, and in rural areas, most women were engaged in skilled work (8%). In Table 3-14, in general, about 50 percent of the women had 2-4 years of pre-marital work experience, and 34 percent had more than 5 years pre-marital work experience.

Table 3—14. Percent Distribution of Pre-marital Work Duration by Age of Women

Age of Women	Working Period			Total (N)
	Uner 2 Years	2-4 Years	5 Years and Over	
15-19	62	31	7	100 (13)
20-24	27	53	20	100 (271)
25-29	15	54	31	100 (502)
30-34	12	44	44	100 (283)
35-39	8	45	47	100 (200)
40-44	17	47	36	100 (105)
45-49	19	53	28	100 (75)
Total	16	50	34	100 (1,449)

b. Wives' current occupation

About 23 percent of the women are currently working, according to Table 3-15. By residence, the proportion breaks down into 30 percent in the large cities, 25 percent in other urban areas, and 18 percent in rural areas. In urban areas the proportion of women currently working is smaller than that of those with premarital work experience, but the reverse situation obtains in rural areas. Twenty-three percent of the women are in the sales and service industries, 6 percent in agriculture and 2 percent in the unskilled works. Only less than 1 percent of the women are currently engaged in the clerical and professional works, which bespeaks the typical labor force participation pattern of married women in Korea.

Table 3–15. Percent Distribution of Women's Current Occupation by Residence

Occupation	Whole Country	Large Cities	Other Cities	Rural
Prof. Adm. Manag.	0.9	1.4	1.1	0.5
Clerical	0.3	0.7	0.3	-
Sales, Service	11.3	16.3	15.4	6.6
Agricultural	2.4	-	0.6	4.7
Skilled	6.2	10.3	5.5	3.6
Unskilled	2.3	1.6	3.5	2.4
Unemployed	76.6	69.7	73.6	82.2
Total	100.0	100.0	100.0	100.0
(N)	(6,020)	(1,964)	(1,090)	(2,966)

c. Husband's occupation

As in Table 3-16, the proportion of husbands in the professional and managerial as well as in the skilled work force is on the increase while unskilled work and unem-

Table 3–16. Percent Distribution of Husband's Occupation: 1976 Survey Data Compared to 1971 and 1974 Survey Data

Occupation	1971	1974	1976
Prof. Adm. Manag.	4	9	7
Clerical	31	7	11
Sales, Service		15	16
Agricultural	34	35	33
skilled	10	25	21
Unskilled	13	7	8
Unemployed	8	2	4
Total	100	100	100
(N)	(5,226)	(5,355)	(5,637)*

* Excluded 383 cases of not currently married women.

ployment is decreasing. In 1971, only 4 percent of the husbands were engaged in professional this proportion doubled by 1976. The proportion of the skilled workers also increased between 1971 and 1976. Whereas, the proportion in the manual work force decreased during the same period, and from 1974 to 1976, the proportion engaged in the clerical, sales, and service industries increased somewhat. As is shown in Table 3-17, the proportion in professional, managerial and clerical work accounts for 26 percent both in the large cities and other urban areas, and 10 percent in rural areas.

In the case of skilled workers, 30 percent of the husbands are in this category in urban areas, and only 12 percent in rural areas, where 64 percent are engaged in agriculture. In urban areas, over 20 percent of the husbands are in the sales and service industries. By women's age, the younger the wife's age, the greater the proportion of their husbands engaged in white collar work, indicating once again the gradual industrialization of the country. Moreover, the younger the husband's age, the greater the

Table 3—17. Percent Distribution of Husband's Occupation by Age and Residence

	Pro. Adm & Manag.	Clerical	Sales & Services	Agricultural	Skilled	Unskilled	Not Working	Total	(N)
All Women	6.8	11.1	15.9	33.2	20.9	7.6	4.5	100.0	(5,637)*
Age									
Under 25	4.1	12.7	17.0	29.4	27.4	6.4	3.0	100.0	(636)
25-29	6.1	15.2	17.8	22.9	29.3	6.1	2.6	100.0	(1,217)
30-34	8.8	13.5	15.7	27.3	23.1	8.8	2.8	100.0	(1,122)
35-39	6.8	9.8	15.6	34.1	19.7	9.6	4.4	100.0	(1,113)
40-44	7.6	8.2	15.1	44.3	12.3	6.8	5.7	100.0	(920)
45-49	5.9	4.1	13.2	49.5	9.2	7.3	10.8	100.0	(629)
Residence									
Large Cities	9.5	16.1	26.4	1.4	31.1	9.5	6.0	100.0	(1,818)
Other Cities	8.7	17.6	20.6	6.4	28.4	12.2	6.1	100.0	(1,021)
Rural	4.3	5.5	7.4	63.6	11.6	4.7	2.9	100.0	(2,798)

* Excluded 383 cases of not currently married women.

probability of their being engaged in skilled works. The proportion engaged in agriculture stands at 50 percent for those aged over 45 years, but declines to 20 percent for those aged 25 to 29 years.

3.2.4 Religion

No strong relationship between fertility behavior and religion is observed in Korea. Table 3-18 shows that about 39 percent of women reported adhering to a religion, of whom two thirds (25%) are Buddhists. When compared with the 1971 and the 1974 survey results, little change in the distribution of religious affiliation is

Table 3–18. Percent Distribution of Wives and Husbands by Religion and Residence

	None	Buddhist	Protestant	Catholic	Other	Total	(N)
Wives							
Whole Country 1971[1]	65.8	21.6	9.3	3.0	0.3	100.0	(5,704)
1974[2]	61.5	23.6	9.7	3.7	1.5	100.0	(5,420)
1976[3]	61.3	25.0	9.4	3.3	1.0	100.0	(6,020)
Large Cities	51.2	32.4	11.5	4.1	0.8	100.0	(1,964)
Other Cities	59.9	24.7	10.8	3.6	1.0	100.0	(1,090)
Rural	68.6	20.1	7.6	2.6	1.1	100.0	(2,966)
Husbands							
Whole Country	70.2	20.1	6.6	2.5	0.6	100.0	(5,637)*
Large Cities	59.9	27.4	8.5	3.7	0.5	100.0	(1,818)
Other Cities	70.4	20.1	7.1	1.8	0.6	100.0	(1,021)
Rural	76.8	15.4	5.1	2.0	0.7	100.0	(2,798)

* Excluded 383 cases of not currently married.

Source: 1) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on the 1971 Fertility-Abortion Survey*, op. cit., p. 44

2) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974*, Country Report, op. cit., pp. 58,570.

3) The Present Study.

observed. In 1971, 34 percent of the women reply that they have a religion, which increase to 39 percent in 1976 and the 5 percent point increase is accounted mostly by the Buddhism. By residence, the proportion of women professing a religion breaks down into 49 percent in the large cities, 40 percent in other urban areas, and about 30 percent in rural areas. Both in the rural and urban areas, Buddhists account for the largest proportion of religious husbands. However it is important to not that only 30 percent of husbands reported adhering to a religion. The distribution of husband's religion by residence does not differ greatly from that of wives'.

In Table 3-19, 28 percent of the women replied that they attend religious services once a week, 48 percent said they attend services once a year, and about 12 percent said they never attend services. Lack of attendence is particularly common among Buddhists. By residence, about 40 percent of those in urban areas attend the religious services more than once a month, while about 33 percent in rural areas attend the services.

Table 3–19. Frequency Distribution of Attending Religion Ceremonies for Women by Residence

	Whole Country	Large Cities	Other Cities	Rural
Once a Week or More	27.9	27.3	31.2	26.9
Once a Month	9.7	13.8	7.9	6.2
Once or Twice a Year	47.7	43.9	47.1	51.9
A Few Times Every Few Years	2.3	2.5	2.5	2.1
Never	12.4	12.5	11.3	12.9
Total	100.0	100.0	100.0	100.0
(N)	(2,294)	(946)	(433)	(915)

* Excluded 3,690 no religion and 36 unidentified cases.

3.2.5 Other Background Characteristics

Table 3-20 represents the degree of mass media exposure among the respondents. About 20 percent of the women reported reading at least one newspaper regularly. This includes 33 percent in large cities, 23 percent in other urban areas, and 10 percent in rural areas. Almost 40 percent of the women said they watch TV programs daily.

Table 3–20. Percent Distribution of Currently Married Women by Frequency of Newspaper Readership, Watching Television and Listening Radio

Newspaper, Television, Radio and Residence	Never	Every-day	2 or 3 Times a Week	Once a Week	Less Often Than Once a Week	Total	(N)
Newspaper							
Whole Country	67.5	20.2	2.2	0.5	9.6	100.0	(5,008)
Large Cities	48.2	33.3	3.6	0.9	14.0	100.0	(1,659)
Other Cities	64.1	23.4	1.8	0.3	10.4	100.0	(931)
Rural	82.2	10.0	1.4	0.2	6.2	100.0	(2,418)
Television							
Whole Country	42.7	41.1	3.6	0.7	11.9	100.0	(5,008)
Large Cities	23.5	58.4	4.9	0.9	12.3	100.0	(1,659)
Other Cities	36.7	50.8	2.6	0.2	9.7	100.0	(931)
Rural	58.3	25.3	3.1	0.7	12.6	100.0	(2,418)
Radio							
Whole Country	26.1	38.4	6.3	0.8	28.4	100.0	(5,008)
Large Cities	22.8	45.8	5.7	1.2	24.5	100.0	(1,659)
Other Cities	22.0	42.9	6.1	0.7	28.3	100.0	(931)
Rural	29.8	31.7	6.8	0.7	31.0	100.0	(2,418)

In the urban area, the proportion watching TV daily amounts to over 50 percent, which is more than twice the proportion in rural areas. As for radio, only 26 percent of women said they did not listen to radio programs, and there is little observed difference between rural and urban areas. However, the proportion who listen to radio program daily is only 40 percent, which is lower than that of those who watch TV daily. This indicates that women are turning away from radio in favor of TV. By residence, the proportion of those, listing to the radio program on a regular daily basis is greater in urban areas than in rural areas.

Chapter 4. Marriage

4.1 Nuptiality Trends

Table 4-1 clearly indicates that in 1935 both males and females married at early ages. About 62 percent of the females in the 15-19 age bracket and 24 percent of males in the same age category were married in 1935, however, by 1955, only 15 percent of females and only 6 percent of males in those age groups were married. By 1966, the percentage married between ages 15-19 and declined to 3 percent for females and 1 percent for males

Table 4—1. Changes in Proportion Marring, 1935-1976

Age	1935[1)]	1955[1)]	1966[1)]	1974[2)]	1975[3)]	1976[4)]
Women						
15-19	62.0	14.8	3.2	3.2	2.3	1.7
20-24	95.2	79.2	47.0	43.7	37.1	39.0
25-29	99.2	97.0	91.7	87.5	87.4	89.8
30-34	99.7	99.4	98.6	94.1	94.3	95.1
35-44	99.9	99.8	99.3	89.1	90.6	91.1
Men						
15-19	23.6	5.7	0.9	0.3	0.2	0.5
20-24	64.8	32.9	13.5	8.8	6.6	8.0
25-29	90.5	74.7	62.6	55.9	52.3	55.7
30-34	96.9	95.3	95.3	92.7	92.0	92.2
35-44	98.6	99.2	99.1	96.8	97.6	97.4

Source: 1) E.H. Choe & J.S. Park, *Some Findings from the Special Demographic Survey - 1966,* The Population & Developmental Studies Center, Publication Serier No. 3, SNU in Collaboration with EPB, 1969, p. 28.

2) EPB and KIFP, *World Fertility Survey: The Korean National Fertility Survey* - 1974: *First Country Report,* op. cit., pp. T10-T13.

3) EPB/BOS, *1975 Population and Housing Census Report,* Vol. 1, 12-1, op. cit., pp. 116-117.

4) The Present Study.

Table 4–2. Percent Distribution of Female Marital Status by Residence and Age

Age	Single	Married	Widowed Separated Divorced	Total
Whole Country				
15-19	98.3	1.7	0.0	100.0
20-24	60.8	39.0	0.2*	100.0
25-29	8.7	89.8	1.5	100.0
30-34	1.8	95.1	3.1	100.0
35-39	0.7	93.2	6.0	100.0
40-44	0.3	88.9	10.8	100.0
45-49	0.1	78.6	21.3	100.0
All Ages	34.6	60.9	4.5	100.0
Large Cities				
15-19	98.5	1.5	0.0	100.0
20-24	69.8	30.2	0.0	100.0
25-29	11.6	86.3	2.1	100.0
30-34	2.4	91.9	5.7	100.0
35-39	1.0	89.9	9.1	100.0
40-44	0.7	85.3	14.0	100.0
45-49	0.4	75.4	24.2	100.0
All Ages	40.8	54.2	5.0	100.0
Other Cities				
15-19	99.3	0.7*	0.0	100.0
20-24	60.6	38.6	0.7*	100.0
25-29	7.7	91.3	1.0*	100.0
30-34	2.2	96.5	1.3*	100.0
35-39	0.5	92.1	7.4	100.0
40-44	0.0	85.5	14.5	100.0
45-49	0.0	73.6	26.4	100.0
All Ages	35.0	60.3	4.7	100.0
Rural				
15-19	97.5	2.5	0.0	100.0
20-24	50.7	49.1	0.2*	100.0
25-29	6.6	92.2	1.2*	100.0
30-34	1.1	97.2	1.7*	100.0
35-39	0.7	96.0	3.3	100.0
40-44	0.2	91.7	8.1	100.0
45-49	0.0	81.4	18.6	100.0
All Ages	29.3	66.6	4.1	100.0

* Less than 10 cases.

In 1935, 95 percent of the female in the 20-24 age category were married compared to only 47 percent in 1966. Sixty five percent of the males in the 20-24 age category were married in 1935, while in 1966, the proportion was only 14 percent. In the 1970's, the proportion of females marrying in between ages 20-24 fell below 40 percent. The number of males marrying between ages 25-29 declined from 60 percent in 1960 to 50 percent in 1970.

However, starting in the latter part of the 1970's, the rate of decline in the proportion marrying began to slow down.

Rural and urban differences in marital behavior, particularly among the youngest age-groups are marked. Only 1.5 percent of those aged 15 to 19, were married in the large urban areas, while 2.5 percent were married in rural areas. Among those aged 20 to 25 years, 30 percent were married in urban centers, while 49 percent were married in rural regions. It appears that, for those aged more than 30 years, only a negligible number remain single, regardless of residence. Finally, large cities register higher rates of widowhood and separation than rural areas.

4.2 Age at First Marriage

4.2.1 Average Age at First Marriage and Proportion Remaining Single

The age at first marriage is directly linked to the duration of marriage which, in turn, is related to fertility.

In the absence of reliable vital statistics on marriage, the average age at first marriage has to be derived from sources other than vital statistics, e.g. survey data. Table 4-3 represents change in the singulate mean age (SMA) at marriage computed on the basis of the proportion single. The SMA for females in 1975 was 17, which increased to 23 in 1970, and the SMA for males increased from 21 to 27 during the same period. However, beginning in about 1970, changes in SMA were not as marked as in the pre-1970 period. Factors accounting for the increase in the SMA both for males and females are thought to be the improvement in educational levels, and better opportunity for labor force participation, particularly for females. In recent years, relatively little change has been observed in the SMA. According to Table 4-4, there is a one-year difference in the SMA between urban areas (24 years) and rural areas (23 years). Assuming that in rural areas, the SMA will continue to increase for the time being, whereas in the cities, the SMA is about to reach a plateau, it is expected that in the 1980's. Urban-rural differences in the SMA will be practically non-existant.

Table 4—3. Trends in Singulate Mean Age at Marriage for Males and Females

Year	Male	Female	Difference
1935 Census[1]	21.1	17.1	4.0
1955 "	24.5	20.5	4.0
1960 "	26.4	21.6	4.8
1966 "	26.7	22.8	3.8
1970 "	27.1	23.3	3.8
1974 WFS[1]	27.2	23.2	4.0
1975 Census[2]	27.4	23.7	3.7
1976 NFS[3]	27.2	23.5	3.7

Source: 1) E.H. Choe and S.K. Kong, *Changing Fertility and Pattern of Contraceptive Use*, Seoul, KIFP, 1977, p. 16 (Text in English).
2) EPB/BOS, *1975 Population and Housing Census Report*, Vol. 1, 12-1, op. cit., pp. 116-117.
3) The Present Study.

Table 4—4. Singulate Mean Age at Marriage for Males and Females by Residence

Residence	Male	Female	Difference
Whole Country	27.2	23.5	3.7
Urban	27.5	23.9	3.6
(Large Cities)	(27.8)	(24.2)	(3.6)
(Other Cities)	(26.8)	(23.4)	(3.4)
Rural	26.8	22.8	4.0

Continuing socio-economic development in rural areas will help increase the female SMA in the countryside in the coming years.

4.2.2 Differences in Age at First Marriage by Background Characteristics

a. Age at first marriage by age, residence and birth place

As shown in Table 4-5, only 1 percent of all women married before age 14. However, those now aged 45 to 49 mostly married when they were 15 to 17 years old, whild those whose current age is 40-44 years married when they were 18 to 19 years. The general trend is that the higher the age at first marriage, the younger the current age of married women. The "decline" in the age at first marriage among those 20-24 is not caused by an actual fall in the age at first marriage, but is rather an artifact of the age composition of the women surveyed. The average age at first marriage as evidenced by this survey stands at 23.5 years, substantial evidence that the age at first marriage is on the increase. Table 4-6 shows the age at first marriage by current residence and birth place by current residence.

The differences in the age at first marriage observed among urban and rural groups gets smaller, as the current age of married women gets younger. In contrast to urban areas, the age at first marriage in the rural regions for those aged 25-29 years is higher than for those in the 30-34 age category. By birth place, the age at first marriage for those born in rural districts is lower than for those born in the large cities.

Table 4–5. Percent Distribution of Ever Married Women by Age at First Marriage and Current Age

Age	Age at First Marriage							Total	(N)
	-14	15-17	18-19	20-21	22-24	25-27	28+		
15-19	3.3	36.7	60.0	-	-	-	-	100.0	(30)
20-24	0.2	6.6	26.7	42.6	24.0	-	-	100.0	(609)
25-29	-	2.4	14.6	25.8	45.2	11.3	0.6	100.0	(1,231)
30-34	0.1	5.3	17.0	27.1	34.9	12.9	2.6	100.0	(1,144)
35-39	0.4	11.0	28.6	26.0	23.4	8.4	2.1	100.0	(1,186)
40-44	1.7	25.8	33.1	22.5	12.1	4.1	0.9	100.0	(1,027)
45-49	5.0	53.4	23.5	10.1	5.7	1.9	0.4	100.0	(793)
Total	1.1	15.9	23.6	25.0	25.8	7.3	1.2	100.0	(6,020)

Table 4–6. Mean Age at First Marriage by Current Residence, Birth Place and Age of Women

Current Residence and Birth Place	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All Ages	(N)
Total	17.7	20.2	21.9	21.7	20.6	19.2	17.6	20.4	(6,020)
Current Residence									
Large Cities	17.8	20.5	22.2	22.4	21.2	20.1	18.3	21.1	(1,964)
Other Cities	18.0*	20.6	22.1	21.9	21.0	19.7	17.8	20.9	(1,090)
Rural	17.6*	19.9	21.4	21.0	20.1	18.6	17.2	19.7	(2,966)
Birth Place									
Large Cities	18.0*	20.6	22.7	23.2	22.6	20.5	19.2	21.9	(476)
Other Cities	18.0	20.5	22.0	22.5	21.3	20.4	19.0	21.2	(658)
Rural	17.6	20.1	21.8	21.4	20.4	18.9	17.3	20.1	(4 702)
Unidentified	19.0*	20.7*	21.2	21.8	20.5	19.8*	20.5*	20.8	(184)

* Less than 10 cases.

For women of all ages, those born in the rural areas married, in general, about one to two years earlier than those born in the urban areas indicating the strong influence of birth place on the age at first marriage.

b. Age at first marriage by education, religion and premarital work experience

The educational level is thought to be one of the factors that exerts a strong influence on the age at first marriage. Table 4-7 shows that, throughout all age categories, the higher the educational level, the higher the age at first marriage.

There is a substantial difference in the age at first marriage between women with a college education and those with a primary education. Moreover, in the older age category, the difference in the age at first marriage between those with higher education and those with no education is much greater, an indirect indication that in recent years, women's educational levels are beginning to have less influence on the age at first marriage. For example, among those in the 40-44 age category, the age at first marriage is 17.9 years for those with no education, and 23.8 years for those with a

college education, about a six-year difference. But among those in the 25-29age group, the difference is only four years (20.3 years for those with no education and 24 years for those with a college education). The age at first marriage for those with a college education appears to decline starting with those women now aged 35-39 years. In contrast, the age at first marriage for those with no education shows a tendency to

Table 4—7. Mean Age at First Marriage by Education, Religion, Pre-Marital Work Duration and Age of Women

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All Ages	(N)
Total	17.7	20.2	21.9	21.7	20.6	19.2	17.6	20.4	(6,020)
Education									
No Schooling	-	17.6	20.3	19.8	19.0	17.9	16.8	17.9	(895)
Primary	17.4	19.8	21.2	20.9	20.1	19.1	17.8	19.9	(3,083)
Middle	17.9*	20.4	22.2	22.3	22.1	20.2	18.4	21.5	(1,120)
High	19.0*	21.1	22.7	23.7	23.4	22.1	20.5	22.7	(739)
College	-	21.8	24.0	24.3	24.6	23.8	22.0*	23.9	(183)
Religion									
Buddhist	-	20.4	21.6	21.8	20.9	19.2	17.6	20.3	(1,502)
Protestant	18.5*	20.6	22.3	22.2	22.0	19.9	17.8	21.2	(567)
Catholic	17.0*	20.5	22.2	23.3	22.2	19.5	18.3	21.1	(196)
Others	-	19.2*	20.5*	21.8	20.3	19.3	17.9*	20.1	(60)
Unidentified	19.0*	-	22.0*	25.0*	17.0*	22.0*	-	21.0*	(5)
None	17.6	20.1	21.9	21.5	20.2	19.0	17.4	20.2	(3,690)
Pre-marital Work Duration (months)									
1-11	18.3*	19.4	22.1	20.7*	20.5*	21.0*	19.0*	20.3	(62)
12-23	17.8*	19.8	22.0	22.6	20.9	19.5	18.8	20.9	(176)
24-59	17.5*	20.5	22.6	23.0	21.6	20.7	19.4	21.8	(722)
60+	19.0*	21.1	23.1	24.2	24.8	24.0	21.3	23.5	(489)
Unemployed	17.5	20.1	21.3	21.1	20.2	18.9	17.3	19.8	(4,571)

* Less than 10 cases.

increase from 19.8 years for those aged 30-34 years to 20.3 years for those aged 25-29. In general, the level of education bears a direct relationship to the age at first marriage.

By religion Christians marry at later ages than Buddhists whose age at first marriage differs little (20.3 years) from those with no religion.

However, Buddhists aged over 30 years marry at later ages than those with no religion. Those with religion marry about one year later than those with no religion (20.2 years). Among Christians aged 30 to 34 years, the age at first marriage of protestants is higher by about one year than that of the Catholics. The number of women in the miscellaneous religion category is too small to allow any generalization.

Women with pre-marital work experience marry later than those with no premarital work experience. Among those with pre-marital work experience, the age at first marriage differs considerably depending on the duration of the pre-marital work, an indirect indication that women's labor force participation is related to fertility.

Women in the 30-34 age group and whose pre-marital work experience is more than one year married at a mean age of 22.6 but those with premarital work experience of less than five years married when they were 23 years old. The age at first marriage of those whose pre-marital work experience is more than five years is higher by about four years than that of those with no pre-marital work experience. Women in the 30 to 44 age category with more than five-years pre-marital work experience married when they were at least 24 years, indicating arelationship between the age at first marriage and pre-marital work duration.

4.2.3 Recent Trend in Age at First Marriage

a. Comparison with the 1974 survey data

An attempt was made to review the trends in singulate mean age at marriage by respondent's social background. At the present of 1974, age at marriage for those women in 45-49 age group is much lower than 30-34 age group. In the 1976 data, however, those women in 35-39 age group who were born in large cities, having Catholic religion and high school educated are appeared in lower age at marriage.

A special attention has been given to the little change of age at marriage for 25-29 age bracket, which does not affect the mean age at marriage as whole.

Table 4—8. Mean Age at First Marriage of Those Women Who Were Married Before Age 25 by Background Characteristics and Current Age (1974, 1976)

Background Characteristics	Current Age				
	25-29	30-34	35-39	40-44	45-49
1974[1]:					
All Women	21.1	20.5	19.5	18.1	16.9
Birth Place					
City	21.7	21.2	20.7	18.7	18.3
Town	21.1	20.5	19.8	18.9	(17.5)
Village	21.0	20.4	19.3	17.9	16.6
Religion					
None	21.1	20.4	19.4	17.9	16.6
Buddhist	21.2	20.5	19.6	18.2	16.9
Protestant	21.4	21.0	19.9	18.8	17.9
Catholic	(21.9)	(21.5)	(20.2)	(18.1)	(17.8)
Education					
No Schooling	19.5	19.2	18.5	17.1	16.2
Primary	20.7	20.4	19.6	18.3	17.2
Middle	21.8	21.9	20.6	(19.1)	(18.0)
High	21.9	21.9	21.2	19.8	(19.2)
College	(22.9)	(22.5)	(22.3)	(21.2)	(20.2)
1976[2]:					
All Women	21.5	21.2	20.2	18.9	17.4
Birth Place					
Large Cities	22.1	22.3	21.2	20.0	(18.9)
Other Cities	21.6	21.5	20.9	19.8	18.7
Rural	21.5	21.0	20.0	18.7	17.2
Current Residence					
Large Cities	21.9	21.6	20.7	19.6	18.0
Other Cities	21.8	21.5	20.5	19.4	17.8
Rural	21.1	20.6	19.7	18.5	17.1
Religion					
None, or Other*	21.5	21.0	19.9	18.8	17.3
Buddhist	21.4	21.3	20.4	19.1	17.4
Protestant	22.0	21.4	21.1	19.6	17.9
Catholic	(21.4)	(21.8)	(21.5)	(18.4)	(18.3)

Continued

Continued					
Education					
No Schooling	(19.0)	19.6	18.8	17.8	16.7
Primary	21.0	20.6	19.9	18.9	17.7
Middle	21.8	21.8	21.4	20.0	18.3
High	22.3	22.7	22.2	21.2	(20.2)
College	23.4	(23.3)	(22.8)	(21.9)	(20.8)

* Includes the Cheondogyo adherents and those with other religions affiliations.

( ) Less than 50 cases.

Source: 1) EPB and KIFP, *world Fertility Survey: The Korean National Fertility Survey*-1974: *First Country Report,* op. cit., p. 69.

2) The Present Study.

b. Ideal age at marriage

As indicated in Table 4-9, the ideal age at marriage appears to be 23.7 years, which closely compares with the average age at first marriage of 23.5 years (Table 4-4). Thirty-three percent of the women surveyed said 23 years is the ideal age to get married and most of them replied that they wanted marry no later than 25 years of age. By residence, there is little difference in the ideal age at marriage. The number of women who think that the ideal age at marriage is 25 years is greatest in the small and medium-sized cities. In the small and medium-sized cities and the rural areas the ideal age at marriage is still higher than the age at which women actually get married, indicating that in these places, the age at first marriage can increase further.

Table 4—9. Percent Distribution of Ever Married Women by Ideal Age at Marriage and Residence

Ideal Age at Marriage	Whole Country	Large Cities	Other Cities	Rural
Under 22	3.7	1.9	2.3	5.4
22	10.0	8.0	7.3	12.2
23	33.2	32.5	31.3	34.4
24	20.1	24.3	21.5	16.9
25	28.1	28.5	32.0	26.5
26	3.4	3.3	3.8	3.2
27+	1.5	1.5	1.8	1.4
Total	100.0	100.0	100.0	100.0
(N)	(5,996)*	(1,949)	(1,089)	(2,958)
Mean	23.7	23.8	23.9	23.6

* Excluded 24 unknown cases.

4.2.4 Age at First Marriage and Fertility

As previously mentioned, the continuing rise in the age at first marriage should have influenced fertility levels. However, the increasing childbearing tempo since 1955 has neutralized the influence of the rise in the age at first marriage on fertility levels. According to the 1974 survey in Table 4-10, only 10 percent of those who have been married for more than 20 years had their first child within one year of their marriage, but about 24 percent of those who have been married 10 to 19 years had their first child within the same period of time. Again, 38 percent of those married less than 10 years and their first child within one year of marriage.

Table 4—10. Percent Distribution of Women Who Have Been Married at Least Five Years by the Interval between First Marriage and First Birth (1974)

Years Since First Marriage	Interval from Marriage to First Birth							
	0-11 Months	12-23 Months	24-35 Months	36-47 Months	48-49 Months	Others*	Total (N)	Mean Length (In Months)
5-9 Years	38.0	41.4	11.2	4.4	2.1	2.9	100.0(1,007)	16.5
10-19 Years	24.2	44.6	14.7	6.2	3.8	6.5	100.0(1,595)	19.5
20 or More Years	10.3	30.3	22.1	12.5	8.4	16.5	100.0(1 560)	26.5
Total	22.3	38.5	16.6	8.1	5.1	9.4	100.0(4,162)	21.1

* Includes women with pre-marital births and those with no children.

Source: EPB and KIFP, *World Fertility Survey: The Korean National Fertility Survey* 1974: *First Country Report,* op. cit., p. T238.

As Chidambaram and Zodgekar maintain, the rise in the age at first marriage works to accelerate the childbearing tempo, that is, the rise in the age at first marriage does influence fertility level indirectly but no directly.

The average birth interval for those married more than 20 years is 26.5 months, whereas the interval for those married 10 to 19 years and for those married 5 to 9 years is 19.5 months and 16.5 months respectively. The average first birth interval is getting shorter.

The relationship between the age at first marriage and the birth interval and the childbearing tempo will be discussed in Chapter 6.

Chapter 5. Number of and Sex Preference for Children

5.1 Number Preference

5.1.1 Number of Living Children

The desired number of and sex preference for children is believed to influence fertility levels to a considerable extent. Table 5-1 represents the number of living children by woman's age and residence. The average number of living children per mother stands at 3.2, and that by residence at 2.7 in urban areas and 3.6 in rural areas.

In urban areas, 23 percent of the women had two children and 24 percent had three children, which is considerably higher than the proportion of women with four children (16 percent). However, in rural areas, the proportion of women with two children and the proportion with three children were equal (15 percent). About 19 percent of rural women had four children.

A striking feature in the number of children alive in rural areas is that over half of the women in the rural areas had more than four children. Clearly, in rural areas we have a long way to go before realizing the ideal of the two-child family. By age of women, in the 25-29 age bracket, 41 percent had 2 children, but for those aged 30-34 years, 35 percent had 3 children, and for those aged 35-39, 30 percent had 4 children. For those over 40 years old, 70 percent of the women had more than four children. When compared with the result of the 1971 survey, the average number of children shrank from 3.4 in 1971 to 3.2 in 1976, only a 0.2 point difference both in the rural and the urban areas. However, in the case of the urban areas the proportion of women with two or three children increased for 39 percent in 1971 to 47 percent in 1976. For those aged 25-29 years, in 1971, the proportion of women with two children was much smaller than that with four children, but in 1976, the situation was reversed, an indication of the spread of the small family ideal. For those aged 30 years and over, the proportion with four and more children was getting smaller. For instance, for those aged 30-34 years, the proportion with four and more children declined from 45 percent in 1971 to 33 percent in 1976, and for those in the 45-49 age bracket, the same situation was observed, as declined from 72 percent in 1971 to 59 percent in 1976.

Table 5—1. Percent Distribution of Ever Married Women by Number of Living Children, Age and Residence: Compared to 1971 Survey

Age and Residence	No. of Living Children							Total	(Mean)
	0	1	2	3	4	5	6+		
1971[1]:									
All Women	7	13	15	18	18	14	15	100	(3.4)
Residence									
Urban	9	16	19	20	17	10	9	100	(2.9)
Rural	5	10	13	16	18	18	20	100	(3.8)
Age									
Under 25	33	42	20	5	-	-	-	100	(1.0)
25-29	7	22	36	26	8	1	-	100	(2.1)
30-34	3	6	15	31	28	13	4	100	(3.3)
35-39	2	4	6	16	27	26	19	100	(4.2)
40-44	2	6	7	10	19	22	34	100	(4.6)
45-49	3	6	7	10	13	21	40	100	(4.7)
1976[2]:									
All Women	6	13	19	20	18	13	11	100	(3.2)
Residence									
Urban	7	16	23	24	16	9	5	100	(2.7)
Rural	5	11	15	15	19	17	18	100	(3.6)
Age									
Under 25	29	49	20	2	-	-	-	100	(0.9)
25-29	8	24	41	21	6	-	-	100	(1.9)
30-34	2	6	24	35	22	9	2	100	(3.1)
35-39	2	4	11	24	30	18	11	100	(3.8)
40-44	2	4	7	14	25	24	24	100	(4.4)
45-49	2	4	7	10	19	24	34	100	(4.7)

Source: 1) KIFP, *Report on 1971 Fertility-Abortion Survey*, op. cit., p. 58.

2) The Present Study.

5.1.2 Ideal Number of Children

Trends in the ideal number of children is reprecented in Table 5-2. In 1965, 60 percent of women aged 15-44 years had four or more children, but in 1976 only 19 percent of them had four or more children. In 1965, only 4 percent gave two as the ideal number of children, this response increased to 40 percent in 1976. In 1976, for the first time in the nation's family planning history, the proportion (39.8 percent) of women whose ideal number of children is two became greater than that (36.6 percent) of women whose ideal number of children is three.

Table 5—2. Trends in Ideal Number of Children for Currently Married Women Aged 15-44

Ideal No. of Children	1965[1)]	1967[2)]	1971[3)]	1973[4)]	1976[5)]
1	0.3	0.4	-	1	4.2
2	4.1	3.7	6	20	39.8
3	33.4	33.3	42	52	36.6
4+	59.0	56.2	52	27	19.4
Unidentified	3.2	6.4	-	-	-
Total	100.0	100.0	100.0	100.0	100.0
(N)	(3,445)	(3,624)	(4,616)	(1,671)	(5,064)
Mean	3.9	3.9	3.7	3.1	2.8

Source: 1) MOHSA, *The Findings of the National Survey on Family Planning, 1965,* op. cit., p. 106.
2) MOHSA, *The Findings of the National Survey on Family Planning, 1967,* op. cit., p. 129.
3) KIFP, *Report of 1971 Fertility-Abortion Survey,* op. cit., p. 18.
4) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 31.
5) The Present Study.

A shown in Table 5-3, the older the women's age, the greater the ideal number of children, which indicates that the family planning program is beginning to have greater influence on those women in the younger age brackets.

Table 5–3. Trends in Mean Ideal Number of Children by Women's Age (15-44): 1968-1976

Age	1968[1]	1971[2]	1973[3]	1974[4]	1976[5]
15-19	3.5	-	3.0	2.8	2.4
20-24		3.4			
25-29	3.5	3.4	2.9	2.8	2.5
30-34	3.9	3.7	3.1		2.8
35-39	4.1	3.9	3.3	2.9	3.0
40-44	4.2	4.1	3.4		3.2
All Ages	3.8	3.7	3.1	2.8	2.8

Source: 1) Kap Suk Koh and David P. Smith, *The Korean 1968 Fertility and Family Planning Survey*. op. cit., p. 85.

2) Hyun Sang Moon, et. al., *Fertility and Family Planning An Interim Report on 1971 Fertility-Abortion Survey*, op, cit., p. 82.

3) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report.* op. cit., p. 35.

4) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, First Country Report*, op. cit., p. 113.

5) The Present Study.

By cohort, a similar decline in the ideal number of children is observed. For instance, those aged 20-24 in 1971 said 3.4 children was their ideal number of children, but in 1976 in same birth cohort (those aged 25-29 years in 1976) said that 2.8 was their ideal number of children. It appears that socio-economic development has served to inculcate the small family norm among young people.

The degree of urbanization seems to be directly related to the ideal number of children. In urban areas, the ideal number of children began to decline in the 1968-1971 period, whereas in the rural areas, the decline started in the 1971-1973 period. Both in the 1973 and 1976 fertility surveys, it was observed that the higher the age of

women, the greater the ideal number of children. Moreover, even if we control for women's age and education, and husband's education, the ideal number of children in rural areas is greater than that of the urban areas, as has been studied by John Stoeckel. 1/

Table 5—4. Percent Distribution of Ideal Number of Children by Residence and Wife's Age

Residence and Age of Women	Ideal No. of Children 1	2	3	4+	Total	(N)	Mean
1973 1):							
Seoul							
15-24	-	25	65	10	100	(48)	2.9
25-29	2	39	47	12	100	(111)	2.6
30-34	6	19	64	11	100	(89)	2.8
35-39	-	30	54	16	100	(80)	2.9
40-44	-	24	43	33	100	(51)	3.1
All Ages	2	29	53	16	100	(379)	2.8
Other Cities							
15-24	-	50	32	18	100	(44)	2.7
25-29	1	28	60	11	100	(115)	2.9
30-34	1	25	60	14	100	(137)	2.9
35-39	1	23	35	21	100	(101)	3.0
40-44	-	21	51	28	100	(57)	3.1
All Ages	-	27	55	17	100	(454)	2.9

Continued

1/John Stockel, "Differentials in Fertility, Family Planning Practice, and Family Size Values in South Korea, 1965-1971," Studies in Family Planning, Vol. 6, No. 11, P.C. November 1975, pp. 392-396.

Continued

Rural							
15-24	-	16	59	25	100	(98)	3.2
25-29	1	14	62	23	100	(168)	3.1
30-34	1	8	52	39	100	(202)	3.4
35-39	-	13	44	43	100	(219)	3.5
40-44	2	9	42	47	100	(151)	3.6
All Ages	-	12	51	37	100	(838)	3.4
1976[2)]							
Large Cities							
15-24	12.8	67.9	17.4	1.8	100	(218)	2.1
25-29	6.1	62.5	27.1	4.2	100	(424)	2.3
30-34	4.4	51.7	34.4	9.5	100	(410)	2.5
35-39	6.1	42.3	39.9	11.7	100	(376)	2.6
40-44	3.6	32.8	45.3	18.2	100	(274)	2.8
All Ages	6.2	51.4	33.4	9.1	100	(1,702)	2.5
Other Cities							
15-24	6.5	63.0	26.8	3.7	100	(108)	2.3
25-29	5.4	55.0	34.9	4.7	100	(278)	2.3
30-34	2.4	45.7	37.6	14.3	100	(210)	2.5
35-39	5.0	37.5	37.0	20.5	100	(200)	2.6
40-44	5.2	21.6	39.9	33.3	100	(153)	2.8
All Ages	4.7	44.8	35.8	14.6	100	(949)	2.6
Rural							
15-24	4.3	48.7	34.8	12.2	100	(302)	2.6
25-29	3.6	40.7	41.9	13.8	100	(501)	2.7
30-34	2.5	28.9	41.0	27.6	100	(488)	2.9
35-39	1.6	22.0	38.8	37.6	100	(567)	3.1
40-44	2.2	17.5	38.0	42.3	100	(555)	3.2
All Ages	2.7	29.6	39.2	28.5	100	(2,413)	2.9

Source: 1) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 36.

2) The Present Study.

Today, both the ideal number of children and the number of living children in Korea is greater than in Japan, as shown in Table 5-5. For those aged 20-29 years, the proportion of women whose ideal number of children is less than two is greater in Korea than in Japan, but for those women aged over 30 years, the ideal number of children is greater in Korea than in Japan. Figure 5-1 shows the average ideal number

Table 5–5. Percent Distribution of Ideal Number of Children by Age of Women: Compared to Japan

Age of Women	Ideal No. of Children						
	0	1	2	3	4	5+	Unidentified
Korea, 1976[1)]							
20-24	0.2	7.3	58.5	26.3	5.8	2.0	-
25-29	0.2	4.9	51.3	34.8	7.1	1.7	-
30-34	0.3	3.1	39.8	37.2	14.4	5.2	-
35-39	0.3	3.6	30.9	38.2	18.1	9.0	-
40-44	0.7	3.0	21.9	39.4	21.7	13.3	-
45-49	0.3	3.4	19.8	35.3	21.3	19.9	-
Japan, 1975[2)]							
20-24	1.3	5.0	50.6	38.1	2.5	1.9	0.6
25-29	1.1	3.6	38.6	39.8	4.8	1.5	0.6
30-34	1.2	3.2	44.4	42.1	5.5	1.8	1.8
35-39	0.7	3.3	40.2	40.0	10.1	2.6	3.1
40-44	0.8	3.9	32.5	42.9	11.2	2.9	5.8
45-49	1.8	1.6	29.1	44.4	10.7	2.0	10.4

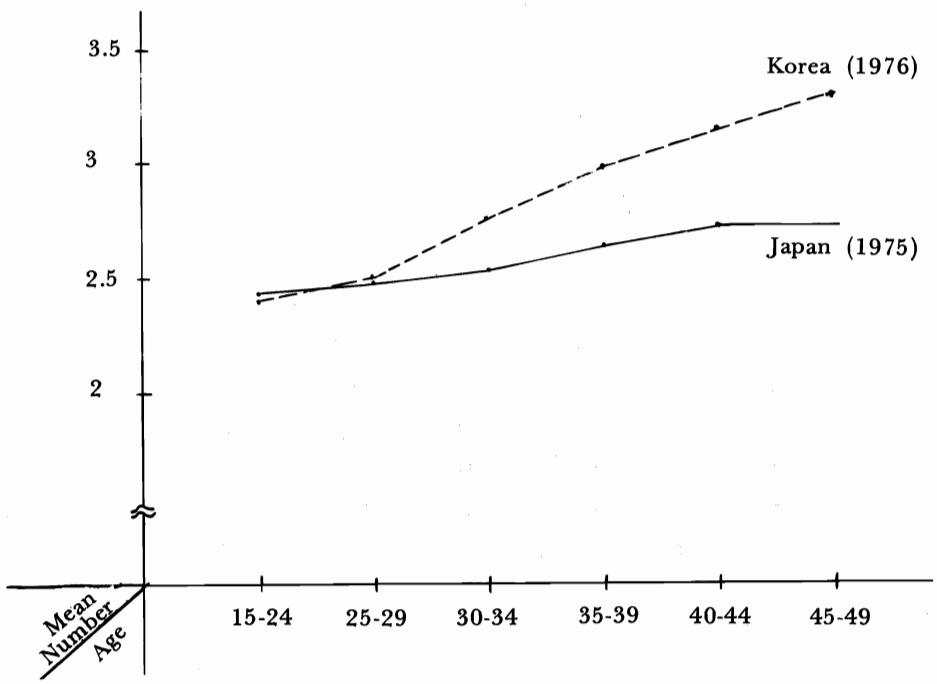
Source: 1) The Present Study

2) The Mainichi Newspaper, *Summary of Thirteenth National Survey on Family Planning*, Series No. 25, TOKYO, 1975.

of children in Korea and Japan. The difference in the ideal number of children by age category in Japan is not as great as that in Korea.

In Table 5-6, in Korea, 60 percent of women with at least two living children said their ideal number of children is two, however, in Japan only 30 percent of those with at least two children said two children are ideal. But one noteworthy feature

Figure 5—1. Comparison between Korea and Japan in Mean Ideal Number of Children by Age (Female)



about the difference between Korea and Japan is that in Korea the number of children alive is greater than the ideal number, and the reverse situation obtains in Japan. The proportion of those whose ideal number of children is more than four children is greater in Korea than that in Japan, which indicates that most women, in the past, resorted to family planning not for birth spacing but for fertility termination.

Table 5–6. Percent Distribution of Ideal Number of Children by Number of Living Children: Korea, 1976 and Japan, 1975

Ideal Number of Children	No. of Living Children 0	1	2	3	4	5+
Korea, 1976[1]						
0	0.3	0.3	0.4	0.1	0.2	0.2
1	10.1	9.7	3.7	2.4	0.8	0.9
2	54.4	60.2	59.0	30.5	25.7	10.7
3	25.1	23.7	29.3	52.1	32.6	34.3
4	3.0	4.3	4.8	10.2	31.9	25.5
5+	3.6	1.2	2.0	3.6	6.2	26.1
Unidentified	3.6	0.7	0.9	1.2	1.5	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Japan, 1975[2]						
0	-	2.5	3.0	3.4	6.8	5.2
1	-	4.0	2.2	1.6	0.8	-
2	50.0	34.5	29.3	16.0	11.1	9.3
3	25.0	43.8	44.5	50.0	46.3	44.3
4	-	2.5	8.3	12.3	15.8	14.4
5+	-	1.0	1.6	2.7	3.4	12.4
Unidentified	25.0	11.7	11.1	14.0	15.8	14.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1) The Present Study.

2) JOICFP, *Fertility & Family Planning In Japan*, Tokyo, 1977, p. 96.

5.1.3 Additional Children Wanted

In the foregoing tables, the decline both in the number of living children and in the ideal number of children has been observed. The same tendency is observed in the additional number of children wanted as shown in Table 5-7. In 1971, 43 percent of

women wanted additional children, which declined to 38 percent in 1973, and again to 28 percent in 1976. In 1971, 21 percent of the women wanted more than two additional children, but in 1976 the proportion declined to 8 percent.

Table 5—7. Percent Distribution of Number of Additional Children Wanted for Women Aged 15-44 by Age: Compared to 1971 and 1973 Survey

Age of Women	No. of Additional Children				Total	(N)	Mean
	0	1	2	3+			
1971[1]							
Under 25	8	23	31	38	100	(592)	2.2
25-29	28	38	24	10	100	(1,067)	1.2
30-34	62	27	8	3	100	(1,159)	0.5
35-39	83	14	2	1	100	(1,062)	0.2
40-44	92	6	1	1	100	(779)	0.1
All Ages	57	22	12	9	100	(4,659)	0.8
1973[2]							
Under 25	10	27	40	23	100	(224)	1.8
25-29	38	37	20	5	100	(430)	0.9
30-34	64	29	4	3	100	(476)	0.5
35-39	85	12	3	-	100	(466)	0.2
40-44	92	6	2	-	100	(312)	0.1
All Ages	62	23	11	4	100	(1,908)	0.6
1976[3]							
Under 25	20	43	26	11	100	(628)	1.3
25-29	49	40	9	2	100	(1,217)	0.7
30-34	82	17	1	-	100	(1,122)	0.2
35-39	93	6	1	-	100	(1,122)	0.1
40-44	98	1	1	-	100	(929)	-
All Ages	72	20	6	2	100	(5,018)	0.4

Source: 1) KIFP, *Report on 1971 Fertility-Abortion Survey*, op. cit., p. 78.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report*, op. cit., p. 63.

3) The Present Study.

By age of women, in 1971, 1973, and 1976, more than 80 percent of those aged over 35 years wanted no more children, but for those aged less than 25 years, the average number of children additionaly wanted declined from 2.2 in 1971 to 1.3 in 1976. As for those in the 25-29 age bracket, the proportion of those who wanted more than two additional children declined from 34 percent in 1971 to 25 percent in 1973, and again to 11 percent in 1976. Those aged 30-34 years who wanted additional

Table 5—8. Percent Distribution of Number of Additional Children Wanted by Residence and Women's Age

Residence and Age	No. of Additional Children				Total	(N)	Mean
	0	1	2	3+			
Large Cities							
15-24	21.3	47.5	24.0	7.2	100	(221)	1.39
25-29	53.9	37.7	7.3	1.1	100	(427)	0.56
30-34	86.8	12.0	1.2	-	100	(409)	0.14
35-39	95.7	3.8	0.5	-	100	(371)	0.05
40-44	98.4	-	1.6	-	100	(250)	0.03
All Ages	73.5	19.6	5.7	1.2	100	(1,678)	0.35
Other Cities							
15-24	19.8	43.4	23.6	13.2	100	(106)	1.30
25-29	51.2	37.1	8.8	2.8	100	(283)	0.63
30-34	81.3	17.3	0.9	0.5	100	(214)	0.21
35-39	94.9	4.6	0.5	-	100	(195)	0.06
40-44	98.6	-	1.4	-	100	(145)	0.03
All Ages	70.8	20.9	5.8	2.4	100	(943)	0.40
Rural							
15-24	18.3	38.9	28.2	14.6	100	(301)	1.39
25-29	42.8	43.6	10.1	3.5	100	(507)	0.74
30-34	79.0	19.4	1.4	0.2	100	(499)	0.23
35-39	90.5	8.1	1.2	0.2	100	(556)	0.11
40-44	97.7	2.1	0.2	-	100	(533)	0.02
All Ages	70.5	20.5	6.3	2.7	100	(2,396)	0.41

children declined from 36 percent in 1973 to 18 percent in 1976. With current tendency those in the 30-34 age bracket appears to be pregnancy terminated earlier as soon as possilbe.

The breakdown of the additional children wanted by residence in represented in Table 5-8. A slightly larger proportion of those in urban areas than in rural areas wanted no more children. By age, in the big cities 31 percent of those less than 25 years old wanted at least two more children, but in the other urban areas and in the rural areas, the proportion was slightly higher (37 percent and 43 percent respectively). For those aged 25-29 years, the proportion wanting additional children amounted to 46 percent in the big cities, 49 percent in the other urban areas, and 57 percent in the rural areas. One noteworthy feature is that a substantial difference in the number of children additionally wanted among the younger women was found by region. Also the age at first marriage is much lower in rural areas than in urban areas. The above two factors may explain the high fertility levels in the rural regions.

The average number of children additionally wanted declined in inverse proportion to the age of the women regardless of the residence, however, the rate of decline differs slightly between the big cities and rural regions. In 1976 for those aged over 35 years, the average number of children additionally wanted stood at 0.05 in the big cities in contrast to 0.12 in the rural areas.

In comparison with the 1976 data shown in table 5-9, the average number of children (the sum of the number of the number of living children and the number of children additionally wanted) was 3 and 4 in big cities and rural areas respectively. The lower the women's age, the lower the number of expected children, which explains the recent steady decline in fertility levels in Korea. For example, the expected number of children in 1976 is much lower than that in 1973, regardless of women's age and residence.

Table 5–9. Comparison between 1973 and 1976 in Mean Number of Additional Children Wanted by Respondent's Age and Residence

	1973[1]			1976[2]		
	No. of Living Children	Additional Children Wanted	Expected Children	No. of Living Children	Additional Children Wanted	Expected Children
Large Cities						
15-24	1.30	1.66	2.96	0.84	1.18	2.02
25-29	1.76	0.76	2.52	1.79	0.56	2.35
30-34	2.57	0.30	2.87	2.64	0.14	2.78
35-39	3.45	0.18	3.63	3.22	0.05	3.27
40-44	3.30	0.14	3.44	3.63	0.03	3.66
All Ages	2.47	0.56	3.03	2.49	0.35	2.84
Other Cities						
15-24	0.88	1.64	2.52	0.87	1.27	2.14
25-29	1.80	1.07	2.87	1.90	0.63	2.53
30-34	2.85	0.48	3.33	3.00	0.21	3.21
35-39	3.66	0.15	3.81	3.16	0.06	3.22
40-44	4.38	0.10	4.48	4.15	0.03	4.18
All Ages	2.77	0.62	3.39	2.73	0.40	3.13
Rural						
15-24	1.13	1.93	3.06	1.04	1.47	2.51
25-29	2.33	0.93	3.26	2.08	0.75	2.83
30-34	3.56	0.50	4.06	3.46	0.23	3.69
35-39	4.54	0.20	4.74	4.21	0.12	4.33
40-44	5.05	0.09	5.14	4.86	0.02	4.88
All Ages	3.57	0.60	4.17	3.38	0.42	3.80

Source: 1) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., pp. 67, 69-70.

2) The Present Study.

Table 5-10 shows the distribution of those who want no more children by the number of living children. The proportion of those with one child who want no more

Table 5–10. Trends in Percent Distribution of Proportion Wanting No More Children for Women Aged 15-44 by Number of Living Children: 1967-1976

Number of Living Children	1976[1)]	1968[2)]	1973[3)]	1976[4)]
1	7	8	11	19
2	15	24	46	69
3	55	54	73	88
4	74	73	85	93
5	88	85	90*	93
6+	93	94	-	97
Total	55	52	62	71

* Included five children and more.

Source: 1) MOHSA, *The Findings of the National Survey on Family Planning, 1967,* op. cit., (Special Tabulation).

2) Kap Suk Koh and David P. Smith, *The Korean 1968 Fertility and Family Planning Survey,* op. cit., p. 98.

3) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report.* op. cit., p. 73.

4) The Present Study.

children increased from 7 percent in 1967, to 19 percent in 1976, and the proportion of those with two children who want no more children increased from 15 percent in 1967 to 46 percent in 1973, and to 69 percent in 1976. Those with three children who want no more children increased from 55 percent in 1967 to 88 percent in 1976.

By age of women, as shown in Table 5-11, older women regardless the number of living children tend to be higher proportion in no more children additionally wanted. The proportion of the women with only one child who want no more children is 9 percent for the 25-29 age group and 37 per cent for 30-34 age group. However, it shows that more than 90 percent of those women aged 40 and over want no more children.

Table 5—11. Percentage of Currently Married Women Who Want No More Children by Number of Living Children and Age

Age	Total	No. of Living Children 0	1	2	3	4	5+
15-19	10.7	5.9*	18.2*	-	-	-	-
20-24	19.7	3.0*	11.1	56.3	75.0*	-	-
25-29	48.5	7.8*	8.9	60.2	74.9	84.7	100.0*
30-34	82.5	13.3*	37.1	78.7	90.1	88.5	86.2
35-39	93.1	63.2	74.4	88.2	97.0	95.5	93.4
40-44	98.9	81.8*	96.3	98.3	98.4	99.6	99.3
45-49	99.7	89.9*	93.3	100.0	100.0	100.0	100.0
All ages	74.8	13.5	20.8	70.3	89.5	94.7	96.7

* Less than 10 cases.

Table 5-12. Comparison between 1973 and 1976 in Mean Number of Son and Children, Living and Ideal, by Women's Age

Age	No. of Living Children 1973[1]	1976[2]	Ideal No. of Children 1973	1976	Ideal No. of Sons 1973	1976	No. of Additional Children Wanted 1973	1976
15-19	1.0	0.4	3.0	2.5	1.8	1.6	1.8	1.9
20-24		1.0		2.3		1.5		1.3
25-29	2.0	1.9	2.9	2.5	1.8	1.5	0.9	0.7
30-34	3.2	3.1	3.1	2.8	1.9	1.7	0.5	0.2
35-39	4.1	3.8	3.3	3.0	2.0	1.8	0.2	0.1
40-44	4.5	4.4	3.4	3.2	2.0	2.0	0.1	-
All Ages	3.1	3.0	3.1	2.8	1.9	1.7	0.6	0.4

Source: 1) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., pp. 38, 42, 62, 63.

2) The Present Study.

Similar figure has appeared to those women with two children. In short, attitudes toward additional number of children were found to be very much influenced by living number of children and women's present age.

Based on the general decline in the number of children alive, the ideal number of children, and in the number of children additionally wanted, one would conclude that the "two-child family" campaign is exercising a strong influence on women's fertility behavior in recent years.

5.2 Sex Preference

5.2.1 Ideal Number of Children by Sex

Sex preference exerts a substantial influence on family planning. Women with at least one son have more favorable attitudes toward the family planning program than those without a son, as found in the previous studies.[2/]

In Table 5-13, the average ideal number of sons declined by 0.5 point from the 1971 level to 1.7 in 1976. The proportion of the women whose ideal number of sons was one increased from 6 percent in 1971 to 9 percent in 1973, and again to 37 percent in 1976. However, the proportion whose ideal number of sons was two decreased from 71 percent in 1973 to 55 percent in 1976. Again, the proportion who

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2/ 1) Bom Mo Chung, et. al., *Psychological Perspectives: Family Planning in Korea.* Seoul, Hollym Corporation, 1972.

2) Tai Hwan Kwon and Hae Yong Lee, "Preference for Number and Sex of Children in Korean Town", *Bulletin of the Population & Development Studies Center.* Vol. 5, Seoul, PDSC, SNU, September 1976.

3) Hae Young Lee, et. al., "Family Size Value in a Korean Middle Town, Incoon Eup, "*Journal of Marriage and the Family,* Vol. 30, No. 2, Minneapolis, Minnesota, The National Council on Family Relations, May, 1968.

4) John Stoeckel, "Differentials in Fertility, Family Planning Practice, and Family Size Values in South Korea, 1965-1971, "*Studies in Family Planning,* op. cit.

5) Jae Ho Cha, et. al., *Boy Preference and Family Planning in Korea,* Seoul, KIRBS, 1975.

6) Jong Joo Yoon, "Preference to boy in Korean Family Relation to Family Planning and Population Growth, "*Journal of Population Studies,* No. 4, Seoul, The Institute of Population Problems, 1967.

thought that three sons were ideal declined from 30 percent in 1971 to 8 percent in 1976. Still, a greater number of women seem to prefer to have two sons rather than one son.

Table 5—13. Percent Distirubtion of Ideal Number of Son for Current Married Women by Age: 1971, 1973 and 1976

Age	1971*[1]				1973[2]				1976[3]			
	1	2	3+	Mean	1	2	3+	Mean	1	2	3+	Mean
15-24	8	76	17	2.1	23	71	6	1.8	55	43	2	1.5
25-29	9	71	19	2.1	23	72	5	1.8	50	48	2	1.5
30-34	5	68	27	2.2	17	74	9	1.9	36	58	6	1.7
35-39	5	55	40	2.4	18	68	14	2.0	30	59	11	1.8
40-44	4	52	45	2.4	14	69	17	2.0	22	61	17	2.0
All Ages	6	64	30	2.2	19	71	10	1.9	37	55	8	1.7

* For 1971, the age bracket 15-24 refers to women aged 20-24 only.

Source: 1) Hyun Sang Moon, et. al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey,* op. cit., p. 86.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 42.

3) The Present Study.

The higher the age, the greater the ideal number of sons, both in 1971, 1973, and 1976. As the ideal number of children decrease, the ideal number of sons may decrease accordingly, but this relation may not hold in the circumstances where women would continue to have daughters until they would secure at least one son.

In Table 5-14, the proportion of those who think that one son is ideal amounts to 51 percent in the big cities, 41 percent in other urban areas, and 27 percent in the rural areas. The strongest son-preference is observed in rural areas where the proportion of women whose ideal number of sons is two amounts to 61 percent, more than twice that of the women who think that one son is ideal. However, in the urban area, the proportion of the women whose ideal number of sons is two is much smaller than that of the women who think that one son is ideal.

By age of women, the lower the age, the higher the proportion of the women who think one son is ideal, particularly in urban areas. In big cities, among those aged less than 30 years, the proportion of those whose ideal number of son is one is greater than that of those whose ideal number of sons is two, but for those aged over 30, the reverse situation obtains. Except for those in the 40-44 age bracket, the proportion of women who think three sons are ideal is negligible, particularly in large cities.

As for the other urban areas, except for those in the 15-29 age category, the proportion of women whose ideal number of sons is two is greater than that of those whose ideal number of sons is one, which represents a stronger son-preference attitude than was the case in the large cities.

However, except for the 40-44 age group, in the other urban areas the proportion of those whose ideal number of sons is three is very low. In rural areas, throughout all age categories, the proportion of those whose ideal number of sons is two is much greater than that of those whose ideal number of son is one. But for those aged less than 30 years, the proportion of those who think one son is ideal is about to approach that of those who think two sons are ideal.

Table 5—14. Percent Distribution of Ideal Number of Son by Residence and Women's Age

Residence and Age	Ideal No. of Sons 1	2	3+	Total	(N)	Mean
Large Cities						
15-24	71	28	1	100	(133)	1.31
25-29	61	38	1	100	(292)	1.40
30-34	51	47	2	100	(299)	1.51
35-39	46	51	3	100	(290)	1.57
40-44	30	60	10	100	(212)	1.82
All Ages	51	46	3	100	(1,226)	1.53
Other Cities						
15-24	66	31	3	100	(77)	1.36
25-29	52	46	2	100	(200)	1.50
30-34	38	58	4	100	(165)	1.67
35-39	33	58	9	100	(150)	1.75
40-44	23	61	16	100	(127)	1.92
All Ages	41	53	6	100	(719)	1.65
Rural						
15-24	43	55	2	100	(230)	1.59
25-29	40	47	3	100	(413)	1.64
30-34	26	65	9	100	(425)	1.84
35-39	19	64	17	100	(505)	1.99
40-44	18	61	21	100	(518)	2.00
All Ages	27	61	12	100	(2,091)	1.86

In the rural areas, for those in the 35-44 age groups, the proportion of those who think three sons are ideal is almost equal to that of those who think one son is ideal. In summary, it appears that the ideal number of sons in smaller, the lower the women's age, particularly in the urban areas.

The relationship between the ideal number of sons and the ideal number of daughters is shown in Table 5-15.

There exist no differences between the urban and the rural regions in the ideal number of daughters. The ideal number of daughters throughout all regions is 1.2. About 70 percent of the women said one daughter is ideal.

Table 5–15. Percent Distribution of Ever Married Women by Ideal Number of Son vs. Ideal Number of Daughter by Residence

Ideal Son, Ideal Daughters and Residence	0	1	2	3+	Total	(N)	Mean
Whole Country							
Ideal No. of Son	1	34	55	10	100	(4,721)	1.8
Ideal No. of Daughter	5	69	24	2	100	(4,721)	1.2
Urban							
Ideal No. of Son	1	44	49	6	100	(2,219)	1.6
Ideal No. of Daughter	5	76	18	1	100	(2,219)	1.2
Rural							
Ideal No. of Son	-	25	61	14	100	(2,502)	1.9
Ideal No. of Daughter	4	63	30	3	100	(2,502)	1.3

In the rural area, the proportion of the women whose ideal number of sons is two is almost equal to that of those whose ideal number of daughters is one, an indication of son-preference. The proportion of women who thought that two daughters are ideal is greater in the rural area than in the urban area, which explains why the fertility level in the rural areas is much higher.

5.2.2 Additional Children Wanted

According to Table 5-16. The proportion of women who want no more daughters amounts to 94 percent, whereas that of women who want no more sons amounts to 85 percent. This is another indication of son-preference, though the number of children additionally wanted may be influenced by the number of children the couples already have. As for the number of sons additionally wanted, a greater proportion of rural women want to have more sons than their counterparts in the urban area. In addition, the proportion of women wanting still more daughters is greater in the rural area than in the urban area.

Table 5—16. Percent Distribution of Ever Married Women by Number of Additional Wanted Son and Daughter and by Residence

	0	1	2+	Total	(N)	Mean
Whole Country						
Son	85.2	12.2	2.6	100.0	(5,496)	0.17
Daughter	93.6	6.0	0.4	100.0	(5,496)	0.07
Urban						
Son	86.4	11.6	2.0	100.0	(2,749)	0.16
Daughter	94.1	5.8	0.1	100.0	(2,749)	0.06
Rural						
Son	84.1	12.9	3.0	100.0	(2,747)	0.19
Daughter	93.1	6.2	0.7	100.0	(2,747)	0.08

5.2.3 Attitude toward Sex Preference

In Table 5-17, 61 percent of the women replied that they must have at least one son, whereas 28 percent said they don't care whether they have a son or not.

By age, the proportion of the women who replied that they should have a son breaks down into 52 percent for those aged less than 25 years, 72 percent for those 45-49 years old. On the other hand, 39 percent of those aged less than 25 years said they don't care whether they have a son or not. That is, the lower the women's age, the lower the proportion who think they must have a son. This indicates that the son-preference attitude is loosing much gound among young women.

By residence, 71 percent of rural women said they must have at least one son, whereas only 49 percent of urban women replied they must have a son.

By education, 76 percent of women with no school education, and 38 percent of the women with college education, replied they must have a son. On the other hand, only 17 percent of these with no education, replied that they would be satisfied with daughters, if they have no sons.

Among the women with high school and college educations, the proportion who are satisfied with daughters, if they have no sons, is greater than the proportion who

Table 5—17. Percent Distribution of Ever Married Women by Degree of Son Preference and Background Characteristics of Women

Background Characteristics	Must have a Son	Son is Better than Daughter	Satisfied with Daughter, Even if No Son	Total	(N)
All Women	61	11	28	100	(6,020)
Age					
15-24	52	9	39	100	(637)
25-29	53	13	34	100	(1,232)
30-34	57	13	30	100	(1,150)
35-39	62	11	27	100	(1,182)
40-44	69	10	21	100	(1,025)
45-49	72	8	20	100	(794)
Residence					
Large Cities	49	11	40	100	(1,964)
Other Cities	53	17	30	100	(1,090)
Rural	71	9	20	100	(2,966)
Education					
No Schooling	76	7	17	100	((895)
Primary	66	10	24	100	(3,083)
Middle	49	14	37	100	(1,120)
High	42	14	44	100	(739)
College	38	15	47	100	(183)
No. of Living Children					
0	42	9	49	100	(353)
1	44	12	44	100	(808)
2	51	13	36	100	(1,168)
3	57	14	29	100	(1,185)
4	70	9	21	100	(1,064)
5	75	9	16	100	(766)
6+	81	6	13	100	(676)

said they must have a son. The degree of son-preference is strongly influenced by the number of children the women already have. In the case of those with at least one child, the proportion who are satisfied with daughters is less than that of those who said they must have a son.

Over 70 percent of those with four or more children replied they must have a son, which is 30 to 40 percent point higher than the proportion of women with no child who insist that they should have a son. To summarize, son-preference is particularly stronger among older women with lower-level education in the rural area.

In Table 5-18, the women were asked how many daughters they would continue to have until they have the number of sons they want. About 38 percent of the women said they would continue to have daughters, regardless of the number, until they have their desired number of sons. A substantial proportion of the women said they would continue to have two to three daughters until they have the number of sons they want. But only 4 percent said they would not mind having five daughters until they have the number of sons they want.

Table 5—18. Percent Distribution of Ever Married Women by Giving Number of Daughter Willing to have Desired Number of Son and by Residence

Residence	Give the Number of Daughter							Total	(N)
	1*	2	3	4	5	6	7+		
Large Cities	24.8	25.7	38.8	7.9	2.3	0.4	0.1	100.0	(997)
Other Cities	26.1	26.7	32.2	9.3	5.0	0.6	0.1	100.0	(656)
Rural	48.2	14.5	22.8	7.7	5.2	1.0	0.6	100.0	(2,011)
Total	37.9	19.7	28.8	8.1	4.4	0.8	0.3	100.0	(3,664)

* Continue to have daughters, regardless of number, until the desired number of son is obtained.

By residence, in rural areas 48 percent of the women said they would continue to have daughters until they have the number of sons they want. But in the large cities and in the other urban areas, only 25 percent and 26 percent of the women expressed the same opinion. In order to eradicate the strong son-preference attitude in the rural region, a new family planning strategy should be worked out.

Chapter 6. Fertility

6.1 Annual Trends in Fertility

Fertility levels can be represented in a number of ways, including crude birth rates, age-specific fertility rates. Changes in the level of fertility can be studied by analyzing the number of children ever-born, the first and the open birth intervals.

In Korea, fertility has been decling ever since the 1960's, thanks to the nation's socio-economic development, the introduction of the family planning program, and the spread of induced abortion. A number of factors have contributed to lower fertility, and a series of special analyses will be made on each of these factors in the future. The present report focuses on general trends in the fertility level.

6.1.1 Total Fertility Rate

In the past, most women married at very young ages and most of them wished to have as many sons as possible. As shown in Table 6-1, from 1925 through 1960, the crude birth rate stood at 45, and the total fertility rate was above 6. Infant and child mortality rates during the same period were also high. This condition of high birth rates and high death rates characterize feature of the first phase of the demographic transition.

During the 1950-1955 period, fertility began to decline, but there was a rise the crude birth rate to about 45, and a rise in total fertility to 6.3 occurred in the period 1955-1960 that resulted from the post-world war baby boom.

The increase in population that followed the period of high fertility attracted the attention of the government in the early 1960's, and a veriety of population control policies to curb population increase, among them the family planning program were taken. It is mainly due to the family planning program that the crude birth rate declined from 28 in 1971 to 24 in 1976, and total fertility declined from 4.7 to 3.2 during the same period.

6.1.2 Age-specific Fertility Rates

a. Age-specific fertility rate

Changes in fertility level are not only affected by changes in the crude birth rate, but also by changes in the number of eligible woman, and changes in the proportion

Table 6–1. Estimated Crude Birth Rates, Crude Death Rates and Total Fertility Rates (1925-1976)

Year	CBR (per 1,000)	CDR[7]	TFR
1925-30 [1]	45	26	6.2
1930-35	44	23	6.1
1935-40	44	21	6.2
1940-45	42	20	6.1
1945-50	42	16	6.0
1950-55	40	14	5.6
1955-60	45	13	6.3
1966[2]	36	8	5.4
1968[3]	30	7	4.2
1971[4]	28	8	4.7
1974[5]	27	7	3.6
1976[6]	24	-	3.2

Source: 1) Tai Hwan Kwon, et al., *The Population of Korea,* The Popualtion and Development Studies Center, Seoul National University, 1975, p. 12.

2) E.H. Choe and J.S. Park, *Some Findings from the Special Demographic Survey,* 1966. op. cit., p. 21.

3) Kap Suk Koh and David P. Smith, *The Korean 1968 Fertility and Family Planning Survey,* op. cit., pp. 30, 96.

4) H.S. Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., pp. 29, 123.

5) E.H. Choe and S.K. Kong, *Changing Fertility and Pattern of Contraceptive Use*, op. cit., pp. 28, 31, 33.

6) The Present Study.

7) E.H. Choe, S.K. Kong and Y.H. Lee, "A Study of Motality Trend in Korea," in *Health Problems and Provision in Korea (II)*, J.G. Park and J.S. Min, ed., Seoul, Healths Planning Secretariate/KDI, 1977, pp. 457, 476-477; Tai Hwan Kwon, *Demography of Korea: Population Change and Its Components 1925-66*, Seoul, SNU Press, 1977, p. 17; Yun Shik Chang, *Population in Early Modernization: Korea*, Unpublished Ph.D. thesis, Princeton University, 1967, p. 267 (Table 7.1).

marrying. Table 6-2 shows that in the last 16 years, the total fertility rate declined by 47 percent from 6.0 to 3.2, and that the age-specific fertility rate declined in all age categories. For instance, the age-specific fertility rate for the 20-24 age groups declined

Tabel 6–2. Age-Specific Fertility Rates from Various Source: 1960-1976

	1960 Census[1]	1966 SDS[2]	1968 Survey[3]	1970 Census[4]	1971 Survey[5]	1973 Survey[6]	1974 HHS[7]	1976 Survey[8]	Change (%) (1960-76)
15-19	37	15	7	13	6	10	11	10	-73.0
20-24	283	205	146	168	188	146	159	147	-48.1
25-29	330	380	301	278	341	301	276	275	-17.6
30-34	257	242	201	189	234	220	164	142	-44.7
35-39	196	150	120	101	124	88	74	49	-75.0
40-44	80	58	65	39	41	19	29	18	-77.5
45-49	14	7	7	7	3	3	3	1	-92.9
Total Fertility Rate (per woman)	6.0	5.4	4.2	3.9	4.7	3.9	3.6	3.2	-46.7

Source: 1) Byung Moo Lee, "The Impact of Marital Age Distribution (Age at First Marriage), Induced Abortion and Family Planning Program on Fertility," *Annual Report of Family Planning*, Vol. 1, Seoul, NFPC, 1970, p. 145. These rates are closely corroborated by estimates independently derived using the "own children" method by Lee Jay Cho in *Estimates of Current Fertility for the Republic of Korea and Its Geographical Subdivi - ions: 1959-1970*, Seoul, Yonsei University Press, 1974, p. 13 (Table 1), p. 19 (Table 4).

2) E.H. Choe and J.S. Park, *Some Findings from the Special Demographic Survey*, 1966. op. cit., p. 21.

3) Kap Suk Koh and David P. Smith, *The Korean 1968 Fertility and Family Planning Survey*, op. cit., p. 39.

4) "Own-Children" estimates from the 1970 census by Lee Jay Cho in *The Demographic Situation in the Republic of Korea*, Hawaii, East-West Population Institute, No. 29, December 1973, p. 12.

5) H.S. Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 123.

6) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report*, op. cit., p. 236.

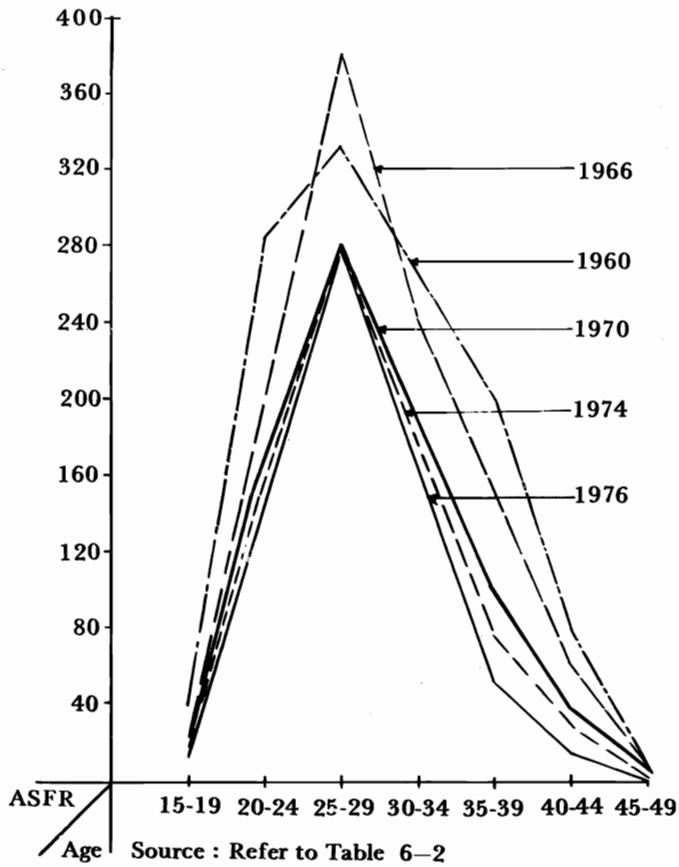
7) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974*, op. cit., p. 89.

8) The Present Study.

by 48 percent from 283 in 1960 to 147 in 1976. A substantial portion of the decline at the youngest ages is attributed to the gradual rise in the age at first marriage. Of all age categories, the age-specific fertility rate of the 25-29 group has always been the highest, even though the age-specific fertility rate for these women declined from 330 in 1960 to 275 in 1976, an 18 percent decline.

For those aged over 35 years, the age-specific fertility rate declined by about 57 percent from 1960 to 1976, mainly due to the vagorous family planning campaign. The age-specific fertility decline for the 30-34 age category is pronounced, particularly in recent years, which seems related to the tendency among women of this age to terminate fertility as soon as possible.

Figure 6—1. Age-Specific Fertility Rates by Year: 1960-1976

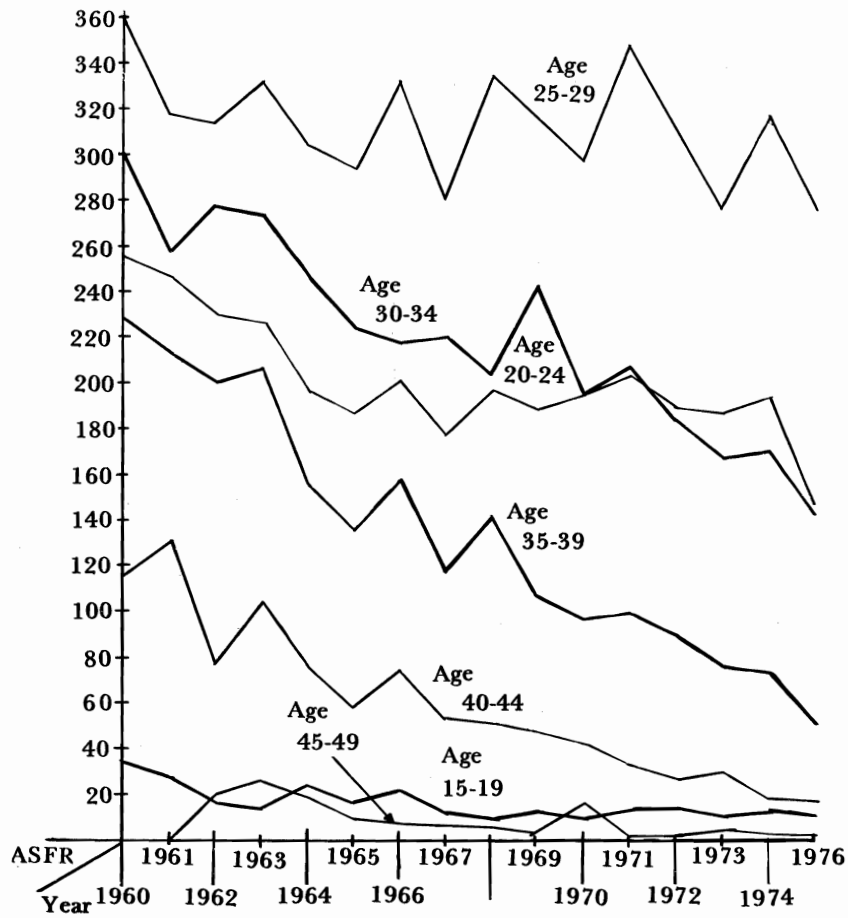


Source : Refer to Table 6—2

The family planning practice rate among the women of this age category is very high. It is expected that the age-specific fertility rate for the 30-34 age group will decline gradually as was the case of the 35-39 age category.

Tabel 6-2 represents the annual trends in the age-specific fertility rate calculated on the basis of the 1971 and 1976 fertility survey.

Figure 6–2. Trends in Age-Specific Fertility Rates: 1960-1976



From 1971 to 1975, the fertility decline for the 25-29 age group was not as pronounced as for the 30-34 and 35-39 age groups. The rate of fertility decline for the 20-24 age category for the 1971-1975 period was not as high as that for the 1960-1970 period, probably due to the slow-down in the rate at which the age at first marriage rose during the 1971-1975 period.

Finally, throughout the 1960-1975 period, the age-specific fertility rate gradually declined for the 35-44 age category.

b. Marital fertility rate

The age-specific fertility rate is directly affected by changes in marital behavior. In Table 6-3, the marital fertility rate can be seen to be gradually declining, but

Table 6—3. Age-Specific Marital Fertility Rates: 1960-1976

	ASMFR						
							Change (%)
Age	1960[1]	1966[2]	1968[3]	1971[4]	1974[5]	1976[6]	1960 - 1976
15-19	529	337	264	191	326	433	-18.1
20-24	437	417	374	412	356	391	-10.5
25-29	354	376	336	374	356	272	-23.2
30-34	280	259	212	237	166	136	-51.4
35-39	222	177	132	125	102	54	-75.7
40-44	97	79	78	41	29	20	-79.4
45-49	18	12	9	3	3	1	-94.4

Source: 1) Byung Moo Lee, "The Impact of Marital Age Distribution (Age at First Marriage), Induced Abortion and Family Planning Program on Fertility," *Annual Report on Family Planning,* op. cit., p. 147.

2) E.H. Choe and J.B. Park, *Some Findings from the Special Demographic Survey,* 1966, op. cit., pp. 21, 32.

3) Kap Suk Koh and D. P. Smith, *The Korean 1968 Fertility and Family Planning Survey,* op. cit., pp. 39-40.

4) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., pp. 36, 123.

5) E.H. Choe and S.K. Kong, *Changing Fertility and Pattern of Contraceptive Use,* op. cit., pp. 34-36.

6) The Present Study.

with a slightly difference pattern from that of the age specific fertility rate The age-specific fertility rate was highest for the 25-29 age bracket, however, understandably, the marital fertility rate was higher, among the youngest married women. The fact that the age-specific marital fertility rate for those aged less than 25 is highest indicates that most of the women want to have as many children as they want in as short a period of time as possible. Thus, the first two birth intervals are getting shorter.

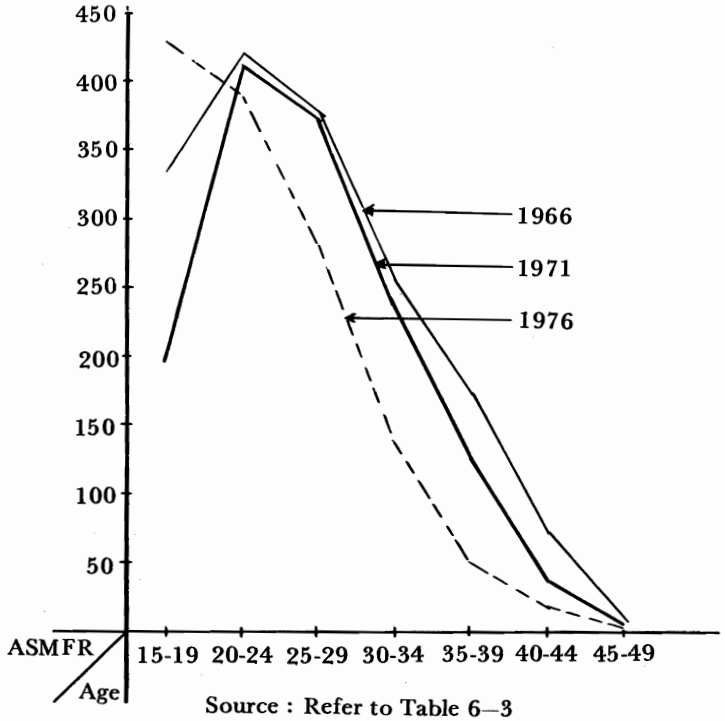
The marital fertility rate for the 20-24 age group declined by only 10 percent in the last 16 years, which contrasts with the large decline in the age-specific fertility rate for the same age category for the corresponding period. The age-specific marital fertility rate for the 25-29 age category declined by about 23 percent in the last 16 years, but most of the decline occurred in the post-1974 period. For the 30-34 age category, the marital fertility rate declined by 51 percent, and for those aged over 35 years, marital fertility registered a 75 percent decline. One noteworthy feature about the decline has been its consistency throughout the 16 year period (1960-1976).

This is an indication that the small family norm is spreading among young women. The relatively slight decline in the fertility rate among these young women, compared with that of those aged over 35 years, has to do with the fact that the increasing child-bearing tempo among the young women exerts a neutralizing effect on the rise in the age at first marriage.

On the other hand, the large decline in marital fertility for the 30-34 age category seems to be the result of the increasing rate of family planning practice among women of this age category and the recent tendency to have fertility terminated as soon as possible.

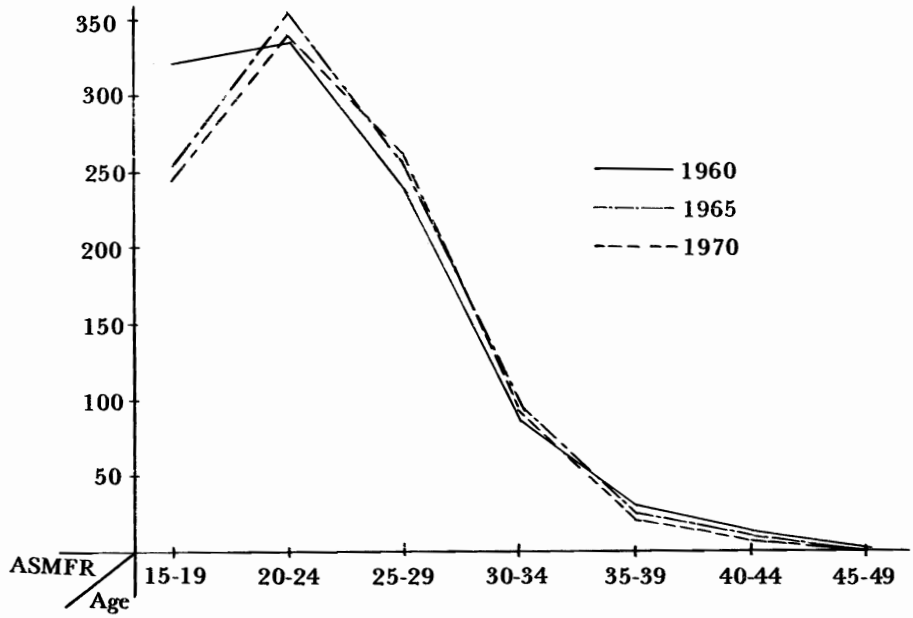
Figure 6-3(A) through 6-3(D) show the age-specific marital fertility rates in Korea Japan, and Taiwan. In Japan, the age-specific marital fertility rate is relatively stationary, except for the 15-19 age category where decline is still in progress. By contrast, in Korea and in Taiwan, except for the irregularities for women aged less than 25 years, age-specific marital fertility rates are gradually declining.

Figure 6—3(A). Trends in Age-Specific Marital Fertility Rates in Korea: 1966-1976



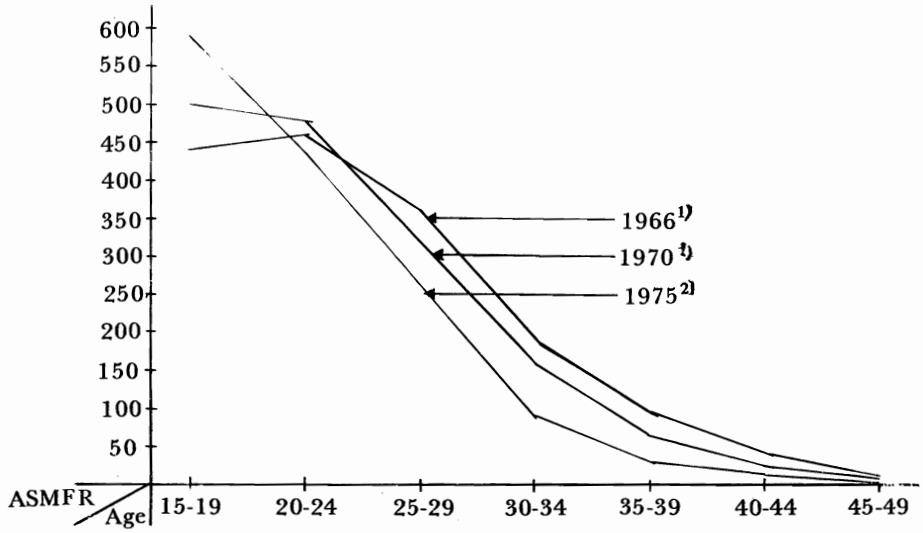
Source : Refer to Table 6—3

Figure 6—3(B). Trends in Age-Specific Marital Fertility Rates in Japan: : 1960- 1970



Source: Mainichi Shimbunsha/Jinkomondai Shoshakai, *Nihon no Jinkomondai*, JOICFP, 1976, p. 340 (Table 9).

Figure 6—3(C). Trends in Age-Specific Marital Fertility Rates in Taiwan: 1966-1975



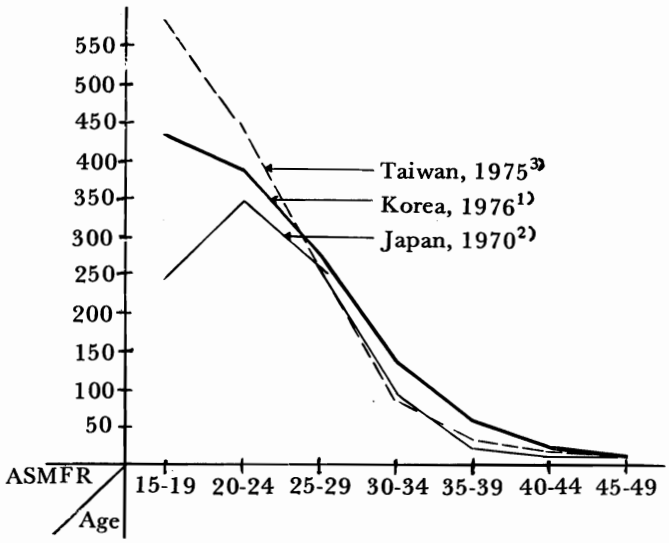
Source: 1) Ronald Freedman, Albert I. Hermalin and T.S. Sun, "Fertility Trends in Taiwan: 1961-1970," *Population Index*. Vol. 38, No. 2, 1972, P. 142 (Table 1).

2) Ministry of the Interior, *1975 Taiwan-Fukien Demographic Fact Book Republic of China*, December 1976, p. 435 (Tabel 15. Taiwan-Fukien Area).

The marital fertility rate of these aged less than 25 years is higher in Taiwan than in Korea, but the marital fertility rate of those aged over 35 years is lower in Taiwan than in Korea. The marital fertility rate pattern in Korea is much more irregular than that of Taiwan.

In Figure 6-3(D), for all age categories, the age-specific marital fertility rate in Japan in 1970 was lower than that in Korea in 1976. Korea differs markedly from Japan in its age-specific marital fertility rate for the 20-24 age category, the primary reason being that in Japan, women start practicing contraception as soon as they get married, but in Korea women resort to family planning to terminate fertility after having the number of children they want. For instance, in 1975, 20 percent of eligible women in Japan started practising contraception in their first birth interval. In Korea, the fertility rate is consistently declining in the older age-group, however, for the

Figure 6—3 (D). Trends in Age-Specific Marital Fertility Rates in Korea (1976) Compared with Japan (1970) and Taiwan (1975)



Source: 1) The Present Study.

2) Mainichi Shimbunsha/Jinkomondai Shoshakai, *Nihon no Jinkomondai,* op. cit., p. 340 (Table 9).

3) Ministry of the Interior, *1975 Taiwan-Fukien Demographic Fact Book Republic of China.* op. cit., p. 435 (Table 15. Taiwan-Fukien Area).

younger age-groups, the fertility rate still remains high. The younger age-groups should be given the prime emphasis in future family planning policy. The family planning program should be designed to further increase the age at first marriage and to make the younger age-group, space childbirth as much as possible.

6.1.3 Average Number of Children Ever-Born

Whereas the crude birth rate, the age-specific fertility rate, and the total fertility rate serve as indications of the current ferlity level, children ever-born is a yardstick of fertility ranging from the first childbirth to the births that occurred up to the time of survey. The pregnancy history includes such data as the time of pregnancy, the time of childbirth, and data on whether women had practiced family planning in each

birth interval. In order to prevent any birth from being omitted from the pregnancy history, every possible precaution has been taken to check and re-check birth intervals longer than three years. Table 6-4 shows that there exists little difference in the average number of children ever-born from 1966 through 1976. In 1966, the average number of children everborn for all age categories was 3.9, which decreased to 3.5 in 1976. For the 45-49 age category, the average number of children ever-born was 6.1 in 1966, which declined to 5.5 in 1976. The same tendency in the number of children ever-born has been observed for the 30-44 age category, even though the amount of decline was not as marked as that for other age categories. Partly because the number of children ever-born represents a longitudinal aspect of the fertility level, the changes in the number of children ever-born is not as marked as those of the total fertility rate.

Table 6—4. Mean Number of Children Ever Born by Age and by Years Korea (1966-1976)

Age	1966 SDS	1970 Census	1974 WFS	1976 Survey
All Women	3.9	3.7	3.6	3.5
15-19	0.5	0.5	0.5	0.5
20-24	1.2	1.0	1.0	1.0
25-29	2.4	2.1	2.0	2.0
30-34	3.8	3.5	3.4	3.2
35-39	4.7	4.5	4.4	4.1
40-44	5.6	5.3	5.1	4.9
45-49	6.1	5.6	5.8	5.5

The comparison of the average number of children ever-born in Korea with that of other countries is shown in Table 6-5. In 1974, the average number of children ever-born in Korea was 3.6, while in Japan it was 2.0. By mother's age, in Korea the average number of children ever-born was 2.1 for the 25-29 group, while in Japan the number stood at 1.4 for the same age category. Moreover, for the 30-34 age group, the average number of children ever-born in Korea was over twice the number in Japan. The family practising rate for those aged over 30 years in Korea is not as high as that of the same age category in Japan.

In 1976, the average number of children ever-born in Korea was 3.5, which contrasts with 3.9 in Thailand, and 4.3 in Pakistan. The average number of children ever-born in Pakistan for both the 30-34, 35-39, and 40-44 age categories is consistent-

Table 6–5. Recently Mean Number of Children Ever Born by Nations

	Korea		Japan	Thailand	Malaysia	Pakistan
	1974[1]	1976[2]	1974[3]	1975[4]	1975[5]	1975[6]
15-19	0.5	0.5	0.5	0.7	0.8	0.6
20-24	1.1	1.0	0.7	1.5	1.7	1.9
25-29	2.1	2.0	1.4	2.6	2.8	3.4
30-34	3.4	3.2	2.0	3.9	4.2	5.1
35-39	4.4	4.1	2.2	5.0	5.5	6.2
40-44	5.2	4.9	2.2	6.1	6.1	7.2
45-49	5.8	5.5	2.6	6.8	6.2	7.1
Total	3.6	3.5	2.0	3.9	4.2	4.3

Source: 1) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey-1974: First Country Report*, op. cit., p. 100.

2) The Present Study.

3) The Ministry of Public Health and Welfare, *World Fertility Survey:1974 Japan Fertility Survey*, Tokyo, 1976.

4) Institute of Population Studies Chulalonghorn Univ. and NSO/PSD, *World Fertility Survey: The Survey of Fertility in Thailand: Country Report*, Vol. 1, Bangkok, 1977, p. 48.

5) DOS and NFPB, *World Fertility Survey: Malaysian Fertility and Family Planning Survey-1974: First Country Report*, Kuala Lumpur, 1977, p. 75.

6) PPCOP, *World Fertility Survey: Pakistan Fertility Survey-1975: First Report*, 1976, p. A-II-20 (Table 2.2.1-a).

ly greater by an average of two children than in Korea for the corresponding age categories. Analyzed purely in terms of the average number of children ever-born, Korea falls behind Japan, but is ahead of Thailand, Malaysia, and Pakistan.

6.2 Differential Fertility Rate

6.2.1 Age-specific Fertility Rates

a. Age-specific fertility rate

The birth rate in Korean rural areas has always been higher than is urban areas, as can be seen in the fertility differentials between the two regions.

In urban areas, women are more exposed to factors favoring the small family,

Table 6-6. Age-Specific Fertility Rate and Total Fertility Rate by Residence: 1960-1976

Residence and Age	1960[1]	1966[1]	1968[1]	1970[1]	1971[1]	1973[1]	1974[1]	1976[2]	% Decline 1960-1976
Whole Country	6.0	5.4	4.2	3.9	4.4	3.9	3.6	3.2	-46.7
Urban									
15-19	22	4	6	8	3	7	6	5	-77.3
20-24	223	119	113	141	166	104	135	163	-39.0
25-29	316	278	297	258	316	284	262	258	-18.4
30-34	250	209	169	141	196	195	129	120	-52.0
35-39	184	92	77	63	91	50	42	36	-80.0
40-44	81	48	28	18	29	13	13	11	-86.4
45-49	-	8	-	3	-	-	2	3	-
TFR	5.4	3.7	3.5	3.1	4.0	3.3	2.9	2.8	-48.1
Rural									
15-19	48	16	8	17	9	14	16	16	-66.7
20-24	291	243	178	189	211	206	192	173	-40.5
25-29	354	424	305	291	363	324	298	278	-21.5
30-34	308	284	220	212	266	249	206	173	-43.8
35-39	237	228	147	126	144	117	103	54	-77.2
40-44	115	96	87	50	49	25	41	26	-77.4
45-49	-	12	11	7	4	5	4	-	-
TFR	6.7	6.5	4.8	4.4	5.2	4.7	4.3	3.6	-46.3

Source: 1) Refer to EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974, First Country Report,* op. cit., pp. 89-93.

2) The Present Study.

and contraceptives and induced abortion services are also easily available to them.

As in Table 6-6, the total fertility rate in 1976 was 2.8 in urban areas, and 3.6 in rural areas. The age-specific fertility rate is also lower in urban areas than in rural areas, and the difference in the age-specific fertility rates between the two regions is much more marked for those aged over 30 years. The reason appears to be that the

small family norm is pervasive in the urban area. In the last 16 years, the total fertility rate declined by 48 percent in urban areas, and by 46 percent in rural areas, but in the urban areas, fertility decline started during the 1960-1966 period, much earlier than in rural areas. As a result, in urban areas fertility decline during the pre-1970 period was abrupt and much greater than that during the post–1970 period.

In rural areas, fertility decline occurred gradually, the major decline being observed during the 1947-1976 period. Generally speaking, in urban areas, the fertility level has already declined to a substantial extent, and the rate of fertility decline has slowed down in recent years, however, in the rural region, the fertility level is still high, and the rate of decline will have to be accelerated before rural fertility parallels urban fertility.

Fortunately, in recent years, the rate of fertility decline in the rural areas has begun to outstrip that in the urban area.

b. Marital fertility rate

Table 6-7 indicates that marital fertility in the post-1966 has declined in urban areas by 15 percent from 5.2 in 1966 to 4.4 in 1976, whereas in rural areas, marital fertility declined by 37 percent from 7.3 to 4.6 during the same period. In 1966 in urban areas, the fertility level was already considerably lower than that in rural areas. The 1974 survey indicates evident to which the difference in fertility between the two regions has narrowed, now standing at 4.4 and 4.6 respectively. Clearly, the rate of decline in rural areas is greater than in urban areas.

Table 6–7. Age Specific Marital Fertility Rate by Residence: 1966-1976

	Urban					Rural				
	1966[1]	1971[2]	1974[3]	1976[4]	% Change	1966[1]	1971[2]	1974[3]	1976[4]	% Change
15-19 20-24	384	392	337	410	+ 6.8	420	398	370	373	-11.2
25-29	296	363	377	287	- 3.0	428	382	323	297	-30.6
30-34	212	198	131	123	- 42.0	284	268	207	176	-38.0
35-39	93	91	99	37	- 60.2	227	144	104	54	-76.2
40-44	47	29	13	11	- 76.6	95	49	41	27	-71.6
45-49	8	-	2	3	- 62.5	12	4	4	-	-
Total	5.2	5.4	4.8	4.4	- 15.4	7.3	6.2	5.2	4.6	-37.0

Source: 1) E.H. Choe and J.S. Park, *Some Findings from the Special Demographic Survey, 1966,* op. cit., pp. 21, 32.

2) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey,* op. cit., pp. 36, 135.

3) E.H. Choe and S.K. Kong, *Changing Fertility and Pattern of Contraceptive Use,* op. cit., pp. 34-36.

4) The Present Study.

In the 15-24 age category there does not appear to be a great contrast between the urban and the rural region in the marital fertility rate. In the 25-29 age category, the changes in marital fertility were greater in the rural region than in the urban region, the reason being that in the urban area the marital fertility was lower to begin with, whereas in rural areas marital fertility was still quite high. However, both in the urban and the rural areas, the marital fertility of those aged over 30 years declined by 50

percent, and the fertility of those aged 30 to 34 years declined by 40 percent.

The specific factors contributing to the marital fertility decline will be examined in a series of special analyses that will follow this report.

6.2.2 Average Number of Children Ever-Born

Table 6-8 shows the urban-rural difference in the average number of children ever-born by women's age and education. The average number of children ever-born in rural areas stood at 4, and in the urban area at 3. On of the factors accounting for this difference may be the concentration of older women in the rural regions.

The level of education was found inversely related to the number of children ever-born. Also, the higher the educational level, the younger the women's age.

Table 6—8. Mean Number of Children Ever Born by Respondent's Age, Educational Attainment and Residence

Age and Education	Whole Country	Urban	Rural
All Women	3.5	3.0	4.0
Age			
15-19	0.5	0.3	0.6
20-24	1.0	0.9	1.1
25-29	2.0	1.9	2.2
30-34	3.2	2.9	3.7
35-39	4.1	3.6	4.6
40-44	4.9	4.2	5.4
45-49	5.5	4.9	5.9
Education			
No Schooling	5.3	4.6	5.6
Primary	3.7	3.3	3.9
Middle	2.6	2.6	2.6
High	2.2	2.2	2.2
College	2.0	2.0	2.0

According to Table 6-9, among women of the same age group the difference in educational level has great influence on the number of children ever-born. Those with no education have on the average 5.3 children, but those with a college education have

2 children. The difference in the number of children ever-born is especially pronounced between the rural and the urban area particularly among these with no or primary school education.

Table 6—9. Mean Number of Children Ever Born by Educational Attainment and Age of Women

Educational Attainment	All Ages	Under 25	25-29	30-34	35-39	40-44	45-49
No Schooling	5.3	2.2	3.0	4.2	5.0	5.7	6.4
Primary	3.7	1.2	2.3	3.6	4.3	4.9	5.5
Middle	2.6	0.9	1.9	2.9	3.5	4.2	5.3
High & Over	2.2	0.7	1.6	2.4	3.1	3.6	3.7
Total	3.5	1.0	2.0	3.2	4.1	4.9	5.5

The difference in the number of children ever-born between the two regions should not be attributed to the educational level alone, but also to the difference in the age at first marriage and in the rate of family planning practice.

6.2.3 Birth Interval

a. First birth interval

The first birth interval, ranging from date of marriage to first birth, affects the fertility rate, along with the age at first marriage.

The average first birth interval is 22.7 months. In the rural area the first birth interval is for 24.4 months, in other urban area, 21.4 months, and in large cities, 20.9 months.

For the 20-49 age category, the first birth interval is shorter in urban rather than in rural areas. In the rural areas, the older the women's age, the longer the length of the first birth interval.

In urban areas, the length of first birth interval is not so long as in the rural area, the primary reason being that in the urban area women tend to have as many children as possible within a short period following their marriage. On the other hand, the open birth interval in the urban area is considerably longer than that in the rural area. By women's age, the younger the women's age, the shorter the first birth interval both in the rural and the urban area. The average length of the first birth interval for women aged 25-29 at the time of survey was 15 months, but that of women in the 45-49 age category was almost 36 months. In general, the age of women increased in

Tabel 6—10. Duration of First Birth Interval by Age of Women and Residence (months)

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	9.9	9.3	1.50	9.6
20-24	13.9	12.7	14.1	14.5
25-29	15.0	14.6	15.2	15.1
30-34	18.5	18.6	17.4	18.8
35-39	23.0	23.2	22.6	23.1
40-44	29.5	26.5	29.7	30.9
45-49	35.6	31.5	33.1	38.1
All Ages	22.7	20.9	21.4	24.4
(N)	(5,574)	(1,797)	(991)	(2,786)

direct proportion to the length of the first birth interval, both in the large cities and in the rural areas.

Table 6—11. Percent Distribution of Ever Married Women Having the First Live Birth by Marital Duration and Marriage Cohort

Marriage Cohort	Pre-marital Birth	Marital Duration Within 1 Year	2 Year	3 Year	4 Year	5 Year	6 Year	7 Year	8 Year	8 yr. Over	Total
1939-41	-	-	40.0	60.0	-	-	-	-	100.0	100.0	5
1942-44	0.5	3.9	25.2	46.9	65.3	78.3	88.0	89.0	89.0	98.7	207
1945-47	0.3	9.6	38.9	62.3	75.1	82.6	87.6	89.8	91.7	99.8	321
1948-50	1.6	12.3	42.3	60.8	71.0	80.9	87.6	92.4	95.1	99.7	373
1951-53	1.6	17.5	51.1	72.7	83.4	91.4	93.9	95.3	97.2	99.4	440
1954-56	2.8	21.9	59.2	77.8	86.1	92.7	95.6	96.5	97.8	99.3	544
1957-59	0.9	28.2	69.2	82.0	89.4	91.8	95.1	95.8	96.4	98.4	539
1960-62	2.1	26.8	68.9	83.3	89.7	93.2	95.3	95.9	96.3	98.2	515
1963-65	3.4	35.6	76.8	89.9	93.4	97.1	97.9	98.4	98.9	99.2	597
1966-68	2.3	40.2	78.9	90.6	94.0	95.7	96.9	97.7	(98.0)	(98.2)	643
1969-71	3.0	45.9	82.9	92.2	95.4	(97.5)	(98.0)	(98.1)	-	-	729
1972-74	4.9	49.7	84.6	(91.4)	(92.6)	-	-	-	-	-	777
1975-76	4.3	(37.5)	(46.3)	-	-	-	-	-	-	-	328
Total	2.6	31.4	66.4	79.7	85.6	89.6	91.8	92.7	93.4	95.1	6,018*

( ) Not all of cohort married for specified duration at time of survey.

*Excluded 2 unknown cases.

In Table 6-11, the first birth interval has been classified by the women's year of marriage. Only 3.9 percent of those married between 1942 and 1944 (refer to chapter Four) had their first child within one year of marriage, but 21.9 percent of the 1955-56 marriage cohort had their first child within one year. About 50 percent of the 1972-1974 marriage cohort had their first child within one year of marriage.

Table 6-13 shows that the average first birth interval of those married in the 1942-1944 period was over 40 months, but that of those recently married was little less than one year. As shown in Table 6-12, the child bearing tempo in the rural area is now approaching that of the urban area

Table 6—12. Percent Distribution of Ever Marrired Women Having the First Live Birth within the First Year of Their Marriage by Marriage Cohort and by Residence

Marriage Cohort	Whole Country	Large Cities	Other Cities	Rural
1939-41	-	-	-	
1942-44	3.5	9.5	-	2.3
1945-47	9.4	15.2	7.1	7.6
1948-50	10.9	15.6	11.1	9.0
1951-53	16.3	22.7	19.7	12.2
1954-56	19.9	20.9	22.9	18.5
1957-59	28.0	33.6	30.1	24.7
1960-62	25.8	23.7	28.8	26.3
1963-65	33.6	29.1	38.3	35.1
1966-68	39.7	33.8	39.6	45.0
1969-71	45.1	45.5	48.1	43.3
1972-74	51.6	55.2	50.3	48.7
1975-76	77.3	73.8	68.4	84.2

* Excluded women having no births and premarital births.

For instance, 9.5 percent of those married in the 1942-44 period and currently residing in an urban area had their first child within one year of marriage, but only 2.3 percent of the 1942-44 marriage cohort residing in the rural area had their first child within the corresponding period. However, since the 1960's, the difference in the childbearing tempo between the rural and the urban areas has been narrowing as shown in Table 6-13. One has to bear in mind that the length of a birth interval is closely related to

Table 6—13. Mean Months of First Birth Interval by Residence

Marriage Cohort	Whole Country	Large Cities	Other Cities	Rural
1939-41	47.0	-	-	47.0
1942-44	42.3	40.1	39.8	43.5
1945-47	36.4	34.4	34.0	37.7
1948-50	36.8	30.7	41.3	38.2
1951-53	29.1	23.7	28.3	31.9
1954-56	26.4	27.0	25.2	2.64
1957-59	22.9	24.6	21.8	22.4
1960-62	22.5	23.1	19.5	22.9
1963-65	19.4	19.6	20.4	18.8
1966-68	17.5	18.4	18.2	16.3
1969-71	15.8	15.6	15.1	16.3
1972-74	13.2	12.9	13.7	13.3
1975-76	9.2	8.7	9.1	9.7
Total	22.7	20.9	21.4	24.4
(N)	(5,571)	(1,979)	(991)	(2,783)

* Excluded women having no births and premarital births.

the age at first marriage, birth spacing, and pregnancy wastage. As for the average length of the first birth interval by education, in Table 6-14, it can be seen that the first birth interval of those with no education is 30 months, in contrast to less than 20 months for those who completed a high school education. The way in which the length of the birth interval affects fertility levels will be dealt with in a later series of special analyses.

Table 6—14. Duration of First Birth Interval by Education of Women and Residence (Months)

Education	Whole Country	Large Cities	Other Cities	Rural
No Schooling	32.5	33.3	33.4	32.3
Primary	23.3	23.9	22.6	23.2
Middle	18.4	18.5	18.9	18.0
High	16.6	17.0	15.4	16.9
College	15.2	15.3	14.6	15.5
Total	22.8	21.3	21.4	24.4
(N)	(5,573)	(1,796)	(991)	(2,786)

b. Open birth interval

As has been mentioned, the first birth interval is getting ever shorter, which to some extent neutralizes the downward impact on the fertility level of the constant rise in the age at first marriage. When compared with the 1974 survey data, the open birth intervals in the 1976 survey were longer than those of the 1974 survey for all age categories. The difference in the length of the open birth interval between the 1974 had the 1976 surveys is greater among the older women.

Table 6—15. Mean Months of Open Interval by Residence and Age of Women

Age	Whole Country[1)]	Urban	Rural	1974 Whole Country[2)]
Under 25	13.7	13.5	13.9	11.5
25-34	31 .7	33.1	29.9	25.2
35-44	89.9	100.3	80.6	68.9
45-49	149.0	166.3	136.9	106.2
Total	66.6	68.2	65.0	43.0

Source: 1) The Present Study.

2) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974, First Country Report,* op, cit., p. 126.

By residence, for those aged less than 25 years there is only a slight difference in the length of the open birth interval between rural and urban areas, but for other age categories, the older the women's age, the greater the difference between the two regions. The fact that in urban areas the open birth interval is longer than in the rural areas is in contrast to the fact that in the urban areas the first birth interval is shorter than that in rural areas. This may explain the tendency that, in urban areas, women tend to have the number of children they want as soon as they get married.

The higher the women's level of education, the shorter the open birth interval, and the larger the number of children, the shorter the open birth interval. However, for an analysis of the open birth interval and its relation to fertility levels, such factors as the number of children, the family planning practice rate, women's age, the marital duration and the duration of pregnancy must be considered. For those women with three to four children, the open birth interval, on the average, is five years.

Table 6–16. Mean Months of Open Interval by Residence, Educational Attainment and Number of Children Ever Born

	Whole Country	Large Cities	Other Cities	Rural
All Women	66.6	70.9	63.3	65.0
Education				
No Schooling	98.0	136.4	96.0	91.6
Primary	67.9	77.8	71.7	62.0
Middle	51.1	58.0	53.3	40.6
High	52.8	60.5	42.9	44.8
College	42.8	45.4	31.9	43.9
No. of Children Ever Born				
1	44.1	45.9	43.3	42.8
2	49.3	55.0	42.8	46.6
3	65.1	75.9	64.5	53.5
4	77.2	85.6	74.8	72.3
5	85.2	106.5	85.5	77.9
6	91.3	121.1	96.8	82.4
7+	79.4	95.2	82.6	76.8

c. Ideal birth interval and ideal age at which to stop childbearing

In Table 6-17, 52 percent of the women replied that the ideal birth interval is three years, and 27 percent said that four years is the ideal birth interval. Only 8 percent said the ideal birth interval is two years. The fact that over half of the women said the ideal birth interval is three years stands in constrast to the recent tendency

Table 6–17. Ideal Birth Interval by Residence and Age of Women

Ideal Interval (years)	Whole Country	Large Cities	Other Cities	Rural
1	0.4	0.7	0.5	0.3
2	8.2	10.5	8.2	6.7
3	51.8	58.6	56.8	45.4
4	26.9	22.0	24.2	31.3
5	11.9	7.8	9.8	15.4
6+	0.8	0.4	0.5	0.9
Total	100.0	100.0	100.0	100.0
(N)	(5,929)*	(1,935)	(1,080)	(2,914)
Mean	3.4	3.3	3.4	3.6

* Excluded 91 unknown cases.

to have the number of children they want in as short a period as possible. However, the point is that the ideal birth interval does not always coincide with the first one or two birth intervals. By residence, the proportion of women who thought two years the ideal birth interval was greater in urban areas than in rural areas, but that of the women who thought four years are the ideal birth interval is greater in rural areas than in urban areas.

In Table 6-18, about 67 percent of the women thought that 29-30 is the ideal age at which to stop childbearing and 75 percent of them said that childbearing should be completed by age 30. About 80 percent of women aged less than 30 years said childbearing should be completed by age 30, but about 20 percent of those aged over 30 years said the childbearing should be completed after age 30. The general tendency is that the older the women's age, the higher the that they think is the ideal age to

Table 6—18. Ideal Age at which to Stop Childbearing by Age and Residence

Age and Residence	Ideal Age					Total	(N)	Mean
	Under 29	29-30	31-34	35-36	37+			
All Women	7.9	66.7	6.8	13.1	5.5	100.0	(5,700)*	31.1
Age								
15-19	25.0	58.3	4.2	12.5	-	100.0	(24)	29.2
20-24	21.6	67.9	2.9	6.7	0.9	100.0	(581)	29.6
25-29	9.0	77.3	5.3	6.8	1.6	100.0	(1,169)	30.3
30-34	5.8	67.2	10.0	12.9	4.1	100.0	(1,101)	31.1
35-39	5.9	62.7	7.1	15.8	8.5	100.0	(1,126)	31.6
40-44	5.1	63.5	6.9	15.4	9.1	100.0	(965)	31.7
45-49	4.2	58.9	6.9	20.3	9.7	100.0	(734)	32.1
Residence								
Large Cities	9.2	72.3	5.9	9.6	3.0	100.0	(1,861)	30.6
Other Cities	7.4	70.0	7.0	12.1	3.5	100.0	(1,047)	30.9
Rural	7.1	61.7	7.3	15.8	8.1	100.0	(2,792)	31.5

* Excluded 320 unknown cases.

stop childbearing. However, there appears to be a great difference between the ideal and the actual ages at which childbearing stops. About 80 percent of those in urban areas said childbearing should be completed by age 30, whereas in the rural area, the proportion is less than 70 percent. Inshort, the tendency is that, particularly in urban areas, most women want to have their children within a short period after their marriage.

Chapter 7. Induced Abortion

7.1 The Experience of Induced Abortion

In European countries, the United States and Latin America, induced abortion wheather legal or not, played an important role in lowering population growth.[1] For instance, Japan of our neighbor nation legalized induced abortion through the establishment of an eugenic law in 1948.[2] Japanese induced abortion rates among women aged 15-44 were 40.7 percent during 1950-1954 and 52.2 percent during 1955-1959 which represents the highest rate in Japan. Gradually, this level declined to 30.3 percent during 1965-1969.[3] But the acceptance rate of induced abortion remained high.[4] It has been estimated that the Japanese experience of induced abortion made a great contribution to fertility decline.

In Korea, induced abortion has been increasing since 1960, and the trend accelerated after the Maternal and Child Health Law was promulgated on May 28, 1973, which provided a wider opportunity for induced abortion on the grounds of national, social, and maternal health needs.[5]

Even prior to the legalization of induced abortion, about 6-10 percent of women performed induced abortion on the ground of maternal health, and the remaining proportion performed induced abortion in order to prevent births.[6] This fact testifies the induced abortion played an important role in lowering population growth in Korea.

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[1] Christopher Tietze and Deborah A. Dawson, "Induced Abortion A Factbook," *Report on Population/Family Planning*, No. 14, P.C., December 1973, p. 10.

[2] Jong Won Kim, A Study on Legal Regulation of Induced Abortion: Relating to the Maternal and Child Health Law, Seoul, KIFP, 1974, pp. 14-15.

[3] Christopher Tietze and Marjone Cooper Murstein, "Induced Abortion: 1975 Factbook," *Reports on Population/Family Planning*, No. 14, (2nd edition), P.O. Box, December 1975, p. 23.

[4] JOICEF, Fertility and Family Planning in Japan, op, cit., pp. 148-149.

[5] The Maternal and Child Health Law was passed by extraordinary cabinet meeting in January 1973 and was officially promulgated on February 9, 1973 as Law no. 2514. On May 28, 1973, the executive order on the Maternal and Child Health Law was promulgated by Presidential Decree No. 6713.

[6] Sung Bong Hong, *Induced Abortion in Korea*, Seoul, The New Medical Jr. Co., 1972, pp. 53-56.

Considering this induced abortion will be one of the important factors to be considered in future policy-making. It is important to review what changes are to be made to influence the pattern of induced abortion through the enactment of the Maternal and Child Health Law. The starting point in this process is to review the contribution made to the decline of population growth by abortion. In addition Korea is entering into a new period in terms of population policy, an indepth study should be made of induced abortion from the viewpoint of considering its future role in the national family program.

7.1.1 Changing Trends

In spite of legal, social, ethical and health constraints, induced abortion has been increasing since 1960. In 1976, about 39 percent of all married women in the age group 15-44 experienced induced abortion (see Table 7-2). Romania is a good example to show how induced abortion has contributed to the decline of popualtion growth. After 1957, induced abortions were performed without restriction in Romaina, and reached a peak in 1966, when the crude birth rate was 14.3 per thousand. But since the enactment of legal measures against induced abortion in October 1966, induced abortion declined rapidly, and birth rate rose to 26.8 per thousand in 1968.[7]

Table 7-1 presents a comparison of trends in induced abortion between Korea with trends in other countries.

Considering that about 260,000 births were averted through the approximately 500,000 cases of induced abortion performed in Korea in 1975 (a figure which ignores induced abortions performed on women above the age of 45 and unmarried women), we can see the important impact of abortion on Korean population growth.[8] When Korea's 1975 induced abortion rate is compared with that of Japan during 1955-1959, Korea's rate is revealed 64.4 per 1,000 women which is relatively higher than that of Japan. In Korea, the proportion of births to induced abortions in 1975 was 1 to more

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[7] Sung Bong Hong and Walter B. Watson, "The Role of Induced Abortion in Fertility Control in Korea," (Mimeo), 1972, p. 115.

[8] The measurement of Birth Averted by Induced Abortion was refer to keyfitiz's Renewal Process Model (Nathan Keyfitz, "How Birth Control Affects Births," Social Biology, Vol. 18, No. 3, Chicago, The University of Chicago Press, June 1971, pp. 111-116.)

Table 7—1. Number of Induced Abortions, Induced Abortion Rates, and Induced Abortion Ratios: Selected Country and Years

Area and Years	Estimated Number of Abortions	Abortion Rate (per 1,000) Total Population	Abortion Rate (per 1,000) Women Aged 15-44	Abortion Ratio per 1,000 Live Births
Korea				
1963	139,000	5.2	24.9	-
1965	210,000	7.4	35.0	195
1967	258,000	8.7	42.0	203
1969	307,000	10.0	47.6	234
1971	327,000	10.3	47.8	322
1973	390,000	11.9	53.3	-
1975*	506,000	14.6	64.4	667
Japan				
1950-54	827,400	9.7	40.7	414
1955-59	1,135,800	12.5	52.2	695
1960-64	983,600	10.4	41.9	598
1965-69	780,200	7.8	30.3	433
1970	732,000	7.1	28.0	375
1973	700,500	6.5	26.2	340
1974	679,800	6.2	25.4	308
Romania				
1958	112,100	6.2	26.8	296
1959	219,100	12.0	52.3	608
1965	1,115,000	58.6	252.3	4,000
1967	51,700	2.7	11.5	98
United States				
1965	7,000	0.04	0.18	1.9
1968	18,000	0.04	0.44	5.2
1970	193,500	0.9	4.5	52
1971	485,800	2.3	11.2	143
1973	615,800	2.9	13.7	195

Continued

Continued

Czechoslovakia				
1957	7,300	0.5	2.7	29
1961	94,300	6.8	34.1	432
1965	79,600	5.6	26.3	354
1969	102,800	7.1	33.1	457
1973	81.200	5.5	25.6	287
Hungary				
1953	2,800	0.3	1.3	13
1957	123,400	12.6	58.0	744
1961	170,000	17.0	79.4	1,267
1965	180,000	17.8	80.0	1,328
1969	206,800	20.1	90.6	1,338
1973	169,600	16.3	73.5	1,023
1974	102,600	9.8	44.6	518

Source: Christopher Tietze and Marijarie Cooper Murstein, "Induced Abortion: 1975 Factbook," *Reprots on Population/Family Planning*, No. 14 (2nd Edition), P.C., December 1975, pp. 16-24.

*This Figures estimated from the proportion of induced abortion of the present study.

than 0.5. It is anticipated that this trend will continue in the future and it can not be predicted when it will begin to reverse. But with the effective delivery of family planning services in the future, it is anticipated that induced abortion will decline. Various data obtained in 1976 clearly suggest decline has begun. Because Korea's induced abortion rate of 1975 is similar to that of Japan during 1955-1959 (peak period), it is possible that the highest rate has been reached, especially in light of rapidly increasing prevalence of contraceptive practice in Korea.

7.1.2 Differences by Residence and Age

In fact, not many induced abortions are being performed within the scope of the Maternal and Child Health Law. It seems that most induced abortion are performed in order to limit the number of children and to prevent pre-marital birth. It was also found that induced abortions were performed after the desired number of children was reached, and accordingly incidence of induced abortion various by age and by order of pregnancy. The pattern of abortion will vary by views on the value of children and also by residence. The difference in knowledge of induced abortion, and differences in medical facilities and other environments will cause differences between urban and rural areas. Although it is known that many induced abortions are being performed to terminate pre-marital pregnancies among the various age groups, this study did not touch on this issue.

Table 7-2 shows a comparison of induced abortion rates by residence and age for 1971, 1973, and 1976. Among married eligible women in the age group 15-44 throughout the country, the rate of induced abortion was 26 percent in 1971, 30 percent in 1973, 30 percent in 1974, and 39 percent in 1976. Induced abortion increased by 4 percent point during a two-year period (1971-1973), and increased by 9 percent point during a three-year period (1973-1976). It is assumed that the Maternal and Child Health Law of 1973, specifically the provision on induced abortion,[9] has caused this situation, but other social and cultural factors - exclusion of unethical disposal of induced abortion in contraceptive failure and simplicity of the operation - also have some influence.

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[9] Jong Won Kim, op. cit., pp. 23-24.

Table 7–2. Percentage of Currently Married Women Who Have Ever Experienced Induced Abortion by Residence: Other Survey and Present Survey

Residence and Years	Age					
	Under 25	25-29	30-34	35-39	40-44	Total
Whole Country						
1971[1)]	11	18	30	38	33	26
1973[2)]	10	19	29	43	40	30
1976[3)]	16	27	46	50	45	39
Seoul						
1971	19	27	45	56	52	40
1973	15	26	43	65	60	44
1976*	22	33	59	65	63	50
Other Cities						
1971	16	21	40	52	40	34
1973	14	19	33	54	45	33
1976**	21	31	44	58	46	41
Rural						
1971	5	12	20	28	26	19
1973	19	14	22	30	30	24
1976	9	19	36	37	36	29

* Large cities: Seoul, Busan, Daegu.

** Other cities: except Seoul, Busan, Daegu.

Source: 1) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 93.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report*, op. cit., p. 170.

3) The Present Study.

A review of the trend by age indicates that induced abortion were mostly performed by women aged more than 35 during 1971-1973, while a great increase was

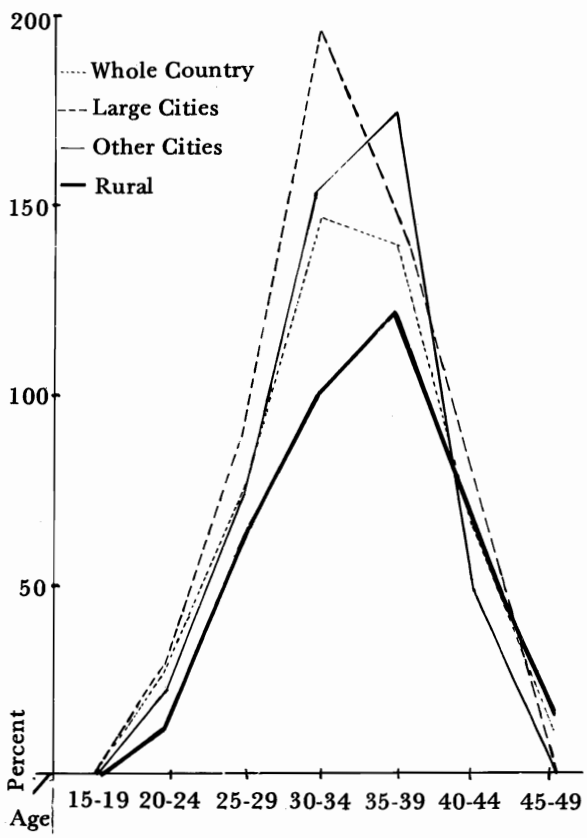
observed among younger ages during 1973-1976. It is assumed that this phenomenon has been created by legalization of induced abortion, and the widely accepted small family norm which has encouraged the younger generation to have a limited number of children. A review of abortion experience by residence shows a higher induced abortion rate among women in urban areas, and also shows a more rapid increase than in rural areas. But accordingly to Table 7-2, the increase rate was higher in rural areas than in urban areas during 1971-1973, thus minimizing the gap between urban and rural areas. However, there has been little difference between urban and rural areas during 1973-1976, with a slightly higher rate in urban areas. A comparison of abortion experience by residence and age shows a great increase among women aged more than 35 during 1971-1973 in the urban areas, while showing a slight deline among women under the age of 35. Contrary to this situation, there has been no change among women aged more than 35 during 1973-1976, but there has been an increase among women under the age of 35. In rural areas, a slight increase (about 2 percent point) was observed among all age groups above 25 during 1971-1973, and greater increase was observed among women above the age of 40. During 1973-1976, the experience rate increased among women of all ages, except those below 25, and a great increase was observed among women above the age of 35. This shows a different pattern from that of the urban areas.

A review of the distribtuion of induced abortions by residence and age indicates that the pattern is generally similar to that of age-specific fertility rates. The highest fertility rates are observed among women in the age group 25-29, while abortion rates are highest among women in the age groups 30-34 and 35-39. Thus, induced abortions are mainly performed after women have their desired number of children or after the age of 30. As shown in Table 7-3, a higher induced abortion rate is observed among the age group 30-34 in urban areas, while a higher rate is observed among the age group 35-39 in rural areas. It seems that prolonged child-bearing in rural areas, compared to urban areas, causes this situation.

Table 7–3. Age Specific Induced Abortion Rate, 1975 by Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.4	-	-	1.1
20-24	23.8	31.4	28.9	13.0
25-29	74.7	90.6	74.0	60.5
30-34	145.8	195.2	153.5	100.0
35-39	138.8	146.3	172.9	121.2
40-44	64.2	71.7	48.5	64.8
45-49	13.9	8.3	7.8	18.2
TAR	2.31	2.72	2.43	1.89

Figure 7–1. Age-Specific Abortion Rates by Reisence



7.1.3 Differences by Educational Attainment

Generally, practice of contraception, and fertility behavior vary according to women's educational attainments. In case of induced abortion, there may be such differences. However, the data reveals that it is difficult to identify distinct difference in induced abortions since practice of contraception is related to educational attainments. Table 7-4 shows an average induced abortion rate for women by residence and educational levels. The average induced abortion rate for all married women (15-49) is 0.9. It shows that the higher the educational level, the higher the cases of induced abortion. The highest prevalence of 1.1. abortion is observed among middle school graduates. It may be that the differences are caused by the frequency of contraceptive failure and also by the different levels of knowledge and value of children held by women of varying educational attainments. A review of this difference by residence shows an average of 1.2 abortions in urban areas and an average of 0.6 abortions in rural areas. Little difference by educational level is observed in urban areas, while induced abortions are higher among better educated women than among less educated women in rural areas. Since knowledge of induced abortion is high among women in urban areas regardless of education, it is thought that this situstion is caused by their

Table 7—4. Mean Number of Induced Abortions by Residence and Educational Attainment

Education	Mean Number of Induced Abortions		
	Whole Country	Urban	Rural
No Schooling	0.57	1.01	0.43
Primary	0.84	1.15	0.60
Middle	1.09	1.23	0.82
High	1.01	1.15	0.64
College	0.96	1.01	0.65
Total	0.87	1.15	0.59

greater knowledge of social, ethical, and legal restrictions on induced abortion. In the meantime, as the knowledge on induced abortion and access to the condition (economic condition) of performing induced abortion are greater than the perception on social, legal and ethical restrictions, we cannot ignore a factor of showing a lower induced abortion rate among the less educated women in rural areas.

In order to conduct an in-depth study, a review was made of the distribution of husband's educational attainments which may affect women's fertility behaviour, value of children and induced abortion (Table 7-5). The result of this study shows a

Table 7—5. Mean Number of Induced Abortions by Husband's Educational Attainment

Education	Mean Number of Induced Abortions
No Schooling	0.52
Primary	0.68
Middle	0.89
High	1.06
College	1.19
Total	0.87

higher average experience rate among highly educated women. Further review of induced abortions by residence and by educational attainment are shown in Table 7-6. Throughout the country, the higher the educational attainment, the higher the experience rate. More than 40 percent of women who have middle and high school background have experienced induced abortion more than once. This phenomenon is more apparent in urban areas. With the exception of college graduates, the induced abortion rate proportionately increases with educational level. About 49 percent of high school graduates have experienced induced abortions. Since the next highest experience is shown by middle and primary graduates, we can assume that more highly educated women are inclined to shift from induced abortion toward contraceptive methods. In rural areas, the highest experience rate is shown by middle school graduates, and a similar experience rate is shown by high school and primary school graduates. Unlike urban areas, a clear relationship between educational attainment and induced abortion is not obseved in rural areas. In conclusion, there is no clear overall correlation between educational attainment and induced abortion. It is assumed that this is mainly due to the fact that highly educated groups are using contraceptives to prevent births.

Table 7-7 shows data on 1975 induced abortion by women's residence and educational attainment

Table 7—6. Percent Distribution of Those Who Have Ever Experienced Induced Abortion by Number of Induced Abortion, Residence and Educational Attainment

Residence and Education	Number of Induced Abortions 0	1	2	3	4+	Total	(N)
Whole Country							
No Schooling	72.7	13.2	7.1	3.8	3.2	100.0	(895)
Primary	63.2	15.9	9.1	6.6	5.2	100.0	(3,083)
Middle	57.1	15.8	12.6	6.0	8.5	100.0	(1,120)
High	55.0	17.5	12.7	8.3	6.5	100.0	(739)
College	64.4	11.2	10.1	8.0	6.3	100.0	(183)
Urban							
No Schooling	59.7	15.8	9.7	7.9	6.9	100.0	(218)
Primary	54.0	18.3	10.8	8.6	8.3	100.0	(1,347)
Middle	52.8	16.2	14.6	6.9	9.5	100.0	(751)
High	51.2	18.8	13.5	9.0	7.5	100.0	(581)
College	62.1	11.8	11.2	8.7	6.2	100.0	(157)
Rural							
No Schooling	76.8	12.4	6.3	2.5	2.0	100.0	(677)
Primary	70.3	13.9	7.8	5.1	2.9	100.0	(1,736)
Middle	65.7	15.0	8.6	4.3	6.4	100.0	(369)
High	69.2	12.8	9.6	5.8	2.6	100.0	(158)
College	77.8	7.4	3.7	3.7	7.4	100.0	((26)

7.1.4 Differences by the Number of Children

It is thought that induced abortions are choosen by women in consideration of number of living children. More detailed information on induced abortion can be obtained through the analysis of the number of children ever born or the number of living children at the time of induced abortion. However, this Chapter will attempt only a partial analysis.

Table 7-8 shows differences in induced abortions by the number of children born in urban and rural areas. Throughout the country, the highest induced abortion

Table 7—7. Percentage of Ever Married Women Who Have Ever Experienced Induced Abortion in 1975 by Residence and Educational Attainment

Education	Whole Country	Large Cities	Other Cities	Rural
No Schooling	4.0	5.1*	5.1*	3.7
Primary	8.0	9.8	8.9	6.8
Middle	11.3	13.3	8.6	10.7
High	11.2	12.7	10.9	7.7
College	9.0	10.2	9.1*	3.7*
Total	8.4	11.0	8.8	6.6
(N)	(6,020)	(1,964)	(1,090)	(2,966)

* Less than 10 cases.

rate is observed for women with 3 children, and the next highest rate is observed for women with 4 children. This shows a strong desire of women having 3-4 children to prevent more births. This pattern is similar to the practice of contraception by women with 3-4 children. In urban areas, the highest induced abortion rate is observed among women with 3-4 children. In rural areas, the pattern is very similar to that of urban areas. As the number of children ever born does not refer to the number of children at the time of the induced abortion, it may be inadequate data with which to conduct a detailed study.

Table 7-9 reviews induced abortions performed in 1975 by residence and the number of children ever born at the time of this study in 1976. There will be no great difference between the number of children ever born in 1976 and those born at time of performing induced abortion in 1975. Also Table 7-9 does not show much difference from the data in Table 7-8. The highest induced abortion rate is observed among those women bearing 3 and 4 children. The only difference from Table 7-8 is a relatively higher experience rate for those women having ever born 5 and 6 children.

A review of the status of abortion experience by residence shows that a relatively high rate is observed among women in urban areas who have ever born, 2, 3 or 4 children. In other cities, the experience rate is highest among women with 4 children, and the next high rate is observed among women with 3 children ever born. In rural areas, the experience rate is highest among women with 3 children and remains a high distribution among women having ever born more than 4 children. This indicates indirectly the high fertility rate in rural areas. In conclusion, induced abortion is

Table 7–8. Percent Distribution of Ever Married Women Who Have Ever Experienced Induced Abortion by Number of Induced Abortion, Residence and by Number of Children Ever Born

Residence and No. of Children Ever Born	Number of Induced Abortions					Total	(N)
	0	1	2	3	4+		
Whole Country							
0	89.5	8.3	1.9	0.3	-	100.0	(326)
1	81.8	11.1	4.7	1.4	1.0	100.0	(772)
2	64.5	16.4	10.1	5.0	4.0	100.0	(1,063)
3	49.5	18.8	13.5	9.2	9.0	100.0	(1,089)
4	52.6	16.7	11.9	9.2	9.6	100.0	(973)
5+	61.4	15.5	10.3	7.2	5.6	100.0	(1,797)
Urban							
0	86.5	10.9	2.1	0.5	-	100.0	(194)
1	77.8	13.1	6.3	1.7	1.1	100.0	(474)
2	56.2	19.0	13.2	6.4	5.2	100.0	(652)
3	41.1	19.9	16.2	11.2	11.6	100.0	(679)
4	39.8	18.7	13.8	12.8	14.9	100.0	(503)
5+	48.3	17.0	13.2	11.0	10.5	100.0	(552)
Rural							
0	93.9	4.6	1.5	-	-	100.0	(132)
1	88.0	8.0	2.0	1.0	1.0	100.0	(298)
2	77.6	12.4	5.1	2.7	2.2	100.0	(411)
3	63.5	16.9	9.1	5.9	4.6	100.0	(410)
4	66.3	14.5	10.0	5.3	3.9	100.0	(470)
5+	67.1	14.8	9.0	5.5	3.6	100.0	(1,245)

performed to limit the number of children in urban areas, especially in large cities. But such action is delayed in rural areas.

Table 7—9. Percentage of those Who Have Ever Experienced Induced Abortion in 1975 by Residence and Number of Children Ever Born

No. of Children Ever Born	Whole Country	Large Cities	Other Cities	Rural
0	4.3	6.9	1.6	3.1
1	5.0	5.8	4.9	4.3
2	9.5	14.1	7.5	5.6
3	12.3	14.0	13.1	10.0
4	10.4	13.7	15.6	6.2
5	7.4	8.1	5.1*	7.6
6+	6.4	4.7*	5.5*	6.5
Total	8.4	11.0	8.8	6.6

* Less than 10 cases.

7.1.5 Differences by Prolonged Residence and by Religion

It has been pointed out that the prolonged residence is a factor affecting women's experience with induced abortion as well as their knowledge, views and values relating to the operation. As shown in Table 7-10, in case of women's prolonged residence, women have experienced 1.4 induced abortions in large cities, 1.0 in other cities, and 0.7 in rural areas. These rates are slightly higher than the mean of 1.3 in large cities, 0.9 in other cities and 0.6 in rural areas, in comparison with current residence. It seems that the characteristics of the place of prolonged residence have a stronger influence on abortion than that of current residence. Nevertheless, it shows that women with prolonged residence in rural areas have a slightly higher experience rate than those of current residence. A more detailed review of this phenomenon in terms of prolonged residence and current residence shows an average of 1.5 in large cities for the prolonged residents among the current residents. The next highest rate is shown by women in current residence in large cities. In case of their prolonged residence in other cities, the experience rate is 1.4 for those currently living in other cities, which is relatively higher than 1.1 of those with the prolonged residence in large cities. This reveals a higher induced abortion among those women migrated into large cities

Table 7–10. Mean Number of Induced Abortions by Residence, the Longest Lived Place and Religion

	Mean Member of Induced Abortions			
	Whole Country	Large Cities	Other Cities	Rural
The Longest Lived Place				
Large Cities	1.4	1.5	1.1	0.9
Other Cities	1.0	1.4	0.9	0.7
Rural	0.7	1.0	0.9	0.6
Total	0.9	1.3	0.9	0.6
Religion				
None	0.7	1.0	0.8	0.5
Buddhist	1.2	1.6	1.3	0.8
Protestant	0.9	1.3	0.9	0.6
Catholic	0.8	1.1	0.8	0.6
Others	1.0	1.5	1.3	0.7
Total	0.9	1.3	0.9	0.6

and also shows an influencing factor by the difference of age at the time of marriage and the current distribution of ages.

As shown in Table 7-10, a review of the distribution of the average number of induced abortions by religion indicates that the highest rate is experienced by Buddhists with an average of 1.2 abortions. As anticipated, an average of 0.8 abortions is shown by Catholics. This is very similar to the pattern of contraceptive practice. A remarkable fact is that the lowest induced abortion rate is observed among the non-religious group. Among the Protestant group, the average rate is in the midpoint, and by residence, it indicates that each average rate is similar to total average abortion rate of all religion by residence.

7.1.6 Pregnancy Wastage Trends

Pregnancy wastage, including induced abortion, still birth and natural abortion, has a direct relationship with maternal and child health. Among total pregnancies, there has been a 24.3 percent, rate of pregnancy wastage. Among this 24.3 percent of

Table 7–11. Percent Distribution of Ever Married Women by Pregnancy Outcome and Age

	Outcome of Pregnancy					
	Total Pregnancies	Live Birth	Still-Birth	Spontaneous Abortion	Induced Abortion	Currently Pregnant
1971[1]						
Under 25	949	65.3	1.0	6.3	9.4	18.0
25-29	3,156	77.1	1.1	5.8	9.4	6.6
30-34	5,653	77.9	1.1	5.4	13.2	2.4
35-39	6,994	78.8	0.8	4.7	15.2	0.5
40-44	6,102	83.0	1.0	4.3	11.6	0.1
45-49	5,003	88.5	1.0	4.2	6.2	0.1
Total	27,856	80.7	1.0	4.8	11.5	2.0
1976[2]						
Under 25	1,012	62.3	0.6	7.8	12.4	16.9
25-29	3,512	70.3	0.6	6.6	15.6	6.9
30-34	5,276	70.3	0.8	5.5	22.1	1.3
35-39	6,762	71.2	0.7	5.0	22.6	0.5
40-44	6,593	75.7	0.8	4.4	19.1	-
45-49	5,229	83.3	0.6	4.0	12.1	-
Total	28,384	73.9	0.7	5.1	18.5	1.8

Source: 1) Seung Hyun, Han, *The Study on Induced Abortions,* Seoul, KIFP, 1973, p. 12.
2) The Present Study.

pregnancy wastage, three-fourths, represent induced abortion. When this is compared with the suvey data of 1971, there has been an increase of 7 percent point over the pregnancy wastage of 17.3 percent found in earlier survey. Since this may be the result of the 7 percent point increase in induced aborition during the same period, there probably has been no change in still births and natural abortion. In the case of still birth, there has been a decline of 0.3 percent point from 1.0 percent to 0.7 percent during the five-year period. A review by age shows that still births are distributed equally across age groups. Natural abortion is relatively high among the youngest age groups. Natural abortion among this cohort is relatively high compared with that of

1971. In the case of induced abortion, although a high experience rate is observed among the age groups 30-34 and 35-39, there has a considerable increase for all age groups, compared with the survey data of 1971. The increasing pregnancy wastage rate, as caused by induced abortion, is clearly lowering the normal delivery rate. In the meantime, it is important to see how increasing induced abortion will affect maternal health. Therefore, it is suggested that measures be established to encourage post-partum contraception, because repeated induced abortions or habitual induced abortions will affect maternal health.

7.2 Practice of Contraception and Induced Abortion

7.2.1 Practice of Contraception and Induced Abortion

The practice of contraception and induced abortion share the common purpose of birth control, while differences exist in their nature and processes. Namely, if practice of contraception is an active measures of prevention to conception, gestation and successful patrition, induced abortion can be an inevitable post pregnancy control means for birth control purpose. Although it is difficult to define which is the best method for birth control, both methods have a common sense in lowering fertility rate.

But in fact, there is not clear indication that women who have practiced contraception or experienced induced abortion, have less children, as is generally thought. Of course there is a need to consider demographic characteristics, including the age and matrial status of contraceptors and induced abortion acceptors, but it seems that many women came to realize the need for contraception or induced abortion after they had many children. In the menatime, it was found that women who experienced induced abortion have more children than the contraceptors have. This can be explained that in addition to the above factors, there have been many induced abortions due to contraceptive failures. Table 7-12 shows the difference of induced abortions by residence. Throughout the country, 54 percent of current contraceptors have experienced more than one induced abortion. A similar high experience rate is observed among past contraceptors, while only 14 percent of non-contraceptors experienced induced abortion. Among contraceptors, a great difference exists between the current contraceptors in large cities and other cities and in rural areas.

In large cities, 65 percent of all current and previous contraceptors experienced induced abortions, while only about 20 percent of non-acceptors experienced induced

abortion, which shows a difference of 45 percent point. In other cities, the trend is similar to that of large cities. Among the previous contraceptors, the induced abortion rate in other cities is lower than large cities by about 8 percent point, while showing only 3 percent difference by non-acceptors, compared with that of large cities. In rural areas, the pattern is different from urban areas. About 44 percent of the previous acceptors have experienced induced abortions, which shows a difference of 11 percent point as compared with other cities. Among the non-contraceptors, only 10 percent experienced induced abortion, but there is a 34 percent difference compared with that of previous contraceptors, although it shows little gap than that of large and other cities.

Table 7–12. Percent Distribution of Currently Married Women Who Have Ever Experienced Induced Abortion by Number of Induced Abortions, Residence and Contraceptive Using Status

	0	1	2	3	4	5+	Total	(N)
Whole Country								
Current User	46.1	20.9	15.0	9.6	3.5	4.9	100.0	(2,212)
Past User	47.5	20.8	15.1	8.8	2.7	5.1	100.0	(934)
Never User	85.9	8.6	2.9	1.7	0.3	0.6	100.0	(1,862)
Large Cities								
Current User	34.9	22.8	17.8	12.4	5.1	7.0	100.0	(810)
Past User	36.6	23.8	18.4	11.2	2.8	7.2	100.0	(320)
Never User	80.5	10.8	4.2	2.8	0.4	1.3	100.0	(529)
Other Cities								
Current User	42.8	19.0	17.8	11.1	3.3	6.0	100.0	(432)
Past User	45.0	22.5	13.9	6.6	4.7	7.3	100.0	(151)
Never User	83.6	11.8	2.6	1.4	0.3	0.3	100.0	(348)
Rural								
Current User	56.8	20.2	11.4	6.6	2.3	2.7	100.0	(970)
Past User	55.9	18.1	13.2	7.8	2.0	3.0	100.0	(463)
Never User	89.6	6.3	2.5	1.1	0.2	0.3	100.0	(985)

In order to observe more clearly these phenomena, a review was made of the mean number of induced abortions by residence and contraceptive use status as shown in Table 7-13. Throughout the country, current and previous contraceptors experienced 1.3 abortions, while non-acceptors experienced 0.2 abortions, thus showing a greater difference by acceptance and non-acceptance than the differences shown by residence.

A review of the practice of contraception by residence indicates that there is a difference of 1.3 abortions between acceptors and non-acceptors in large cities, 1.1 in other cities, and 0.7 in the rural areas. This is evidence of a different pattern between urban and rural areas. Among the previous acceptors, there is a difference of 0.8 in the mean number of induced abortions between urban and rural areas. Among non-acceptors, there is only a difference of 0.2 abortions between large cities and rural areas.

Table 7–13. Mean Number of Induced Abortions by Residence and Contraceptive Using Status

	Whole Country	Large Cities	Other Cities	Rural
Current User	1.3	1.7	1.4	0.9
Past User	1.3	1.7	1.4	1.0
Never User	0.2	0.4	0.3	0.2
Total	0.9	1.2	1.0	0.6

7.2.2 Pregnancy due to Contraceptive Failure and Induced Abortion

We can assume that most undesired pregnancies are due to the failure of contraception. As shown by the attitudes towards the [illegible] of induced abortions in case of undesired pregnancies, it is widely expected that the induced abortion rate will be higher.

According to the findings of this study, about 20 percent of the previous contraceptors have experienced contraceptive failure. According to Table 7-[illegible] among this group of women, only 20 percent had a normal delivery, and about [illegible] percent had an induced abortion (about 9 percent had natural abortion or still births).

A review by residence indicates that there has been a higher induced abortion rate in large cities and other cities than rural areas. We can assume that this has resulted from the difference in the desired number of children, in part, between urban and rural areas.

A review by age indicates that there has been a higher rate of normal delivery

Table 7—14. Percent Distribution of Those Who Have Ever Faild Using Contraceptives by Failed Pregnancy Outcome, Residence, Age, Educational Attainment and Number of Children Ever Born

	Live Birth	Induced Abortion	Spontaneous Abortion	Still-Birth	Currently Pregnant	Total	(N)
Total	20.1	70.5	5.0	0.5	3.9	100.0	(640)
Residence							
Large Cities	14.2	77.3	5.7	0.3	2.5	100.0	(282)
Other Cities	21.1	71.5	3.3	0.8	3.3	100.0	(126)
Rural	26.7	61.7	5.2	0.4	6.0	100.0	(232)
Age							
Under 30	25.2	55.9	6.3	-	12.6	100.0	(111)
30-34	22.8	66.5	7.1	-	3.6	100.0	(197)
35-39	20.0	74.0	3.5	0.5	2.0	100.0	(200)
40-44	14.4	80.3	4.5	0.8		100.0	(132)
Education							
Primary or below	23.0	65.2	6.5	0.6	4.7	100.0	(322)
Middle	18.8	76.9	1.2	-	3.1	100.0	(160)
High or More	17.7	72.2	7.0	-	3.1	100.0	(158)
Children Ever Born							
-2	11.6	71.6	8.4	-	8.4	100.0	(155)
3	19.6	75.4	1.7	0.6	2.8	100.0	(179)
4	24.0	64.0	8.7	-	3.3	100.0	(150)
5+	27.6	67.3	3.2	0.6	1.3	100.0	(156)

among the young and more induced abortion among the older women. A review of children ever born indicates that the higher the number of living children, the higher the normal delivery rate. The induced abortion rate is very high for those having 3 children, and is relatively lower among those having more than 4 children. This table is not sufficient to identify whether induced abortion rate is rising along with the number of children ever born. However, we can assume that the number of children will be growing with failed contraception.

7.3 Attitude towards Induced Abortion

7.3.1 General Attitudes

With the increase in induced abortions, many changes have occurred in knowledge and attitude towards induced abortions. Throughout the country, about 29 percent of the female repsondents replied that they are in favor of induced abortion, and about 31 percent expressed objections. But if we include those women who have expressed their acceptance of induced abortions under certain specific circumstances, about 64 percent are in favor of induced abortion. If we compare these percentages with the 46 percent in favor of induced abortion and 43 percent not in favor of induced abortion in 1971, we can see a considerable increase in favor on induced abortion. The objection rate has declined by 12 percent point during a five-year period, and those in favor of induced abortion, including those who have expressed support under certain circumstances, increased by 18 percent point. If we take into account the group who expressed unconditional support, we cannot assume that the acceptance rate has increased. Therefore, we simply observe that public opinion is growing more favorable. It seems that objections will decline in the future.

A review of the trend by residence - large cities, other cities and rural areas, rates in favor of induced abortions are equally distributed without much difference. But unlike the family planning practice rate, induced abortion rate, or other variables, the rate of objection is rather lower in rural areas.

As shown in Table 7-16, a comparison of attitude by the number of induced abortions experienced indicates that the objection rate of those women who have experienced one induced abortion is higher than those women who have had no abortion at all. For women who have experienced twice, there is no significant difference in their attitude toward abortion. For those women who have experienced three, the objection rate is slightly higher than those women without abortion experience, but there is little difference among those who have experienced more than four times.

Table 7–15. Percent Distribution of Currently Married Women According to General Opinion on Induced Abortion by Residence

Attitude	Whole Country	Large Cities	Other Cities	Rural	1971[1]
Approve	29.4	24.6	27.8	33.3	46.5
Neutral	34.4	39.7	36.3	30.0	-
Disapprove	31.4	32.7	32.0	30.4	42.6
Don't know	4.8	3.0	3.9	6.3	10.9
Total	100.0	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)	(4,632)

Source: 1) H. S. Moon, et. al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 91, (Whole Country).

A review of induced abortion by the number of induced abortions indicates that there is no unified pattern of opinion when women with experience are compared with the non-experienced group. However, as a whole, the experienced group is more in favor of induced abortion than the non-experienced group. In other words, 66 percent of experienced women (including those women in favor of induced abortion under a certain circumstance) are in favor of induced abortion, while 32 percent are not in favor of induced abortion. And about 63 percent of the non-experienced group are in favor of induced abortion, while 31 percent expressed objections, which supports the above findings.

Table 7–16. Percent Distribution of Currently Married Women According to General Opinion on Induced Abortion by Experienced Number of Induced Abortion

Attituded	Number of Induced Abortions						
	0	1	2	3	4	5+	Total(1-5)
Approve	28.1	28.5	35.3	30.7	38.7	30.7	31.5
Neutral	34.5	34.2	32.8	34.7	34.0	37.2	34.1
Disapprove	30.9	34.7	30.2	33.1	25.5	30.7	32.4
Don't know	6.5	2.6	1.7	1.5	1.8	1.4	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(3,089)	(798)	(523)	(324)	(107)	(167)	(1 919)

7.3.2 Attitude towards Undesirability of Pregnancy

In order to review in detail attitudes towards induced abortion, a review was conducted on the incidence of induced abortion in the case of undesired pregnancy.

According to Table 7-17, 84 percent of women who had undesired pregnanies expressed their willingness to use induced abortion, which shows a considerable difference from the rate (29 percent) in favor of induced abortion as revealed in questions about their general attitudes. If we include those who are in favor of induced abortion under certain circumstance, 94 percent are in favor of induced abortion. This shows that the majority of Korean women are in favor of induced abortion in the case of undesired pregnancy. When this percentage is compared with the results of the previous survey, it showed an increase of 61.3 percent over in 1971 and 81.3 percent over 1973, a significant change.

Table 7—17. Percent Distribution of Currently Married Women with Thought on Induced Abortion at Unwanted Pregnancy by Residence

Attitude	Whole Country	Large Cities	Other Cities	Rural	1971[1)]	1973[2)]
Yes	84.2	87.9	80.8	82.9	61.3	81.3
Depends on individual Situation	9.7	8.4	13.2	9.3	-	3.9
No	6.1	3.7	6.0	7.8	25.5	10.8
Don't know	-	-	-	-	13.2	4.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)	(4,632)	(1,919)

Source: 1) H. S. Moon, et. al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 91.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report.* op. cit., p. 201.

Response by residence, shows that the rates in favor of induced abortion are getting higher.

As shown in Table 7-18, the more experience with induced abortion, the higher the inclination to have more induced abortions. This trend is clearly indicated by the fact that 78 percent of non-experienced women are in favor of induced abortion, while 91 percent of experienced women are in favor of induced aborion. However a slight decline among women who have more than 5 abortions is observed. In view of the above, it can be said that negative attitudes are held mostly by non-experienced women.

Table 7—18. Percent Distribution of Currently Married Women with Thought on Induced Abortion at Unwanted Pregnancy by Number of Induced Abortions

Attitude	Number of Induced Abortions						Total
	0	1	2	3	4	5+	(1-5)
Yes	78.3	89.1	92.7	93.2	93.5	92.2	91.3
Depends on Individual Situation	12.0	7.1	4.6	4.9	3.7	6.4	5.8
No	8.5	3.3	1.4	1.5	1.9	0.7	2.2
Don't Know	1.2	0.5	1.3	0.4	1.9	0.7	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(3,089)	(798)	(523)	(324)	(107)	(167)	(1,919)

7.3.3 Attitude towards Impacts on Health

Unlike the general attitude towards induced abortion, about 90 percent believed abortion "harmful" to health. In other words, women using induced abortion are placing more emphasis on birth control as protection against unwanted pregnancy rather than as protection for health.

As shown in Table 7-19, more favorable attitudes are observed in urban areas than rural areas. Although this difference by residence is not significant, it seems that this has resulted from the high performance rate of induced abortion in large cities

and other cities. Also, the more women experienced induced abortion, the more women cautioned against its harmful effects on health. Among the non-experienced

Table 7–19. Percent Distribution of Currently Married Women According to Attitude on Induced Abortion with Harmfulness of Health by Residence and Number of Induced Abortions

	Very Harmful	Moderate Harmful	Slightly Harmful	Not Harmful	Total	(N)
Total	47.2	42.9	5.9	4.0	100.0	(5,008)
Residence						
Large Cities	49.4	42.8	5.0	2.8	100.0	(1,659)
Other Cities	47.8	44.6	4.6	3.0	100.0	(931)
Rural	45.5	42.2	7.1	5.2	100.0	(2,418)
Number of Induced Abortions						
0	44.0	47.3	6.1	2.6	100.0	(3,089)
1	47.7	36.8	7.3	8.2	100.0	(798)
2	53.1	37.4	4.5	5.0	100.0	(523)
3	55.6	36.7	3.7	4.0	100.0	(324)
4+	60.6	29.3	4.5	5.6	100.0	(274)

group, 44 percent believe that induced abortions are "very harmful" to health while about 60 percent of the experienced group showed such attitudes.

7.4 Cost and Location of Induced Abortion

7.4.1 Cost of Induced Abortion

With the increasing trend in induced abortion, we can assume that the cost obtaining induced abortion can be one of the factors affecting its prevalence. According to Table 7-20, the expenses range from 2,000 won to 10,000 won, with 4,000-5,999 won representing the model proportion (40 percent). Since the other remainder is similarly distributed around the above ranges, the average expense is estimated to be about 5,000 won. A review of the procedure's expense by residence indicates 39 percent of aborters in large cities were charged more than 6,000 won, which is similar

Table 7—20. Percent Distribution of Currently Married Women Who Have Ever Experienced Induced Abortion by Cost of Induced Abortion and Residence

Cost	Whole Country	Large Cities	Other Cities	Rural
Under 2,000 won	4.1	3.0	3.8	5.4
2,000-3,999 won	23.8	19.0	23.7	29.6
4,000-5,999 won	40.1	38.6	44.3	39.4
6,000-9,999 won	19.4	22.0	19.8	16.2
10,000 won or more	12.6	17.4	8.4	9.4
Total	100.0	100.0	100.0	100.0
(N)	(1,919)	(828)	(378)	(713)

to the percentage of 4,000-5,999 won. This shows that induced abortion is expensive in large cities. This expense has doubled since an average cost of 2,665 won in Seoul was found in the 1971 survey.[10] In other cities, the cost is equally distributed around the 4,000-5,999 won range. In rural areas, the percentage of less than 4,000 won is highly distributed, compared with that of more than 6,000 won. In view of the above data, we can estimate that expense for induced abortion is slightly above 5,000 won level, without taking into account the difference between residences. Despite the existing difference in medical expenses by residence, it seems that there is little difference in the cost of induced abortion. This is especially clear when we look at 1971 date - 2,665 won in Seoul, 2,389 won in other cities and 2,274 won in rural areas. Since this hike was not as large as that of general medical care and other expenses during the past five years, we can assume that inflation has been a contributing factor to the increase of induced abortion.
of induced abortion.

[10] Sung Bong Hong, Induced Abortion in Korea, op. cit., pp. 51-53.

7.4.2 Location of Induced Abortion

As shown in Table 7-21, a review indicates that 87 percent of experienced women had induced abortions at private clinics (OB/GYN). In this regard no difference between urban and rural areas was observed. Only about 5 percent had induced abortion at health centers or government-designated hospitals or clinics. In rural areas, about 7 percent utilized public medical facilities, compared with less than 5 percent in urban areas. It is noted that most induced abortions are being performed at medical facilities, albeit private facilities. This trend is mainly due to a desire to conceal induced abortion which prevails in Korean culture. Secondly, people have easy access to private clinics in both urban and rural areas. Furthermore, it seems that a majority of Korean women are performing induced abortion for personal reasons or convenience without regard to the conditions specified in the Maternal and Child Health Law.

Table 7–21. Percent Distribution of Currently Married Women Who Have Ever Experienced Abortion by Place of Operating Induced Abortion and Current Residence

The Place	Whole Country	Large Cities	Other Cities	Rural
Health Center	1.0	0.7	0.5	1.6
Designate Clinic	4.1	3.8	2.4	5.4
General Hospital	4.8	5.0	5.4	4.2
Hospital	86.5	88.1	88.7	83.5
Midwife's House	2.2	12.3	1.4	3.9
Other Medicine-Self Treatment	0.5	0.6	0.5	0.3
Other Place	0.9	0.5	1.1	1.1
Total	100.0	100.0	100.0	100.0
(N)	(1,919)	(828)	(378)	(713)

Chapter 8. Acceptance of Contraceptive Methods and Status of Practice

8.1 Knowledge and Attitudes on Contraception

8.1.1 General Reaction to Family Planning and Population Problem

8.1.2 Knowledge and Attitudes on Contraceptive Methods

8.1.3 Family Planning IE&C Activities and Fieldworkers' Activities Affecting Knowledge and Attitudes

8.1.4 Rumors about Contraception and Factors Considered in Selecting Contraceptive Methods

8.2 Practice of Contraception

8.2.1 Current Practice

a. Characteristics of currently practicing women
b. Status on contraceptive methods
c. Reasons for practicing contraception
d. Sources of contraceptive supply and private practice

8.2.2 Past Users of Contraception

a. Characteristics of contraceptive termination and termination rate
b. Reasons for terminating contraception

8.2.3 Women Not Accepting Contraception

a. Characteristics of non-acceptors
b. Reasons for non-acceptance and plans to accept

8.1 Knowledge and Attitudes on Contraception

8.1.1 General Reaction to Family Planning and Population Problem

It is known that the expansion of the national family planning programme and the changes in socio-economic and cultural conditions have brought about changes in the knowledge of Korean women about population and family planning. Based on this fact, we will attempt to review the general reactions of Korean women towards population and family planning by studying their knowledge on population, knowledge on the number of existing children and attitudes towards a two-child family prior to undertaking any study on their family planning practice. This strategy will help identify the factors related to family planning practice and fertility changes.

In order to measure level of knowledge of women on population issues, the following questions were put forward: "Do you think Korea's population is large or small?" The responses to these questions are shown in Table 8-1. Among married women in the age group of 15-44, about 92 percent replied that the current population in Korea is too large. It is noted that less than 1 percent of women replied that Korea has a too small population, which indicates that Korean women are conscious of the nations high population density. Although it is not known how their recognition of the population problem influences their family planning practices, it can be assumed that their knowledge of population problems indirectly affects their views on the value of children. A review of reactions to population problems by residential area

Table 8–1. Percent Distribution of Currently Married Women with Regard to Present Size of Korean Population by Residence

	Whole Country	Large Cities	Other Cities	Rural
Too Many	91.8	95.2	94.8	88.4
Proper	3.0	1.9	2.0	4.1
Too Few	0.3	0.2	0.2	0.3
Don't Know	4.9	2.7	3.0	7.2
Total	100	100.0	100.0	100.0
(N)	(4,969)*	(1,651)	(923)	(2,395)

* Excluded 39 unknown cases.

Table 8–2. Percent Distribution of Currently Married Women with Regard to Their Attitude to Own Number of Children by Residence

	Whole Country	Large Oities	Other Cities	Rural
Many	36.5	30.9	32.3	41.9
Proper	43.5	49.5	46.0	38.7
Few	18.3	17.8	20.5	17.8
Never Thought	1.7	2.1	1.2	1.6
Total	100.0	100.0	100.0	100.0
(N)	(4,799)*	(1,580)	(882)	(2,337)

* Excluded 209 unknown cases.

indicates that about 95 percent of the urban population felt that "Korea has a large population" while about 88 percent of the rural population felt the same, which means that the urban population is somewhat more aware of the high density in Korea. We can assume that this is atributable to the fact that the urban population is more concerned because they live in high density areas. Accordingly, it seems that the recognition of population problems by the urban population has indirectly affected the value of children on the part of those urban female population.

With the recognition of the population problem, women's attitude to own number of children can be considered as one of the factors affecting their family planning practice. According to Table 8-2, about 37 percent of the respondents stated that they have too many children, about 44 percent said that they have an appropriate number of children, and about 18 percent replied that they have less children than desired. It is believed that many of the respondents who replied that they have too many children have not practiced family planning on the basis of their value of children.

The percentage of women in urban areas who claim that they have too many children is about 31 percent, while 42 percent so claim in rural areas. In fact, the average number of children in large cities is 2.6, while it is 3.6 in rural areas. Women in rural areas are more concerned about the number of children than women in urban areas. This indicates the possibility of increasing the family planning practice rate in the countryside, if a proper strategy is selected in delivering family planning services. A measurement of the general attitude towards family planning in dicates about 98 percent of women are in favor of practicing contraception.[1] This study has review of the Government's slogan of "daughter or son, let's stop at two." Table 8-3 shows various differential characteristics of women as they relate to approval of this

Table 8–3. Percent Distribution of Currently Married Women with Regard to Their Attitude on Government's Two Children Program by Respondent's Characteristics

Respondent's Characteristics	Approve	Neutral	Disapprove	Total	(N)
All Women	80.9	8.6	10.5	100.0	(4,970)*
Residence					
Large Cities	78.1	9.3	12.6	100.0	(1,648)
Other Cities	76.8	11.1	12.1	100.0	(926)
Rural	87.3	6.1	6.6	100.0	(2,396)
Age					
15-19	80.0	13.3	6.7	100.0	(30)
20-24	88.6	6.4	5.0	100.0	(607)
25-29	84.0	8.3	7.7	100.0	(1,216)
30-34	82.2	8.1	9.7	100.0	(1,110)
35-39	76.2	9.4	14.4	100.0	(1,113)
40-44	75.7	9.7	14.6	100.0	(894)
Children Ever Born					
0	89.9	6.2	3.9	100.0	(307)
1	90.6	4.6	4.8	100.0	(714)
2	85.8	8.5	5.7	100.0	(981)
3	80.5	9.6	9.9	100.0	(982)
4	77.6	9.3	13.1	100.0	(839)
5+	70.9	10.3	18.8	100.0	(1,147)
Education					
No Schooling	71.0	11.4	17.6	100.0	(488)
Primary	78.7	9.1	12.2	100.0	(2,590)
Middle	85.6	8.1	6.3	100.0	(1,026)
High	87.4	6.2	6.4	100.0	(689)
College	87.6	5.1	7.3	100.0	(177)

* Excluded 38 unknown cases.

[1]/Kun Young Song and Seung Hyun Han, *1973 National Fmaily Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 94.

slogan. Among all married women 15-44, about 81 percent are in favor of the "two-child" family, while only 11 percent objected. A review of attitude by residence indicates that about 77 percent of women in large cities and about 78 percent in other cities were in favor of this concept, while about 87 percent in rural areas were in favor. Only 7 percent in rural areas objected, which is about a half the disagreement rate in urban areas. This difference, as shown in Table 8-2 on the existing number of children, shows more positive attitudes towards family planning in rural areas. If we take this into consideration, we must identify the factor creating gap between attitudes and practice and seek solution to this problem. We must look into the family planning services and facilities as compared with those of urban areas. If we review women by age, we find older women are not as favorable toward the "two-child" family, and about 15 percent of women aged 35 and above disagree. This fact leads us to assume that the young generation is inclined to have their views on a limited number of children. If we review on the basis of number of children ever-born, we find that women who have more children have a higher objection rate, and about 19 percent of women who have more than five children expressed objections to the two child concept. If we review by educational level of women, we find that more educated women have a more favorable attitude toward having a limited number of children. There is about 17 a percent difference between the non-educated women and college graduates. There is no difference among those who attended middle school and above, but there is a great difference between those with no schooling, primary schooling and middle schooling and above. About 18 percent of the non-school segment and about 12 percent of the primary school group expressed objection to the concept. In conclusion, a "two-child" family movement is not favorably accepted by old age groups rather than young age groups, and by the low-educated people rather than the highly educated people.

Apart from women's acceptance of family planning, a review was made of family members who may influence most on a decision-making, especially the husband and mother-in-law. The results are shown in Table 8-4. Since it is believed that the husband may directly influence his wife's contraceptive practice, we can also assume that the mother-in-law may also indirectly influence practice.

About 89 percent of the husbands approved of practicing family planning, while less than 5 percent disapproved; thus husbands have very positive attitudes about contraceptive practice. Contrary to husbands, about 44 percent of mother-in-law expressed indifferent attitudes, and about 17 percent expressed objection to contraception.

Table 8—4. Percent Distribution of Family Members' Attitude on Family Planning

Attitude	Husband	Mother-in-law
Approve	89.0	36.2
Neutral	1.0	3.5
Disapprove	4.6	16.6
Don't Care	5.4	43.7
Total	100.0	100.0
(N)	(3,066)	(1,960)

8.1.2 Knowledge and Attitudes on Contraceptive Methods

The results of analysis on women's general attitudes and knowledge on population and family panning and of the trends on the selection of contraceptive methods will provide valuable data in the planning and evaluation of the family planning program. Of course, the target system adopted in service delivery in the past has contributed greatly to the increase of family planning practice, but many problems have arisen in the acceptors' attitudes and motivation process. The passive acceptance of the services provided by the active family planning fieldworkers has caused plateau in contraceptive supply, and accordingly caused various side-effects which may create increadibility of the Government's program.

Adoption of a new ideal normally change course of action through a complicated process. Especially, the family planning has been a "taboo" in traditional social and cultural settings. In view of these circumstances, active contraceptive supply, motivation and IE&C activities should be carried out in order to change attitude and provide motivation. First of all, the level of knowledge has been measured on the basis of theory which can be a ground for attitude formation. Women's knowledge of contraceptive methods is shown in Table 8-5. Oral contraceptives and loops have been the most important components of the Government's national family planning program. As a result, they are best known among women. Among total married women 15-44, 84 percent had heard of oral contraceptives, and only about 5 percent of women had no knowledge of orals. The loop is somewhat less known to women than pills are. Knowledge of other contraceptive methods is relatively compared with these two methods. However, during the interview, it was found that about 80-90 percent of women knew about condoms, tubal ligation and vasectomy. Women's knowledge of other methods were a relatively low 20 percent. Among the miscellaneous methods, only rhythm was known to a sizable numbe of women. A review of wives

Table 8–5. Percent Distribution of Currently Married Women by Knowledge on Contraceptive Method by Residence

Residence and Method	Spontaneously by Herself	Only by Interviewer's Reading	Don't Know	Total
Whole Country				
Loop	79.0	15.1	5.9	100.0
Oral Pill	83.6	11.3	5.1	100.0
Condom	49.2	32.0	18.8	100.0
Vasectomy	39.6	49.1	11.3	100.0
Tubal Ligation	32.6	49.2	18.2	100.0
Injection	11.0	42.1	46.8	100.0
Rhythm Method	22.9	44.6	32.5	100.0
Withdrawal	12.8	38.1	49.0	100.0
Urban				
Loop	80.7	14.8	4.5	100.0
Oral Pill	84.9	11.3	3.8	100.0
Condom	54.3	31.8	13.9	100.0
Vasectomy	45.5	46.9	7.5	100.0
Tubal Ligation	38.8	48.6	12.6	100.0
Injection	13.1	47.2	39.7	100.0
Rhythm Method	28.7	48.0	23.3	100.0
Withdrawal	15.6	43.9	40.5	100.0
Rural				
Loop	77.2	15.4	7.4	100.0
Oral Pill	82.2	11.3	6.6	100.0
Condom	43.6	32.3	24.1	100.0
Vasectomy	33.2	51.4	15.4	100.0
Tubal Ligation	25.9	49.8	24.3	100.0
Injection	8.9	36.6	54.6	100.0
Rhythm Method	16.7	40.8	42.5	100.0
Withdrawal	9.8	31.8	58.3	100.0

knowledge of contraceptive methods by residence indicates that pills and loops are better known in urban areas than in rural. Condoms, sterilization and rhythm are also better known in urban areas than in rural. In rural areas, pills and loops are the best known methods. As the results of these reviews, it is found that some contraceptive methods, as emphasized in the Government's program, are better than any other methods. Therefore, it is suggested that future program planning and target setting should accompany appropriate IF&C activites.

In order to obtain a detailed knowledge on contraceptive methods, women were asked to indicate their selective method as they believe to be the best method (Table 8-6). Among all respondents, the loop was rated as the best method of contraception. Tubal ligation was second, pills and vasectomy were third. This result indicates that tubal ligation, although a recent method in Korea, is becoming very popular. Respondents in this study responded in line with the findings of previous studies. These indicated that about 83 percent of acceptors are practicing contraception in order to terminate fertility. There are some differences between urban and rural areas. In comparison between urban with rural, sterilization is highly accepted in urban areas, and followed by loop and pills. Rhythm is also relatively high in urban areas compared with rural areas. In rural areas, loop is high as 31 percent, and pills and tubal ligation are also relatively higher. The urban population is more inclined to accept permanent sterilization, while the rural population still favors the loop.

Table 8–6. Percent Distribution of Currently Married Women by Contraceptive Method Recognized as Best One by Residence

Method	Whole Country	Urban	Rural
Loop	23.7	17.8	30.9
Oral Pill	16.0	14.1	18.3
Condom	8.1	9.0	7.1
Vasectomy	15.9	19.4	11.6
Tubal Ligation	19.8	21.2	18.1
Rhythm Method	8.4	10.1	6.3
Other	8.0	8.3	7.7
Total	100.0	100.0	100.0
(N)	(3,419)*	(1,880)	(1,539)

* Only those women who know one or more method.

In order to review women's attitudes about contraceptive methods, women were asked about the methods they would recommend to others (see Table 8-7). We assume that the contraceptive method recommended to others is the method felt to be best by the respondent. Nationally, loops received the most recommendations followed by pills and tubal ligation. This varies from the order of loop, tubal ligation, vasectomy and pills revealed in Table 8-6. Turning our attention to sterilization, a comparison between urban and rural areas shows that women in urban areas rated vasectomy and tubal ligation highly, but recommended loops and pills to others. In rural areas, women

Table 8—7 Percent Distribution of Currently Married Women by Contraceptive Method They Recommended to Others as Best One by Residence

Method	Whole Country	Urban	Rural
Loop	34.1	26.7	43.9
Oral Pill	22.4	21.6	23.5
Condom	9.0	10.1	7.6
Vasectomy	8.8	11.3	5.6
Tubal Ligation	10.7	13.9	8.3
Rhythm Method	8.4	10.7	5.4
Other	6.5	7.1	5.7
Total	100.0	100.0	100.0
(N)	(1,371)	(779)	(592)

felt the best method was the loop which they also most often recommended to others. In summary, sterilization is believed to be the best method of contraception nationally, but it is not recommended to others as often as other methods.

8.1.3 Family Planning IE&C Activities and Fieldworkers' Activities Affecting Knowledge and Attitudes

A great contribution has been made by mass-communication and the information activities of family planning fieldworkers to the wide acceptance of contraception in Korea. Accordingly, in order to evaluate the family planning programs and IE&C activities, a review was made of acceptors' contraceptive method, knowledge and experiences, exposure to information on population and family planning through mass-communication, and visits of family planning fieldworkers. A study was made of 11 potential sources of information on contraceptive methods, including family planning

fieldworkers (Table 8-8). Throughout the country, about 79 percent of women stated that they learned about contraception from neighbors and friends. The next most mentioned source of information is the Health Center (40 percent). Family planning fieldworkers and various mass-media also received relatively frequent. In urban areas, many respondents replied that, next to neighbors and friends, they have heard about family planning most often from radio and television. Other sources included Helath Center, newspapers, and magazines. Contrary to this, in rural areas, after neighbors and friends, respondents replied that they heard about family planning

Table 8—8. Percent Distribution of Source of Information about Contraceptive Methods by Residence

Information Sources	Whole Country	Urban	Rural
FP Worker	22.2	17.9	26.9
Hospital Doctor	11.6	16.0	6.8
Health Center	40.0	36.6	43.6
Mothers' Club	7.1	3.1	11.3
Neighbor	78.9	80.9	76.7
Pharmacy	8.2	10.6	5.7
Radio or TV	33.8	40.9	26.2
Newspaper or Magazine	20.7	29.0	11.7
Poster or Pamphlet	14.2	18.3	9.8
Medical Dictionary	7.1	10.7	3.2
Husband	18.5	20.5	16.3
(N)	(4,962)*	(2,569)	(2,393)

* Excluded 46 unknown cases.

most often from Health Centers, family planning fieldworkers, radio and television in that order.

Although information about family planning in both urban and rural areas is mostly obtained through inter-personal contacts with neighbors and friends, the mass-media plays an important role in urban areas, while health centers, and family planning fieldworkers are important sources in rural areas. A review was made of exposure to information on population and family planning through mass-media including newspapers, radio, television, etc. (Table 8-9). About 74 percent of respondents listen to

radio and about 57 percent watch some televison. The exposure rate to information on radio in urban areas is 49 percent and about 42 percent in rural areas, but the exposure rate to TV is 46 percent in urban areas and about 25 percent in rural areas. Newspaper exposure is about 28 percent in urban areas, and about 19 percent in rural areas, a considerable difference. This result seems to be caused by difference distribution of television and newspapers between urban and rural areas. In rural areas, people are more exposed to radio. Therefore, more IE&C emphasis should be placed on radio. It is also assumed that television can be an effective IE&C channel in the future.

Table 8—9. Exposure to Mass-Media about Family Planning and Population Problem

	Never Exposed	Exposure to: No Contacted With FP Information	Exposure to: Have Contacted With FP Information	Total	(N)
Newspaper					
Whole Country	67.3	13.5	19.1	100.0	(5,008)
Urban	53.6	18.8	27.6	100.0	(2,590)
Rural	82.1	7.9	10.0	100.0	(2,418)
Radio					
Whole Country	25.8	28.3	45.9	100.0	(5,008)
Urban	22.3	28.5	49.2	100.0	(2,590)
Rural	29.6	28.1	42.3	100.0	(2,418)
Television					
Whole Country	42.5	21.5	36.0	100.0	(5,008)
Urban	28.1	25.5	46.4	100.0	(2,590)
Rural	58.0	17.2	24.8	100.0	(2,418)

We now turn to the IE&C activities of fieldworkers. Table 8-10 shows the proportion of women receiving home visits in the last two years. Among all married women 15-44, about 34 percent stated they have been visited by family planning fieldworkers more than once during the past two-year period. Women in rural areas have had more frequent visits from family planning fieldworkers than women in urban areas. Women aged 30-39 were most frequently visited by the fieldworkers. In rural areas, over 45 percent of this age group were visited by fieldworkers.

Table 8–10. Percent Distribution of Current Married Women Contacted by FP Worker in Last Two Years by Respondents' Age

	Whole Country	Urban	Rural
15-24	20.3	20.1	20.5
25-29	33.2	31.7	35.2
30-34	39.1	33.5	46.1
35-39	38.7	32.3	45.0
40-44	32.4	23.5	38.7
Total	34.0	29.6	38.7
(N)	(5,008)	(2,590)	(2,418)

Although the target female population is the age group 30-39, more effects should be made to approach younger females in the future. If we wish to widen contraceptive practice to include child-spacing and if we wish to propagate the small family ideal we should logically make home-visits to younger age groups.

Table 8–11. Percent Distribution of Current Married Women by Number of Visits They Have Received from Family Planning Worker in Last Two Years

Number of Visits	Current User	Past User	Never User	All Women
0	57.7	62.1	75.0	64.9
1	13.0	11.7	9.1	11.3
2	12.0	10.0	8.4	10.3
3	6.2	5.1	3.1	4.9
4+	11.1	11.1	4.4	8.6
Total	100.0	100.0	100.0	100.0
(N)	(2,212)	(934)	(1,862)	(4,954)*

* Excluded 54 unknown cases.

If we assume that women who have been visited by fieldworkers will have a high practice rates, it is hypothesized that acceptors will have had more home visits from fieldworkers than non-acceptors had. About 42 percent of current acceptors stated that they have had home-visits of fieldworkers during the past two years; about 38 percent of the previous acceptors or drop-outs were visited by fieldworkers, and about 25 percent of non-acceptors were visited by fieldworkers more than once. A great difference exists between previous acceptors and non-acceptors. In other words, this indicates indirectly how home-visits by fieldworkers affected acceptance. But the fact that about 75 percent of the non-acceptors were visited by the fieldworkers indicates that there is still a considerable number of women who are not reached by fieldworkers.

8.1.4 Rumors about Contraception and Factors Considered in Selecting Contraceptive Methods

Eve if women are motivated to accept contraception, it is obvious that individual women will choose difference contraceptive methods. Various factors considered important by female acceptors in choosing contraceptive methods are shown in Table 8-12. These factors, of course, need to receive general consideration, not to be given any priority. A reivew was made of the reaction of women on each factor to measure their concern. The result was that more than 95 percent of women attached importance to "side-effects" and "effective contraception." The next important points were "orgasm" and "sexual ability" which were rated as important issues by more than 90 percent of women. Negative features were "expense" and "newly developed method" which were rated by half and half between those women feel important and those women feel not important. It also shows that many women do not simply accept the "popularity" of a contraceptive method which is highly recommended by others. In conclusion, it was found that women attach a great importance to side-effects and contraceptive effectiveness. As shown in Table 8-12, "side-effects," "sexual ability," and "sexual life," among all the factors considered by acceptors, are closely related to rumors about contraception.

Although most rumors are negative and groundless, some of them are medically justified but exaggerated in belief. According to this survey, about 76 percent of married women 15-44 heard at least one rumor. A review indicates the following to be frequent rumors.

Table 8—12. Percent Distribution of Current Married Women by Degree of Concern of Various Factors in Accepting Contraceptive

	Seriously Concerned	Concerned	Do not Care	D/K	Total
Slide Effect	95.6	1.8	0.7	1.9	100.0
Cost	38.2	23.1	36.7	2.0	100.0
Availability	75.2	17.6	5.1	2.1	100.0
Sexual Feeling	91.1	5.3	1.4	2.2	100.0
Effectiveness	95.8	1.6	0.5	2.1	100.0
New Method	30.2	29.8	37.7	2.3	100.0
Popularity	61.3	23.6	12.8	2.3	100.0
Simplicity	73.1	20.3	4.3	2.4	100.0
Husband's Sexual Ability	92.6	4.2	1.1	2.1	100.0

Exposure to Rumors and Their Contents by Contraceptive Methods

Contraceptive Methods	Women Heard Rumors (N=5,008)	Contents of the Highly Frequent Rumors by Order
Loop	64%	1. Back pain 2. Cervical erosion
Oral Pill	64%	1. Stomach pain 2. Indigestion 3. Dizziness 4. Gaining weight
Condom	12%	1. Uncomfortable 2. Not accepted by male
Vasectomy	29%	1. Impotence 2. Incapable of performing hard work
Tubal Ligation	6%	1. Causing illness 2. Weakening of Woman

Rumors were more freguently heard by acceptors than non-acceptors. According to Table 8-13, a similar percent of current acceptors and previous acceptors have heard rumors about contraception. Among women who heard rumors, current acceptors and previous acceptors showed a very similar attitudes toward them. About 60 percent said that they believed the rumors, while 50 percent of the non-acceptors replied that they believed the rumors.

Table 8—13. Percent Distribution of Women by Contraceptive Using Status by Belief on the Rumors

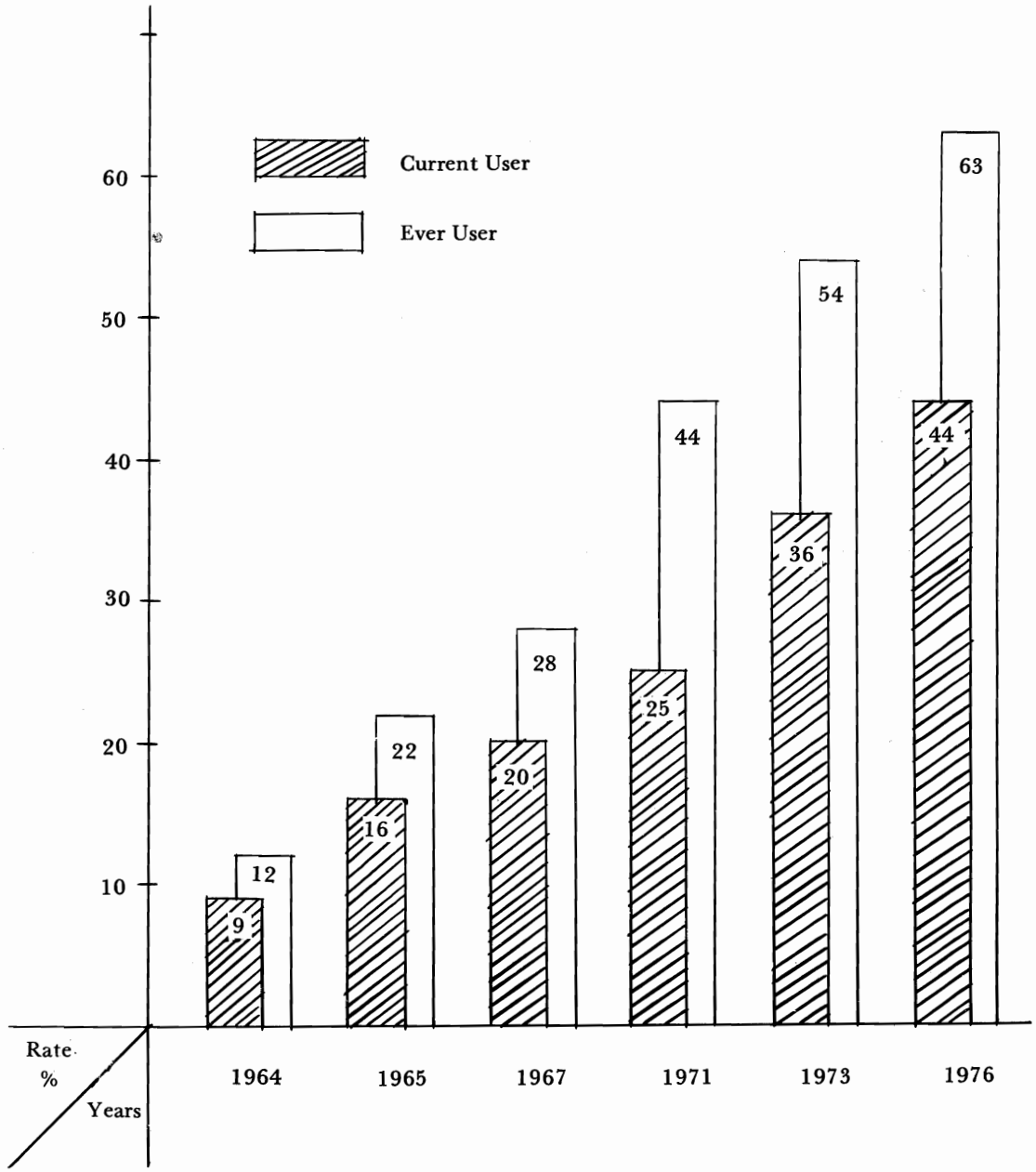
	Current User	Past User	Never User	Total
Those Women Who Have Ever Heard Rumor	1,838 (83.7)	753 (82.3)	1,138 (62.6)	3,729* (75.7)
Believe	57.3	62.3	49.9	55.9
Unbelieve	5.0	3.0	6.1	5.0
Partial Belief	29.1	25.0	22.7	26.3
Don't Know	8.9	9.7	21.3	12.8
Total	100.0	100.0	100.0	100.0

* Excluded 79 unknown cases.

8.2 Practice of Contraception

The practice rate provides a very useful indicator in measuring the progress of the national family planning program. According to Figure 8-1, the practice rate has increased from 9 percent in 1964 to 44 percent in 1976. If we assume total eligible women 15-44 in 1976 to be 4,770,000, then the total number of current acceptors is 2,100,000.

Figure 8—1. Family Planning Practice Rate (1964-1976)



8.2.1 Current Practice

a. Characteristics of currently practicing women

Although about 44 percent of eligibles are practicing family planning, which serves as an important index for evaluating the national family planning program. This result, we can believe, is based on the Government's national family planning program, among others. In the meantime, we can say that differential rates of acceptance exist by their geographical characteristics. In other words, acceptors are motivated by thier socio-economic and cultural factors. These characteristics affected their practice and attitudes. The recent discussions are focussed on the individual factors - characteristics and environment (including the level of areas development) - affecting their practice of contraception. In Table 8-14, the practice rates and annual changes in the rates are cross tabulated with such basic variables, as residence, age, and educational level.

As mentioned earlier, residence is considered the most important variable influencing women's views on the ideal number of children. Also it must be remembered that people in urban areas have more access to contraception than those in rural areas. There is a considerable difference in practice rates among the urban areas (48 percent) and rural areas (40 percent). This difference has been growing steadily. The urban rates were 4 percent point higher than rural in 1971, 5 percent point in 1973, 6 percent point in 1974, and 8 percent point in 1976. Despite the increasing gap, the practice rate is increasing in rural areas. Eventually, we anticipate that the practice rate in the rural areas will rise along with rising socio-economic development, thus closing the gap between urban and rural areas.

There are also differences among women by their ages. As seen in many studies indicated that women are practicing contraception for the purpose of terminating pregnancies. It is true that acceptors are in the relative older age groups who have already have desired number of children. According to Table 8-14, the practice rate is highest among 35-39 age group-about 62 percent are users. The practice rate is only 15 percent among the 15-24 age group. The practice rate is increasing for all age groups

Table 8—14. Comparison of Current Family Planning Practice Rate by Respondent's Residence, Age and by Educational Attainment, the Present Survey and Others

	1971[1]	1973[2]	1974[3]	1976[4]
All Women	25	36	37	44.2
Residence				
Urban	27	39	40	48.0
Rural	23	34	34	40.2
Age				
15-24	6	12	13	15.4
25-29	15	28	29	31.9
30-34	28	38	45	55.8
35-39	38	53	54	61.5
40-44	27	39	38	45.1
Education				
No Schooling	21	30	37	39.3
Primary	25	36	36	42.8
Middle	25	37	36	44.2
High	32	44	44	50.9
College	38	48	53	51.8

Source: 1) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey,* op. cit., pp. 101-102, 104, 113.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Fertility Survey: A Comprehensive Report,* op. cit., pp. 86, 87, 89-90, 91.

3) EPB/BOS and KIFP, *World Fertility Survey: The Korean National Fertility Survey, 1974, First Country Report,* op. cit., pp. 125-126.

4) The Present Study.

Across time the biggest incrase is seen for the age group 30-34 during the period of 1973-1976. We can assume that women are accepting contraception for the purpose of terminating fertility which has been lowered their ages. Eventually practice for the purpose of child-spacing will likely increase the practice rate among the youngest age groups.

Generally, educational level greatly affects family planning and fertility rates. Looking at practice by educational level, the practice rate of non-educated women is 39 percent-the lowest rate for any group by education. It is noted that the higher the education, the higher the acceptance rate. Middle-school graduates have a 44 percent practice rate, the same as that of the total practice rate for the entire country. High-school graduates have a 50 percent practice rate. A comparison by years indicates that there has been a considerable increase in practice during 1971-1976 for all educational levels.

In order to clerify the actual effect of women's age and educational levels on the family planning practice, a review was made of urban and rural areas separately (see Table 8-15). First, the practice rate of those aged 30-34 in urban areas rose from 32 percent in 1971 to 60 percent 1976. The age groups 25-29, 35-39, and 40-44

Table 8–15. Comparison of Current Family Planning Practice Rate by Respondent's Age and Educational Attainment and by Residence: The Present Survey and 1971 Survey

	Urban		Rural	
	1971[1)]	1976[2)]	1971[1)]	1976[2)]
Age				
15-24	7	18.5	5	11.7
25-29	17	36.8	14	25.0
30-34	32	60.4	24	50.1
35-39	45	65.9	34	57.3
40-44	29	47.8	25	43.6
Education				
No Schooling	19	41.3	21	38.9
Primary	27	45.6	23	40.8
Middle	24	47.2	25	38.3
High	35	53.7	21	40.5
College	36	53.0	44	43.5

Source: 1) KIFP, *Report on 1971 Fertility–Abortion Survey*, op. cit., p. 93; Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 113.

2) The Present Study.

showed almost the same increase. In rural areas, there has been a little change among women under the age of 30, but an increases of 26 percent point for the age group 30-34, 23 percent point for the age group 35-39, and 18 percent point for the age group 40-44 has been observed since 1971.

A review of practice rates by educational levels for urban and rural areas indicates that acceptance and education are positively associated in urban areas, but not in rural areas. In rural areas, there is only a 5 percent difference in practice rates between non-educated women and college graduates. Many studies indicated that educational level will influence family planning practice rates. In view of this, studies should be made from various aspects on the practice rates in rural areas which show no major differences by educational levels. Especially, the Government has been implementing a strong IE&C activities in rural areas. It is assumed that this has been resulted from dominating the influence by some individual characteristics. In other sense, as there are many young women who have attained a higher education, we can also assume that there have been many women not practicing family planning because of their fertile period.

A review of practive ratcs by socio-demographic charecteristics is shown in Table 8-16.

Based on a review by existing number of children, we find about 60 percent of women who have 3-4 children are now practicing contraception, which is a much higher level than those who have 2 or 5 children. A review of the practice rates by ages indicates that the age groups 25-29 and 30-34 exhibit substantial practice rates after they have 3 children. A higher practice rate among women having 2 children was observed than for those with 4 children. But among the 35-39 age group, about 70 percent of women having 3-4 children show high practice level, whild 57 percent of women 40-44 who have 4 children show high practice levels.

A review of the practice rate by the number of living sons shows that about 60 percent of women who have 2-3 sons are practicing contraception at a higher rate than the national level. The practice rates are the same for those who have 3 living children and for those who have 2 male children; the practice rates are the same for those who have 4 living children and those who have 3 male children. Women apparently start to practice family planning when they have 2-3 children. This explains that their practice rates are affected by the traditional son-preference.

A comparison of women's pre-marital employment and practice rates indicates that 42 percent of women who had jobs before marriage are practicing family planning,

Table 8--16. Current Family Planning Practice Rate by Respondent's Characteristics and by Age of Women

Characteristics	All Ages	Under 25	25-29	30-34	35-39	40-44
All Women	44.2	15.4	31.9	55.8	61.5	45.1
No. of Living Children						
0	4.6	5.9	1.1*	6.3*	4.8*	7.7*
1	18.2	15.4	15.6	27.4	34.9	29.6*
2	44.0	27.0	39.8	59.1	50.9	35.0
3	59.0	33.3*	44.4	64.1	69.5	49.6
4	60.4	-	33.9	55.5	70.7	57.3
5+	47.2	-	57.1	43.9	56.3	41.4
No. of Living Sons						
0	14.8	10.0	15.6	20.9	18.7	23.3
1	41.7	20.1	32.7	54.6	59.2	41.7
2	57.6	32.5	50.8	63.7	68.1	45.2
3	60.8	50.0*	42.9	69.3	65.4	53.4
4+	51.2	-	100.0*	50.0	63.0	44.0
Premarital Working Status						
Unemployed	45.0	13.9	31.7	54.4	58.9	44.8
Employed	42.0	16.9	32.1	60.1	74.1	50.0
Current Occupation of Husbands						
Unemployed	46.2	20.0*	37.1	56.8	58.3	43.5
Professional & Administrative	55.0	30.8*	33.8	60.2	67.6	65.2
Clerical	49.8	18.5	32.2	66.0	73.1	62.9
Sales & Service	48.4	20.4	38.4	63.4	70.2	40.0
Agriculture	38.2	7.0	19.0	46.4	57.6	41.3
Skilled	44.6	14.5	38.3	57.3	63.4	48.2
Unskilled	39.2	23.3	25.3	48.1	46.8	39.1

* Less than 10 cases.

while 45 percent of women who did not have jobs are practicing family planning, contrary to general expectations. As discussed in Chapter 3, this is caused by the fact that the majority of women who had jobs are in the younger age groups, while the majority of women who had no jobs before marriage are in the older age groups where practice rates are relatively high. This fact is clearly observed by looking at the differential practice rates when controlling pre-marital employment for age. In all age groups, the women who had jobs before marriage practice more than those who had no jobs before marriage. For example, among the age group 35-39, about 74 percent of those who had jobs before marriage are practicing contraception, while women who had no jobs before marriage have practice rates about 15 percent point lower.

Table 8—17. Current Family Planning Practice Rate by Religion and by Current Women's Occupation

Religion and Women's Occupation	Whole Country	Large Cities	Other Cities	Rural
All Women	44.2	48.9	46.4	40.2
Religion				
None	41.1	45.4	44.0	37.9
Buddhist	49.5	53.1	48.2	46.3
Catholic	54.1	56.1	62.5	17.5
Protestant	48.0	50.8	51.4	43.3
Others	38.8	53.0	33.3	32.0
Current Women's Occupation				
Employed	50.2	56.3	53.2	47.1
Unemployed	40.9	46.1	44.3	34.3

A review of practice rates by husbands' occupation which is thought to affect women's ideal number of children and family planning practice indicates that less than 40 percent of wives of farmers and unskilled labors are practicing. Higher practice rates are observed among wives of professionals, managers, clerks, salesmen and service-men, etc.. Practice rates by skilled workers and the unemployed fall between the two groups.

In addition to those characteristies reivewed earlier, a review was conducted on how women's religious beliefs and occupation affect their practice rates (Table

8-17). It shows that religious women are practicing contraception more than those without religion. Among religious women, Catholics have higher practice than Buddhists and Protestants. A review of practice rates by employment status indicates that women currently employed are more likely to be practicing contraception than non-employed women. Since religion and employment are related to educational levels and socio-economic variables, the difference by religion and employment cannot be explained sufficiently by this single table. In order to conduct an in-depth study, a review should be made of differences of all characteristics including educational levels, ages, socio-economic, cultural and demographic aspects.

b. Status on contraceptive method

In selecting contraceptive methods, various factors are considered, including motivation of the woman and the characteristics of each method. In Korea, loops and pills have been freely supplied under the Government program, and are frequently

Table 8–18. Current Family Planning Practice Rate by Contraceptive Methods and by Residence: The Present Survey and Others

	Whole Country			Urban			Rural		
	1971[1]	1973[2]	1976[3]	1971	1973	1976	1971	1973	1976
All Women	4,635*	1,919**	5,008**	1,913	905	2,590	2,712	1,014	2,418
FP Practice Rates	24.6	36.3	44.2	27.4	39.1	48.0	22.7	33.8	40.2
Loop	7.0	7.9	10.5	5.4	5.9	8.2	8.1	9.8	13.0
Oral Pill	6.8	8.0	7.8	7.0	7.1	8.0	6.6	8.6	7.5
Condom	3.2	6.5	6.3	4.2	7.5	8.0	2.4	5.6	4.6
Sterilization	3.3	4.6	8.3	4.2	6.7	10.7	2.7	2.8	5.7
Others	4.2	9.3	11.3	6.6	11.9	13.1	2.9	7.0	9.4

Source: * Currently married women aged 20-44.

** Currently married women aged 15-44.

1) Hyun Sang Moon, et al., *Fertility and Family Planning: An Interim Report on 1971 Fertility-Abortion Survey*, op. cit., p. 103.

2) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report*, op. cit., pp. 84, 133.

3) The Present Study.

used by acceptors. A review was made of the distribution of contraceptive methods currently used by residence of women as shown in Table 8-18. Throughout the country it is noted that the loop is most highly used by about 11 percent of women. This high rate of use was also noted in the 1971 and 1973 survey, but there was no difference

Table 8—19. Percent Distrubution of Current User by Contraceptive Methods and by Respondent's Characteristics

Respondent's Characteristics	Loop	Oral Pill	Condom	Vasec-tomy	Tubal Ligation	Rhythm	Other	Total (N)
All Women	10.5	7.8	6.3	4.2	4.1	7.1	4.2	44.2(5,008)
Age								
15-19	-	-	3.3	-	-	-	-	3.3(30)
20-24	4.3	4.3	3.8	0.8	0.2	1.2	1.3	15.9(606)
25-29	6.5	6.5	6.3	2.8	1.6	4.6	3.6	31.9(1,217)
30-34	12.5	10.6	8.1	5.9	5.5	7.9	5.3	55.8(1,122)
35-39	15.0	9.3	7.8	5.6	7.4	11.3	5.1	61.5(1,113)
40-44	12.5	6.6	4.1	4.8	4.2	8.2	4.7	45.1(920)
Education								
No Schooling	18.4	7.5	2.2	3.8	1.4	4.4	1.6	39.3(495)
Primary	12.2	9.4	5.0	3.4	2.9	5.4	4.5	42.8(2,615)
Middle	7.1	6.9	7.2	4.9	4.3	8.3	5.5	44.2(1,032)
High	5.3	4.2	10.7	6.6	8.4	12.5	3.2	50.9(694)
College	3.5	4.1	15.7	3.5	11.0	9.9	4.1	51.8(172)
Husband's Occupation								
Unemployed	10.9	5.4	8.1	4.1	6.8	6.8	4.5	46.6(221)
Professional/Administrative	6.2	4.4	15.1	6.5	6.2	14.2	2.1	54.7(338)
Clerical	6.8	5.3	10.0	4.3	7.3	10.7	5.6	50.0(588)
Sales	7.4	8.9	7.5	5.8	6.8	7.9	4.6	48.9(585)
Service	5.5	9.7	9.2	6.0	4.6	6.0	6.0	47.0(217)
Agriculture	15.7	7.0	3.1	3.1	1.4	5.1	2.9	38.3(1,550)
Skilled	8.5	10.3	5.5	4.4	3.7	6.5	5.6	44.5(1,111)
Unskilled	12.9	9.2	4.2	2.9	3.4	4.2	3.7	40.5(381)
Unidentified	-	-	-	-	-	7.1	-	7.1(17)

between loops and pills. It can be now seen that the loop has become more popular. The proportion of loop users is highest in rural areas. Among the 48 percent of acceptors in urban areas, 8 percent are using the loop, while in rural areas, among the 40 percent of acceptors, 13 percent are using the loop. A review of loop users in urban areas by years showed 5 percent users in 1971, and 8 percent in 1976, an increase of 3 percent point. But in rural areas, loop users increased by 5 percent point from 8 to 13 percent. The rates of vasectomy and tubal ligation has also increased by 5 percent point from 3 percent in 1971 to 8 percent in 1976. In both urban and rural areas, the rates of vasectomy and tubal ligation doubled compared with 1971, with about 11 percent in urban areas and 6 percent in rural areas in 1976. Generally, except for loops, practice rates for all methods are higher in urban areas. The rates for condom and sterilization are higher in urban areas than rural areas. The acceptance rate for privately obtained methods is also high in urban areas. Among the total 48 percent of acceptors in urban areas, more than one-fourth rely on private sources. However, it should be noted that many privately obtained methods including rhythm, withdrawel, etc. are less-effective methods.

The result of a review on the status of women's contraceptive methods by individual characteristics is shown in Table 8-19. By examining age, it was found that the practice rate is higher among older women. As mentioned ealirer, the practice rate among the age group 40-44 who are nearing menopause is lower than the practice rate of the age group 35-39. A higher practice rate is observed among the older age groups, especially for the methods of vasectomy and tubal ligation. In the case of the loop, it is noted that the practice rate among older age groups is higher than younger goups. A review of practice rate by educational level of women shows the loop is frequently used by those who received only an elementary education. This fact is related the higher use of loops in rural areas where many low-educated women are living. Contrary to this, the condom is frequently used by women who have received a high school education. As regards college educated women, about 16 percent are using the condom. In the case of tubal ligation, the acceptance rate is highest among the most highly educated women. Among highly educated women as a whole, the most used contraceptive methods include condom, tubal ligation, rhythm, etc.. Women of low education are using loops and oral contraceptives.

A review of practice rates by husbands' occupation indicates that about 16 percent of wives of farmers are using the loop. This rate is higher than for any other profession. The next highest rate of loop use is about 13 percent for unskilled workers and 11 percent among the unmeployed. The condom is highly used by professionals and clerical workers. Rhythm is also highly applied by this category of people.

Table 8–20. The Reasons for Contraception of Ever User by Residence and by Age

Residence and Age	For Fertility Termination	For Spacing	Other Reasons	Total	(N)
Whole Country					
15-24	25.8	62.4	12.4	100.0	(178)
25-29	61.2	32.5	5.7	100.0	(596)
30-34	81.5	13.2	5.3	100.0	(810)
35-39	90.9	4.1	5.0	100.0	(875)
40-44	94.5	1.6	3.9	100.0	(614)
Total	79.7	14.9	5.4	100.0	(3,073)*
Urban					
15-24	24.3	58.9	16.8	100.0	(107)
25-29	62.5	30.5	7.0	100.0	(387)
30-34	80.8	12.4	6.8	100.0	(469)
35-39	88.8	4.0	7.2	100.0	(447)
40-44	93.3	1.5	5.2	100.0	(269)
Total	77.2	15.5	7.3	100.0	(1,679)
Rural					
15-24	28.2	67.6	4.2	100.0	(71)
25-29	59.8	36.8	3.3	100.0	(209)
30-34	82.4	14.4	3.2	100.0	(341)
35-39	93.0	4.2	2.8	100.0	(428)
40-44	95.4	1.7	2.9	100.0	(345)
Total	82.8	14.2	3.1	100.0	(1,394)

* Excluded 73 unknown cases.

c. Reasons for practicing contraception

A review of reasons for practicing contraception indicates that about 80 percent of the total acceptors are practicing for the purpose of terminating fertility. Only 15 percent are practicing contraception for the purpose of child spacing. More women in rural areas responded that they are practicing for the purpose of fertility termination than those in urban areas. More than 80 percent of women aged 30 and above replied that purpose of use was to terminate fertility. Women under the age of 25 were practicing (62 percent) for child-spacing purposes. More women under the age of 30 are practicing contraception for child-spacing purposes in rural areas than in urban areas, which means that women in urban areas are terminating fertility at the younger ages than those in rural areas.

d. Sources of contraceptive supply and private practice

Table 8–21. Place Where Current Contraceptive Method Has Been Obtained by Residence

Obtained Place	Whole Country	Large Cities	Other Cities	Rural
Health Center & FP Worker	33.7	22.5	31.7	43.8
General Hospital	5.2	8.1	5.0	2.9
Clinic	19.5	20.0	24.6	16.9
PPFK Clinic	1.5	1.5	1.0	1.8
Mobile Unit	2.0	1.3	-	3.6
Pharmacy	15.6	23.4	16.2	8.8
Mother's Club & Ri, Dong Chief	1.5	0.8	0.2	2.7
Other	20.9	22.4	21.2	19.6
Total	100.0	100.0	100.0	100.0
(N)	(2,160)*	(786)	(419)	(955)

* Excluded 3,860 not current practice & unknown cases.

A review was made on the sources of contraceptive methods and clinical services, as shown in Table 8-21. In large cities, 23 percent of contraceptions were obtained from drug stores, 23 percent from health centers and family planning fieldworkers, and about 22 percent from other sources. Condoms and pills were mostly obtained from drug stores. Also it is noted that many use rhythm. In rural areas, about 44 percent obtained supplies from health centers and fieldworkers. In other cities, about 32 percent utilized health centers and fieldworkers and about 25 percent used hospitals or clinics.

In Korea, the loop, vasectomy, tubal ligation, condoms and pills have been provided through designated hospitals, clinics, health centers and family planning fieldworkers under the Government program. But as shown in this survey, orals and condoms have been obtained recently from drug stores. This signifies the development of commercial channels beyond the government helath networks. Especially, in urban areas, proper measure should be taken to promote the supply of contraceptives by expanding the sales network for contraceptive supplies. In urban area, commercial

Table 8–22. Percentage of Current Users by Contraceptive Methods and by Program Source: Compared to 1973 Survey

Methods	1973[1]			1976[2]		
	Total	Government	Private	Total	Government	Private
Loop	7.9	7.9	-	10.5	9.5	1.0
Oral Pill	8.0	5.3	2.7	7.8	4.7	3.1
Vasectomy/ Tubal Ligation	4.6	4.6	-	4.2	3.7	0.5
			-	4.1	1.1	3.0
Condom	6.5	3.6	2.9	6.3	3.1	3.2
Other	9.0	-	9.0	11.3	-	11.3
Total	36.0	21.4	14.6	44.2	22.1	22.1

Source: 1) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 133.

2) The Present Study.

channels should be developed by taking into account the flexibility in supply, economic status of consumers and general attitudes towards family planning.

Table 8-22 shows the source of contraceptive supply for current users by years and by government or private sector. In 1973, the proportion of private sector was 14.6 percent, about 40 percent of the total number of acceptors. In 1976, 22.1 percent practiced under the government program and another 22.1 percent from the private sector, which is evidence of the increase in private sector supply. Reviewing each contraceptive method, it was noted that condom and pill distribution have increased under the private sector, while some users were obtained loops and tubal ligations from the private sector, even though the government provided free service. Even with the free provision of loop by the government, some users were found to be supplied by the private sector, which may mean a weakness in government supply management.

Table 8–23. Sales Amount of Oral pill, Foam Tablet, and Condom by Year and Production Companies

Company	1972	1973	1974	1975	1976
Oral Pill (Unit: 10,000 Cycles)	118.5	131.0	167.0	183.7	113.2
Yuhan	47.4	54.5	66.7	80.4	68.6
Schering	57.4	52.3	62.9	48.2	44.8
Ildong	13.7	24.2	37.7	55.1	59.8
Foam T. (Unit: 10,000 Cases)	5.8	7.4	4.9	9.8	55.6
Hanil					
Condom (Unit: 10,000 Dozen Unit)					
Dongkook	41.4	48.3	56.4	52.9	56.4
Hankook Latex	-	-	-	46.2	59.6
Suhueng	-	-	40.5	39.4	46.9

Source: Information was collected through personal contacts with the production companies.

Orals, condoms and foam tablets have been provided by Korean pharmaceutical companies including *Yuhan Corporation, Schering Korea Ltd., Ildong Pharmaceuti-*

cal Company, Hanil Pharmaceutical Company, Dongkook Pharmaceutical Company, Hankook Latex Gongup, Suhueng Industrial Company, etc.. Their outputs are shown in Tbal 8-23. The sales of their contraceptives have been increasing gradually. In order to promote increased future sales, production and supply should be more expanded and strengthened through commercial channels. For example, in 1976, the foam tablet (Sun loop) had a higher sales through active advertisement and sales promotion.

The private sector is not limited to the supply of condoms and pills. Vasectomies in the past were performed by the private sector, in spite of competition from the government's free services. As shown in Table 8-24, in case of vasectomy which many vasectomy acceptors stated that they had done the operation at their own expense, despite the over than 5,000 won fee. The private sector is relatively important in large cities especially when compared with rural areas. The percentage of acceptors who paid less than 500 won for a vasectomy is 61.9 percent in large cities, 77.5 percent in other cities, and 93.3 percent in rural areas.

Table 8–24. Vasectomy Operation Cost by Residence

Cost	Whole Country	Large Cities	Other Cities	Rural
Government Support				
Free of Charge or below 500 won	76.9	61.9	77.5	93.3
500-999 won	6.0	7.1	10.0	2.7
Private				
Below 5,000 won	7.0	10.7	7.5	2.7
5,000-9,999 won	3.5	7.1	2.5	-
10,000-19,999 won	5.0	9.5	2.5	1.3
20,000-24,999 won	1.0	2.4	-	-
25,000 won or more	0.5	1.2	-	-
Total	100.0	100.0	100.0	100.0
(N)	(211)	(91)	(42)	(78)

8.2.2 Past Users of Contraception

a. Characteristics of contraceptive termination and termination rate

There have been many drop-outs among the users of temporary contraceptives such as loops, pills and condom. Drop-out reduces the effects of contraceptive supply, on the fertility rate. In Korea, many loops and pills have been distributed without strict management. Therefore, the high drop-out rate for these temporary contraceptive methods has emerged as a serious problem. As shown in Table 8-25, the drop-out rate of women has been incrasing every year along the increasing number of acceptors. But since 1971, the drop-out rate has been a constant 19 percent. However, the drop-out rates among contraceptive ever users were 43 percent in 1971, 35 percent in 1973 and 30 percent in 1976.

Table 8–25. Contraceptive Practice Rate and Discontinuation Rate by Year

Year	Percent of Ever User	Percent of Current User	Percent of Discontinuer
1964 [1]	12	9	3
1965	22	16	6
1966	27	20	7
1967	28	20	8
1971	44	25	19
1973	55	36	19
1976 [2]	63	44	19

Source: 1) Kun Yong Song and Seung Hyun Han, *1973 National Family Planning and Fertility Survey: A Comprehensive Report,* op. cit., p. 86 (Re-citation).

2) The Present Study.

A review was made of the characteristics of drop-outs in the 1976 survey. The data is shown in Table 8-26. This analysis was undertaken in relation to their age, residence and educational level. When we review women's ages, it is noted that the higher the ages, the higher the discontinuation rate. But among previous acceptors, the proportion of discontinued women is opposite the above results. There are many young women under the age of 30 who have discontinued contraception. We can assume that one reason is that young women have been practicing contraception for the purpose of child-spacing. Among the age groups 30-34 and 35-39, discontinuation is found to be not as high when compared with the acceptance rates of the same women.

Table 8–26. Percent Distribution of the Past Users by Socio-Demographic Characteristics

Characteristics	Total Respondents (N)	Ever User: Current and Past User (N)	(%)	Past User (N)	(%)	Past User / Ever User (%)
All Women	5,008	3,146	(62.8)	934	(18.7)	29.7
Age						
Under 25	636	177	(27.8)	80	(12.6)	45.2
25-29	1,217	598	(49.1)	210	(17.3)	35.1
30-34	1,122	830	(74.0)	204	(18.2)	24.6
35-39	1,113	894	(80.3)	209	(18.8)	23.4
40-44	920	647	(70.3)	231	(25.1)	35.7
Residence						
Urban	2,590	1,713	(66.1)	471	(18.2)	27.5
Rural	2,418	1,433	(59.3)	463	(19.1)	32.3
Education						
No Schooling	495	305	(61.6)	110	(22.2)	36.1
Primary	2,615	1,645	(62.9)	525	(20.1)	31.9
Middle	1,032	616	(59.7)	161	(15.6)	26.1
High	694	464	(66.9)	111	(16.0)	23.9
College	172	116	(67.4)	27	(15.7)	23.3

However, special attention should be given to the fertility behavior of those women who are nearing their pregnancy termination and whose discontinuation rates are 18-19 percent. In the menatime, it should be also noted that the discontinuation rate is high among the age group 40-44. The discontinuation rate among the previous contraceptors in this group is as high as that of the age group 25-29. This is because many women in the age group 40-44 are nearing manopause. An examination by residence reveals that discontinuation is high in rural areas, although the acceptance rate is about 7 percent point higher in ruban areas than rural areas. In it assumed that due to differences in women's knowledge on contraceptive methods between urban and rural areas, discontinuation rate is high among women in rural areas who have failed in contraception. A review by educational levels indicates that the acceptance

Table 8–27 (A). Calculation of IUD Cumulative Termination Rates by 1976 Survey Data

Ordinal Months	Total Observed Cases (A)	Terminated Cases (B)	Continuing Cases (C)	(D) (=A-B-C)	(E) (B+D+C/2)	Monthly Termination Rates F (B/E)	Monthly Continuation Rates G(=1.0-F)	Cumulative Continuation Rates H(=G_1xG_2x.)	Cumulative Termination Rates I(=1-H)
01	1,352	243	33	1,076	1,335.5	0.182	0.818	0.818	0.182
02	1,076	79	17	980	1,067.5	0.074	0.926	0.757	0.243
03	980	41	12	927	974	0.042	0.958	0.726	0.274
04	927	35	12	880	921	0.038	0.962	0.698	0.302
05	880	52	13	815	873.5	0.060	0.940	0.656	0.344
06	815	25	12	778	809	0.031	0.969	0.636	0.364
07	778	17	12	749	772	0.023	0.977	0.621	0.379
08	749	15	4	730	747	0.020	0.980	0.609	0.391
09	730	20	7	703	726.5	0.028	0.972	0.592	0.408
10	703	9	2	692	702	0.013	0.987	0.584	0.416
11	692	28	9	655	687.5	0.041	0.959	0.560	0.440
12	655	39	10	606	650	0.060	0.940	0.527	0.473
13	606	17	4	585	604	0.028	0.972	0.488	0.512
14	585	14	5	566	582.5	0.024	0.976	0.476	0.524
15	566	11	8	547	562	0.020	0.980	0.467	0.533
16	547	10	3	534	545.5	0.018	0.982	0.458	0.542
17	534	9	8	517	530	0.017	0.983	0.451	0.549
18	517	9	8	500	513	0.018	0.982	0.443	0.557
19	500	11	15	474	492.5	0.022	0.978	0.433	0.567
20	474	7	9	458	469.5	0.015	0.985	0.426	0.574
21	458	12	3	443	456.5	0.026	0.974	0.415	0.585
22	443	9	4	430	441	0.020	0.980	0.407	0.593
23	430	11	6	413	427	0.026	0.974	0.396	0.604
24	413	20	2	391	412	0.049	0.951	0.377	0.623
25	391	14	8	369	387	0.036	0.964	0.363	0.637
26	369	7	4	358	367	0.019	0.981	0.356	0.644
27	358	2	6	350	355	0.006	0.994	0.354	0.646
28	350	4	6	340	347	0.012	0.988	0.350	0.650
29	340	11	3	326	338.5	0.032	0.968	0.339	0.661
30	326	6	10	310	321	0.019	0.981	0.332	0.668
31	310	4	7	299	306.5	0.013	0.987	0.328	0.672
32	299	4	3	292	297.5	0.013	0.987	0.324	0.676
33	292	3	4	285	290	0.010	0.990	0.321	0.679
34	285	6	1	278	284.5	0.021	0.979	0.314	0.686
35	278	6	3	269	276.5	0.022	0.978	0.307	0.693
36	269	12	7	250	265.5	0.045	0.955	0.293	0.707
37+	250	109	141	0	179.5	0.607	0.393	0.115	0.885

Table 8–27 (B). Calculation of Oral Pills Cumulative Termination Rates by 1976 Survey Data

Ordinal Months	Total Observed Cases (A)	Terminated Cases (B)	Continuing Cases (C)	(D) (=A-B-C)	(E) (B+D+C/2)	Monthly Termination Rates F (B/E)	Monthly Continuation Rates G (=1.0-F)	Cumulative Continuation Rates H(=$G_1 \times G_2$ x.)	Cumulative Termination Rates I(=1-H)
01	1,684	509	24	1,151	1,672	0.304	0.696	0.696	0.304
02	1,151	145	18	988	1,142	0.127	0.873	0.608	0.392
03	988	88	14	886	981	0.090	0.910	0.553	0.447
04	886	61	15	810	878.5	0.069	0.931	0.515	0.485
05	810	55	10	745	805	0.068	0.932	0.480	0.520
06	745	23	8	714	741	0.031	0.969	0.465	0.535
07	714	30	5	679	711.5	0.042	0.958	0.445	0.555
08	679	17	7	655	675.5	0.025	0.975	0.434	0.566
09	655	32	7	616	651.5	0.049	0.951	0.413	0.587
10	616	23	6	587	613	0.038	0.962	0.397	0.603
11	587	31	8	548	583	0.053	0.947	0.376	0.624
12	548	47	3	498	546.5	0.086	0.914	0.344	0.656
13	498	33	7	458	494.5	0.067	0.933	0.321	0.679
14	458	24	4	430	456	0.053	0.947	0.304	0.696
15	430	18	7	405	426.5	0.044	0.956	0.290	0.710
16	405	15	3	387	403.5	0.037	0.963	0.280	0.720
17	387	14	3	370	385.5	0.038	0.962	0.269	0.731
18	370	8	2	360	369	0.029	0.978	0.263	0.737
19	360	12	5	343	357.5	0.034	0.964	0.254	0.746
20	343	10	3	328	341.5	0.029	0.971	0.246	0.754
21	328	8		317	326.5	0.025	0.975	0.240	0.760
22	317	9	5	303	314.5	0.029	0.971	0.233	0.767
23	303	15	1	287	302.5	0.050	0.950	0.222	0.778
24	287	17	8	262	283	0.060	0.940	0.208	0.792
25	262	8	3	251	260.5	0.031	0.969	0.202	0.798
26	251	10	3	238	249.5	0.040	0.960	0.194	0.806
27	238	5	2	231	237	0.021	0.979	0.190	0.810
28	231	8	3	220	229.5	0.035	0.965	0.183	0.817
29	220	5	1	214	219.5	0.023	0.977	0.179	0.821
30	214	5	8	201	210	0.024	0.976	0.175	0.825
31	201	5	3	193	199.5	0.026	0.974	0.170	0.830
32	193	7	1	185	192.5	0.038	0.962	0.164	0.836
33	185	5	0	180	185	0.028	0.972	0.159	0.841
34	180	4	2	174	179	0.022	0.978	0.155	0.845
35	174	8	3	163	172.5	0.046	0.954	0.148	0.852
36	163	7	2	154	162	0.043	0.957	0.142	0.858
37+	154	73	81	0	113.5	0.643	0.357	0.051	0.949

rate is highest among high-school graduates, while the discontinuation rate is highest among less-educated groups. More than 20 percent of the total discontinuation rate is found among women who attended only elementary school or less.

In addition to the discontinuation rates reviewed, we will now attempt to calculate drop-outs among the users of specific contraceptive methods. We will utilize the Life Table method designed by Tietze to measure properly discontinuation rates of loop and oral pill.[2] This method calculates drop-outs among cohorts of women loop and pill acceptors. In Tables 8-27 (A) and 8-27 (B), the monthly drop-out rate is calculated by using the number of acceptors of pills and loop in 1976 as the Nx value. For the loop, in retrospective examination, 18.2 percent of 1,000 won dropped out within a month. Drop-out was 36.4 percent after six months and 47.3 percent after one year, thereby leaving only slightly more than half of the initial acceptors, or 527 users still practicing. The droupout rate was 62.3 percent after two years and 70.7 percent after three years, leaving only 293 users after three years. The oral contraceptive drop-out rate is even higher than for the loop. The dropout rate is 30.4 percent after one month, 53.5 percent after six months, 65.6 percent after one year, 79.2 percent after two years, and 85.8 percent after three years, thus leaving only 14.2 percent of the original 1,000 acceptors after three years.

b. Reasons for terminating contraception

Understanding reasons for termination of contraception is important in implementing the family planning program, especially from the policy point of view. The reduction of drop-outs will enhance not only demographic the effects of contraception, but also will affect contraceptive practice among the newly eligible women. The reasons for discontinuing loops, pills, condom, etc. are described in Table 8-28. In the case of the loop, 64.5 percent of all women dropped out for medical reasons. Expulsion and accidential pregnancy rates were 12.6 percent and 7.2 percent, respectively. Only 8.4 percent discontinued to get pregnant. Similar trend was also noted by residence. Discontinuation for medical reasons is higher in urban areas than in rural areas. The proportion of accidental discontinuation is higher in rural areas than in urban areas. In the case of oral pill, a majority 73 percent of users like the loop discontinued due to medical reason. The medical reasons for discontinuation of oral pill include indigestion, weight increase, and chloasma. The proportion of women who dropped out to become pregnanct was about 8 percent, similar to that of the loop. There

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2/ Christopher Tietze and Sarah Lewit, "Statistical Evaluation of Contraceptive Methods: Use-effectiveness and Extended Use-Effectiveness," in Demography, Vo. 5, No. 2, 1968, pp. 114-123; David P. Smith, et. al., Uses of Life Table Method, Seoul, KIFP, March 1972, pp. 1-16.

Table 8—28. Percent Distribution of Those Who Have Ever Practiced Contraceptives by Reasons for Termination

Reason for Termination	Loop			Oral Pill			Condom		
	Whole Country	Urban	Rural	Whole Country	Urban	Rural	Whole Country	Urban	Rural
Wanted to become pregnant	8.4	7.9	9.0	8.0	8.6	7.4	11.1	12.5	8.7
Side-effects	64.5	69.0	59.9	73.0	72.1	74.1	-	-	-
Personal psychological reason	4.0	3.5	4.5	5.0	5.1	4.8	-	-	-
No need to continue use	1.1	1.2	0.9	2.9	3.3	2.4	9.0	9.6	8.1
Accidentally expelled	12.6	8.7	16.5	-	-	-	-	-	-
Became pregnant while using the method	7.2	7.1	7.3	3.2	2.9	3.5	16.0	18.5	11.6
Uncomfortable to use	-	-	-	4.4	4.7	4.1	25.6	24.1	28.3
Not good for sexual feeling	-	-	-	-	-	-	24.0	24.4	23.1
Uneasy to obtain	-	-	-	-	-	-	3.0	2.3	4.0
Other	2.2	2.6	1.9	3.5	3.3	3.7	11.3	8.6	16.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(947)	(481)	(466)	(1,409)	(748)	(661)	(476)	(303)	(173)

is no difference in reasons for discontinuation between urban and rural areas. It is difficult to measure the reasons for discontinuation of the condom because it is coitally dependent method often used in conjunction with rhythm. Accordinly, it is difficult to define continuous use of the condom. Cases of failure must be assigned to discontinuation of use. Among the women using condoms, 25.6 percent stated that they found the condom inconvenient to use, and 24.0 percent said they are not using the condom because of interference with orgasm. About 16.0 percent of women stated that they dropped out due to contraceptive failure, which is very high when compared to the loop and pill. By residence, the proportion of women who stated that condoms are inconvenient to use is higher in rural areas than urban areas. But the drop-outs

due to failure of contraception are higher in urban areas than rural areas. The proportion of women who have dropped out for the purpose of pregnancy is relatively high when compared with loop and pill users. Examination of various reasons for discontinuation of contraceptive methods reveals mostly of side-effects on the loop and pill. In addition to making efforts to expand contraceptive supply, attention should be directed to the quality of contraceptive methods.

In order to study potential dropouts, inguiry was made of the women who stated that they experienced side-effects, and of the women who stated that they found condom use inconvenient. The idea that using pills is harmful to health will not only affect current users, but also will help identify reasons for future drop-out. According to Table 8-29, about 68 percent of previous oral acceptors are of the view that pills are harmful to health, and abut 15 percent believe the pill is not harmful. This can be related to those 73 percent of women who have had side-effects in using pills. It is probable that those women believes hamfulness of the pills to health must have experienced such side-effects. In both urban and rural areas, the belief in the harmfulness of the pill is equally held by women.

Table 8–29. Reaction to Oral Pill by Residence

Residence	Harmful	Depends on the Individual User	Not Harmful	Un-identified	Total	(N)
Large Cities	68.9	13.7	15.7	1.7	100.0	(598)
Other Cities	66.2	12.0	13.2	8.5	100.0	(317)
Rural	67.0	14.1	14.4	4.5	100.0	(800)
Total	67.5	13.6	14.6	4.3	100.0	(1,715)

A review of condom complaints is shown in Table 8-30. The table shows more detaild reasons for terminating condom use than the earlier examination. About 31 percent of women expressed inconvenience in using the condom. About 27 percent said they had difficulties in disposing of the used condom. About 16 percent complained about negative effects on orgasm, and about 14 percent experienced other inconvenience. In large cities, many women complained they had to use condoms at each intercourse and were thus unable to reach orgasm. In other cities, many complained that they had to use it at each intercourse and had difficulty disposing of the used condom. In rural areas, most of respondents expressed difficulties in disposing of the used

condom. Many rural respondents also replied that they find using the condom at each intercourse inconvenient. This pattern varies between urban and rural areas as shown in Table 8-30.

Table 8–30. Reasons for Hesitating to Use Condom by Residence

Reason	Whole Country	Large Cities	Other Cities	Rural
Chance of being exposed to children	2.4	2.6	4.2	1.0
Chances of being ripped while using	3.4	2.6	5.6	2.9
Inconvenient in using	14.3	13.7	12.7	16.3
Difficult to take away after use	27.1	15.0	33.8	40.4
Inconvenient to use every time	30.5	37.9	26.8	22.1
No good for sexual feeling	15.9	20.3	11.3	12.5
Difficult to obtain	0.3	-	-	1.0
Other	6.0	7.8	5.6	3.8
Total	100.0	100.0	100.0	100.0
(N)	(328)	(153)	(71)	(104)

It is impossible to find cases of discontinuation of vasectomy or tubal ligation. However, as with other contraceptive methods, users experienced some medical and psychological side-effects. Although there is no clear relation to termination behavior, a review was examined on tubal ligation acceptors, as shown in Table 8-31. Among the 204 acceptors of tubal ligation, about 81 percent responded that they had no side-effects. The remaining 19 percent experienced minor pain or infection. No difference in type of side effects were found between rural and urban areas. But the proportion of women having no side-effects is higher in urban than in rural areas.

Table 8—31. Side-effect After Tubal Ligation by Residence

Side-Effect	Whole Country	Large Cities	Other Cities	Rural
No side-effect	81.3	81.6	82.2	80.0
Side-effect				
Mild pain	9.1	10.2	8.9	7.3
Mild infection	4.0	2.0	6.7	5.5
Mild in sexual life	0.5	1.0	-	-
Severe pain	3.0	2.0	2.2	5.5
Severe infection	1.5	2.0	-	1.8
Servere in sexual life	0.5	1.0	-	-
Total	100.0	100.0	100.0	100.0
(N)	(204)	(99)	(46)	(59)

The result of the inquiry on the satisfaction with tubal ligation is shown in Table 8-32. Regardless of residence, about 93 percent expressed satisfaction. Tubal ligation acceptors are rating tubal ligation as the most effective method of contraception without regard to minor side-effects.

Table 8—32. Reaction to Tubal Ligation by Residence

Residence	Satisfied	Unsatisfied	Total (N)
Large Cities	93.9	6.0	100.0 (99)
Other Cities	93.2	6.8	100.0 (46)
Rural	92.7	7.3	100.0 (59)
Whole Country	93.4	6.6	100.0 (204)

The degree of satisfaction with current contraceptive methods is an index measuring possible termination of contraception or possible future change of method. About 75.4 percent of practicing women replied that they are satisfied with their current

method. Only 7.3 percent expressed dissatisfaction with their current method. The degree of satisfaction is slightly higher in rural areas than urban areas (refer to Table 8-33). Almost 80 percent of respondents are satisfied with their current methods without regard to residence, and also about 90 percent expressed their intention to continue their current method. The reasons for finding women wanting to transfer to another method are is due to the inclusion of some women who have a neutral attitude towards their current method. Among the 11.5 percent of women desirous of switching to another method, about 4.9 percent want to change to tubal ligation. The next most mentioned method is vasectomy (2.2 percent). This indicates a trend of transferring from temporary contraceptive methods to permanent methods of contraception. No great difference is found by residence. Women in urban areas are more in favor of changing to tubal ligation and vasectomy, while women in ural areas are more in favor of changing to tubal ligation and the loop.

Table 8—33. Percent Distribution of Those Who are Using Contraceptives Currently by Satisfaction and Intention to Switch and by Residence

	Whole Coutnry	Urban	Rural
Total	100.0	100.0	100.0
(N)	(2,190)*	(1,229)	(961)
Satisfaction			
Satisfying	75.4	73.1	78.3
Neutral	17.3	19.2	14.9
Unsatisfying	7.3	7.7	6.8
Intention to Switch			
No	88.5	86.7	90.8
If Yes; Loop	1.5	1.3	1.8
Oral Pill	1.0	0.8	1.3
Condom	0.5	0.8	0.1
Vasectomy	2.2	3.1	1.1
Tubal ligation	4.9	5.4	4.3
Others	1.4	1.9	0.6

* Excluded 22 unknown cases.

8.2.3 Women Not Accepting Contraception

a. Characteristics of non-acceptors

Up to now, we have reviewed the behaviors of contraceptors and drop-outs. The understanding of the characteristics, motivation and future intentions of non-acceptors will serve in policy-making and program implementation. The result of a review of the characteristics of non-acceptors is shown in Table 8-34. Among the total number of women, about 56 percent are non-acceptors. Among them, about 37 percent have never practiced family planning. Many women in the younger age ranges turned out to be non-acceptors. In this group, it was found that many non-acceptors have few children or have not reached their desired number of children. The data in Table 8-34 shows distribution of non-acceptors by existing number of children and also by additionally desired number of children. As children increase, the non-acceptance rate declines. In the case of women with more than 3 children, the non-acceptance rate is less than 30 percent which is similar to that of women aged 30 plus. For women who desire no more children, the non-acceptance rate is about 24 percent which is lower than that of women desirous of more children. For women not desiring additional children, the non-acceptance rate is similar to that of women above age 30.

If we review by residence, there is a difference of about 9 percent point between large cities and rural areas in non-acceptance. In the case of other cities, the non-acceptance rate is in the same range as rural areas. If we review couples' educational levels, the non-acceptance rate among the middle school level and below is 40 percent, in the case of high school and college graduates, the non-acceptance rate is relatively low. If we hold age of women constant and number of existing children constant, we find a considerable difference. By religion, there is no apparent difference. But the non-religious women's non-acceptance rate is higher than that of religious women. Since there is no clear relationship between religion and family planning, it is thought that religion does not affect family planning practice in Korea.

b. Reasons for non-acceptance and plans to accept

Understanding the reasons for non-acceptance of family planning is important in establishing strategy for the national family planning program. Table 8-35 presents the reasons for not practicing family planning by non-acceptors. About 90 percent of women responded that "they did not need contraception." Among them, about 76 percent replied that they did not need contraception because "they are desirous of having more children."

Table 8—34. Percentage of Those Who are Not Practicing Contraceptives by Respondent's Characteristics

Respondent's Characteristics	No. of Respondents	Not Current User (%)	Never User (%)
All Women	5,008	55.8	37.2
Age			
15-19	30	96.7	90.0
20-24	606	84.2	71.3
25-29	1,217	68.1	50.9
30-34	1,122	44.2	26.0
35-39	1,113	38.5	19.7
40-44	920	54.8	29.7
Residence			
Large Cities	1,659	51.2	31.9
Other Cities	931	53.6	37.4
Rural	2,418	59.9	40.7
Education of Women			
No Schooling	497	60.8	38.6
Primary	2,615	57.2	37.1
Middle	1,030	55.8	40.2
High	694	49.1	33.1
College	172	48.3	32.6
Education of Husband			
No Schooling	261	61.7	39.1
Primary	1,584	59.0	39.1
Middle	1,090	59.1	40.2
High	1,359	54.4	36.0
College	714	44.0	29.3
Religion of Women			
None	3,107	58.9	40.7
Buddhist	1,207	50.5	29.9
Protestant	477	52.0	33.1
Catholic	159	45.9	34.6
Other	58	61.2	34.7
Living Children			
0	327	95.4	88.1
1	738	81.8	67.9
2	1,068	55.9	39.1
3	1,064	41.4	22.3
4	879	39.7	21.4
5	542	50.2	22.5
6+	390	56.7	27.4
Additional Children Wanted			
Want	1,444	86.5	68.5
No More Want	3,564	42.6	23.8
Induced Abortion			
Experienced	1,945	38.7	13.5
Never experienced	3.063	66.6	52.1

And about 10 percent replied that they did not need contraception because they have naturally obtained satisfactory child-spacing, reached menopause or were infertile. About 4 percent also replied that they did not need contraception because of prolonged separation from spouse or other reasons. Obviously, there are few women who need contraception who have not accepted family planning. But if we examine existing number of children and non-acceptor characteristics, it seems that a clarification will have to be made of the detailed reasons for not accepting family planning. Besides the reasons already given, other reasons were found to include statements like "contraception will likely affect health and sexual life." The percentage of women in this category is 3 percent. Another 3 percent of women replied that they did not practice family planning due to the "objections from their husbands and family members." There are very few women who stated that they did not practice family planning

Table 8—35. Percent Distribution of Women Who Have Never Practiced by Reason and Residence

Reason	Whole Country	Large Cities	Other Cities	Rural
No Need: Want Children	76.1	74.2	77.8	76.6
No Need: Natural Spacing Sterility, Menopause	9.5	10.3	9.9	9.0
No Need: Other Reason	4.0	5.7	3.8	3.2
It Would Be Harmful to Health	3.4	3.8	1.8	3.8
It Would Be Interfere with Sexual Relationship	0.4	0.6	0.9	0.2
Husband or Other Family Member's Disaprove	3.8	2.3	3.8	4.5
Expense, Not Easy to Obtain	0.8	0.6	0.3	1.1
Others	2.0	2.5	1.7	1.6
Total	100.0	100.0	100.0	100.0
(N)	(1,835)*	(523)	(342)	(970)

* Excluded 27 unknown cases.

because of the "expense" or "inconvenience of obtaining contraceptives." In conclusion, it is observed that the majority of non-acceptors stated that they did not need contraception.

As indicated on Table 8-36, no major problem in future acceptance of family planning is anticipated. However emphasis should be given to the solution of various

Table 8–36. Percent Distribution of Women Who Intend to Practice Family Planning in the Future for Never Users

Age and Residence	No Need	Never Thought	Plan to Use	Total	(N)
Whole Country					
Under 25	6.6	8.7	84.7	100.0	(458)
25-29	5.9	5.9	88.2	100.0	(614)
30-34	17.8	7.9	74.3	100.0	(292)
35-39	51.6	6.3	42.1	100.0	(223)
40-44	78.4	10.8	10.8	100.0	(259)
All Ages	23.6	7.6	68.8	100.0	(1,846)*
Urban					
Under 25	5.8	6.3	87.9	100.0	(223)
25-29	5.4	6.4	88.2	100.0	(314)
30-34	24.3	4.9	70.8	100.0	(144)
35-39	61.9	6.2	31.9	100.0	(97)
40-44	86.3	4.2	9.5	100.0	(95)
All Ages	23.7	5.8	70.5	100.0	(873)
Rural					
Under 25	7.2	1.1	81.7	100.0	(235)
25-29	6.3	5.4	88.3	100.0	(300)
30-34	11.5	10.8	77.7	100.0	(148)
35-39	43.7	6.3	50.0	100.0	(126)
40-44	73.8	14.6	11.6	100.0	(164)
All Ages	23.5	9.3	67.2	100.0	(973)

* Excluded 16 unknown cases.

problems, e.g., discontinuation of contraception due to side-effects. It is believed that this solution will greatly contribute to the increase contraceptive prevalence. In order to determine future acceptability of family planning by non-acceptors, the question was asked "whether they have intention to practice contraception." Their reaction to this question is given in Table 8-36. Among the total 1,862 non-acceptors, 69 percent expressed their intention to practice family planning in the future. This result shows an encouraging evidence of increased future use. It is also noted that among the women (about 31 percent) who stated that they do not need contraception or who stated that they have never thought of contraception, a majority of them are infertile. Among the women aged 30 and below, 85 percent responded that they will "practice family plann-ing in the future." Among those 30-34, about 74 percent responded that they will "practice family planning in the future." However, this response declines among the age gruop 35 and above. Among women aged 35-39, 42 percent intend to practice family planning, and only 11 percent in the age grop 40-44 intended to practice. This is mainly because these groups include many infertile women. A comparison of urban and rural areas indicates that potential acceptors are higher in urban areas than in rural areas. For women 25 and below, about 6 percent point is higher in urban areas than in rural areas. This implies that the urban area has an inclination towards a small family norm than the rural area. But the higher rate of "potential acceptors" in the age group 30 and above has resulted from having a large number of children

Table 8—37. Percent Distribution of Women Who Intend to Adopt Contraception Among Never Users by the Time to Practice Family Planning and by Number of Living Children

	Number of Living Children						
	0	1	2	3	4	5+	Total
Right Now	1.3	8.0	34.3	48.6	63.2	55.3	27.5
After Next Child	6.7	36.9	31.7	21.9	8.5	6.8	23.8
After Having Desired Number of Children	82.2	48.7	25.8	21.3	13.7	6.8	38.2
For Spacing	6.2	4.7	1.2	-	0.9	-	2.7
Other	2.2	0.7	5.9	5.5	9.4	19.7	5.3
Unidentified	1.4	1.0	1.1	2.7	4.3	11.4	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(225)	(423)	(341)	(183)	(117)	(132)	(1,421)

in rural areas rather than their views on a small family norm.

In Table 8-37, a review was conducted of the responses of women, who stated that they did need contraception but were not practicing. Among the total 1,421 respondents, 28 percent stated that they will practice family planning soon. About 24 percent indicated that they will practice after their next child. About 38 percent indicated that they will practice after they have reached their desired number of children. When we review time of acceptances by number of living children, we find that about 82 percent of women who have no children stated that they will practice family planning as soon as "they have the desired number of children." Among women with only one child, about 50 percent stated that they will practice as soon as "they have the desired number of children." And about 37 percent of women stated that they will practice as soon as "they have two children." For those with two children, about 34 percent stated that they will practice family planning soon. For women with 3 children, about 50 percent stated that they will practice family plann-ing "right away." But among women with 3 children, 22 percent stated that they will practice after they have their nest child and another 21 percent stated that they will practice as soon as they have their desired number of children. These categories of women desire

Table 8–38. Percent Distribution of Women Who Intend to Adopt Contraception Among Never Users by the Contraceptive Methods and by Residence

Methods	Whole Country	Urban	Rural
Loop	12.8	9.9	15.5
Oral Pill	19.7	16.0	23.2
Condom	5.4	6.6	4.4
Vasectomy	6.9	7.9	6.0
Tubal Ligation	16.1	19.2	13.5
Tablet	5.6	8.7	2.8
Rhythm	2.5	4.3	0.8
Other	5.0	3.6	6.3
No Method Is Good	11.0	10.5	11.5
Unidentified	15.0	13.3	16.0
Total	100.0	100.0	100.0
(N)	(1,421)	(668)	(747)

many children. A majority of women with 4 or 5 children stated that they will practice family planning right away. As there are many women who intend to practice family planning after the birth of the next child or after having their desired number of children, attention should be fiven to the potential high additional fertility among the older groups.

The distribution of desirability of contraceptive methods by non-acceptors is shown in Table 8-38. About 26 percent stated that they "did not find a proper method yet", "do not know of a suitable method" or "will find the proper method at the time adoption." About 20 percent stated that they will use the pill, about 16 percent will use tubal ligation, and about 13 percent will use the loop. A comparison of urban and rural areas indicates that about 19 percent are in favor of tubal ligation in urban areas, and about 23 percent are in favor of pills and about 16 percent are in favor of the loop in rural areas.

Chapter 9. Summary and Conclusions

This report is based on the survey conducted September through November, 1976. The survey covered 6,020 married women in 151 survey units throughout the country. The current report is not an in-depth analysis of the survey data but rather an evaluation of the family planning program in an attempt to provide better information for the establishment of a basic policy for the future family planning program. This chpater is a summary of the major findings and the policy recommendations based on the findings.

9.1 Major Findings

9.1.1 Trends in Age at First Marriage

Ever since 1960, fertility levels have been declining. The major factors contributing to lower fertility are the rising age at first marriage, the spread of the small family-size norm, both of which resulted from the socio-economic development of the country and the family planning program which has been operating since 1962. In general, it is believed that the age at first marriage is inversely related to the length of the fecund period. In 1935, the age at first marriage was 21.1 for males, and 17.1 for females, and in 1955, it was 24.5 for males, and 20.5 for females, and in 1976, it was 27.2 for males and 23.5 for females.

The age at first marriage computed on the basis of the census and survey data, including the 1976 survey data, indicates that the age at first marriage is still on the increase. The age at first marriage derived from the 1976 survey is higher than that computed from the 1970 census (23.3 years) and from the 1974 World Fertility Survey (23.2 years). However, it is noteworthy that the rate at which the age at first marriage has increased has slowed considerably since 1970. The age at first marriage of those residing in urban areas is about one year higher for both males and females than that of those in the rural areas. The age at first marriage is 27.5 years for males and 23.9 years for females in urban areas, and 26.8 years for males and 22.8 years for females in rural areas. The increase rates have slowed especially among urban dwellers and those with higher levels of education.

It is expected that, except for a few groups, the age at first marriage will continue to increase slightly as rural behavior begins to catch up to urban. Nevertheless, the influence of the increase in the age at first marriage on fertility will not be as important as in the past.

The childbearing tempo is also getting faster. Therefore, it is no longer plausible that the rise in the age at first marriage directly affects the fertility level. The most that can be said is that the rise in the age at first marriage does affect the age-specific

fertility rate, particularly at the lower age category, which in turn affects the total fertility rate.

9.1.2 Number and Sex Preference

The average number of children revealed in the survey is 3.2, down from 3.4 of the 1971 survey. However, a noticeable change has occured in the attitude toward children. For instance, in the 1971 survey the proportion of women with three and four living children each accounted for 18 percent of the total women surveyed. But in 1976, the proportion of women with three children accounted for the largest percentage (20%), and the proportion of women with two children, far exceeds that of women with four children. Thus, such declining of average number of living children indicates the change of the small family norm.

In the 1976 survey, for the first time, the proportion of women whose ideal number of children is two exceeded that of women with ideal number three. In 1971, the proportion of the women who said four children were ideal amounted to 52 percent, whereas only 6 percent thought two children to be ideal. In 1973, the proportion of those who said three children are ideal accounted for 52 percent, but in 1976, 40 percent of the women surveyed said two children are ideal.

The average ideal number of children declined from 3.7 in 1971 to 2.8 in 1976, thanks to the vigorous family planning campaigns conducted, particularly the "two-child" family planning, IE&C campaign initiated in 1971.

About 70 percent of the women with two children do not want to have additional children. Those aged over 30 years, regardless of the number of children they have, want no more children. This is an indication that most of the women want to stop having children as soon as possible. Sex preference is also undergoing change. Despite the fact that about 55 percent of women think the ideal number of sons is two, the discrepancy between the average ideal number of sons (1.8) and that of daughters (1.2) is getting smaller.

However, the traditional son preference attitude dies hard. About, 60 percent of women surveyed said they want to have at least one son, and 24 percent said they would continue to have daughters until they have the number of sons they want. The contraceptive practice rate of these women is low. As long as there remains a large number of women who will continue childbearing until they have as many sons as they want, regardless of the total number of children produced, fertility will remain high.

A considerable difference between urban and rural areas in the number of living children is observed, but in the ideal number of children, the difference between the two regions is not as marked. For instance, the number of living children is 2.9 for urban areas, and 3.6 for rural areas but the ideal number of children is 2.5 for urban areas and 2.9 for rural areas.

An additional reason for the greater difference between the urban and the rural region in the number of living children is the strong son preference found in the rural area.

9.1.3 Fertility Level

The total fertility rate in 1976 was 3.2, about half the 6.1 level in 1960 when the family planning program was introduced into Korea. The drastic decline in fertility is most pronounced among women over 35 years of age. As for those aged less than 30 years, fertility is still high despite the rise in the age at first marriage. Of particular importance is the fertility decline among those aged 25 to 34 years whose fertility behavior more or less determines the fertility level of the entire population. The first birth interval is gradually getting shorter. For example, less than 10 percent of those married before 1960 had their first child within one year after their marriage, but about 50 percent of those married after 1970 had their first child within one year of marriage. The average first birth interval was about 37 months before 1950, but after 1970, the first birth interval was shortened to less than 15 months. In contrast, the open birth interval is lengthening. In the 1974 World Fertility Survey the open birth interval was found to be 43 months, whereas in the 1976 survey the open birth interval reached 66 months. It seems that most women want to have their desired number of children in as short a period as possible.

As for regional differences in the fertility level, the total fertility rate is 2.8 in urban regions and 3.6 in rural regions. In 1960, the total fertility rate for urban areas was 5.4 and for rural areas 6.7, indicating that the fertility decline in urban areas has not been so fast as in the rural region. It appears that the slower rate of fertility decline in ruban areas is due to the lower starting point, whereas in the rural region, there was more room for fertility decline. It also appears that urban fertility may be stabilizing whereas rural fertility may yet show additional decline. Therefore, it is likely that in the future regional differences in the fertility level will become negligible as rural fertility is expected to plateau at same levels as urban fertility.

There are also regional differences in the duration of the first birth interval. The

average first birth interval is 21 months in urban areas and 24 months in rural areas. The open birth interval is 70 months in urban areas and 65 months in rural areas. In rural areas where the age at first marriage is lower the length of the first birth interval is longer than that in urban areas, and most women continue to have babies at considerably later ages than in the case in urban areas. The result is shown by the average number of children ever born by women's age.

Among women aged less than 30 years, little difference was found in the number of children born in urban and rural areas, but the difference becomes marked among those aged over 30 years. As for the number of children born women's educational level, there are urban and rural differences. For instance, among those with less than primary school education, there is a marked differences in the number of children born in urban and rural areas (see Table 6-8).

9.1.4 Contraceptive Practice and Related Topics

a. Attitude Change

Socio-economic and cultural development affects attitudes toward children, marriage and, ultimately, fertility behavior. The family planning program has contributed a great deal toward lowering fertility levels. Over 80 percent of the women surveyed all supported the "two-child" family campaign, and most of these women were young with high levels of education and a small number of children. Unlike the contraceptive practice rate, the percentage of women supporting the "two-child" family campaign was greater in rural areas than in urban areas.

Nationally, loops and tubal ligation were named as the two most favored contraceptive methods, followed by pills and vasectomy. In urban areas, tubal ligation was the most prefered contraceptive method, followed by vasectomy, and the loop. In rural areas, loops were the most favored method, followed by pills and tubal ligation.

In both urban and the rural areas, loops were the most frequently; recommended method (in the rural area, 44 percent of the women recommended loops), followed by oral contraceptives.

b. Knowledge of contraception

Loops and oral contraceptives were the most widely and well known methods, followed by condoms and sterilization. Women had little specific knowledge on the rhythm method and other conventional methods.

c. Family planning IE&C and exposure to rumor

Most of the women in urban areas said they learned about contraception through radio, TV, and newspapers, but those in the rural areas said they learned about contraception through health clinics and family planning fieldworkers. Both in the urban and the rural areas, large numbers of women said they learned about contraception from their neighbors.

In urban areas, 30 percent of surveyed women were visited by family planning fieldworkers, in the last two years. And in the rural area 40 percent were contacted by a fieldworker in the same period. Most of those visited by fieldworkers were aged over 30 years. Most women said they preferred one method to another because of possible side-effects. Seventy-six percent of the women had heard rumors about contraceptives and 56 percent believed what they heard.

d. Trends in family planning practice rate

The family planning practice rate jumped from 9 percent in 1961 to 44 percent in 1976. The practice rate is 48 in urban areas, and 40 percent in the rural areas. The practice rate is highest (62%) among those aged 35-39 years, and in recent years, the practice rate among those in younger age groups is one the increase. By level of education, the higher the educational level, the higher the practice rate. However, in the rural region, the practice rate is not directly related to educational level. Here, the number of living children seems more important. Women with three or four children have the highest practice rate. The practice rate of women with no work experience is 45 percent and that of those with work experience is 42 percent. But when the practice rate is broken down by age category, the rate of those who have worked before marriage is consistently higher than that of those who have not worked. The discrepency appears due to the fact that young women who participate in the labor force marry later than women who do not work. Therefore, the practice rate of those in the younger age category is low.

By contraceptive method, loops account for 25 percent of the total practice rate and rhythm and other methods with low theoretical effectiveness account for another 25 percent of the total. The sterilization rate has doubled since 1971. The tubal ligation rate has also jumped recently. The sterilization rate is highest in urban areas. In rural areas, loops account for 32 percent of the total practice rate. Those with higher educational levels prefer condoms, tubal ligation and rhythm and those with lower educational levels use loops and pills. Over 80 percent of women contracept to terminate fertility and only a small number of women contracept to space births.

The number of those who contracept for fertility termination is greater in urban areas than in rural areas.

e. Self-supported family planning program

In 1973, the proportions of acceptors served by the government sector and those served priveately was 21 and 14 percent, respectively, but in 1976 the proportion changed to 22:22, which indicates that an increasing number of people purchase condoms and pills through private channels, particularly in urban areas.

f. Studies on past contraceptive users and on non-users

The number who had stopped practising contraception has increased with the number of those contracepting. The number who stop practising is greater in rural areas than in urban areas.

Thirty-six percent of those who use loops stopped using them within six months, and about 50 percent within one year. Over 50 percent of pill users stopped taking them within in six months, and 66 percent within one year. Most women have stopped using one method or another because of side effects. About 65 percent of those who stopped using loops complained about such side effects as lumbago (backache), and 73 percent of the pill users stopped because of stomachache. About 68 percent of current pill users believe that the pills are bad for their health. In the case of condoms, most people stopped using because they were found to interfere with intercourse.

About 81 percent of those who underwent tubal ligation had no side effects, and 93 percent said they are satisfied with the method.

About 75 percent of those currently practising various contraceptive methods expressed complete satisfaction with the method they were using, and 12 percent indicated their willingness to switch to methods other than the one currently used. Most want to switch to tubal ligation. About 20 percent of all contraceptors reported contraceptive failure, most of these practised rhythm and other low-effectiveness methods. Most of those who failed in contraception resorted to induced abortion.

The proportion of those who have not yet used contraception amounts to 37 percent of all eligible women, and even among those aged 30-39 years, 20 percent have never used contraception the non-practiser rate is higher in rural areas than in urban areas. About 40 percent of women with two children are non-practisers, and 24 percent of women with three children have not yet practiced contraception. An interesting point is that only 14 percent of those who experienced induced abortion have not practiced contraception.

Ninety percent of respondents said that they did not practice contraception because they wanted additional children or because they were infecund. About 80 percent of the non-users aged less than 35 years expressed an intention to practise contraception in the future. The contraceptive acceptor rate for those aged over 30 years will become higher in the rural region in the future.

9.1.5 Induced Abortion

The number of women undergoing induced abortion has been increasing in proportion to the increase in the contraceptive practice rate. Since the establishment of the child and Maternal Health Law in 1973, the induced abortion rate has been increasing. In 1975, about 10 percent of the women aged 15-44 years reported at least one induced abortion. About 40 percent of aborters experienced more than one induced abortion. Despite social, and legal prohibitions against induced abortion and possible danger to maternal health, most women resort to induced abortion when effective in lowering fertility, may not prove to be a desirable method in view of possible negative maternal health impacts.

About 50 percent of eligibles in urban areas have experienced induced abortion, whereas only 29 percent in the rural area have experienced induced abortion. Women aged over 30-39 years registered the highest induced abortion rate in the 1976 survey, whereas in the past women aged over 40 years had the highest induced abortion rate.

In the early 1970s, relative increment of induced abortion rate was taken place much rapidly in rural areas than in urban areas however starting in 1973, the situation has been reversed.

Women's education does not appear to bear any meaningful relation to the induced abortion rate. But women with three or four children have the highest induced abortion rates (50%). Buddhists also show a high abortion rate, and Catholics have a low rate. The higher the contraceptive practice rate, the higher the induced abortion rate. About 50 percent of past-users have experienced induced abortion, and about 70 percent of contraceptive failures have resorted to induced abortion. About 30 percent of women support induced abortion, and another 30 percent are against induced abortion.

However, 34 percent of all women said they would resort to induced abortion, if accidentally pregnant. About 80 percent of the women would have an induced abortion to get rid of an unwanted pregnancy. But 90 percent though that induced abortion is harmful to maternal health.

9.2 Policy Recommendations

The following are recommendations for better implementation of the family planning program based on the 1976 survey results. The recommendations primarily aim at pinpointing problem areas in the national family planning program upon whose success the nation's population policy and the nation's economic development depend.

First, improvement has to be made in family planning program in the following areas:

a) IE&C activities should be aimed at younger eligibel women, and measures have to be taken to induce women to practice contraception to space births. Since the first birth interval among recently-married women is getting shorter year by year, measures should be taken to encourage young women to prolong their first and subsequent birth intervals. In this way, the fertility of these women could to lowered. Moreover, if the birth intervals could be lengthened, the length of a generation would be accordingly lengthened, with the result that fertility is lowered. The rate of fertility decline for those in the 25-29 age group has not been as rapid as those in other age categories. More attention should be paid to the high fertility level of this group in the future.

b) A new IE&C campaign should develop seperate strategies for urban and rural areas. For instance, studies have shown that, in urban areas, mass media are a better medium of information than home visits by family planning fieldworkers. Emphasis should be placed on the utilization of the mass media in urban areas, but in the rural areas where exposure to mass media is lower, the family planning IE&C campaign should be conducted through fieldworkers and Saemaul leaders.

Currently, each myun has one family planning worker. However, a greater number of workers should be sent to the rural areas if better IE&C results are expected. Furthermore, if the family planning program is integrated into the "Saemaul Movement", the contraceptive practice rate could be further increased in the rural region.

c) A study has to be made of those groups who still maintain a negative attitude toward the family planning program. A vigorous campaign has to be initiated to get them to support the family planning program. The problem groups are those have no knowledge of the overpopulation problem in Korea, those who are against the "two-child" family, those with strong son-preference, those who never communicate with

their spouses as to the number of children they want, those who avoid contact with health clinics or family planning workers, and those who are not motivated to practise contraception. Better long-range IE&C strategies have to be developed for those problem groups. On the other hand, the improvement of women's status in society, including a better opportunity for female labor force participation in non-traditional occupations, has to be accomplished. Population education in schools and at industrial sites and the establishement of a social security system are three of the many long-range measures that also have to be studied.

d) Practical measures to reduce the large number of women who fail in contracepting have to be worked out. Accurate information on how to use the various contraceptives has to be disseminated to consumers.

e) Side effects have to be reduced. Many who stop using contraceptives do so because of side-effects. Most of these women are exposed to a variety of rumors that contraception is harmful. Better clinical efforts to treat and to prevent side effects should be made and new IE&C efforts should be made to discredit rumors against contraceptive use.

Second, many of the weak points in the current government-supported contraceptive distribution system have to be improved. In order to encourage contraceptors to purchase supplies through commercial channels, a well-organized commercial contraceptive distribution network has to be established. The present survey has revealed that 50 percent of all contraceptors use commercial channels in purchasing contraceptives. As the nation's standard of living improves, the proportion who resort to commercial channels is expected to increase further, particularly in urban areas. In urban areas an increasing number of people visit drug stores to purchase condoms and pills; the sales of orals produced by local, private pharmaceutical companies is on the increase, and are expected to rise year by year. Therefore, a study has to be devised to better improve the current commercial contraceptive supply network. Except for rural residents and urban low-income people, all contraceptors will have to pay for condoms and pills in the near future. On the other hand, the commercial pharmaceutical companies themselves will have to conduct family planning campaigns as part of their contraceptive advertising programs. The government, meanwhile, has to encourage commercial pharmaceutical companies to produce better contraceptives that can be purchased at a low price. The government should exempt from import tax the raw materials used in manufacturing contraceptives.

Third, despite the substantial impact of induced abortion on fertility it does not seem desirable that the government support the induced abortion program; for one thing, induced abortion is detrimental to maternal health. Therefore, measures will have to be studied to induce women not to resort to induced abortion but to contracept. For instance, the current family planning program could be integrated with the child and maternal health program. The current postpartum program could also be strengthened.

Fourth, in the rural area, women's labor force participation could be encouraged, and through imporved education, the age at first marriage could be raised and a new attitude toward children could be inculcated. In urban areas, the age at first marriage has almost reached a plateu, and will not inerease enough to affect current urban fertility levels. However, in the rural region, the age at first marriage is likely to increase further until it reaches the current urban level. In order to help further increase the age at first marriage in rural areas, eligible women should be provided with better opportunities for labor force participation. Adult education programs on population for these women could also be conducted at the village level.

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Appendices

I. Additional Major Findings

List of Tables

Table A—1. Frequency Distribution of Household Members by Age, Sex and Marital Status

	Male					Female				
Age	Single	Married	Widowed	Divorced or Separated	Total	Single	Married	Widowed	Divorced or Separated	Total
0-4	2,503	-	-	-	2,503	2,346	-	-	-	2,346
5-9	2,627	-	-	-	2,627	2,488	--	--	-	2,488
10-14	2,623	-	-	-	2,623	2,456	1	-	-	2,457
15-19	2,258	12	-	-	2,270	2,193	39	-	-	2,232
20-24	1,088	94	-	-	1,182	970	622	-	3	1,595
25-29	590	747	1	4	1,342	121	1,250	5	16	1,392
30-34	84	1,129	3	8	1,224	22	1,154	12	26	1,214
35-39	13	1,263	7	16	1,229	9	1,142	44	30	1,225
40-44	4	1,068	10	12	1,094	3	955	87	29	1,074
45-49	2	781	12	9	804	1	679	165	19	864
50-54	1	681	18	9	709	1	535	221	16	773
55-59	1	492	36	3	532	5	304	216	15	540
60-64	-	343	24	2	369	6	196	232	10	444
65-69	-	216	38	2	256	8	109	245	7	369
70-74	1	103	24	-	128	7	60	181	4	252
75-79	1	62	20	1	84	3	19	142	2	166
80+	-	19	13	-	32	2	13	71	2	108
Total	11,796	7,010	206	66	19,078	10,641	7,078	1,621	179	19,519

Table A–2. Frequency Distribution of Household Members by Age, Sex and Educational Attainment

	Male						Female					
Age	No Schooling	Primary	Middle	High	College	Total	No Schooling	Primary	Middle	High	College	Total
0- 4	2,503	-	-	-	-	2,503	2,346	-	-	-	-	2,346
5- 9	872	1,573	-	-	-	2,625	831	1,656	-	-	-	2,487
10-14	15	1,508	1,087	-	-	2,610	11	1,593	844	-	-	2,448
15-19	11	378	792	231	54	1,466	12	661	726	185	50	1,634
20-24	10	382	260	344	169	1,165	16	577	446	430	112	1,581
25-29	17	339	338	433	213	1,340	37	605	386	280	79	1,387
30-34	23	309	280	394	214	1,220	78	632	252	195	56	1,213
35-39	49	383	309	349	208	1,298	196	666	196	129	31	1,218
40-44	68	388	213	272	151	1,092	275	602	118	68	11	1,074
45-49	109	331	166	129	70	805	368	389	59	38	8	862
50-54	194	275	119	68	51	707	444	261	38	23	3	769
55-59	218	197	63	36	19	533	393	115	14	9	2	533
60-64	194	107	33	24	9	367	374	57	6	4	-	441
65-69	161	66	13	12	4	256	334	33	1	-	1	369
70-74	97	19	5	3	4	128	236	14	1	-	-	251
75-79	67	13	1	1	2	84	162	3	1	-	-	166
80+	28	4	-	-	-	32	84	3	-	1	-	88
Total	4,636	6,452	3,679	2,296	1,168	18,231*	6,197	7,867	3,088	1,362	353	18,867**

* Excluded 847 unknown cases.

** Excluded 652 unknown cases.

Table A—3. Mean Number of Household Members by Family Type and Residence

Family type	Whole Country	Large Cities	Other Cities	Rural
Unmarried	2.1	2.2	1.9	1.7
1 generation	1.9	2.5	1.7	1.6
2 generation	4.8	4.7	4.8	5.0
3 generation	6.8	6.5	6.8	6.9
1 generation + Collateral	5.6	5.7	5.0	5.7
2 generation + Collateral	6.5	6.3	6.0	6.8
3 generation + Collateral	8.9	8.5	9.0	9.1
Others	3.8	3.8	4.0	3.7
Total	4.7	4.4	4.5	5.1

Table A—4. Per Cent Distribution of Pre-marital Working Status by Residence

Occupation	Whole Country	Large Cities	Other Cities	Rural
Nurse, Midwife, Optometrist, Optician and Related Worker	0.6	1.2	0.9	0.2
Teacher	1.8	3.2	2.2	0.7
Government Officials	0.8	1.2	1.2	0.4
Bookkeeper, Cashier and Related Worker	2.1	3.7	3.0	0.8
Telephone and Telegraph Operator	0.6	0.8	1.0	0.3
Clerical and Related Worker	2.7	4.7	3.3	1.0
Salesman, Shop Assistant and Related Worker	0.6	0.8	0.6	0.4
Hairdresser, Barber, Beautician and Related Worker	1.0	1.1	1.6	0.7
Spinmer, Weaver, Knitter, Dyer and Related Worker	5.3	5.4	6.6	4.7
Tailor, Dressmaker, Sewer, Upholsterer and Related Worker	3.0	4.8	3.4	1.6
Others	5.5	8.1	5.5	4.7
Never Worked	76.0	65.0	70.7	85.2
Total	100.0	100.0	100.0	100.0
(N)	(6,020)	(1,964)	(1,090)	(2,966)

Table A–5. Per Cent Distribution of Birth Place by Current Residence

Birth Place	Whole Country	Large Cities	Other Cities	Rural
Seoul	4.8	9.4	4.0	2.0
Pusan	1.9	4.2	1.3	0.6
Gyeonggi	8.5	10.8	10.0	6.3
Gangwon	4.7	2.9	6.6	5.2
Chungbuk	6.5	4.4	9.8	6.7
Chungnam	11.5	9.2	9.6	13.8
Jeonbuk	9.3	7.4	9.8	10.3
Jeonnam	16.4	11.0	16.3	20.1
Gyeongbuk	17.0	19.4	10.9	17.5
Gyeongnam	13.4	12.9	14.3	13.4
Cheju	1.3	0.6	1.8	1.5
Hamkyungdo	0.6	0.9	0.6	0.4
Pyeongando	0.6	1.2	0.7	0.1
Hwanghaido	0.9	1.3	2.2	0.3
Foreign	2.6	4.4	2.2	1.6
Total	100.0	100.0	100.0	100.0
(N)	(6,009)*	(1,959)	(1,087)	(2,963)

* Excluded 11 unknown cases.

Table A–6. Duration of Living in Birth Place by Current Residence

Duration (year)	Current Residence Whole Country	Large Cities	Other Cities	Rural
Under 10	13.8	18.2	16.1	10.2
10-19	30.2	29.7	29.0	31.0
20-24	34.8	33.5	33.8	36.1
25-29	8.5	9.3	11.2	6.9
30-39	5.7	6.7	4.4	5.5
40-49	4.4	2.4	3.1	6.1
Living now from the date of Birth	2.6	0.3	2.3	4.1
Total	100.0	100.0	100.0	100.0
(N)	(5,990)*	(1,949)	(1,086)	(2,955)

* Excluded 30 unknown cases.

Table A—7. Per Cent Distribution of Number of Respondent's Siblings by Residence

Nember of Siblings	Whole Country	Large Cities	Other Cities	Rural
1	2.4	2.2	2.4	2.5
2	5.9	5.7	5.5	6.2
3	11.0	11.2	10.2	11.1
4	15.2	14.3	17.2	15.0
5	20.4	21.8	18.6	20.1
6	19.4	19.4	19.0	19.5
7	14.3	14.1	16.2	13.6
8+	11.6	11.3	10.9	11.9
Total	100.0	100.0	100.0	100.0
(N)	(5,962)*	(1,930)	(1,078)	(2,954)

* Excluded 58 unknown cases.

Table A—8. Mean Number of Living Sons by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.1	0.2	0.5	0.0
20-24	0.5	0.4	0.5	0.6
25-29	1.0	0.9	1.0	1.0
30-34	1.6	1.3	1.5	1.8
35-39	2.0	1.7	1.9	2.2
40-44	2.3	1.9	2.0	2.5
45-49	2.5	2.1	2.5	2.7
All Ages	1.7	1.4	1.6	1.9

Table A–9. Mean Number of Living Daughters by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.3	0.0	0.0	0.4
20-24	0.5	0.4	0.4	0.5
25-29	1.0	0.9	0.9	1.0
30-34	1.5	1.3	1.5	1.7
35-39	1.8	1.5	1.5	2.1
40-44	2.2	1.7	2.1	2.4
45-49	2.2	1.8	2.1	2.3
All Ages	1.5	1.3	1.4	1.8

Table A–10. Mean Number of Living Children by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.4	0.2	0.5	0.4
20-24	1.0	0.9	0.9	1.1
25-29	1.9	1.8	1.9	2.1
30-34	3.1	2.6	3.0	3.5
35-39	3.8	3.2	3.5	4.2
40-44	4.4	3.6	4.2	4.9
45-49	4.7	4.0	4.6	5.0
All Ages	3.2	2.6	2.9	3.6

Table A–11. Per Cent Distribution of Number of Living Children by Marital Duration

Living Children	Marital Duration (year)						
	Under 5	5 - 9	10 - 14	15 - 19	20 - 24	25+	Total
0	24.2	2.5	1.4	1.8	1.0	0.7	5.9
1	50.0	9.4	4.4	3.3	3.6	1.6	13.4
2	24.5	46.9	14.7	8.8	5.6	3.4	19.4
3	1.2	34.3	37.5	20.5	13.7	6.8	19.7
4	-	6.3	30.2	30.4	28.5	18.5	17.7
5	0.1	0.6	10.3	22.8	24.0	28.4	12.7
6	-	0.1	1.4	9.5	15.2	23.1	7.1
7+	-	-	0.1	2.9	8.4	17.6	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(1,150)	(1,223)	(1,053)	(908)	(815)	(871)	(6,020)

Table A—12. Mean Number of Dead Sons, Dead Daughters and Dead Children by Respondent's Age

Age	Dead Sons	Dead Daughters	Dead Children
15-19	0.00	0.10	0.10
20-24	0.02	0.02	0.04
25-29	0.04	0.03	0.07
30-34	0.08	0.07	0.16
35-39	0.18	0.14	0.32
40-44	0.25	0.20	0.46
45-49	0.43	0.38	0.81
All Ages	0.16	0.14	0.30

Table A—13. Mean Number of Sons Ever Born by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.1	0.2	0.5	0.0
20-24	0.5	0.5	0.5	0.6
25-29	1.0	0.9	1.0	1.1
30-34	1.7	1.4	1.6	1.9
35-39	2.1	1.8	2.1	2.4
40-44	2.5	2.1	2.3	2.8
45-49	2.9	2.5	3.0	3.1
All Ages	1.8	1.5	1.7	2.1

Table A—14. Mean Number of Daughters Ever Born by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.4	0.0	0.0	0.6
20-24	0.5	0.4	0.4	0.5
25-29	1.0	0.9	0.9	1.1
30-34	1.6	1.3	1.5	1.8
35-39	1.9	1.6	1.6	2.2
40-44	2.4	1.9	2.2	2.6
45-49	2.5	2.2	2.3	2.8
All Ages	1.7	1.4	1.5	1.9

Table A–15. Mean Number of Children Ever Born by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.5	0.2	0.5	0.6
20-24	1.0	0.9	0.9	1.1
25-29	2.0	1.8	2.0	2.2
30-34	3.2	2.8	3.1	3.7
35-39	4.1	3.5	3.7	4.6
40-44	4.9	4.0	4.6	5.4
45-49	5.5	4.7	5.3	5.9
All Ages	3.5	2.9	3.2	4.0

Table A–16. Mean Number of Induced Abortions, Spontaneous Abortions and Still Births by Respondent's Age

Age	Induced Abortions	Spontaneous Abortions	Still Births
15-19	0.07	0.10	0.00
20-24	0.20	0.13	0.01
25-29	0.45	0.19	0.02
30-34	1.01	0.25	0.03
35-39	1.29	0.29	0.04
40-44	1.24	0.28	0.05
45-49	0.80	0.26	0.04
All Ages	0.87	0.24	0.03

Table A–17. Mean Number of Total Pregnancies by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	0.9	0.9	0.5	1.0
20-24	1.6	1.6	1.6	1.6
25-29	2.8	2.7	2.9	2.9
30-34	4.6	4.5	4.5	4.6
35-39	5.7	5.7	5.8	5.7
40-44	6.4	6.4	6.1	6.5
45-49	6.6	6.4	6.3	6.7
All Ages	4.7	4.5	4.9	4.9

Table A—18. Mean Expected Number of Children by Residence, Education, Husband's Occupation and Respondent's Age

Residence, Education and Husband's Occupation	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All Ages
All Women	2.7	2.3	2.6	3.4	3.9	4.5	4.7	3.6
Residence								
Large Cities	2.2	2.1	2.4	2.9	3.3	3.7	4.0	3.0
Other Cities	2.0	2.4	2.5	3.4	3.6	4.2	4.6	3.3
Rural	3.1	2.5	2.9	3.7	4.3	4.9	5.0	4.0
Education of Women								
No Schooling	-	3.1	3.1	4.4	4.6	5.1	5.0	4.8
Primary	2.9	2.5	2.8	3.6	4.0	4.5	4.6	3.7
Middle	2.6	2.2	2.5	3.2	3.4	3.9	4.6	3.0
High	1.5	2.1	2.3	2.7	3.0	3.2	3.3	2.6
College	-	1.9	2.3	2.4	3.1	3.2	2.3	2.5
Husband's Occupation								
Professional and Administrative Worker	-	2.2	2.7	2.8	3.5	3.9	4.0	3.2
Clerical and Related Worker	-	2.0	2.3	2.9	3.4	4.2	3.4	2.8
Sales Worker	2.5	2.1	2.4	3.3	3.6	3.6	4.3	3.2
Service Worker	2.0	2.2	2.6	3.0	3.7	4.1	4.2	3.1
Related in Agriculture	3.2	2.7	3.0	4.1	4.5	5.2	5.4	4.3
Skilled Worker	2.9	2.2	2.5	3.1	3.4	4.2	4.2	3.0
Unskilled Worker	2.0	2.3	2.7	3.6	4.0	4.3	4.5	3.6
Unempolyed	-	2.5	2.8	3.2	3.6	3.9	4.6	3.8

* Expected Number of Children Derived Form the Add of Present Number of Children and Additional Number of Children Wanted.

Table A—19. Mean Number of Additional Sons, Daughters and children Wanted by Respondent's Age

Age	Additional Sons	Additional Daughters	Additional Children
15-19	1.25	0.64	1.89
20-24	0.83	0.45	1.28
25-29	0.40	0.25	0.65
30-34	0.11	0.08	0.19
35-39	0.05	0.03	0.08
40-44	0.01	0.00	0.01
45-49	0.00	0.00	0.00
All Ages	0.17	0.16	0.33

Table A—20. Mean Ideal Number of Children by Duration of Marriage and Residence

Marital Duration(years)	Whole Country	Large Cties	Other Cities	Rural
Under 5	2.3	2.1	2.3	2.5
5- 9	2.6	2.4	2.4	2.8
10-14	2.8	2.5	2.8	3.0
15-19	3.1	2.7	2.9	3.3
20-24	3.2	2.9	3.0	3.4
25-29	3.3	3.0	3.4	3.5
30+	3.5	3.1	3.6	3.7
Total	2.8	2.5	2.7	3.1

Table A—21. Response of the Respondent Toward Ideal Age at Termination of Childbearing and First Marriage and the Length of Birth Interval by Respondent's Age

Age	Age at Termination of Childbearing	Marriage Age (Male)	(Female)	Length of Birth Interval(years)
15-19	29.2	27.5	23.1	3.2
20-24	29.6	28.3	23.8	3.3
25-29	30.3	28.5	23.9	3.2
30-34	31.1	28.3	23.8	3.4
35-39	31.6	28.1	23.7	3.5
40-44	31.7	27.8	23.7	3.5
45-49	32.1	27.8	23.5	3.7
All Ages	31.1	28.1	23.7	3.4

Table A—22. Per Cent Distribution of Breast-feeding Status by Residence

Breast-feeding Status	Whole Country	Large Cities	Other Cities	Rural
Bottle-feeding	6.1	9.1	6.1	4.2
Breast-ffeding	84.3	77.0	85.4	88.2
Both	9.4	13.7	8.1	7.2
Other and breast-feeding	0.3	0.2	0.4	0.4
Total	100.0	100.0	100.0	100.0
(N)	(5,667)*	(1,822)	(1,024)	(2,821)

* Excluded 27 unknown cases and 326 having no birth cases.

Table A—23. Mean Months of Lactation Period by Respondent's Age and Residence

Age	Whole Country	Large Cities	Other Cities	Rural
15-19	5.5	-	10.0	1.0
20-24	14.7	14.4	14.0	15.2
25-29	16.1	14.6	15.9	17.5
30-34	18.4	16.3	18.2	20.4
35-39	21.6	18.5	23.0	23.2
40-44	22.9	19.4	23.4	24.4
45-49	25.4	23.1	27.1	26.1
All Ages	20.7	18.0	20.7	22.5

Table A–24. Per Cent Distribution of Having Husband-Wife Communication about Number of Children

	Whole Country	Large Cities	Other Cities	Rural
Never	47.0	36.0	43.8	55.4
Before having First Child	28.4	36.1	33.5	21.5
After having First Child	7.4	10.8	7.7	5.1
After having Second Child	7.5	9.1	8.2	6.3
After having Third Child	4.9	4.8	3.8	5.3
After having Forth Child	3.0	2.3	2.0	3.7
After having Fifth Child	1.3	0.9	0.7	1.8
After having Sixth Child	0.6	0.1	0.3	1.0
Total	100.0	100.0	100.0	100.0
(N)	(5,992)*	(1,944)	(1,088)	(2,960)

* Excluded 28 Unknown Cases.

Table A–25. Per Cent Distribution of Contraceptive Using Status of Currently Married Women Aged 15-44 by Residence

	Whole Country	Large Cities	Other Cities	Rural
Current User	44.2	48.8	46.4	40.1
Past User	18.7	19.3	16.2	19.1
Never User	37.2	31.9	37.4	40.7
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A–26. Per Cent Distribution of Family Planning Using Status Among Exposed Women* by Respondent's Age

Age	Current User	Past User	Never User	Total	(N)
15-19	5.3	5.3	89.4	100.0	(19)
20-24	21.6	13.0	65.4	100.0	(445)
25-29	40.0	14.0	46.0	100.0	(969)
30-34	60.3	16.6	23.1	100.0	(1,037)
35-39	67.4	16.3	16.3	100.0	(1,016)
40-44	53.1	23.5	23.4	100.0	(778)
All Ages	51.7	16.8	31.5	100.0	(4,264)

* Exposed Women are Refer to Those Who are Current Married Women Excluding Infecund Women and Current Pregnant Women.

Table A—27. Per Cent Distribution of Contraceptive Using Status of Women Wanting No More Children by Respondent's Age

Age	Current User	Past User	Never User	Total	(N)
15-19	-	-	100.0	100.0	(3)
20-24	36.5	9.3	54.2	100.0	(118)
25-29	51.5	16.8	31.7	100.0	(588)
30-34	65.5	16.4	18.1	100.0	(916)
35-39	65.9	17.5	16.6	100.0	(1,033)
40-44	46.0	25.5	28.5	100.0	(904)
All Ages	57.4	18.8	23.8	100.0	(3,562)

Table A—28. Per Cent Distribution of Family Planning Using Status by Contacts with Family Planning Field Worker

Contacts with Family Planning Worker During Last Two Years	Current User	Past User	Never User	Total	(N)
Contact with Family Planning Field Worker					
No	36.4	16.8	46.8	100.0	(2,548)
Yes	52.8	20.4	26.8	100.0	(2,413)
Receiving home Visit From Family Planning Field Worker					
Never	39.4	17.7	42.9	100.0	(3,218)
Once	51.0	19.1	29.9	100.0	(559)
Twice	51.8	17.8	30.4	100.0	(510)
3 Times	56.8	19.5	23.7	100.0	(241)
4 Times or More	57.2	23.8	19.0	100.0	(428)
Visiting Family Planning Field Worker					
Never	39.2	17.1	43.7	100.0	(4,101)
Once	66.0	27.1	6.9	100.0	(409)
Twice	68.9	26.8	4.3	100.0	(183)
3 Times	70.7	25.6	3.7	100.0	(82)
4 Times or More	77.4	18.7	3.9	100.0	(155)

Table A–29. Per Cent Distribution of Family Planning Using Status by Exposure to Mass Media

Exposure to Mass Media	Current User	Past User	Never User	Total	(N)
Reading Newspaper					
Never	40.8	19.4	39.8	100.0	(3,357)
Everyday	52.7	16.5	30.8	100.0	(1,003)
2 or 3Times a Week	49.1	24.5	26.4	100.0	(110)
Once a Week	56.5	17.4	26.1	100.0	(23)
Less Often Than Once a Week	50.6	16.0	33.4	100.0	(476)
Contacts on Matters of Population Problems and Family Planning in Newspaper					
Never	51.6	16.4	32.0	100.0	(672)
Once or Twice This Year	52.8	14.2	33.1	100.0	(360)
3 or 4 Times This Year	47.0	21.4	31.6	100.0	(253)
Frequently This Year	55.8	16.6	27.6	100.0	(337)
Contacts on Matters of Family Planning and Population Problems on Radio					
Never	42.5	17.6	39.9	100.0	(1,405)
Once or Twice This Year	47.0	17.4	35.6	100.0	(778)
3 or 4 Times this Year	43.9	20.3	35.8	100.0	(604)
Frequently This Year	48.0	19.9	32.1	100.0	(895)
Hearing of Short Jingle or Slogan about Family Planning on Radio					
No	41.1	17.9	41.1	100.0	(1,627)
Yes	48.4	18.9	32.7	100.0	(2,023)
Contacts on Matters of Family Planning and Population Problem on Television					
Never	46.6	18.1	35.3	100.0	(1,066)
Once or Twice This Year	52.3	15.6	32.1	100.0	(641)
3 or 4 Times This Year	46.4	17.6	36.0	100.0	(431)
Frequently This Year	52.7	19.8	27.5	100.0	(711)
Watching of Short Jingle or Slogan about Family Planning on the Television					
No	44.4	19.4	36.2	100.0	(923)
Yes	51.8	17.2	30.8	100.0	(1,919)
Reading about Family Planning in Magazine or Newspaper					
Never	43.7	18.6	37.7	100.0	(3,887)
Once or Twice This Year	47.7	18.5	33.8	100.0	(514)
3 or 4 Times This Year	45.6	19.6	34.8	100.0	(250)
More than 4 Times this Year	48.0	15.1	36.9	100.0	(225)
Regularly	45.8	22.9	31.3	100.0	(83)

Table A—30. Per Cent Distribution of Ever Practiced Contraceptive Method by Residence

Methods	Whole Country	Large Cities	Other Cities	Rural
Loop	15.3	10.5	13.7	19.7
Oral Pill	18.4	17.0	18.2	19.6
Condom	5.0	6.3	4.8	4.1
Vasectomy	3.4	4.0	2.9	3.1
Tubal Ligation	2.8	3.7	3.8	1.7
Other Traditional Method	8.5	10.8	8.6	6.7
Loop + Oral Pill	12.1	8.4	11.7	15.2
Loop + Condom	1.8	2.0	1.9	1.5
Loop + Other Traditional Method	2.2	2.0	2.7	2.2
Loop + Oral Pill + Condom	3.0	3.2	2.7	2.9
Loop + Oral Pill + Other Traditional Method	2.8	2.0	2.4	3.5
Loop + Condom + Other Traditional Method	1.1	1.1	1.4	1.0
Loop + Oral Pill + Condom + Other Traditional Method	2.4	3.0	2.9	1.6
Oral Pill + Condom	4.2	4.8	3.4	4.0
Oral Pill + Other Traditional Method	5.1	5.8	5.3	4.5
Oral Pill + Condom + Other Traditional Method	2.3	2.8	1.9	2.0
Condom + Other Traditional Method	2.5	3.4	2.6	1.7
Other Combination of the Methods	7.1	9.2	9.1	5.0
Total	100.0	100.0	100.0	100.0
(N)	(3,137)*	(1,123)	(582)	(1,432)

* Excluded 9 Unknown Cases and 1862 Never Users.

Table A–31. Per Cent Distribution of Ever Practiced Family Planning by Method and Residence

Method	Whole Country %	(N)	Large Cities %	(N)	Other Cities %	(N)	Rural %	(N)
Loop	27.4	(1,372)	23.9	(396)	27.8	(259)	29.7	(717)
Oral Pill	34.2	(1,715)	36.0	(598)	34.0	(317)	33.1	(800)
Condom	15.2	(763)	19.8	(328)	15.7	(146)	12.0	(289)
Vasectomy	4.2	(211)	5.5	(91)	4.5	(42)	3.2	(78)
Tubal Ligation	4.1	(204)	6.0	(99)	4.9	(46)	2.4	(59)
Others	18.0	(902)	22.7	(377)	19.3	(180)	14.3	(345)
All Women	100.0	(5,008)	100.0	(1,659)	100.0	(931)	100.0	(2,418)

Table A–32. Per Cent Distribution of Place or Source Obtained Contraceptive by Currently Using Method

Source	Loop	Oral Pill	Condom	Vasec-tomy	Tubal Ligation	Other	All Methods
Health Center or Family Planning Worker	50.7	55.8	42.3	32.7	4.4	5.7	32.9
General Hospital	5.3	1.0	0.3	10.4	27.5	0.4	5.1
Clinic	34.0	0.8	0.9	46.0	60.8	4.4	19.5
PPFK Clinic	1.7	0.3	-	6.6	3.9	0.2	1.5
Mobil Unit	7.4	0.3	0.9	1.9	1.0	0.2	2.3
Pharmacy	-	36.5	46.4	-	-	7.4	14.9
Mothers' club leader, or li, dong chief	-	3.1	1.3	-	-	2.1	1.3
Other	-	1.0	6.6	-	-	74.8	20.2
Unidentifed	0.9	1.2	1.3	2.4	2.4	4.8	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(527)	(389)	(317)	(211)	(204)	(564)	(2,212)

Table A—33. The Year of Vasectomy Operation by Residence

Year	Whole Country N	(%)	Large Cities N	(%)	Other Cities N	(%)	Rural N	(%)
1964	13	(6.2)	5	(5.5)	1	(2.4)	7	(9.0)
1965	7	(3.3)	1	(1.1)		-	6	(7.7)
1966	7	(3.3)	3	(3.3)	1	(2.4)	3	(3.8)
1967	5	(2.4)		-	1	(2.4)	4	(5.1)
1968	8	(3.8)	2	(2.2)	2	(4.8)	4	(5.1)
1969	13	(6.2)	3	(3.3)	4	(9.5)	6	(7.7)
1970	6	(2.8)	4	(4.4)	1	(2.4)	1	(1.3)
1971	7	(3.3)	3	(3.3)	4	(9.5)		-
1972	10	(4.7)	6	(6.6)	1	(2.4)	3	(3.8)
1973	18	(8.5)	7	(7.7)	2	(4.8)	9	(11.5)
1974	38	(18.0)	20	(22.0)	11	(26.2)	7	(9.0)
1975	42	(19.9)	22	(24.2)	8	(19.0)	12	(15.4)
1976	37	(17.5)	15	(16.5)	6	(14.3)	16	(20.5)
Total	211	(100.0)	91	(100.0)	42	(100.0)	78	(100.0)

Table A-34. The Year of Tubal Ligation Operation by Residence

Year	Whole Country N	(%)	Large Cities N	(%)	Other Cities N	(%)	Rural N	(%)
- 1964	8	(3.9)	7	(7.1)	1	(2.2)		-
1965	3	(1.5)	2	(2.0)	1	(2.2)		-
1966	3	(1.5)	1	(1.0)		-	2	(3.4)
1967	4	(2.0)	3	(3.0)	1	(2.2)		-
1968	2	(1.0)	2	(2.0)		-		-
1969	5	(2.5)	3	(3.0)	2	(4.3)		-
1970	8	(3.9)	4	(4.0)	1	(2.2)	3	(5.1)
1971	17	(8.3)	9	(9.1)	4	(8.7)	4	(6.8)
1972	17	(8.3)	6	(6.1)	5	(10.9)	6	(10.2)
1973	20	(9.8)	9	(9.1)	7	(15.2)	4	(6.8)
1974	34	(16.7)	15	(15.2)	7	(15.2)	12	(20.3)
1975	49	(24.0)	21	(21.2)	8	(77.4)	20	(33.9)
1976	34	(16.7)	17	((17.2)	9	(19.6)	8	(13.6)
Total	204	(100.0)	99	(100.0)	46	(100.0)	59	(100.0)

Table A—35. The Cost for Tubal Ligation Surgery by Residence

Cost	Whole Country N	(%)	Large Cities N	(%)	Other Cities N	(%)	Rural N	(%)
Charged below 5,000won	9	(4.8)	4	(4.4)	1	(2.3)	4	(7.5)
Charged 5,000-9,999won	9	(4.8)	5	(5.5)	-		4	(7.5)
Charged 10,000-19,999 won	17	(9.1)	7	(7.7)	4	(9.3)	6	(11.3)
Charged 20,000-29,999 won	19	(10.2)	10	(11.0)	4	(9.3)	5	(9.4)
Charged 30,000 won or More	133	(71.1)	65	(71.4)	34	(79.1)	34	(64.2)
Total	187*(100.0)		91 (100.0)		43 (100.0)		53 (100.0)	

* Excluded 17 Unknown Cases.

Table A—36. Frequency Distribution of the Other Contraceptive Method Ever Used by Residence

Method	Whole Country N	(%)	Large Cities N	(%)	Other Cities N	(%)	Rural N	(%)
Withdrawal	197	(21.8)	72	(19.1)	39	(21.7)	86	(24.9)
Rhythm	570	(63.2)	250	(66.3)	106	(58.9)	214	(63.0)
Foam Tablet	52	(5.8)	24	(6.4)	11	(6.1)	17	(4.9)
Injection	27	(3.0)	14	(3.7)	4	(2.2)	9	(2.6)
Sexual Abstinence	2	(0.2)	-		1	(0.6)	1	(0.3)
Douche	19	(2.1)	4	(1.1)	9	(5.0)	6	(1.7)
Others	35	(3.9)	13	(3.4)	10	(5.6)	12	(3.5)
Total	902 (100.0)		377 (100.0)		180 (100.0)		345 (100.0)	

Table A—37. Distribution of Contraceptive Failures Among Ever Users by Method

Method	Whole Country N	(%)	Large Cities N	(%)	Other Cities N	(%)	Rural N	(%)
Never Failed	2,508	(79.7)	848	(75.0)	462	(78.8)	1,198	(83.8)
Failed								
Loop	135	(4.3)	49	(4.3)	18	(3.1)	68	(4.8)
Oral Pill	138	(4.4)	65	(5.8)	29	(4.9)	44	(3.1)
Condom	107	(3.4)	44	(3.9)	25	(4.3)	38	(2.7)
Vasectomy	7	(0.2)	2	(0.2)	2	(0.3)	3	(0.2)
Rhythm	179	(5.7)	88	(7.8)	38	(6.5)	53	(3.7)
Other	72	(2.3)	34	(3.0)	12	(2.0)	26	(1.8)
Total	3,146	(100.0)	1,130	(100.0)	586	(100.0)	1,430	(100.0)

Table A—38. Per Cent Distribution of Exposure to Rumors about Loop by Residence

Rumors	Whole Country	Large Cities	Other Cities	Rural
Never Heard	35.0	30.8	33.9	38.3
Heard				
Lumbar Pain	23.4	22.7	19.9	25.2
Body Pain	3.1	3.3	2.1	3.4
Irregular Menstruation	0.9	1.4	1.0	0.5
Uterine Infection	11.4	12.0	14.1	9.9
Abdomen Pain	4.4	4.3	5.3	4.1
Ineffective	3.0	3.6	3.4	2.4
Blood Discharge	7.2	8.9	7.3	6.0
Other	11.6	12.9	13.1	10.1
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—39. Per Cent Distribution of Exposure to Rumors about Oral Pill by Residence

Rumors	Whole Country	Large Cities	Other Cities	Rural
Never Heard	35.5	30.9	33.9	39.2
Heard				
Nausea or Burning Feeling	18.4	14.0	14.2	23.1
Indigestion	18.0	20.3	22.1	14.7
Freckee on the Face	9.4	13.0	10.7	6.4
Far or Sel	7.1	11.4	8.8	3.6
Become Weak or Thin	2.8	3.2	2.3	2.8
Headache	2.8	1.9	2.9	3.4
Loose Appetite	1.4	1.0	1.0	1.8
Other	4.6	4.3	4.1	5.0
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—40. Per Cent Distribution of Exposure to Rumors about Condom by Residence

Rumors	Whole Country	Large Cities	Other Cities	Rural
Never Heard	88.4	83.6	89.2	91.3
Heard				
Unpleasure of Sexual Feeling	3.9	5.6	3.4	2.9
Men Dislike it	1.8	2.2	1.2	1.8
Unconvenient	1.5	2.4	2.1	0.7
Become Pregnant	2.2	2.7	1.8	1.9
Pain to Woman	0.6	1.0	0.9	0.3
Break out it	0.2	0.3	0.2	0.1
Other Bad Rumor	1.3	2.2	1.2	0.7
Other Good Rumor	0.2	-	0.1	0.3
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—41. Per Cent Distribution of Exposure to Rumors about Vasectomy by Residence

Rumors	Whole Country	Large Cities	Other Cities	Rural
Never Heard	71.1	64.2	71.4	75.8
Heard				
Become Weak and Difficult to Intercourse	14.8	16.9	13.0	14.1
Not Energetic, Difficult for Hard Work	5.4	6.1	5.5	4.8
Become Weak, Become Thin	1.5	2.1	1.3	1.0
Become Like Deformed Person	1.1	1.7	1.3	0.7
Failure for Contraception	0.7	1.2	0.9	0.3
Lumbar Pain	0.5	0.6	1.0	0.3
Other Bad Rumor	4.4	6.5	5.1	2.8
Other Good Rumor	0.5	0.8	0.5	0.3
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—42. Per Cent Distribution of Exposure to Rumors about Tubal Ligation by Residence

Rumors	Whole Country	Large Cities	Other Cities	Rural
Never Heard	93.8	90.2	94.2	96.1
Heard				
Body Pain	0.6	1.0	0.4	0.5
Bleeding	0.1	0.2	0.1	-
Become Pregnant	0.2	0.5	0.1	0.1
Lumbar Pain	0.6	1.0	0.9	0.3
Become Nervous	0.1	0.4	-	-
Difficult to Work Hard	0.9	1.0	1.0	0.9
Other Bad Rumor	2.7	4.1	2.8	1.8
Other Good Rumor	0.8	1.6	0.4	0.3
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—43. Per Cent Distribution of Attitude Toward Induced Abortion With Economic Reason by Residence

Attitude	Whole Country	Large Cities	Other Cities	Rural
Approval	84.3	82.6	87.4	84.4
Neutral	8.3	10.3	7.5	7.2
Disapproval	7.4	7.1	5.1	8.5
Total	100.0	100.0	100.0	100.0
(N)	(5,008)	(1,659)	(931)	(2,418)

Table A—44. Respondent's Suggestions to the National Programs, Contraceptives Supply and the Program Management

Contents	Number of Women	(%)
Contraceptives Supply		
Supply of no Side-Effect Contraceptives	441	(28.8)
Supply of Complete Effective Contraceptives	119	(7.8)
Supply of Convenient Contraceptives	80	(5.2)
Supply of Free Charge Contraceptives	101	(6.6)
Supply of Inexpensive Contraceptives	71	(4.6)
Providing of Inexpensive Cost of Vasectomy and Tubal Ligation Surgery	113	(7.4)
Supply of Easily Obtainable Contraceptives	31	(2.0)
Supply of Permanent Contraceptive Method with no Side-Effect	11	(0.7)
Commercial Supply of Contraceptives	10	(0.7)
Program Management and Others		
Active Persuasion of Family Planning Practice	130	(8.5)
Strengthen Contraceptives Supply	27	(1.8)
Need Active IE&C Program	55	(3.6)
Inexpensive Cost of Induced Abortion	39	(2.5)
Legalization of Induced Abortion	4	(0.3)
Childbearing Behavior Should be Controlled by Special Law	5	(0.3)
Tax Benefits for Two Children Family	18	(1.2)
Revision of Civil Law for the Right of Inheritance	5	(0.3)
Needs Social Support for Family Planning	60	(3.9)
Others	211	(13.8)
Total	1,531	(100.0)

II. The Present Survey Districts

List of EDs Sampled and Number of Eligible Women Covered in the 1976 Family Planning Evaluation Survey

No. of EDs		Location of EDs	No. of households sampled	No. of households interviewed	No. of object women (ever married women aged 15-49)	No. of interviewed women (ever married women aged 15-49)
Large Cities						
101	Seoul	Yang-dong Jung-gu	38	35	22	22
102		Changsin 2nd-dong Jongro-gu	31	31	22	21
103		Yongdu 2nd-dong Dongdaemun-gu	36	35	22	20
104		Dapsipri 2nd-dong "	41	39	33	31
105		Hwigyenong-dong "	53	51	44	42
106		Myeonmok 1st-dong "	31	31	23	22
107		Heungin-dong Jung-gu	25	25	13	12
108		Shindang 7th-dong Jung-gu	35	35	24	24
109		Majang 2nd-dong Seongdong-gu	46	46	34	33
110		Oksu 1st-dong "	46	44	35	34
111		Songjeong-dong "	50	49	37	36
112		Mia 7th-dong Dobong-gu	53	51	40	39
113		Macheon-dong Gangnam-gu	52	51	38	37
114		Jamwon-dong "	42	39	32	28
115		Dongseon 1st-dong Seongbuk-gu	39	38	31	28
116		Hawalgok 1st-dong "	41	37	30	30
117		Jangwhi 2nd-dong "	28	26	23	23
118		Mia 3rd-dong Dobong-gu	33	29	21	20
119		Bun-dong Seongbuk-gu	34	29	27	26
120		Chang-dong "	69	68	48	45
121		Sangge 1st-dong "	47	45	35	32
122		Cheonyeon-dong Seodaemun-gu	43	41	34	33

123		Bukahyeon 3rd-dong Seodaemun-gu	42	42	29	27
124		Daesin-dong "	42	41	31	30
125		Namgajoa 1st-dong Seodaemun-gu	34	31	27	27
126		Bulkwang 1st-dong "	50	50	42	40
127		Eungan 1st-dong "	34	34	29	28
128		Gongdeok 2nd-dong Mapo-gu	29	26	13	13
129		Yeomri-dong "	67	66	45	43
130		Hapjeong-dong "	65	55	43	42
131		Ichon 2nd-dong Yongsan-gu	42	42	36	34
132		Yongdeungpo 1st-dong Yongdeungpo-gu	42	40	26	24
133		Dorim 2nd-dong "	77	76	48	45
134		Singil 4th-dong "	64	62	49	48
135		Guro 4th-dong "	53	53	24	20
136		Garibong-dong "	45	45	32	32
137		Mok-dong "	53	51	39	37
138		Gonghang-dong "	33	30	24	23
139		Sangdo 1st-dong Kwanak-gu	39	39	29	27
140		Bon-dong "	47	44	31	31
141		Sadang 4th-dong "	33	33	30	28
142		Sindaebang-dong "	59	57	28	28
143	Busan	Kwangbok-dong Jung-gu	23	23	16	14
144		Seodaesin 3rd-dong Seo-gu	29	28	19	17
145		Nambumin 2nd-dong "	37	37	27	27
146		Sujung 2nd-dong Dong-gu	40	40	26	25
147		Bumil 3rd-dong "	36	35	26	24
148		Sinseon 2nd-dong Yongdo-gu	56	55	49	47
149		Yangjung 1st-dong Busanjin-gu	42	42	37	36
150		Buam-dong "	36	32	25	25
151		Gaya 2nd-dong "	46	41	36	36
152		Goebup-dong "	40	39	28	27

153		Oncheon 1st-dong Dongrae-gu	43	41	45	40
154		Yeunsan 1st-dong "	37	35	20	15
155		Bansong 2nd-dong "	32	32	22	21
156		Kwangan 2nd-dong Nam-gu	63	58	44	43
157		Daeyeun 34d-dong Nam-gu	31	31	25	23
158	Daegu	Bongsan 1st Namsan 1st-dong Jung-gu	41	41	30	28
159		Daehyeon 2nd-dong Buk-gu	33	33	28	25
160		Sincheon 4th-dong Dong-gu	50	50	36	32
161		Naedang 2nd-dong Seo-gu	38	38	33	29
162		Bisan 3rd-dong "	42	42	33	30
163		Wondae 3rd-dong "	56	55	40	36
164		Daemyeung 1st-dong Nam-gu	49	49	43	42
165		Daemyeung-dong "	36	35	30	29
166		Sangeuk 1st-dong Buk-gu	42	41	31	28
		Sub-total	2,841	2,745	2,072	1,964
Other Cities						
201	Gyeonggi-do	Dowon-dong Jung-gu Incheon-si	37	37	32	30
202		Songrim 3rd-dong Dong-gu "	44	39	29	26
203		Sungei 3rd-dong Nam-gu "	57	56	40	40
204		Juan 1st-dong "	29	27	19	19
205		Bupyeang Buk-gu "	59	57	41	39
206		Sinan-dong Suweon-si	27	26	19	18
207		Inge-dong "	28	24	18	18
208		Taepyeong 1st-dong Seungnam-si	37	36	28	27
209		Pangyo "	42	42	32	30
210		Anyang 5th-dong Anyang-si	44	41	31	29
211	Gangweon-do	Jukrim-dong Chuncheon-si	47	46	27	27

212		Dange-dong Weonju-si	46	44	42	41
213		Go-dong Gang neung-si	66	64	41	40
214	Chungbuk-do	Wooam-dong Cheongju-si	43	42	33	31
215		Eugjeon-dong Chungju-si	42	42	36	36
216	Chungnam-do	Sungnam 2nd-dong Daejeon-si	44	44	36	35
217		Busa-dong "	35	35	28	28
218		Doma-dong "	43	42	35	34
219	Jeonbuk-do	Taepyeong lga Jeonju-si	32	32	22	21
220		Seosin-dong "	42	40	30	29
221		Susong-dong Gumsan-si	45	45	35	34
222	Jeonnam-do	Gerim 3rd-dong Gwangju-si	52	52	37	35
223		Seosuk 2nd-dong "	47	46	33	33
224		Walsan 2nd-dong "	25	24	16	15
225		Munwha-dong "	50	49	38	38
226		Juggo 2gu Mogpo-si	41	41	22	21
227		Jogog-dong Suncheon-si	46	46	39	36
228	Gyeongbuk-do	Cheongrim-dong Pohwang-si	56	56	47	46
229		Yongwhang-dong Gyeongju-si	37	36	26	26
230		Angi-dong Andong-si	41	38	25	23
231	Gyeongnam-do	Sanho 1st-dong Masan-si	45	44	30	30
232		Chilam-dong Jinju-si	40	40	35	32
233		Buksin-dong Chungmu-si	44	43	30	29
234		Gyeongwha 2nd-dong Jinhae-si	40	37	28	28
235		Sincheong-dong Ulsan-si	51	51	44	44
236	Jeju-do	Ildo 2nd-dong Jeju-si	40	39	25	22
		Sub-total	1,544	1,503	1,129	1,090

Rural

301	Gyeonggi-do	Geomun 4-ri Guri-myun Yanggu-gun	82	79	61	60
302		Byjun-ri Pyeongtalg-eup Pyeong taeg-gun	130	128	99	96
303		Iwhag-ri Woojung-myun Hwaseong-gun	77	75	65	60
304		Hwajeon 2-ri Sindo-myun Goyang-gun	66	64	56	55
305		Daejeon 1-ri Cheongsan-myun Pocheon-gun	83	76	56	54
306		Jangneung 1,2-ri Seolseoung-myun Icheon-gun	68	65	48	45
307		Dodang-myun Bucheon-gun	75	71	62	61
308	Gangweon-do	Jinsun 2-ri Sinbug-myun Chunsung-gun	100	97	81	79
309		Sagok 1,2-ri Gunsam-myun Cholweon-gun	76	75	63	63
310		Geujin 9-ri Gunsam-myun Cholweon-gun	75	73	56	56
311		Jangseong 5-ri Jangseong-eup Samchook-gun	68	65	61	59
312	Chungbuk-do	Hojug-ri Oksan-myun Cheongweon-gun	77	77	54	53
313		Goja-ri Sangchon-myun Yeongdong-gun	77	77	61	60
314		Sungbun-ri Daeso-myun Eumseong-gun	89	88	85	83
315	Chungnam-do	Sindong-ri Namil-myun Gumsan-gun	89	86	76	75
316		Hwakeun-ri Geryong-myun Gongju-gun	70	70	55	54
317		Sinam-ri Chee eun-myun Nonsan-gun	75	74	59	56
318		Daecheon-myun Boryong-gun	79	72	70	66
319		Odu-ri Galsan-myun Hongsung-gun	63	62	51	47
320		Sangung-ri myun cheon-myun Dangjin-gun	85	85	62	61
321		Gundong-ri Giksan-myun Cheonweon-gun	71	70	49	44
322	Jeonnam-do	Daesung-ri Jangsu-myun Jangsu-gun	95	94	75	74
323		Baeksan-ri Sunchang-eup Suncheang-gun	74	74	76	36
324		Walge-ri Gosu-myun Gochang-gun	79	78	62	61
325		Surok-ri Baeksan-myun Gimje-gun	89	86	67	66
326	Jeonbuk-do	Euge-ri Donggok-myun Gwangsan-gun	103	102	86	83
327		Chilsung-ri Gwangyang-eup Gwang	93	92	70	67

328		Maegog-ri Pungyang-myun Goheung-gun	93	88	78	77
329		Yangdong-ri Bulgeuo-eup Bosung-gun	81	80	60	58
330		Sinpeung-ri Uchi-myun Changheun-gun	128	127	96	94
331		Maegog-ri Buan-eup Buan-gun	79	79	60	58
332		Keumsong-ri Hwakgyo-myun Hampyeong-gun	56	52	39	37
333		Haechang-ri Jindo-myun Jindo-gun	60	58	42	42
334	Gangweon-do	Songheon-dong Walbae-myun Dalseong-gun	96	95	75	74
335		Gamae 2-dong Waryong-myun Andong-gun	63	63	51	51
336		Woncheog-ri Namjeon-myun Yeongdeog-gun	81	81	55	53
337		Kumno 3-dong Yeongcheon-myun Yeongcheon-gun	50	49	40	40
338		Gosu 6-dong Cheongdo-eup Cheongdo-gun	85	84	62	58
339		Hwangsang-ri Indong-myun Chilgok-gun	96	95	65	63
340		Sungdong-ri Sangju-eup Sangju-gun	100	97	64	60
341		Galdong-ri Nongam-myun Mungyeong-gun	62	61	42	38
342		Geoil-ri Pyeonghae-myun Uljin-gun	79	74	55	53
343	Gyeongnam-do	Bongcheon-ri Chilbuk-myun Haman-gun	69	68	56	56
344		Kumpo-ri Chodong-myun Milyang-gun	77	75	60	60
345		Jinyeong-ri Jinyeong-eup Gimhae-gun	68	67	46	44
346		Soryang-ri Geoje-myun Geoje-gun	92	90	72	70
347		Namsang-ri Seo-myun Nambae-gun	86	85	60	59
348		Sacheon-ri Gaya-myun Habcheon-gun	116	116	89	86
349	Jeju-do	Kwakji-ri Aewal-myun Bugjeju-gun	74	73	40	40
		Sub-total	3,999	3,912	3,057	2,966
		Grand Total	8,384	8,160	6,258	6,020

III. Household Questionnaire

ED #	House #	Household #

NATIONAL FERTILITY AND FAMILY PLANNING EVALUATION SURVEY

HOUSEHOLD QUESTIONNAIRE (I)

Address:	Seoul/Pusan Province	Ku City	Dong Eup/Myun/Dong	Area Number Rhee
Name of Household Head:			Name of Interviewee:	
Number of Interview	1st		2nd	3rd
Date & Time of Interview	From_____ To__ Month_____ Day__ (min.)		From_____ To__ Month_____ Day__ (min.)	From_____ To__ Month_____ Day__ (min.)
Result of last Interview attempt	(1)____Completed (2) _____Abandoned house (3)____No one at home (4) ___ Refused (5)____Other			
Subject of Interview	(1)____Household Survey (2)___Fertility & KAP Survey (3)_____Economic Motivation Survey			

Name of Interviewer _____ (Seal)

Name of Supervisor _____ (Seal)

September 1976

Ministry of Health and Social Affairs

Korean Institute for Family Planning

Hello:

The Korean Institute for Family Planning is conducting a nationwide survey to evaluate the national family planning program and to investigate its role in the future population growth in Korea.

The answers you give will form important data for this survey. All information will remain strictly confidential and will be used for statistical purposes only.

Please answer all questions as fully and exactly as possible. Thank you.

Survey of Household Members

First let me ask you about all the people living in your household. Please list all the members of this household.
(Exclude temporary visitors and family members who do not regularly live with you; include family members and others who live in this household more than three months.)

Name	Relationship to Household Head	Status of Residence	Sex	Age	Date of Birth	Education	Marital Status
List in the following oredr: husband, wife, children, others	What is his/her relationship to the household head?	Does this person always live in this house?	In this person male or female?	How old is this person? What is his/her animal symbol?	What is this person's birthday? (Check repeated months in lunar calendar)	What is the educational level of this person?	(To those aged 15 and over) What is this person's marital status?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		(1)____ Always (2)____ Temporary (Less than 3 months)	(1)___ Male (2)___ Female	Age___ Animal Symbol	Solar ____ year ____ mos. ____ day ____ Lunar ____ Year ____ mos. ____ day ____	(1) None (Illiterate, read and write Korean) (2)Primary(Currently in school: Withdrew from school: Graduated) (3)Middle(") (4)High (") (5)College (")	(1) Never married (2)Married (3) Divorced (4) Separated (5)Widowed
01							
02							

9. Are there any members of your family who are now living away from home?

(1) _____No

(2)_____ If Yes

Name	Relationship to Household Head	Sex	Age (years)	Current Residence	Occupation	Length of time since left home
		(1)__ Male (2)__ Female		(1)__Large City (2)__Middle Or Small City (3)__ Rural Area	(1) Student (2) Employed (3) Other Specify (_____)	Years____ Months__
01						
02						

10. How long have you lived here in the same city and kun?

_____ Years _____ Months

(If less than 5 years) Where was your previous residence?

_____Seoul/Pusan

_____Province _____County/City_____Myun/Eup

11. Let me ask you some questions about your household. Have any children been born to members of your family in the past two years (since Chusok 1974) ?

(1) _____No

(2) _____If Yes

Name (If no name, use numbers)	Age of Mother at time of birth	Sex of child	Date of Birth	Place of Birth
		(1)__Male (2)__Female	Year_____ _____Lunar _____Solar _____mos _____day	(1) Home (2) Mother's Parent's home (3) Hospital (4) Midwife's house (5) Other

12. Are there any members of your family who have died in the past two years (since Chusok 1974)?

(1)__No

(2)_ If Yes

Name (If no name, use numbers)	Relation-ship to Household Head	Sex	Date of Death	Exact Age at Time of Death(Western age)	Cause of Death	Place of Medical Treatment Before Death
		(1)__ Male (2)__ Female	__ Lunar __Yr. __Mo. __Day __Solar __Yr. __Mo. __Day	___Yr. ___Mo.	(1)Infant Mortality (Specify___) (2)Accident (Specify___) (3)Old age (4) Disease (Specify___)	(1)Hospital (2) Drug-store (3) Other (Specify _____)

13. Let me ask about your present living conditions.

a. Type of ownership

(1)_____Own house
(2)_____Key money for house
(3)_____Key money for room
(4)_____Monthly rent house
(4)_____Monthly rent room
(6)_____ Borrowed house
(7)_____ Other (Specify_____)

b. Type of Residence

(1)_____Detached house
(2)_____ Attached house
(3)_____ Apartment
(4)_____Other (Specify_____)

c. Size of living quarters

(1)_____No. of rooms
(2) _____Total pyong of residence
(3) _____Total pyong of land

d. Which of the following items does your family own?

(1)_____Clock
(2)_____Bicycle
(3)_____ Radio
(4)_____ Electric fan
(5)_____ Television
(6)_____Sewing machine
(7)_____Record player
(8)_____Camera
(9)_____Electric iron
(10)_____Refrigerator
(11)_____Telephone
(12)_____Gas stove
(13)_____Piano, organ
(14)_____ Automobile

e. What is the primary source of income for your household?

(1)_____Agriculture, fishing
(2)_____Self-employed
(3)_____Salary, wages
(4)_____Other (Specify _____)

Which of your family members work?
Relationship to Head _____ Monthly income _____Won
Relationship to Head _____ Monthly income _____Won
Relationship to Head _____ Monthly income _____Won

(In case Agriculture)

How much land do you own or rent?

	Own	Rent
Paddy	_____Pyong	_____Pyong
Dry field	_____Pyong	_____Pyong
Orchard	_____Pyong	_____Pyong
Forest	_____Pyong	_____Pyong
Other (specify)	_____Pyong	_____Pyong

Thank you

IV. Individual Questionnaire

ED #	ED MAP #	HOUSEHOLD #

NATIONAL FERTILITY AND FAMILY PLANNING EVALUATION SURVEY

FERTILITY AND KAP QUESTIONNAIRE (II)

(Women under 50 who have ever married)

Address:	Seoul/Pusan Province	Ku City	Dong Eup/Myun/Dong	Area Number Rhee
Name of Household Head:			Name of Interviewee:	

Number of Interview	1st	2nd	3rd
Date & Time of Interview	Month___From__ To ___ Day__ (min._____) Refused _____ Reason:_____ _____ Time of next appointment	Month__ From__ To_ Day__ (min._____) Refused_____ Reason:_____ _____ Time of next appointment	Month___ From_ To_ Day__(min.____)

Name of Interviewer _____(Seal)

Name of Superviosr _____(Seal)

September 1976

Ministry of Health and Social Affairs

Korean Institute for Family Planning

Hello;

I am _____, an interviewer from the Korean Institue for Family Planning. Will you please let me ask you about your fertility experience for about one hour? The reason for this interview is to try to improve the family planning program on the basis of your answers. You may be very busy, but please take the time to truthfully answer our questions. Your answers are important for our study of future population problems and the family planning program in Korea.

The contents of your answers will be kept confidential and used for statistical purposes only. Thank you.

September 1976

Interviewer

TABLE OF CONTENTS

CHAPTER I. FERTILITY

(Interviewer: Ask Part I of all ever married woman age 15 to 49.)

I-1. How old are you?
Korean age_____ years
Animal symbol _____
Year of birth _____
Solar_____ month _____ day_____
Lunar_____ month _____ day _____

I-2. How old is your husband?
Korean age _____ years
Animal symbol _____
Year of birth _____
Solar_____ month_____ day_____
Lunar_____ month_____ day_____

I-3. At what age and when did you marry your present husband?
Age_____
Date of marriage _____ Solar _____ month _____ day
_____ Lunar_____ month _____ day

I-4. Is this your first marriage or remarriage?
(1) _____ First marriage (Go to I-6)
(2) _____ Second marriage
(3) _____ Third marriage

I-5. How old were you and when did you first marry?
Age_____
Date of marriage _____ Solar _____ month _____ day
_____ Lunar_____ month _____ day
At what age and when did you divorce?
Age_____
Date of marriage_____ Solar _____ month _____ day
_____ Lunar_____ month_____ day

(If there have been more marriages, record in the same way)

I-6. Are you currently living with your husband?

_____ (1) Currently living with husband (Go to I-3)
_____ (2) Divorced
_____ (3) Separated
_____ (4) Widowed

I-7. (If divorced, separated or widowed)
How old were you and when did it take place?
Age_____
Date_____ Solar _____ month _____ day
_____ Lunar _____ month _____ day

I-8. How many living sons and daughters do you have both at home and living elsewhere?
(1) Sons _____
(2) Daughters _____
(3) Total _____

I-9. Have you ever given birth to any sons or daughters who later died?
(1) No
(2) If Yes
Sons_____ Daughters_____ Total _____

I-10. What is the total number of sons, daughters, and total number of children ever born to you?
Sons _____ Daughters _____ Total _____

I-11. Have you ever had an induced abortion?
(1) No
(2) If Yes _____ No. of times

I-12. Have you ever experienced a spontaneous abortion?
(1) No
(2) If Yes_____ No. of times

I-13. Have you ever given birth to a still-born child?

(1) No

(2) If Yes _____ No. of times

I-14. Are you pregnant now?

(1) Yes

(2) Not certain

(3) No

I-15. So, how many times have you been pregnant?

_____ No. of times

Pregnancy Contraceptive Record

(Interviewer: First record the date of marriage by refering to question I-3, I-4 and I-5. Reconfirm the date of first marriage and record in appropriate space in pregnancy and contraceptive chart. Ask only for normal births.)

I-16. 1) What year did you have your first, second,...child?

2) What is this child's name?

3) Was this child a boy or a girl?

4) How old is this child now? (Include children who have died)

5) What is the animal symbol of this child's birth?
(Confirm the symbol in the chart)

6) In what year did you give birth to this child? (Confirm in the chart)

7) How old were you at the time you gave birth to this child?

8) In what month and day was the child born?

9) Is this a solar or lunar date?

10) Is the child living or deceased?

11) (If the child died) At what age did the child die?

Years _____ Months _____

(Interviewer: Ask only for abnormal delivery.)

I-17. 1) Was there any other pregnancy before your first child was born, between your first and second child, etc., and after your last child?

2) Did this pregnancy end in a spontaneous abortion or induced abortion? Or was it a stillbirth?
3) When did that happen?
4) Was this month a solar or lunar date?
5) What was the length of pregnancy when it was terminated?

(Interviewer: Ask only for currently pregnant)

I-18. 1) Are you pregnant now?
2) When do you expect to deliver the baby?
3) When was your last menstruation?
4) Is this month a solar or lunar date?

(Interviewer: Record "pregnancy" on the month of the last menstruation and continue to mark x till the date of interview.)

Separation Duration

I-19. 1) Have you ever lived away from your husband for any reason?

(Interviewer: Ask when and mark x in the appropriate spaces in Chart.)

Contraceptive Use

I-20. 1) Have you ever used any contraceptive method?
2) What methods have you used (first, second, etc. ... last)?
3) When did you begin to use this method?
Year_____ Month_____
4) Is this a solar or lunar month?
5) Until when did you use this method?
Year_____ Month_____

I-21. Let me ask you about your most recent birth.
1) Was this baby bottle or breast-fed?
(1) Bottle fed
(2) Breast fed

CHART I. PREGNANCY AND CONTRACEPTIVE HISTORY

Notes: Marriage=M Pregancy-P Normal Delivery-ND Stillbirth=SB Induced Abortion = IA •Spontaneous Abortion-SA
Loop=L Oral pill-OP Condom=C Sterilization=S Spparated = SE Naturally Sterile=NS Other=O

(1) Name of child From Normal Delivery (In case of twin birth record "twin")	(2) Sex of Child	(3) Age of Mother at Time of Birth (years)	(4) Age of Child	(5) Animal Symbol of Child	(6) Year of Birth of C Child	(7) Month J F M A M J J A S O N D	(8) Result of Pregnancy (ND, SB, IA, SA)	(9) Date of Termination (ND)	(9) Date of Termination (SB, IA, SA)	(10) Currently Living or Deceased	(11) Date of Death
			35	horse	1942			Lunar or Solar Mon. __ Day __	Lunar or Solar Mon. __ Day __	Living ____ Deceased ____	Lunar/Solar Year__Mon __ (age)____
			34	sheep	1943						
			33	monkey	1944						
			32	hen	1945						
			31	dog	1946						
			30	pig	1947						
			29	rat	1948						
			28	cow	1949						
			27	tiger	1950						
			26	rabbit	1951						
			25	dragon	1952						
			24	snake	1953						
			23	horse	1954						
			22	sheep	1955						
			21	monkey	1956						
			20	hen	1957						
			19	dog	1958						
			18	pig	1959						
			17	rat	1960						
			16	cow	1961						
			15	tiger	1962						
			14	rabbit	1963						
			13	dragon	1964						
			12	snake	1965						
			11	horse	1966						
			10	sheep	1967						
			9	monkey	1968						
			8	hen	1969						
			7	dog	1970						
			6	pig	1971						
			5	rat	1972						
			4	cow	1973						
			3	tiger	1974						
			2	rabbit	1975						
			1	dragon	1976						

(3) Both
(4) N/A

2) (If breast fed)
How long did you breast feed your child?
Years _____ Months _____

I-22. Could you now become pregnant if you and your husband so desired?
(1) Currently fecund
(2) Woman naturally sterile
(3) Husband naturally sterile
(4) Both naturally sterile
(5) Husband had vasectomy
(6) Wife had tubal ligation
(7) Other (Specify _____)
(8) Woman currently in menopause

I-23. 1) Do you want to have any more children?
(1) Yes -- If answer by sex, record
No. of sons _____
No. of daughters _____
If do not answer by sex, record
Total no. of children _____
(2) No _____

2) a. We want to know your attitude about sons.
Do you think you must have sons?
(1) Yes, must have sons
(2) If possible, would prefer to have sons
(3) Don't care about sex of child (Go to 1-24)

b. You told me you want only sons. Will you continue to have babies until you have a son?
(1) I will continue to have babies regardless of the number of daughters until number of sons achieved.
(2) I will continue until I have_____daughters
(3) Don't know

I-24. Considering your situation, what do you feel to be an ideal number of children?

(1) If answer by sex, record
_____No. of sons
_____No. of daughters
If do not answer by sex, record
_____Total no. of children
(2) Never thought about it
(3) Don't know

I-25. Considering the ideal number of children, at what age do you think it best for a woman to have her last child?
(1) If is best to stop having children by_____ years
(2) Don't know

I-26. What do you think is the ideal interval between births?
(1) _____year is best
(2) Don't know

I-27. What age do you think is best for women to marry?
What about for men?
Women _____age
Men _____age

I-28. Have you ever discussed with your husband about how many children you will have?
(1) No
(2) From marriage until first baby was born
(3) After first child was born
(4) After_____ child was born
(5) N/A

CHAPTER II. FAMILY PLANNING KNOWLEDGE, ATTITUDES AND PRACTICE (KAP)

(Interviewer: Ask only currently-married women aged 15 to 44.)

Previously I asked you about your pregancy experiences and children. Some people use contraceptive methods to prevent unwanted pregnancies or to delay pregnancy. Now let me ask you a few questions about this; what we call family planning.

II-1. What do you think about the present size of the Korean population?
(1) Too many people
(2) The right amount
(3) Too few people
(4) Don't know

II-2. Considering the present number of children in your family, do you feel that the present number is too much, too many, or just about right?
(1) Too many
(2) Appropriate number
(3) Too few
(4) Never thought about it.

II-3. What do you think about the government's current compaign recommending two children, regardless of sex, for each family?
(1) Strongly approve
(2) Moderately approve
(3) Neutral
(4) Disapprove
(4) Strongly disapprove

II-4. 1) How often do you read a newspaper?
(1) Never (Go to 2)
(2) Every day
(3) 2 or 3 times a week
(4) Once a week
(5) Less often than once a week

a. (If read)
Have you ever read about population problems and/or family planning in the newspaper this past year?
(1) No
(2) If Yes: How often?
(1) Once or twice
(2) 3-4 times
(3) More than 4 times

2) Do you listen to the radio?
(1) Never (Go to 3)
(2) Every day
(3) 2 or 3 times a week
(4) Once a week
(5) Less often than once a week

a. (If listen)
Have you ever heard about population problems and/or family planning over the raido this past year?
(1) No
(2) If Yes: How often?
(1) Once or twice
(2) 3 or 4 times a week
(3) More than 4 times

b. Have you ever heard a short jingle or slogan about family planning over the radio during this past year?
(1)_____ No (2) _____Yes

3) Do you watch television?
(1) Never (Go to 4)
(2) Every day
(3) 2 or 3 times a week
(4) Once a week
(5) Less than once a week

a. (If watch)
Have you seen anything abot population problems and/or family planning on television this past year?

(1) No
(2) If Yes: How often?
(1) Once or twice
(2) 3 or 4 times
(3) More than 4 times

b. Have you ever heard a short jingle or slogan about family planning on television?
(1) No
(2) Yes

4) Have you read anything about family planning in a magazine or newspaper this past year?
(1) Never
(2) Once or twice
(3) 3 or 4 times
(4) More than 4 times
(5) Regularly

II-5. 1) Have you heard anything about family planning from a eup/myon health center worker during the past two years?
(1) No (Go to II-6)
(2) Yes

2) (If Yes)
Have you ever received a home visit from them during the past two years?
(1) No
(2) If Yes: How often?
(1)____ Once
(2)____ Twice
(3)____ Three times
(4)____ Four times or more

3) Have you ever visited a health center to obtain contraceptive methods or information during the past two years?
(1) No

(2) If Yes: How often _____

a. (If No)

What are your reasons for not visiting a health center?

(1) No need or desire for birth control

(2) Embarrassed

(3) Use a commercial source

(4) Health center personnel unkind

(5) Too far, inconvenient

(6) Other

II-6. 1) Do you know that contraceptive supplies are offered by health centers and eup/myun field workers for free, or for only small fess?

(1) No

(2) Yes

Do you know what kind of contraceptives are now supplied by the government program? Please list all the contraceptive methods that you know are available from the government program.

(1)_____

(2)_____

(3)_____

(4)_____

II-7. There are many methods to prevent contraception. Please list all the contraceptive methods you know about

	Methods spontaneously mentioned by the respondent	Methods recognized after interviewer mentions them
1) Loop		
2) Oral pill		
3) Condom		
4) Vasectomy		
5) Tubal ligation		
6) Injection		
7) Rhythm		
8) Withdrawal		
9) Other		

II-8. From whom and where did you learn about these contraceptive methods? (Check all responses)

(1)____Family planning worker
(2)____Hospital doctor
(3)____Health center or health sub-center
(4)____Mothers' club leader
(5)____Neighbor or relatives
(6)____Drugstore
(7)____Radio or TV
(8)____Newspaper or magazine
(9)____ Poster or Phamphlet
(10)____Commercial medical book
(11)____Husband
(12)____Other (Specify _____)

(If do not know, go to II-24)

II-9. Which method do you think is best?

(1) No methods are desirable
(2) Don't know
(3) If think some are good methods; which methods?
(1)_____
(2)_____
(3)_____

II-10. Have you ever recommended any contraceptive methods to othrs?

(1) No
(2) If Yes:

What methods	To whom	Did that person ever practice or not
(1)_____	_____	_____
(2)_____	_____	_____
(3)_____	_____	_____

II-11. Many women nowadays use family planning methods to prevent pregnancy or to control the time between births. Are there any such methods that you have ever used?

(1) Never (Go to II-24)
(2) Past user
(3) Current user

II-12. 1) What was your reason for using family planning methods?

(1) _____

(2) _____

II-13. 1) What did your husband think about using family planning methods?

_____(1) Approve _____(2) Disapprove

_____(3) Don't care _____ (4) Don't know

2) What is your family's opinion about using family planning?

	Approve	Neutral	Disapprove	Don't Care	N/A
(1) Husband					
(2) Father-in-law					
(3) Mother-in-law					
(4) Father					
(5) Mother					
(6) Other (who)					

3) (Ask Past and Current Users) What was your reason to choose the methods the methods that you have used or are currently using?

(1) No side-effects

(2) Inexpensive

(3) Easily available

(4) Does not interfere with intercourse

(5) Effective method

(6) Does not influence husband's sexual ability

(7) Other (Specify_____)

II-14. (Ask only to women who are currently using a method, and confirm the use period in the table on contraception and pregnancy)

Let me ask you about the contraceptive methods you are now using.

(1) What is this method? (Name_____)

(2) Is this the first method you have used, or have you ever used another?

(1) First method

(2) Have used other methods previously

(Specify_____)

(3) Where did you obtain these supplies or where did you receive the IUD or sterilization? _____

(4) While you have used this method, have you ever received any help or advice from a family planning worker or a doctor?
(1) No
(2) If Yes: From whom _____
What advice was received _____

(5) Are you satisfied with this current method?
(1) Satisfied
(2) Neutral
(3) Unsatisfied

(6) Do you have any intention to change to another contraceptive method?
(1) No
(2) If Yes: What method? _____

II-15. Which of the following methods have you ever used?
(1) Loop (Go to II-16)
(2) Oral Pill (Go to II-17)
(3) Condom (Go to II-18)
(4) Vasectomy (Go to II-19)
(5) Tubal ligation (Go to II-20)
(6) Other (What _____) (Go to II-21)

II-16. (Ask ever loop users. Confirm the use period in the pregnancy history chart. Exclude women who have used the loop continuously since first insertion.)
(1) You have told me you stopped using the loop.
What was the reason you stopped using it?

	1st	2nd	3rd
(1) Wanted to become pregnanct	_____	_____	_____
(2) Side effects	_____	_____	_____
(3) Personal psychological reason	_____	_____	_____
(4) No need to continue use (separated from husband)	_____	_____	_____
(5) Accidentally expelled	_____	_____	_____
(6) Became pregnant while using loop	_____	_____	_____

(2) From whom and where did you receive the loop?
Place: 1st _____ 2nd_____ 3rd _____

Example= (1) Health Center (2) Designated clinic
(3) General hospital (4) Mobile unit
(5) FP paramedic

(3) While you were using this method, has a family planning worker or a doctor ever given you any advice or consultation?
(1) No
(2) If Yes: From who _____

II-17. (ask ever oral pill users. Reconfirm the use period in the pregnancy history chart.)
1) You have told me you have used the oral pill.
Where did you get it?
(1) Family Planning worker
(2) Health center
(3) Mothers' Club leader
(4) Village or dong chief
(5) Drugstore
(6) Other (Specify_____)
2) What was the reason for interrupting your use of the oral pill?
_____
3) Do you think the oral pill is bad for one's health or not?
(1) Harmful
(2) Depends on the individual
(3) Not harmful

II-18. (Ask only condom users. Confirm use period in the pregnancy chart.)
1) You have told me your husband has used condoms.
Where did you get them?
(1) Family planning worker
(2) Health center
(3) Mothers' Club leader
(4) Village or dong chief

(5) Drugstore
(6) Other (Specify _____)

2) In using this method, did you find any special discomfort or reason to stop?
(1) General reason for discontinuation _____
(2) Specific reason that it was uncomfortable for husband
_____

II-19. (Ask only vasectomy users)
1) When did your husband receive a vasectomy?
_____Year _____Month
2) Where did he receive the operation?
(1) Health center
(2) General hospital
(3) Designated clinic
(4) Planned Parenthood clinic
(5) Other (Specify _____)
3) How much did he pay for the operation?
(1) No fee for surgery; service charges _____ won
(2) Paid for it through private sector _____ won
4) How do you feel about the surgery now?
(1) Satisfied
(2) Neutral
(3) Unsatisfied (Specify _____)

II-20. (Ask only tubal ligation users)
1) When did you receive the tubal ligation?
_____Year _____Month
2) When you decided to receive the tubal ligation, did you receive any help or advice from a family planning field worker?
(1) Yes
(2) No
3) Where did you receive the operation?
(1) Health center
(2) General hospital
(3) Designated clinic
(4) Planned Parenthood clinic
(5) Mobile unit

(6) Other (Specify _____)

4) What procedure was used?
(1) Received during other surgical procedures
(2) Laproscope
(3) Cauldoscope
(4) Mini-lap

5) How much did you pay for the operation?
(1) No surgery fee; service charge _____ won
(2) Paid for through private sector _____ won

6) How much do you think is an appropriate fee for the tubal ligation?
_____won

7) Did you have any side effects from the surgery?
(1) No side-effects
(2) Mild side-effects (what _____)
(3) Severe side-effects (what _____)

8) Are you satisfied with the operation?
(1) Satisfied
(2) Unsatisfied

II-21. (Ask other method users. Exclude loop, condom, oral pill, vasectomy, and tubal ligation users.)
1) You told me you have used or are using _____
Where did you learn about this method? _____
2) Do you think this method is good?
(1) No, not good
(2) Yes, good
3) (If no) Did you have any special discomfort or side-effects?
(1) No
(2) Yes (Specify _____)
4) How much does it cost to use this method?
(1) Free _____
(2) Won _____

II-22. While you were practicing this method, did you ever become pregnant because the method failed?
(1) No

(2) Yes

a. (If Yes) What method was it that failed?

1) _____

2) _____

b. What was the outcome of that pregnancy which resulted from a contraceptive failure? (If more than once, record the last time only)

1) Normal delivery (live birth)

2) Induced abortion

3) Spontaneous abortion

4) Stillbirth

5) Currently pregnant

II-23. 1) Have you heard about the laproscope method for female sterilization?

(1) No

(2) Yes

2) (If Yes) Do you think it is a good method for female sterilization?

(1) No

(2) Yes

(3) Don't know

(To women who never used any family planning method)

You have told me you have never used and are not using any family planning methods. Let me ask you a few questions about your reasons why you have never used any.

II-24. Do you intend to practice family planning in the future?

(1) No need to (Go to II-27)

(2) Never thought about it

(3) Planning to use in future

II-25. In your case, if you are planning to use contraception, which method will you use?

(1) No suitable method

(2) Loop

(3) Oral Pill

(4) Condom

(5) Vasectomy

(6) Tubal ligation
(7) Rhythm method
(8) Withdrawal
(9) Other (Specify_____)

II-26. When will you begin to use this method?
(1) Soon
(2) After next child is born
(3) After having as many children as I wish
(4) For spacing
(5) Other (Specify_____)

II-27. What was the reason that you have not used contraception until now?
(1) Not needed (Specify _____)
(2) Embarrassed
(3) Difficult to obtain supplies
(4) Thought it would be harmful to health
(5) Thought it would interfere with sexual relationship
(6) Husband or other family member's disapprove
(7) Other _____

CHAPTER III. FAMILY PLANNING ACCEPTABILITY
(Interviewer: Ask only to currently married women under 45)

III-1. 1) What is your general opinion about induced abortion?
(1) Approve
(2) Depends on individual situation
(3) Disapprove
(4) Don't know

2) If you were pregnant and did not want to be, would you have an induced abortion?
(1) Yes
(2) Depends on individual situation
(3) No

3) Have you ever had an induced abortion?
(1) No
(2) If yes
a. How many times _____
b. Where did you have the last abortion _____
c. Expense _____won

4) Do you think induced abortion is harmful to health?
(1) Very harmful
(2) Moderately harmful
(3) Slightly harmful
(4) Not harmful

5) If a woman has an induced abortion for economic reasons, would you approve or not?
(1) Approve
(2) Neutral
(3) Disapprove

III-2. Have you ever heard of any bad rumors concerning any of the various contraceptive methods?
(1) No (Go to III-3)
(2) Yes
a. (If Yes) Please tell me what the rumor was for each method.

(1) Loop (What _____)
(2) Oral pill (What _____)
(3) Condom (What _____)
(4) Vasectomy (What _____)
(5) Tubal ligation (What _____)
(6) Other (Specily _____) (What _____)

b. Do you believe, these rumors?
(1) Yes
(2) No
(3) Believe some, disbelieve others
(4) Don't know

III-3. We have just discussed various methods that you know about and may or may not have used. I would like to know now for each of the following seven considerations, if you think it is a very important or moderately important consideration in choosing a contraceptive method, or if you don't care.

High = Very important
Middle = Moderately important
Low = Don't care

Considerations	High	Middle	Low
First			
(1) No side-effects			
(2) Inexpensive			
(3) Easily obtainable			
(4) Doesn't interrupt sexual intercourse			
(5) Effective method			
(6) Doesn't interfere with husband's sexual ability			
(7) Other (Specify _____)			

	Considerations	High	Middle	Low
	Second (1) Its newness (2) Everybody else thinks it a good method (3) Easy to adopt and use (4) Possible to use on a trial basis before making a permanent decision (5) If I can confirm other's results first before accepting			

III-4. In the future, in order for the government to effectively continue the family planning program, do you have any ideas or suggestions?

(1)_____

(2)_____

(3)_____

CHAPTER IV. RESFONDENT'S ECONOMIC AND SOCIAL BACKGROUND

(Interviewer: Ask to all ever married woman age 15 to 49.)

Finally, let me ask you some things about yourself.

IV-1. Where were you born?

_____ Seoul/Pusan _____Kun _____Eup
_____ Province _____ City _____Myun

IV-2. Until what age did you live in the place you were born?

Age_____

a. In what type of place have you lived the longest?

(1) Big city
(2) Small city
(3) Rural area
(4) Other

IV-3. How much education do you and your husband have?

Wife

____(1) Illiterate
____(2) Can read & write Korean
____(3) Started but did not finish primary school
____(4) Completed primary school
____(5) Started but did not finish middle school
____(6) Completed middle school
____(7) Started but did not finish high school
____(8) Completed high school
____(9) Started but did not finish college
___(10) Completed college
___(11) Other (Specify_____)

Husband

____(1) Illiterate
____(2) Can read & write Korean
____(3) Started but did not finish primary school
____(4) Completed primary school

_____(5) Started but did not finish middle school
_____(6) Completed middle school
_____(7) Started but did not finish high school
_____(8) Completed high school
_____(9) Started but did not finish college
_____(10) Completed college
_____(11) Other (Specify _____)

IV-4. 1) What is your religion?
(0) None
(1) Budhist
(2) Protestant
(3) Catholic
(4) Other (Specify _____)
What is your husbands religion?
(0) None
(1) Buddhist
(2) Protestant
(3) Catholic
(4) Other (Specify _____)

2) (If have religion) How often do you usually attend church?
(1) Once a week or more than once a week
(2) Once a month
(3) Once or twice a year
(4) A few times every few years
(5) Never

IV-5. What is your husband's birth order among all his brothers and sisters; and just among his brothers?
_____Birth order among all brothers and sisters
_____Birth order among brothers only
What is you birth order among all your brothers and sisters; and among just your sisters?
_____Birth order among all brothers and sisters
_____Birth order among just sisters

IV-6. 1) Have you ever worked for money before marriage?
(1) No
(2) If yes: How long?_____ years _____months
What kind of work was it?_____
2) Besides house work, do you work for money now?
(1) No
(2) If Yes: Specify _____
3) What kind of work does your husband do now?
(1) No job
(2) Name of organization _____
Job title _____
Kind of work _____

In case of agriculture
(Interviewer: In case of agriculture, exclude this question because it's already in Household Questionnaire)

Thank you for your cooperation

Interviewer's Question

(1) Describe the circumstances of the interview, such as who else was present, how much interference occured, etc.

_____

_____

_____

_____

(2) Were you satisfied with the interview?
(1) Yes, satisfied
(2) Moderately satisfied
(3) Not satisfied (Why_____)