

**THE DEVELOPMENT OF YOUTH SEX TELEPHONE  
WITH PROFILE ON  
KOREAN YOUTH'S SEXUAL AND REPRODUCTIVE HEALTH**

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## PREFACE

This book is, in a very real sense, the result of our attempt to deal with emerging adolescent reproductive health and sexual problems. We believe that this report effectively introduces how a research organization like the Korea Institute for Population and Health can utilize research findings effectively.

It also gives us great pleasure to publish this report because it is the first time KIPH has developed a sex-related adolescent service jointly with the Planned Parenthood Federation of Korea. This project is a clear display of the bilateral efforts of KIPH and PPFK action towards reaching the same goal. These two organizations under the Ministry of Health and Social Affairs have had a long history of maintaining a close working relationship, but there have sometimes been gaps in their attitudes and orientations; researchers tend to give less priority to action oriented research and regard it as less scientific and program staff members are often reluctant to use research-findings.

We also feel the compilation of the Korean Youth's Profile on Sex and Reproductive Behaviors would be useful for policy makers, researchers and sex-related youth workers. There is no central data bank on adolescent reproductive health, and researchers and policy makers have to spend a great deal of time compiling the existing data when they plan research work or a program. The authors, therefore, reviewed all existing data available and selected the statistical data, reference material and the research work which seem reliable and pertinent for use.

We are grateful to WHO which has been supporting research work on adolescents for many years. Our special appreciation goes to Dr. Herbert Freedman who has devoted much of his time and effort to the KIPH project.

Chan Moo Park, M.D., Ph.D.  
President



## FOREWORD

The Planned Parenthood Federation of Korea (PPFK) has been keenly aware of the changing pattern of reproductive health behaviour of Korean adolescents, especially of working youth. Their traditional sexual morals have broken down and no new values have replaced them yet. Premarital pregnancy, abortion, and sexually transmitted diseases have become prevalent among them.

To cope with these problems PPFK initiated a youth counselling service at five industrial sites in 1983, but only six social workers have been employed to do this work because of budget limitations, so their workloads have been overwhelming.

When the "Youth Sex Telephone" service program was suggested we were delighted with the prospect, not only because it would strengthen the youth program, but also for the utilization of volunteers as telephone counsellors in the program. Volunteer utilization programs, such as mothers' clubs, had been one of PPFK's proud achievements, and we were familiar with the advantages and disadvantages of volunteer involvement in the program. We had a firm conviction that volunteer input into the youth program would certainly add a new dimension to PPFK's service in meeting adolescents' ever increasing needs in the area of sexual problems. After one year of operating the youth sex telephone service, the program was expanded to install youth sex telephone lines in eleven PPFK provincial offices.

We are grateful to those who made this program possible, and we would like, first of all, to express appreciation to Dr. Chan Moo Park, president of KIPH and Rev. Yang Min Lee, president of Korea Life Line. Without the hard work by KIPH fellow, Ms. Han K. Chang and Dr. In S. Park, Ob/Gyn specialist at the National Medical Center, this program would not have been

effectively implemented. We are grateful for WHO's support and its input will certainly benefit in opening doors wider to expanded government sponsored adolescent reproductive health programs in the future. Lastly, we wish to express appreciation to the volunteers who gave willingly of their time and skill for this program.

Jae Mo Yang, M.D.  
President Emeritus  
The Planned Parenthood Federation of  
Korea

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## 1. Background

When an analysis of the study, the Medical Outcome and Psychosocial Factors in Relation to Adolescents Delivery Outcome in Seoul, Korea, was made, it became clear that the emerging sexual problems of Korean adolescents were similar to those in Western countries. KIPH felt that there was a need for follow-up activities using these research findings, so KIPH with WHO support, formulated a general plan for activities to provide services concerning sexuality and reproductive health for adolescents during the period beginning in April 1983.

The original plan for the follow-up was to design overall, comprehensive, program planning related to adolescent sexuality and reproductive health for the International Youth Year (1985) and a pilot project, based on this planning, was to be developed. It was evident from the initial stage of the project, however, that it was untimely, given government officials' views on adolescent sexuality, to plunge into such comprehensive national planning; resistance and unfavorable attitudes were bound to be aroused among opinion makers.

In recent years world wide adolescent sexual and reproductive health problems were pointed out in the following seven areas: 1) the increasingly younger age of sexual intercourse, 2) the non-use of contraception, 3) an increase in sexually transmitted diseases, 4) unwanted pregnancies, 5) increasing use of induced abortion under very unsafe conditions, 6) unwanted children, and 7) inadequate preparation for parenthood.<sup>1)</sup>

The overall seriousness of Korean youth's sexual problems

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1) WHO Reproductive Health in Adolescent, Position Paper, MCH Division of Family Health, WHO, Geneva, Switzerland 1986.

has not reached the level of developed countries and very few government officials or professionals have devoted time or effort to solving upcoming adolescent reproductive health problems. The Korean adolescents' sexual life is often patterned after that in the developed countries; in other words, many American modes of life and sexual values have been copied in Korea with no thought given to whether such behavior will benefit them.

Korean social culture has not recognized adolescents as a unique group with special characteristics and needs, which is unavoidable since cultural tradition divides the life process into childhood, adulthood and old age.

## **2. Determination of Program Development Feasibility**

No program can be initiated in Korea without government support and sanction. Although a national plan was not possible, there was a possibility of developing a pilot project through joint private sector efforts. An attempt was made, however, with government officials and other private leaders to appraise current adolescent sexuality and determine the feasibility of relevant services. This was an important step in the long range plan because, if the pilot project succeeded there would be a possibility of implementing a program on a national scale. The contents of the specific areas of discussion were:

- How do they define adolescent sexual and reproductive health needs? Are these problems so overt that they warrant government intervention or preventive measure?

- Should a new program be developed or should one be incorporated into the existing program? What impact might a new or additional program have?

— If a new program were developed, what should its specific objectives be to meet adolescent needs?

— Could an alternative course of action be identified and a desirable specific course of action be selected? What service area should be given priority and who should be the target group?

— What are human, technological and financial resources? i.e. what kinds of and how many staff members would be required? How much personnel training would the program require? Is enough technical know-how available? What budget should be allocated? Where is funding going to come from, private, public or foreign? What are the possible alternatives for resource allocations? Many formal and informal meetings were held to discuss these issues. Government officials took the position that it would be better to develop a program through non-government channels.

### **3. Preliminary Planning for Youth Sex Telephone Project**

KIPH conceived the idea of developing a youth sex telephone and organized a committee to develop this program through a series of meetings and workshops. The committee members were selected on a multi-disciplinary basis. They were middle level government officials, directors of relevant youth organizations, service providers, Ob/Gyn doctors, psychologists and public health researchers. The committee agreed after many meetings that the development of a youth sex telephone service would be realistically achievable within current constraints.

It was necessary to draw on local resources for maximum utilization because of the limited budget, shortage of personnel and technical professionals. The Planned Parenthood Federation of Korea (PPFK) and Korea Life Line (KLL) were willing to

develop the program with KIPH. WHO's active participation provided the necessary financial and technical support to launch the program.

#### **4. Objectives and Division of Tasks among Agencies**

The objectives were:

- a. to provide 12 hour telephone counselling service to youth.
- b. to provide counselling, emphasizing relationship with opposite sex and sexual problems.
- c. to provide accurate information on family planning, pregnancy, abortion and contraceptive methods and to make referrals to appropriate agencies.
- d. to co-ordinate all existing sex-related youth service organization activities to utilize resources effectively for the benefit of youth.

It was also agreed to divide the tasks and the area of responsibilities as follows.

## Division of Work

	PPFK	KLL	KIPH	WIIO
Joint Work	. Program planning and evaluation			
	. Training and retraining for volunteers			
Separate Work	. Install one telephone	. Seventy to eighty volunteer recruitment	. Training and retraining curriculum development	. Invite adolescent sexuality specialist
	. Transportation for staff		. Program development	. Participate in volunteer training
	. Volunteers' coffee		. coordination	
	. Stationary			
	. Telephone fee			
	. Heating			
	. Air-conditioning			
	. Public relations expenses			

## 5. Selection of Volunteers

It would have been ideal to employ well trained workers for telephone counselling. Since there was no budget to cover professional workers' salaries, it was decided to use volunteers. There were, however, advantages in soliciting volunteers to help as they were enthusiastic and empathetic with clients. Since they lacked professional knowledge in counselling and adolescent sexual problems, strict criteria had to be set for selecting them. Volunteers were selected mainly from among college graduates who had majored in psychology, social work and education. Twenty experienced Life Line volunteers who had had over 300 hours of

counselling were included. Finally 112 volunteers were selected and of whom 76 were female.

## 6. Training Objectives and Curriculum Development

### a. Training objectives

#### 1) General

a) volunteers can develop special skills in counselling youth, when they are provided with professional knowledge on youth in general.

b) volunteers can receive effective pre-training and retraining when an effective curriculum and training design for volunteers is developed.

#### 2) Specific

a) to develop scientific knowledge and human development concerned specifically with youth and sex

b) to be able to integrate knowledge and attitudes and become sensitive to one's own feelings through conscious self-awareness

c) to understand dynamics of youth and their bio-psycho-social problems

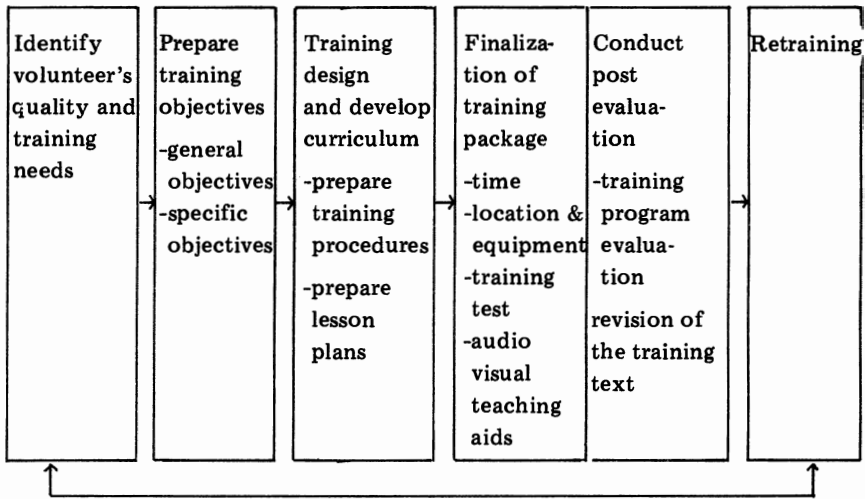
d) to acquire and develop counselling skills and analytic techniques

### b. Curriculum development

A detailed curriculum outline was developed and writers on each topic were invited to the meetings to discuss objectives of the training program, and to add or delete items from the outline developed by KIPH. The writers also worked as lecturers or discussion leaders during the training program. These meetings were

extremely helpful because the writers/lecturers understood the objectives of the training as a team rather than as separate lecturers.

### Task and function model for training



#### c. Development of training material

Fourteen topics were finalized for pre-service training and an article was written on each topic. These articles were printed and distributed to the volunteers free of charge. The outline developed follows.

##### 1) Understanding voluntary service

- a) Role and function of youth leaders and volunteers (opening doors to dialogue).
- b) Counsellor and volunteers attitudes and skills
- c) Motivation and experiences of volunteers
- d) Status of volunteer and youth counsellors in 1985.

- 2) Understanding youth today
  - a) Where is Korean youth today, socially, educationally and economically?
  - b) Changing youth's thinking patterns (Analysis of research results)
  - c) Problems of working youth
    - (1) employment status
    - (2) salary scale
    - (3) living conditions
    - (4) economically active population
  - d) Loneliness, running away from home, no skills usable for employment
  - e) Health problems
  - f) Student problems
    - (1) School population by age
    - (2) School and student numbers
    - (3) Vocational school
    - (4) University drop-outs: number and psychological conflicts
    - (5) Lack of leisure and social activities
- 3) Principles & techniques in telephone counselling
  - a) Concept of counselling
  - b) Objectives of the telephone counselling
  - c) Telephone counselling processes
  - d) Telephone counselling techniques and strategies
  - e) Skills in identifying problems and needs
- 4) Case study of sex related problems
  - a) Abnormal sexual behavior
  - b) Rape
  - c) Incest
  - d) Homosexuality



- e) Masturbation
  - f) Extra marital relations
- 5) Experiences of telephone counselling volunteers
- a) Problems encountered by a lay worker in telephone counselling
  - b) Skills needed for telephone counselling
  - c) General counselling skill versus sexual counselling
- 6) Modern society and youth
- a) Characteristics of psychological and physical aspects of youth development
  - b) Developmental stage
  - c) Socialization process, self-identity, crisis, value system
  - d) Dynamics of youth, bio-psycho social being his/her social climate
- 7) Case management
- a) Definition of counsellor
  - b) Skill in establishing, positive client worker relationship: objective listener, support, rapport, understanding, sympathy, therapeutic communication
  - c) Building interviewing skill acceptance-“start where the client is”
  - d) Individualization
  - e) Controlled emotional involvement
  - f) Purposeful expression of feeling
  - g) Non-judgemental attitude
  - h) Self-determination
  - i) Confidentiality
- 8) Changes in family structure and family relationships
- a) Divorce
  - b) Marriage
  - c) Cohabitation

- d) Family structure of children who left home
  - e) Changes between couple and parents and child
  - f) Relationship between brothers and sisters
  - g) Single parents
  - h) Divorced parents
  - i) Changes in marriage (nuclear family and wife's employment)
  - j) Problem family pattern
  - k) Difference in values between parents and children (generation gap)
  - l) Korean value given to children's independence
- 9) Youth's psychological and mental problems
- a) Normal mentality and neuroses
  - b) Depression
  - c) Neurotic disorders
  - d) Psychosis
  - e) Acting out behavior
  - f) Suicide
  - g) Schizophrenia
  - h) Character disorders
  - i) Common male and female sexual problems
  - j) Homosexuality and sexual identity problems
- 10) Principles in sex education
- a) Sex morality and sex life
  - b) Sex morals in different cultures
  - c) Trends in sex education
  - d) Sex education during infancy
  - e) Sex education for school children
- 11) Physiology of pregnancy
- a) Female organs of reproduction
  - b) Male organs of reproduction

- c) Menstruation
  - d) Pregnancy and delivery
  - e) Unwanted pregnancy
  - f) Sexually transmitted diseases
- 12) Laws related to youth problems
- a) Introduction of youth legal system
  - b) Administrative structure and preventive measures
  - c) Juvenile delinquency status and trends
  - d) Characteristics of juvenile delinquency
  - e) Motivation and causes of juvenile delinquency
  - f) General misconduct and characteristics drinking, fighting, drugs.
  - g) Sexual offenses
- 13) Adolescent sexuality and its problems (Most frequent sexual questions and their management)
- a) Penis
  - b) Scrotum
  - c) Menstruation
  - d) Breast
  - e) Physiology of pregnancy
  - f) Hymen
  - g) Unwed mother
  - h) Sexual desire
  - i) Sexually transmitted diseases
- 14) Introduction of youth referral sources
- a) Skill in identifying problems & needs; components of helping process
    - (1) Nature of person-motivation, capabilities, strengths
    - (2) Nature of problem — internal + external
    - (3) Nature of resources
  - b) Skill in analyzing the nature of person and the nature of

- problem (what kind of person has what kind of problem)
- c) Skill in planning for intervention
    - (1) Helping objectives — target, tasks, strategies and resource
    - (2) Decide how much & what type of help to provide
  - d) Skill in giving information
  - e) Giving referrals
  - f) Introduction of youth related service organizations

## 7. Training Schedule and Evaluation

It was decided to conduct the training in the evening from 6 P.M. to 9 P.M. for a total of 27 hours. Six hours every week were allocated for training, since the majority of the volunteers had more free time in the evening because of their jobs and school work.

### a. Training schedule (2 May 1985 — 30 May 1985) (Time Table)

May 2, 1985	Opening remarks Introduction of PPFK & KIPH Understanding of voluntary services
May 7, 1985	Understanding youth today Principles & techniques in telephone counselling
May 9, 1985	Movie-Population & Family Planning Case study on sex-related problems Experiences of volunteers
May 14, 1985	Modern society and youth Case management on telephone

- May 16, 1985 Youth in changing family structure and society  
Youth's psychological and mental problems
- May 21, 1985 Principles in sex education — what youth knows  
about sex
- May 23, 1985 Physiology of pregnancy  
Laws related to youth problems
- May 28, 1985 Adolescent sexuality and problems  
Introduction of sex related referral sources for  
youth
- May 30, 1985 PPFK youth counselling service program  
Closing remarks

b. Evaluation

A short evaluation sheet was passed out to volunteers after every lecture and discussion, and they were asked to fill in their opinions of the contents, teaching methods and what they would have liked to know more about. A final evaluation sheet was also prepared for volunteers to evaluate the training program (Appendix BI)

The overall evaluation of the training program indicated that most of the volunteers were satisfied with the program. They felt, however, that more practical training rather than lecture presentations would have been helpful. They also suggested more case studies.

Volunteers stated that they learned a great deal on sex related adolescent problems, physiology of pregnancy and youth's psychological and mental problems, but they also pointed out that they were only touching the surface and they would like to receive continued education on these subjects.

## 8. Programme Management

The telephone (634-2003) was installed at the PPFK office and the office guaranteed the privacy of the telephone counsellor. The telephone line has been open to the public since June 1, 1986 at 11:00 A.M. It is managed by three volunteers (4 hours each) every day from 10:00 A.M. to 22:00. The following public relation's releases were made to announce the sex telephone service before the training started and during the one year period of the telephone service: 1) leaflets and stickers (15,000) for factories, subway stations, bus information centers, adolescent reading rooms, etc., 2) several television spots and radio interviews, 3) several newspaper articles.

### a. Characteristics of client

From 1 June 1985 to 30 May 1986 there was a total of 6,514 telephone calls, but of these 2,242 were what we called "silent calls", which means the telephone callers just hung up after hearing the counsellors' answers. We could not pinpoint exactly why there were so many silent calls, but speculated that many adolescents were still afraid of verbalizing sexual problems. Also, if a male counsellor answered, when the caller wanted a female counsellor, the caller hung up.

#### 1) Sex distribution

As shown in the following table, 74.7 percent of the total callers, were boys. This was a significant finding, because men and boys are still regarded as more self-sufficient than women or girls in Korean society. There were more female callers than male in other telephone services such as life line or youth line. We also speculated that in Korean society mothers tend to discuss menstruation and marriage with daughters while the father rarely

talks about the “birds and the bees” with their sons. We need to look into this further to find out why more boys were calling and what their needs are.

Table 1. Sex Distribution of Callers

Sex	Number	%
Male	3,190	74.7
Female	1,082	25.3
Total	4,272	100.0

## 2) Age distribution

As shown in the following table, boys under 20 made about 70 percent of the telephone calls. This suggested that Korean boys under 20 are less likely to have someone to discuss their sexual problems with compared to girls, or maybe they are more open and have more courage than girls in discussing their sexual problems.

Table 2. Age Distribution of Callers

Unit: %			
Age	Total	Male	Female
Below 15	10.1	11.8	5.1
16-20	53.0	58.1	38.1
21-30	26.8	23.7	35.8
31-40	7.0	4.8	13.6
41-50	2.7	1.3	6.7
Above 51	0.4	0.3	0.7
Total	100.0	100.0	100.0
(Number)	(4,272)	(3,190)	(1,082)

## 3) Calling time

There was no difference in calling time between males and females.

Table 3. Calling Time

Unit: %			
Time	Total	Male	Female
10:00-14:00	36.6	36.6	44.1
14:00-18:00	40.4	42.9	36.0
18:00-22:00	23.0	20.5	19.9
Total	100.0	100.0	100.0
(Number)	(4,272)	(3,190)	(1,082)

## b. Counselling requests by subject

There were clear differences between males and females. Male requests were related to problems with sexual arousal first



and physical change next, but among females, it was unwanted pregnancy first and physical change next.

We set up the following counselling request, subject categories.

Table 4. Counselling Request by Subject

	Unit: %		
	Total	Male	Female
Sexual arousal	41.1	48.6	18.9
Physical change	23.1	24.3	19.4
Opposite sex	5.2	3.8	9.4
Abnormal sex relationships	4.5	5.1	2.4
Unwanted pregnancy and contraception	11.0	6.4	24.7
Childrens' sexual problems	3.7	1.1	11.6
Others	11.4	10.7	13.6
Total	100.0	100.0	100.0
(Number)	(4,272)	(3,190)	(1,082)

We sub-divided each category in the following manner.

1) Sexual arousal

Both males and females were most concerned with masturbation. Although the total number of telephone calls from females was only one seventh those of males, female callers also had problems with sexual urge, but about fifty percent of the female calls were related to sexual intercourse, illicit sex and rape. This means that they, no doubt, had problems with either pregnancy, unwanted child birth or abortion.

Table 5. Sexual Arousal

	Unit: %		
	Total	Male	Female
Masturbation	53.8	56.7	31.7
Sexual urge	18.7	18.3	21.5
Illicit sex	8.8	7.9	15.6
Wet dream	3.3	3.7	0.5
Sexual intercourse	14.0	13.0	21.5
Rape	1.4	0.4	9.3
Total	100.0	100.0	100.0
(Number)	(1,755)	(1,550)	(205)

Specific questions asked by the client are listed below for use in the future training material development and retraining.

a) Masturbation

- Do you think masturbation is bad for health?
- I masturbate once a day. How many times should I masturbate?
- Can you tell me the number of times which is normal for masturbation?
- Is there any way to masturbate less?
- Would masturbation affect intercourse in marriage?
- Is it all right for a girl to masturbate?
- My penis is crooked because I masturbated too often. What shall I do?
- Is my brain affected because of frequent masturbation?

b) Sexual urge

- What shall I do about my sexual urge?
- Should I visit a prostitute when I feel the sexual urge?
- When I wake up in the morning my penis is big and stiff; do

you know why?

- When I look at a poster of a beautiful woman, my penis gets bigger. Why?
- Why do I feel the sexual urge when I come close to a woman?
- I am powerless to control my sexual urge.

c) Illicit sex

- What shall I do when my fiance wants sexual intercourse?
- What do you think of sexual intercourse before marriage?
- I had sexual intercourse with my boss. I don't know what to do.

d) Wet dream

- Please tell me whether wet dream is a sickness.
- Is a wet dream normal?

e) Sexual intercourse

- Please tell me how sexual intercourse takes place.
- Can you describe the intercourse position?

f) Rape

- I was raped; what shall I do?

2) Physical changes

Both males and females were most concerned with sexually transmitted diseases (STD), while males were worried about phimosis operation and female menstruation and the hymen.

Table 6. Physical Change

	Total	Male	Female
STD	32.3	33.9	26.2
Reproductive organ/sexual organ charge, physical abnormality	36.7	25.0	6.7
Phimosis operation	16.4	20.4	1.9
Menstruation	9.1	5.8	21.4
Physical change	8.8	8.3	11.0
Physical abnormality	6.8	4.9	13.8
Hymen	5.4	1.7	19.0
Total	100.0	100.0	100.0
(Number)	(985)	(775)	(210)

Specific questions were:

a) STD

- How do you detect STD?
- Do you die of STD?
- I slept with a prostitute. Will I contract STD?
- What are the STD symptoms?
- I have a discharge. Have I contracted STD?

b) Reproductive organ

- My penis is much smaller than that of my friend.
- My penis is too big.
- What is the normal size of a penis?
- My scrotum is smaller than others. Is it abnormal?
- I have no pubic hair.

### c) Operation & hymen

- Is it necessary? When? Where?
- Can the hymen be repaired?
- My menstruation is irregular. Am I normal?

### 3) Opposite sex

Curiosity about the opposite sex was expressed quite frequently. Girls wanted to know what boys were like and vice versa. Many of them wanted to find a way to meet with the opposite sex and make friends with them. They also wanted to know whether it is acceptable to become close with the opposite sex.

### 4) Unwanted pregnancy

The proportions of males and females asking about pregnancy before marriage was about the same. It should be noted that a Korean woman regards herself as solely responsible if she becomes pregnant before marriage. If a male ever feels responsible, there have been ways for them to avoid paying child support in spite of legal constraints. More attention should be paid to the role of young male adolescents in impregnating a woman. It was no surprise to have so few calls on unmarried motherhood, because there are several agencies which specialize in counselling and adoption.

Table 7. Unwanted Pregnancy

	Total	Male	Female
Pregnancy	57.9	55.7	59.6
Abortion	24.2	24.6	24.0
Contraception	16.2	17.3	15.3
Unmarried mother	1.7	2.4	1.1
Total	100.0	100.0	100.0
(Number)	(470)	(203)	(267)

Specific questions were:

a) Pregnancy

- Does a woman become pregnant after having intercourse only once?
- Can I be pregnant after menstruation?
- What is the difference between natural abortion and induced abortion?
- Where does a baby come from?

b) Abortion

- When is the appropriate time for an abortion?
- Can I get a free abortion operation?
- When can I go for an abortion? How long does it take?
- How much is it going to cost me?

c) Contraception

- Please tell me about contraception.
- How do you go about getting a contraceptive?
- I don't want to use a condom. Is there any other method?
- I get a headache from taking oral pills.

### 5) Abnormal sexual relationship

Males were most concerned with sexual morality and females with sexual abuse.

Table 8. Abnormal Sexual Relationship

	Total	Male	Female
Hatred for opposite sex	3.7	2.4	11.5
Sexual morality	74.2	82.3	23.1
Sexual harassment phantasy	9.5	6.1	30.8
Sexual abuse	12.6	9.2	34.6
Total	100.0	100.0	100.0
(Number)	(190)	(164)	(26)

Specifically the questions were about:

- I get excited looking at girls' brassiers and panties
- I was shocked when a man suddenly exposed his penis.
- I can not study because of a newly married couples' love making in the next room.
- I get excited looking at my mother.
- I saw a man having sex with an animal on video tape. Is it normal?

#### c. Retraining Program, Workshop and Monitoring

##### 1) Re-training Objectives

a) to sustain and develop volunteer workers' interest and fill their needs in youth sex counselling.

b) to continue development of knowledge, skills and attitudes on the basis of their experience, problems and needs to be effective volunteer workers.

c) to provide teaching-learning opportunities to discuss and assess problem situations encountered and acquire further analytic and intervention skills, and

d) to develop further insight into self about own feelings and inadequacies and achieve controlled involvement.

The retraining program consisted of group sessions once a month and special lectures and consultations on the topics volunteers wished to discuss. The retraining program was conducted from 2 July 1985 to June 1986.

Five small groups were organized for volunteers to discuss how they actually dealt with cases with professional specialist. Each group consists of 15 to 20 volunteers and meets once a month with the group leader who is carefully selected. The leaders included a psychiatrist, a social worker, a sex specialist/pediatrician, an Ob/Gyn specialist and a group worker.

## 2) Workshop

A Youth Sex Telephone Service Evaluation Workshop was held for volunteers, PPFK staff and KIPH staff on 19 October 1985. The program was as follows:

### a) Program

- 14:00-14:10 Opening remarks
- 14:10-14:30 Problems in utilization of volunteers as sex telephone counsellors
- 14:30-14:50 Evaluation of service program and analysis of counselling
- 14:50-15:00 Coffee break
- 15:00-18:00 Case presentation & discussion
  - I. Physical development and changes
  - II. Anxiety over sexual problems
  - III. Masturbation
  - IV. Abnormal sexual desires



## V. Incest

## VI. Homosexuality

- 18:00-18:30 — Suggestions for future management of the telephone services  
 — Retraining plan for volunteers

b) Most difficult questions for volunteers to give counselling on were:

- normal size of penis
- sex desire difference between male and female
- how a handicapped person engages in sexual intercourse
- causes of sexual disabilities
- anxiety over sexual problems
- abnormal sexual behavior
  - masturbation
- hymen injury by masturbation
- number of masturbations per day
  - abnormal sexual desires
- incest (between brothers and sisters)
- homosexuality

c) The group also recognized the problems related utilizing volunteers as sex telephone counsellors which were:

- lack of knowledge on sex, lack of counselling techniques,
- high drop-out rate, lack of responsibility and too young, unmarried.

d) Volunteers made the following suggestions.

- They need more practical knowledge of operation fees for induced abortion, and duration of operation or hospitalization, etc.
- They need hospital referral lists for each geographical area to guide clients to appropriate medical facilities.

- Group meetings as part of the retraining program were most helpful to them in upgrading relevant counselling skills, so more frequent group meetings need to be arranged.
- It was very difficult to decide how detailed sex information should be given to clients when younger persons called. Sex morals of volunteers should be firmly established before they counsel.

Monitoring of the volunteer counselling was conducted by the PPFK staff. Each volunteer was asked to fill in the counselling report (Appendix B2) and submit it to the staff. Whenever the staff had time, they discussed counselling contents with the volunteers. PPFK staff members were, however, so overloaded with other work that they found it difficult to evaluate, volunteers' counselling contents individually. Staff members do realize what must go into upgrading volunteers' skills and have been working hard to improve this situation.

## 9. Conclusion

The Youth Sex Telephone Service proved again the serious nature of Korean adolescent sexual and reproductive health problems. In reality sex education in school and at home had neither taught correct sexual knowledge nor provided necessary information to adolescents. There are very few counselling centers where adolescents feel able to discuss their sexual problems.

Although Youth Sex Telephone started as a pilot project in June 1985 at the main office of PPFK, the service proved so successful that the sex telephone service was expanded to all eleven provincial PPFK branch offices in 1986.

Expansion of the telephone service was necessary because it can provide accurate sex information to normal growing youth curious about his own growth. The service provided information on unwanted pregnancy, STD and contraception so young people could learn how to protect themselves; it made medical and treatment center referral sources available to young people in trouble, met the needs of male youth who had no one to discuss sexual matters with and was accessible physically and financially.

Following recommendations are in order.

a. A better referral system including hospital, social agencies, consultation centers, legal centers and other organizations should be developed to meet callers' needs.

b. A better supervision and monitoring system should be developed to provide accurate and reliable information and to give skillful counselling to the callers.

KIPH's attempt to develop the follow-up activities on adolescent sexual and reproductive health had multiplier effects and Korea has begun to take more active steps to provide sex-related services to adolescents. In the Sixth Five-Year Economic Development Plan, adolescent sexual and reproductive health services were included as a component in the population plan. Specifically, the contraceptive service for unmarried women was included. Family planning programs in the past were geared to married women only. The Youth Sex Telephone service was also included in the component.



**Appendix A**

**Korean Youth's Profile  
on  
Sex and Reproductive Health**



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The objectives of this Appendix are:

- 1) to compile all available data on adolescent sexual and reproductive health to be used by researchers, youth-related policy makers and professionals,
- 2) to summarize general problems of Korean youth,
- 3) to list findings of all adolescent sex-related research work,
- 4) to analyze the current status of sex education and available sex education books,
- 5) to describe briefly current sex-related counselling services.



## Chapter I

### **Physical, Social and Psychological Factors Contributing to Sexual and Reproductive Behavior**

Korean thinking patterns began to change with rapid urbanization and industrialization in the 1960s and these changes have been affecting sexual norms and behavior. Korean sexual concepts have been strongly influenced by traditional Confucian thought. Such teaching as that boys and girls should not sit together beginning from seven years old is typical. Sex discussions are taboo in most families and sex is something you learn about privately by yourself.

#### A. Rapid physical development and early menarche

Adolescents have been growing physically much more rapidly because of better nutrition. The following tables compare physical development during the last twenty years for the up to 17 year age group, from 1964 to 1984. Height increased 7.2cm and weight 4.4Kg for boys and 6.2cm and 3.6Kg for girls.

**Table 1. Physical Development during 20 Years (1964-1984):  
(6-17 years)**

Classification		1984	1964	Average growth	Average growth percentage
Height (cm)	M	144.5	137.3	7.2	5.2
	F	141.4	135.2	6.2	4.6
	Av.	142.9	136.3	6.6	4.8
Weight (Kg)	M	38.1	33.7	4.4	13.1
	F	36.9	33.3	3.6	10.8
	Av.	37.5	33.5	4.0	11.9
Breast circle (cm)	M	70.8	68.7	2.1	3.1
	F	69.8	67.7	2.1	3.1
	Av.	70.3	68.2	2.1	3.1
Height when seated (cm)	M	78.7	74.2	4.5	6.1
	F	77.6	73.9	3.7	5.0
	Av.	78.1	74.1	4.0	5.4

Source: Ministry of Education

The menarche is starting earlier. In cities many girls have their first period in the fifth or sixth grade of elementary school.

Table 2. Change in Menarche Age

Study year	Average menarche age
1962 <sup>1)</sup>	14 years 8 months
1965 <sup>2)</sup>	14 years 2 months
1971 <sup>3)</sup>	14 years
1979 <sup>4)</sup>	14 years
1983 <sup>5)</sup>	12 years 3 months

- Sources: 1) Chu Sung Kim, "Study on Korean Women's menstruation", *Journal of Asian Women*, Vol. I. Asian Women's Inst. Sook myung women's univ., 1962.
- 2) Bong Yeon Seo, Kwang Moon Cheon, *Elementary study for sex education*, Choong Ang Education Inst., 1965.
- 3) Kil Ja Kim, *Study on sexual maturity of school girls in Seoul*, M.A. dissertation, Korea Univ. 1971.
- 4) Byung Kun Min, Kil Hong Lee, Hong Soo Kim, "A study on the age at menarche and emotional response toward menarche among Korean adolescent schoolers," *Today's youth*, Vol. 3. Chungang Univ. 1979.
- 5) Mi Wha Kim, "A study on the menarche of middle school girls in Seoul," *Journal of Korea Health Education*, Vol.I, No. I, 1983.

There are only two studies on wet dreams. It is difficult to compare whether boys have begun to have wet dreams at an earlier age than during the twenty three year between 1960 to 1983.

Table 3. Change in Wet Dream Age

Study year	Average wet dream age
1964 <sup>1)</sup>	14 years 4 months
1983 <sup>2)</sup>	14 years 2 months

Sources: 1) Hye Joo Lee, "Study on sexual development of Korea middle and high school boys," Paper for M.A. degree, 1964.

2) Joon Hee Park, Chan Wha Chun, Sik Young Chung, Eung Yun Hwang, Sex education for middle and high schoolers, 1983.

There is no study on spermarche.

#### B. Prolonged educational period and increased school enrollment

The high school enrollment ratio increased 86.3% between 1975 and 1984 and middle school 34.9% during the same period, and university enrollment increased 4.2 times from 1975 to 1984 and college 16.2%.

Korea's rapid economic and social development has been requiring more specialized skills thus prolonging the period of education. Also many parents have a very strong desire for their children to receive higher educations.

According to a Gallup survey of 1,025 parents, 96.5 percent wanted their children to receive more than a college education.<sup>1)</sup>

Educational zeal for the children used to be limited to boys, but this trend too is changing so that parents now want daughters to receive higher educations also.

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1) Gallup Study on Adolescent Sexuality, 1985.

Table 4. School Enrollment by Year

Unit: Person

Year	13-15 Middle school	16-18 High school	18-24 College (Univ. Graduate school)	18-20 Junior college
1975	2,026,823	1,123,017	222,856	12,291
1976	2,116,635	1,253,676	245,101	9,789
1977	2,195,770	1,350,600	268,549	8,017
1978	2,298,124	1,454,376	296,933	9,111
1979	2,394,620	1,565,355	356,134	9,997
1980	2,471,997	1,696,792	436,918	9,819
1981	2,573,945	1,823,039	580,607	10,476
1982	2,603,433	1,922,221	715,333	11,279
1983	2,672,307	2,013,046	833,189	12,012
1984	2,735,625	2,092,401	933,032	14,283

Source: Ministry of Education

### C. Better employment opportunities and shortage of housing

In 1984 of the total adolescents aged 14 to 24 years, 8,192,000, there were 2,410,000 working youth, 29.4%.

Table 5. Working Youth by Employment Category

Age	Youth Employment				
	Total employees	Sub total	Agriculture fishery	Mining	Service work & others
Total	8,192 (100.0)	2,410 (29.4)	318	1,059	1,033
14	973 (100.0)	15 (1.6)	2	9	4
15-19	3,924 (100.0)	653 (16.6)	86	360	207
20-24	3,295 (100.0)	1,742 (52.9)	230	690	822

Source: EPB — Annual Economically Active Population 1984

Increasing better employment opportunities have become available to adolescents due to Korea's economic development. Chang and Park's study<sup>1)</sup> indicated that many working youth are of rural origin and they live alone. The study also found that 46.1% of 310, were cohabiting. It is natural for adolescents to seek comfort in the opposite sex when they are away from home. It was reported that many workers not only lived with the same sex to economize on their housing but some lived with the opposite sex purely for economic reasons.

Although there are no statistics available on how many adolescents are sharing their housing with the opposite sex, the housing shortage especially at industrial sites is recognized. The govern-

1) Han K Chang, In Sou Park, Medical Outcome and Psychosocial Factors on Adolescent Child Birth in Seoul, KIPH, 1985.

ment plans to build 3 apartment building by 1986.

#### D. Compulsory army conscription for males

It is obligatory for all men to enter the army for three years from 18 years of age except for only sons or the physically hand-capped or mentally disturbed.

#### E. Change of family structure and parents' role and its effect on adolescents.

The number of people per family unit and family structure have been changing due to the strong government-supported family planning program.

Table 6. Family Size 1960-1980

Unit: person			
Year	Whole country	Urban	Rural
1960	5.6	5.4	5.6
1966	5.5	5.1	5.7
1970	5.2	4.9	5.5
1975	5.1	4.9	5.4
1980	4.5	4.4	4.7

Source: EPB, Population and Housing Census

Table 7. Percent Distribution of Family Structure

Unit: %

Year	Number of generations in family			
	1	2	3	4+
1960	7.5	63.9	27.0	1.6
1966	5.7	67.7	24.0	2.6
1970	6.8	70.0	22.1	1.1
1975	6.7	68.9	19.2	0.9
1980	8.4	69.5	16.7	0.5

Source: Ibid

Due to the democratic social climate and parents' striving to become friends with their children rather than having father an authoritarian figure, the expectation of unconditional obedience from children has become old fashioned. Filial piety, the most highly regarded virtue, is regarded with less respect by many adolescents. There is a tremendous gap between parents' and children's attitudes toward sex. While the former disapprove of early sexual activities, the latter disagree with them. Parents, however, feel unable to impose their sexual mores on their children.

#### F. Delayed marital age

Legally, boys of 18 and girls of 16 can marry although they must have parent's consent, but the average marital age has become later.



Table 8. Change in Average Marriage age

Year	Whole country		Urban		Rural	
	male	female	male	female	male	female
1955	24.5	20.4	25.5	21.5	24.3	20.1
1960	25.4	21.6	26.8	21.5	24.3	20.1
1966	26.7	22.8	27.7	24.0	26.1	22.0
1970	27.1	23.3	27.5	28.8	26.8	22.6
1975	27.4	23.6	27.6	24.2	27.1	22.9
1980	27.3	24.1	27.4	24.3	27.3	23.7

Source: Economic Planning Board, Social Indicators in Korea, 1982.

#### G. Lack of opportunities to get to know the opposite sex

Middle and high school students go to sexually segregated schools and they have hardly any place or any time to mix freely with the opposite sex. They had to wear school uniforms until 1981 and the boys were not allowed to have long hair and while girls had to keep theirs very short. They are not permitted to go to movie houses, but in spite of such regulations some adolescents find a way to seek out the opposite sex's company. The following table gives the number of adolescents who were arrested because they were sleeping together at inns.

Table 9. Number of Adolescents Arrested because they were Sleeping Together

Unit: person	
Year	Number
1980	1,146
1981	795
1982	1,366
1983	1,117
1984	1,253

Source: Civil Defense Headquarters

#### H. Change of sexual morals influenced by changing thinking patterns

The divorce and remarriage of widows or widowers was uncommon in the past. Marriage was arranged by parents and a married woman cut off her ties with her own family and became a member of the in-law-family. Pre-martial sex was looked down upon and chastity for a woman was a must if she wanted to be respected. All these practices or values have changed in recent years with westernization and female liberation.

Comparatively many studies have been done by sociologists, psychologists and education specialists on adolescent thinking patterns.

Study one<sup>1)</sup> pointed out that adolescents suffer from conflicting values between Eastern and Western ways. They are selfish and individualistic due to westernization. They do not respect

1) Hi Sup Lim, Change of Values and Problems of Adjustment, The Academy of Korean studies, 1980.

others' rights. Study two<sup>2)</sup> was conducted interviewing 1,028 middle and high school students, and 91.1% felt it is stupid to succeed through hard work, while 79.3% said money is the most important thing in life, 65.4% will succeed by any means, 71.9% can stand the present moral values. In study three<sup>3)</sup> 6300 youths were interviewed. This study had similar findings:

- a man succeeds more easily by trickery than with sincerity (62.3%)
- money can buy everything (52.0%) and is most important in life (79.3%)
- a man with influential background can succeed (71.0%)
- the law is not fair (43.2%)

Study four<sup>4)</sup> also found that adolescents are materialistic and do not trust the older generation but regard them as conservative, authoritative and self-centered.

A KEDI<sup>5)</sup> study attempted to compare values among different groups of adolescent. Urban adolescents when compared with rural adolescents sought more material comfort, freedom and social recognition. School groups regarded family stability and accomplishment as more important than did out-of-school youth. Girls thought religious salvation and family peace most important while boys felt love with the opposite sex was. Spare time for pleasure and national security are considered important.

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2) Hoon Ku Lee, Adolescents' Social Awareness and Its' Contribution factors, Korean Behavior Science Institute, Study Note, (3) 1980.

3) Yung Ho Lee, Korean Thinking Pattern, Hyun Dai Society, 1981, 1(3) 13-25.

4) Lee Jae Chang, Youth Thinking Pattern and its Background, KEDI p.11, 1983.

5) KEDI, Study on Comprehensive Diagnosis of Adolescents' problems, KEDI, pp.79-102, 1981.

The older age group regarded self-realization and love with the opposite sex more important than did the younger age group, while adolescents from the middle class thought social recognition, self-control and self-realization are important. Low class adolescents thought material comfort and enjoyment are the most important.

#### I. Influence of mass media

Television has become a household item. In 1970 only 6.4% of all households had a television set, but in 1980 86.7% of households owned sets. Adolescents watch television 2.5 hrs daily.

Sex magazines and pornography have been available to adolescents and western movies are much more popular than Korean ones.

Table 10. TV Watching Population Rate & Hours of TV Watching  
by Sex and Age in 1983

	TV Watching Pop. Rate			Hours of TV Watching			
	Week- day	Satur- day	Sun- day	Week- day	Satur- day	Sun- day	
Female	10-15	91.8	94.4	98.0	2:01	2:59	4:10
	16-19	79.3	83.6	93.1	1:28	2:16	3:07
	20-29	86.5	88.6	91.6	2:21	2:58	3:47
Male	10-15	95.0	96.0	98.5	2:12	3:26	4:34
	16-19	84.6	92.5	95.2	1:32	2:39	3:41
	20-29	92.7	93.3	95.3	2:12	2:54	3:41

Source: KBS, National Time-budget

## Chapter II. Sexual and Reproductive Health Status

### A. Attitude toward opposite sex and sexual experiences

All available studies have been reviewed to gain understanding of Korea youths' concepts of sex. There have been no national studies nor studies on a large scale published. Study methodologies were different. The following selected study results, however, throw some light on adolescents' view of sex.

When high school students were asked whether they approved of establishing a friendly relationship with the opposite sex, the majority approved.

Table 11. Attitude toward Friendly Relationship with Opposite Sex

		Unit: %
Study year	No. studied	Approval rate
1971 <sup>1)</sup>	4,116 (77 middle and high schools' students)	boys 83.5% girls 65.9%
1978 <sup>2)</sup>	1,052 (chungbuk high school students)	boys 86% girls 70%
1981 <sup>3)</sup>	290 (high school girls in Seoul)	95.2%
1983 <sup>4)</sup>	1,336 (rural high school students)	boys 84.9% girls 65.7%

Source: 1) Joon Sang Kang, "Attitude toward sex of middle and high school students", Family Planning, PPFK, 1971.

- 2) Sun Hoe Kim, Study on factors of sexual problems of high school students, Unpublished M.A. dissertation, Chungbuk Univ., 1978.
- 3) Sung Chae Chung, Study on attitudes toward marriage and domesticity of high school, Unpublished M.A. dissertation, Ewha Womens' Univ. 1981.
- 4) Mal Soon Park, Study on sexual concept of high school students, Unpublished M.A. dissertation, Korea Univ., 1983.

The following studies indicate that there has been an increasing tendency for young people to have experience with mixing with the opposite sex.

Table 12. Friendly Relationship with Opposite Sex

Unit: %		
Study year	No. studied	Experience rate
1971 <sup>1)</sup>	4,116 (middle and high school students)	boys 54.2 girls 33.6
1975 <sup>2)</sup>	603 (high school girls in Seoul)	43.0
1975 <sup>3)</sup>	7,288 (female bus drivers' assistants)	45.9
1978 <sup>4)</sup>	1,052 (Chungbuk high school boys)	43.0
1981 <sup>5)</sup>	1,210 (high school students in Seoul)	boys 67.7 girls 74.0
1984 <sup>6)</sup>	918 (unmarried female workers)	82.8

- Sources: 1) Joon Sang Kang, "Attitude toward sex of middle and high school students", Family planning, PPFK, 1971.
- 2) Bon Suk Ku, Study on friendly relationship with opposite sex of high school girls in Seoul, Unpublished M.A. dissertation, Korea Univ., 1975.
- 3) Byung Tae Lee, Study on the status of bus driver's assistants, Korea car trade Union, 1975.
- 4) Sun Hoe Kim, 1978., op. cit.
- 5) Chung Sook Cho, Study on necessity of sex education of high school students, Unpublished M.A. dissertation, Dongkuk Univ., 1981.
- 6) Moon Sik Hong, Moon Hee Seo, Study on the knowledge, attitude on FP & sex of unmarried female workers, KIPH, 1984.

When the question of attitude toward pre-marital sexual intercourse was asked, many high school students still felt chastity is a virtue as indicated below.

Table 13. Attitude toward Chastity of High School Girls

Study year	No. studied	Approval rate
1976 <sup>1)</sup>	300	97%
1981 <sup>2)</sup>	290	81.3%

- Source: 1) Ok Ja Oh, Study on sexual concept of high school girls, paper for M.A. degree, Chungnam Univ., 1976.
- 2) Sung Chae Chung, 1981, op. cit.

Working female adolescent attitudes differed however, from those of high school students.



Table 14. Female Workers Attitude toward Pre-marital Sex

Attitude	Unit: %	
	1975 <sup>1)</sup>	1984 <sup>2)</sup>
Absolutely not acceptable	56.8	57.6
Acceptable if engaged	12.8	16.9
Acceptable if in love	29.7	17.7
Others	0.7	7.9
Total	100.0	100.0
(Number )	(N=7,288)	(N=917)

Sources: 1) Byung Tae Lee, 1975, op. cit.

2) Moon Sik Hong, Moon Hee Seo, 1984, op. cit.

The sexual intercourse experience rate among high school students varied from 3.6% to 14.5% among girls and 18.5% to 27.7% among the boys.

Table 15. Sexual Intercourse Experience Rate  
(High school girls)

Study year	No. studied	Unit: %
		Experience rate
1965 <sup>1)</sup>	4,604	3.6
1975 <sup>2)</sup>	603	6.2
1981 <sup>3)</sup>	600	14.5

Source: 1) Bong Yun Seo, Kwang Moon Chun, Elementary study for sex education, Chungang Education Inst., 1962.

2) Bon Suk Ku, 1975, op. cit.

3) Chung Sook Cho, 1981, op. cit.

Table 16. Sexual Intercourse Experience Rate  
(High school boys)

Unit: %		
Study year	No. studied	Experience rate
1917 <sup>1)</sup>	2,154	18.5
1981 <sup>2)</sup>	610	27.7

Source: 1) Joon Sang Kang, 1971, op. cit.  
2) Chung Sook Cho, 1981, op. cit.

The Korean Adolescent Research Institute study indicated that 76.1% of male and female adolescents had engaged in masturbation by the time they were 16. The average age of the first masturbation was 15.0 years for the boys and 15.3 years for the girls.

Table 17. Boys' First Masturbation Experience by Age

Age	No.	%
under 11	46	3.6
11-12	90	7.1
13-14	304	24.1
15-16	522	41.3
17-18	258	20.4
19 and over	43	3.4

Source: Ok Ryun Moon, "An analysis on adolescent fertility management in the ROK," Korean Journal of Public Health, Vol. 31, 1981.

The following study showed that 47.5% more boys engage in masturbation than girls while 23.1% more girls feel guiltier than the boys.

Table 18. Masturbation Experience

Scale	boys (N=610)	girls (N=600)	total (N=1,210)
Yes	70.5	23.0	46.3
No	22.1	64.7	43.2
Others	4.4	10.3	7.4
No answer	3.0	2.0	2.5

Source: Chung Sook Cho 1981, op. cit.

Table 19. Feeling after Masturbation

Scale	boys (N=430)	girls (N=138)	total (N=568)
guilty	18.1	38.4	23.1
perplexed	56.7	53.6	57.7
good	21.6	6.5	18.0
bad	—	2.9	0.7
don't know	12.3	23.2	15.0
no answer	5.8	4.3	5.5

Source: Chung Sook Cho, 1981, op. cit.

**Table 20. Trends in Premarital Pregnancy Rates by Marriage Cohort**

Marriage Year	Number of Respondents	Premarital Pregnancy Rate (%)	Premarital Birth Rate (%)	Premarital Birth/Premarital Pregnancy (%)
All Women	5,996	14.4	3.3	22.6
Before 1950	727	3.2	1.2	39.1
1950-1954	751	5.3	2.3	42.5
1955-1959	884	9.0	2.4	26.3
1960-1961	335	10.1	2.1	20.6
1962-1963	378	13.5	3.7	27.5
1964-1965	389	15.7	3.3	21.3
1968-1969	447	21.7	3.6	16.5
1970-1971	503	21.9	3.2	14.5
1972-1973	538	23.2	4.5	19.2
1974-1976	634	26.0	6.2	23.6

Source: Sea Baick Lee, Byung Tae Park, Soon Choi, "An analysis of fertility for premarital pregnant women," *Journal of Family Planning*, Vol. 5, 1978.

## B. Pre-marital pregnancy and child birth

In spite of strict social norms specifying that pre-marital sex is undesirable, pre-marital pregnancy does exist as shown in Table 20. The pre-marital pregnancy rate for the 1974 to 1976 marriage group was 26.0 percent compared to 3.2 percent for those married before 1950. This means that one out of four married women were pregnant before marriage.

The same study also indicated that pre-marital pregnancy was highest (24.2%) among those under 25 years of age and residing in urban areas with high school or over educations and work experience.

Table 21. Percent Distribution between Premarital and Postmarital Pregnancy Women by Respondent's Characteristics.

Characteristics	Premarital Pregnancy Women	Postmarital Pregnancy Women	Total	(N)
All Women	14.4	85.6	100.0	(5,996)
Age of Women				
Under 25	24.2	75.8	100.0	(636)
25-34	19.9	80.1	100.0	(2,377)
35-44	9.1	90.9	100.0	(2,196)
45-49	5.2	94.8	100.0	(787)
Age at First Marr.				
Under 20	8.1	91.9	100.0	(2,426)
20-22	17.5	82.5	100.0	(2,153)
23 and over	20.6	79.4	100.0	(1,417)

KIPH conducted a study on delivery at a general hospital and midwife's clinic in 1980. Among the total delivery cases adolescent delivery (15 to 24 years) was 18.77% at the general hospital and 31.5% at the midwifery clinic.

Table 22. Deliveries at Hospitals and Midwife Clinics

	General Hospital	Midwife's Clinic
<b>Age</b>		
15-19	0.3	0.7
20-24	18.47	30.8
25-29	57.57	52.6
30-34	18.54	13.3
35-49	4.10	2.2
40+	1.02	0.4
<b>Total</b>	100.0	100.0
	(14,152)	(9,746)
<b>Mean</b>	28.05	26.3
<b>Unknown</b>	18	48
<b>Marital Status</b>		
Never married	1.57	2.6
Currently married	94.88	97.2
Other	3.54	0.2
<b>Total</b>	100.0	100.0
	(14,033)	(9,692)
<b>Unknown</b>	137	102

Source: Chong Kwon Lim, Sung Yul Hong, Kye Yong Lee, Evaluation Study on maternity care monitoring, KIPH, 1981.

A 1976 and 1981 national fertility survey showed that the birth rate at 15 and at 19 years was 1.3% and 2.2%, respectively. (20 to 24 years 25.3% and 29.9%).

Medical doctor's study<sup>1)</sup> on adolescent childbirth in four Seoul general hospitals showed that in 1975 there were 136 births out of 5,912 cases (2.3%) and in 1978, 47 out of 5,674 deliveries (0.8%). "Medical and psychosocial study on adolescent delivery in Seoul"<sup>2)</sup> showed that 310 deliveries for those under 19 years of age took place in the two year period (1980-1982) as shown below.

Table 23. Age Distribution

Age	No	%
13	1	0.15
14	1	0.15
15	4	0.65
16	15	2.4
17	41	6.6
18	82	13.25
19	166	26.8
20	55	8.85
21	79	12.75
22	65	10.5
23	70	11.3
24	41	6.6

Source: 1) In Sou Park, "Study on adolescent delivery at general hospital" paper presented at WHO adolescent meeting on 1978.

2) Han K. Chang, In Sou Park, Chan Moo Park, 1985. Op. Cit.

An indirect way to estimate the number of adolescent child births is to get the number of adopted children, since 80% are from unwed mother.

About 2,900-36,000 in-country adoptions took place annually through 30 social agencies from 1979 to 1985. (Table 24) Although a much larger number of children has been adopted abroad, the number can't be publicly at this point. According to the statistics of the largest adoption agency, the number of unwed mothers has been increasing in recent years. (Table 25)

Table 24. Annual In-country Adoptions

Year	1979	1980	1981	1982	1985
Number	3,660	3,657	3,627	3,292	2,885

Source: KIWP, Womens' White Paper, KIWP, 1985.

Table 25. Unwed Mothers' Consulting Social Agencies

Year	1973	1978	1980	1981	1982	1983
Consultation number	160	3,025	3,146	5,069	7,475	9,518

Source: KIWP, 1985, Ibid.



### C. Induced abortion

Induced abortion was one of the contraceptive methods which contributed to the fertility decline in Korea. Abortion was given legal grounds by the enactment of the Maternal and Child Health Law in May 1973, but its legality was limited to medical cases. In spite of the legal, social, and ethical constraints on them, induced abortions among married women aged 15-44 increased annually along with contraceptive practice from 1963 to 1978. In the 1980s, however, induced abortions have decreased. To compare abortion rates for currently married women by age the 30-34 age group was the highest until 1975 followed by the 25-29 age group thereafter. It should be noted that the abortion rate for the 20-24 age group increased 4.6 times in the twenty years from 1963 to 1983. (Table 26)

Table 26. Trends in Induced Abortion Rates for Currently Married Women: 1963-1983

Age	1963	1968	1973	1975	1978	1981	1983
20-24	16	12	86	65	70	74	73
25-29	29	46	75	86	156	158	122
30-34	58	90	137	160	148	146	103
35-39	40	69	88	149	156	106	45
40-44	—	31	22	70	54	48	22
T.M.A.R.*	0.7	1.2	2.1	2.7	2.9	2.7	1.8
G.M.A.R.**	38	71	105.4	111.0	124.2	113.3	79.1

Note: \* T.M.A.R.: Number of induced abortions performed during fertile period per currently married woman.

\*\* G.M.A.R.: Number of induced abortions per year per 1,000 currently married women.

Source: Lim, Jong Kwon, "A review on induced abortion in Korea," Journal of Population and Health Studies, Vol.4, No.2, 1984, p.38.

The increase in abortions in the younger age group reflects a change in their sex behavior. According to Hong's study<sup>1)</sup> a sample of 1,000 abortions performed by 200 abortionists showed that 47 percent were done for those under 25 who had never borne a child. He estimated that among about 223,613 cases of abortion in Seoul in 1979, about one third were performed for unmarried women. According to KIFP's study on induced abortion it was estimated that there were 3,434 cases of abortion performed during four months (April-July 1979) by 22 hospitals and clinics in medium size cities. Of the abortees 27.8 percent were unmarried. (Table 27)

Table 27. Abortee Marital Status

Marital status	Number	%
Married	2,363	68.8
Unmarried	954	27.8
Others	5	0.1
No answer	112	3.3
Total	3,434	100.0

Source: Jong Kwon Lim, et al. The Socio-demographic study on induced abortion through provider in a medium size city, Korea, KIFP, 1979, p.10.

1) Sung Bong Hong, "Recent Changes in Patterns of induced abortion in Seoul", Korea Journal of OB & GYN, Vol. 2, No. 9, 1979.

The abortion tendency in the 20 to 24 year age group has been increasing steadily as shown below in different surveys.

Table 28. Married Womens' (20-24 years) Abortion Experience by Age and Year

Year	Unit: %				
	1971 <sup>1)</sup>	1974 <sup>2)</sup>	1976 <sup>3)</sup>	1978 <sup>4)</sup>	1983 <sup>5)</sup>
20-24	11	12	16	19	19
25-29	18	24	27	36	39
30-34	30	35	46	54	55
35-39	38	41	50	62	64
40-44	33	37	45	61	66
Whole	26	32	39	49	50

Source: 1) Hyun Sang Moon, "Fertility & Family Planning," 1971 fertility & abortion report, 1972, p.83.

2) EPB, KIFP, 1974 National Fertility Survey, 1977, p.136.

3) Byung Tae Park, et al. 1976 National F.P. Evaluation Survey, 1978, p.145.

4) Jong Wha Byun, 1978 FP. & Fertility Survey 1979, p.510.

5) Jong Kwon Lim, 'Korean Womens' Abortion Status, Journal of Population and Health Studies Vol.4, No.2, 1984. 12.

#### D. Law-related sexual offences

Adolescent crimes have been increasing in recent years according to the national police department statistics, there were total of 49,502 minor defencers in 1974 and 97,124 in 1984, 96.1% increase in 10 year period.<sup>1)</sup> Rape has become the third highest

1) National Committee on Youth Affairs, Korean adolescent White Paper, 1984.

crime among adolescents with thievery the first and violence the second.<sup>2)</sup>

Table 29. Number of Adolescent Rape by Year

Unit: person

Year	Civil Defense Headquarters' data	National Police Headquarters' data
1974	724	—
1975	858	—
1976	952	—
1977	1,204	—
1978	1,129	—
1979	1,291	2,093
1980	1,580	2,278
1981	2,220	3,152
1982	2,617	3,642
1983	2,889	3,360

Source: National Committee of Youth Affairs, Youth White Paper, 1984.

There have been about 250,000 adolescent juvenile delinquents arrested by the police annually since 1980. The reasons for these arrests were drinking, smoking, and fighting. It should also be noted that there were about 800 to 1200 young people arrested because boys and girls were sleeping together in cheap inns or in parks.

2) Han Kyung Kim, "Unwed mother's problem and solution," Korea conference of social work, the 2nd National Social Work Workshop Report, 1983.

## E. Sexually transmitted diseases

Korea has had an STD control program for the target groups: dancers, entertainers, call girls and prostitutes for foreigners since 1945 (about 40,000 to 50,000 American soldiers and foreign tourists). These women are obliged to register at a health center and regular check ups are provided. There are also private treatment centers and clinics but the pharmacists at drug stores are more frequently used as the prime source of treatment. Medical insurance data for 1980 indicated that for adolescents, 15-24 years old, STD percentage was about 15%.

Table 30. STD Patients among the Insured

Unit: %

Age	'83		'82		'81		'80		Total	
	M	F	M	F	M	F	M	F	M	F
0	1.8	5.4	6.3	9.8	14.1	10.3	1.5	2.2	3.8	6.5
1-4	3.4	8.9	7.2	13.1	17.8	17.3	19.4	20.3	7.8	14.0
5-14	2.4	6.7	5.4	9.8	13.1	11.2	13.9	14.6	5.7	10.1
15-24	17.8	18.2	15.7	15.2	8.8	12.3	10.5	12.8	15.5	15.2
25-34	46.0	32.9	38.3	26.2	17.8	22.0	30.6	24.2	39.7	27.4
35-44	17.0	13.6	15.4	11.8	14.5	12.2	14.7	14.1	16.1	13.0
45-54	8.2	8.5	8.2	8.2	8.9	7.9	6.5	6.2	8.0	7.8
55-64	2.7	3.6	2.5	3.5	3.3	3.7	2.0	3.3	2.5	3.5
65+	0.7	2.2	1.0	2.4	1.7	3.1	0.9	2.3	0.9	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Medical Insurance Association, Statistical year book, 1980, 1981, 1982, 1983.

According to a 1980 medical insurance federation report, STD has been increasing among the 15 to 24 year olds with about 21 percent of the patients in this age group.

Table 31. STD Patient among the Insured

	Unit: %				
Year	'83	'82	'81	'80	Total
0	2.5	3.8	4.5	8.3	2.9
1-4	3.7	6.9	17.7	10.9	5.4
5-9	1.4	2.3	6.4	5.4	2.1
10-14	0.6	1.0	3.0	3.3	0.9
15-19	3.8	3.0	4.3	4.6	3.7
20-24	17.9	15.1	12.8	14.8	16.9
25-29	35.0	33.1	19.4	21.4	33.1
30-34	15.6	16.1	11.4	13.8	15.4
35-39	8.5	8.0	6.3	6.6	8.2
40-44	5.0	5.2	4.8	5.4	5.1
45-49	2.7	2.2	2.7	3.4	2.6
50-54	1.4	1.3	2.4	2.5	1.5
55-59	0.8	0.9	1.6	2.1	0.9
60-64	0.5	0.4	1.5	1.3	0.6
65-69	0.3	0.4	0.5	0.7	0.4
70+	0.3	0.3	0.7	0.5	0.3
Total	100.0	100.0	100.0	100.0	100.0
(N)	(38,193)	(11,266)	(3,129)	(2,472)	(56,060)

Source: Medical Insurance Federation, Statistical year book, 1980, 1981, 1982, 1983.

Although there have been STD studies, the findings have not been made public.

#### F. Contraceptive practice

There have been several studies conducted on contraceptive experience. KIPH's 1978 and 1980 Fertility and Family Planning Survey showed that married fertile women's contraceptive practise rate is rather low especially before the birth of the first child but becomes higher after the birth of the third child.<sup>1)</sup>

Table 32. Delayed Contraceptive Practice

Time of Contraceptive Use	Urban	Rural	Whole Country
Before 1st birth	6%	4%	5%
Between 1st and 2nd births	21	14	18
Between 2nd and 3rd births	29	17	24
After 3rd birth	44	65	53
Total	100	100	100

Source: KIFP, 1978, Fertility & Family Planning Survey, KIFP, 1980.

Another study, medical and psychosocial aspects of adolescent child birth in Seoul<sup>2)</sup> showed that of 310 mothers (16-19 years old) who delivered babies, only 7.7% had ever used contraception. It also showed that education level had no relationship with contraceptive practice. A study of unmarried woman showed that

1) KIFP, 1978 National Fertility Survey, KIFP, 1979.

KIPH, 1980 National Fertility Survey, KIPH, 1981.

2) H.K. Chang, I.S. Park, 1985, Op. Cit.

of 1,280 mothers who delivered babies, 34.1% said that they had no knowledge of contraception and 32.1% had no time to prepare to use contraceptives<sup>1)</sup> of 610 high school boys 89.2% did not know about contraception and of 600 high school girls the same was true of 82.2%<sup>2)</sup> of them.

Table 33. Reasons for Not using Contraceptives

Reasons	N	%
1) To become pregnant	171	13.4
2) No knowledge of contraception	436	34.1
3) No time to use contraceptive	411	32.1
4) Had no contraceptive	149	11.6
5) Didn't expect sexual intercourse	24	1.9
6) Worried about side effects of contraception	2	0.2
7) Misused contraception	15	1.2
8) Didn't think about contraception	44	3.4
9) Others	11	0.8
10) No answer	17	1.3
Total	1,280	100.0

1) KWDI, Study on the unwed mother with special reference to the analysis of factors relating her occurrence and welfare measures, KWDI, 1984.

2) Chung Sook Cho, 1981, Op. Cit.



Table 34. High School Students' Knowledge of Contraception

Unit: person

Study year	Researcher's name	No. studied	Contraceptive methods	
			know	don't know
1981	Chung Sook Cho	610 (High school boys)	66 (10.8%)	544 (89.2%)
		600 (High school girls)	47 (7.8%)	553 (92.2%)

Source: Chung Sook Cho, 1981, Op. Cit.

When we compare knowledge of different contraceptive methods of three women's groups: unmarried women, unmarried female workers and unwed mothers, over 40% of them knew of contraceptive pills. When they were asked about contraception information sources, women's magazines and weekly magazines were the most usual sources of information and second was friends. (Table 36)

Table 35. Knowledge of Contraceptive Methods of Three Different Groups.

		Unit: %		
Method	Study year	1979	1984	1984
	No. studied	(947)	(918)	(1,406)
		unmarried women	unmarried female workers	unwed mothers
Oral pill		50.0	42.5	45.0
I.U.D.		23.1	14.9	11.9
Female sterilization		26.3	13.9	9.6
Spermicide		14.5	25.1	23.9
M.R.		11.8	23.1	24.3
Condom		14.9	37.5	28.5
Vasectomy		21.3	13.7	9.8
Withdrawal		1.9	2.3	*
Rhythm method		*	*	9.8

Sources: Chung Soon Park, Mi Ryung Park, Study on knowledge, attitude of unmarried women for FP information and enlightenment, KIFP, 1979, p.69.

Moon Sik Hong, Moon Hee Seo, 1984, Op. Cit. p.55.

KWDI, 1984, Op. Cit. p.58.

\* non-applicable

Table 36. Contraceptives Information Sources for Three Different Groups

	Unit: %		
Study year	1979 <sup>1)</sup>	1984 <sup>2)</sup>	1984 <sup>3)</sup>
No. studied	(947)	(918)	(1,406)
Information source	Unmarried women	Unmarried female workers	Unwed mothers
magazine, weekly	75.3	84.1	60.4 (magazine)
magazine			58.0 (weekly magazine)
newspaper	41.6	23.5	11.0
radio	70.0		13.2
TV	61.1		27.2
poster or printed materials	49.2	15.6	17.8
school	60.0	49.1	25.2
friends	73.3	66.5	56.3
mother	29.2	28.3	4.1
neighbors	36.2	10.6	*
video or obscene magazine	*	*	12.4
workplace or social organization	*	*	20.1

Sources: 1) J.S. Park, 1979, Op. Cit.

2) M.S. Hong, 1984, Op. Cit.

3) KWDI, 1984, Op. Cit.

\* Not applicable

### **Chapter III. Sex Education and Sex-related Youth Service**

#### **A. Present sex education**

Korea's sex education program is still in its earliest stage. The Ministry of Education has published sex education guidance for teachers and provided occasional training courses only recently. It is difficult for teachers to teach the subject, since the program is neither incorporated into the curriculum nor systematically organized from the first to fifteenth grades.

Many teachers do not feel competent to teach it, because of their personal conflicts. Generally sex as a subject is taught in biology and home economics (females only) courses. Although human reproduction and population problems are taught, students have not been able to receive specific, concrete knowledge from school as demonstrated by the following three studies, which show where adolescents get their information, both in and out of school, on sex.

Table 37. Sex Education Knowledge

	Subjects	Lack of knowledge	Source of sex education
Study 1	High school boys (610)	Contraception 89.2 STD 86.8 Reproductive process 82.9 Wet dreams 80.8 Masturbation 43.1	Magazines, Weeklies 57.6% Radio, TV 43.6%
Study 2	High School girls (600)	Contraception 92.2 STD 88.2 Reproductive process 85.4 Wet dreams 82.4 Masturbation 52.0	
Study 3	High school boys girls Out of school unwed mothers Seoul No 1446 age 15 to 24 years		Newspapers Magazines 39.1% Friends 25.1% Monthly magazines 60.4% Weeklies 58.0% Friends 56.3%

- Source: 1) D.S. Kim, Study on high school students sexual problems, Unpublished M.A. dissertation, Kyung Book University, 1981.  
2) Chung Sook Cho, 1981, Op. Cit.  
3) KWDI, 1984, Op. Cit.

The following studies show young people's preferred sources of information on sex both in and out of school and the specific areas which they want to know about.

Table 38. Preferred Source of Information on Sex and Information Areas.

	Subjects	Need for Sex Education	Preferred Place	Preferred person and specific area
Study 4	Girls high school, provincial town-1436 girls 7th 9th grades parents	93.8%     89.0%	School 76.66% Society 11.5% Institution 10.5% Parents 10.5%	Home economics teacher 47.2% Professional 15.0% Special lecture 31.7%
Study 5	Girls middle school (132)		School 55.9%	Contraception STD Abortion Family planning 70.2%
Study 6	Boys & Girls high school small area, middle & large cities		School 60.6%	
Study 7	Out of school 620 girls aged under 16 to 24 years delivered woman			Contraception nurse 32% family 28% doctor 21%

- Source: 4) Moon Kyung high school, Interim report on development of sex education material for girls' high school student, 1982.
- 5) Jae Myung Cho, Content analysis of sex education material for girls' middle school student. Unpublished M.A. dissertation, Chungbook University, 1981.
- 6) D.S., Kim, 1981, Op. Cit.
- 7) H.K., Chang, et al, 1985, Op. Cit.

PPFK has been most actively engaged in sex education and family planning lectures for out of school youth, and has also been publishing booklets and making sex education slides and films, but one agency can not meet the needs of thousands of adolescents.

The Office of Labor, which has overall responsibility for working youth, developed family planning clinics at job sites, but very few adolescents used these resources.

## B. Sex Education Books

Nineteen representative sex education books were reviewed to learn their contents and quality. They were written by Korean authors and most are currently available at bookstores although they are too expensive for adolescents to purchase. Books published by PPFK and publish institution are distributed free but their number is limited due to low budgets. The scarcity and high cost of these books are the two main factors which prevent adolescents from reading them.

Many of these books emphasized "purity" of sex using abstract language. Also, clear concrete explanations of sexual relationships were lacking in some of them, but it was comforting to see that books published in the 1980s were much more well-focused on sex education compared with those of the 1970s. Sex education has just begun in Korea and much more needs to be

done in developing sex education books cheaply for use by adolescents.

### C. Youth services and sex related youth service

There are no special health services available for adolescents in Korea, but all medical facilities are open to them. In addition there are very few private child guidance clinics currently operating and middle and high school guidance programs are inadequate. All middle and high schools, and colleges and universities have dispensaries and counselling centers, but because of a lack of professionals and funds, these services have not been adequate. Since the national family planning program is geared to married women, little attention has been paid to adolescent contraceptive services.

No specific services are available for adolescent abortion or child birth. PPFK, in 1982, initiated counselling services for adolescents in five industrial areas, but service providers, one social worker at each site, feel inadequate to deal with sexual problems. The National Council of Youth Organizations in Korea coordinates the activities of 29 such major youth organizations as the YMCA, 4H clubs, and UNESCO. Many member organizations objectives are to work with students in developing extra-curricular activities such as winter and summer camps, speech contests and sports clubs.

Adolescent counselling centers such as the Korean Behavioral Science Center provide counselling for educational problems, and KIPH made a movie and slides on sexually transmitted diseases, but the quantity is too small to reach many school age young people and their quality needs to be improved.

The Ministry of Labor with assistance (1982-1984) from



UNFPA attempted to conduct sex education classes in factories, but no trained personnel was available to run such classes effectively, and there were no reference books or audio visual material available for the trainers or the trainees. Adoption agencies provided counselling only to those who will give up their babies, since because of their limited budget, they can not provide service to those who request personal counselling on keeping the baby.

There are several service organizations for unwed mothers as listed below. There has been total reliance on the private sector to set up such services.

#### Unwed mothers counselling and adoption (private)

- Dae Han Welfare Society
- Tong Bang Childrens' Society
- Holt Childrens' Agency
- Hankuk Social Service
- A-Ri Won
- Sister Welfare Organization
- Salvation Army Womens' Institute

**Chapter IV. Youth Related Statistical Data**

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Table 1. Adolescent population (1985)

Unit: thousand people, (%)

	Total population	Adolescents population			
		12-24	12-14	15-19	20-24
Total	41,056 (100.0)	11,462 (100.0) (27.9)	2,780 (24.2)	4,408 (38.5)	4,274 (37.3)
Male	20,702 (100.0)	5,890 (100.0) (28.5)	1,433 (24.3)	2,272 (38.6)	2,185 (37.1)
Female	20,354 (100.0)	5,572 (100.0) (27.4)	1,347 (24.2)	2,136 (38.3)	2,089 (37.5)

Source: Economic Planning Board

Table 2. Adolescent population by year

Unit: thousand people, (%)

Year	Total population	Adolescent population				Sex ratio of adolescent
		12-24	12-14	15-19	20-24	
1955	21,502 (100.0)	5,794 (26.9)	1,645	2,395	1,754	102.1
1960	24,963 (100.0)	6,247 (25.7)	1,765	2,383	2,279	108.9
1966	29,160 (100.0)	6,978 (23.9)	1,971	2,708	2,299	107.9
1970	31,435 (100.0)	8,085 (25.7)	2,474	3,088	2,523	105.5
1975	34,679 (100.0)	10,061 (29.1)	2,791	4,147	3,123	106.3
1980	37,407 (100.0)	10,869 (29.1)	2,575	4,240	4,054	105.7
1981	38,723 (100.0)	11,372 (29.4)	2,660	4,443	4,269	106.5

Source: Economic Planning Board

Table 3. Adolescent population projection

Unit: thousand people, (%)

Year	Total population	Adolescent Population			
		12-24	12-14	15-19	20-24
1985	41,209 (100.0)	11,647 (28.3)	2,753	4,425	4,469
1990	44,261 (100.0)	11,073 (25.0)	2,296	4,396	4,381
1995	47,250 (100.0)	10,807 (22.9)	2,540	3,909	4,358
2000	50,066 (100.0)	10,755 (21.5)	2,613	4,267	3,875
2050	61,310 (100.0)	10,341 (16.9)	2,424	3,966	3,951

Source: Economic Planning Board, The 5th Socio-economic Development Plan

Table 4. Adolescent Population by Category

Unit: person, (%)

Age	Total population	Students	Working youth	Inactive youth
10-14	4,440,137	4,300,563 (96.3)		
15-19	4,239,729	2,514,074 (59.3)	1,193,000 (28.1)	532,655 (12.6)
20-24	4,053,638	365,841 (9.0)	1,971,000 (48.6)	1,716,797 (42.4)
Total	12,733,504	7,180,478 (56.4)	3,164,000 (24.8)	2,389,026 (18.8)

Source: EPB 1980 Population Census Report

Table 5. Migration Status of Adolescents (10-24yrs)

	Unit: thousand people (%)		
	1965-1970	1970-1975	1975-1980
City → City	1,827 (100.0)	2,119 (100.0)	2,983 (100.0)
City → Gun	577 (31.6)	772 ( 36.4)	1,224 ( 41.0)
Gun → City	132 ( 7.2)	170 ( 8.0)	212 ( 7.1)
Gun → Gun	887 (48.5)	945 ( 44.6)	1,307 ( 43.8)
	231 (12.6)	215 ( 10.1)	231 ( 7.7)
Unknown	—	17 ( 0.8)	9 ( 0.3)

Source: 1980 Population & Housing Census, EPB

Table 6. School Enrollment Ratio regardless of Age

		Unit: %			
Year	Sex	6-12 yrs Elementary	13-15 yrs Middle	16-18 yrs High	19 yrs & above over university
1966	M	98.1	50.9	35.0	14.0
	F	95.1	33.0	19.6	5.1
1970	M	102.9	65.1	36.7	14.6
	F	101.9	46.5	24.1	5.5
1975	M	103.0	80.8	51.1	17.5
	F	103.4	67.0	35.8	6.7
1980	M	100.3	97.1	75.5	22.5
	F	100.9	92.1	63.3	10.0

Source: EPB, Population and Housing Census

$$\text{Enrollment rate} = \frac{\text{Students number}}{\text{Appropriate school age population}}$$

Table 7. School Population by Year

Unit: person						
Year	Total	% increase	Nursery	1-6 grade	7-9 grade	10-12 grade
1975	9,236,092	2.8	32,032	5,599,074	2,026,823	1,123,017
1976	9,395,551	1.7	37,197	5,503,737	2,116,635	1,253,676
1977	9,614,996	2.3	41,866	5,514,417	2,195,770	1,350,600
1978	9,962,386	3.6	47,571	5,604,365	2,298,124	1,454,376
1979	10,303,379	3.4	57,430	5,640,712	2,394,620	1,565,355
1980	10,634,520	3.2	66,433	5,658,002	2,471,997	1,696,792
1981	11,047,873	3.9	153,823	5,586,494	2,573,945	1,823,039
1982	11,206,483	1.4	168,653	5,465,248	2,603,433	1,922,221
1983	11,303,133	0.9	206,404	5,257,164	2,672,307	2,013,046
1984	11,395,083	0.8	254,438	5,040,958	2,735,625	2,092,401

	Graduate school	Teacher's college	2 year college	Special school	Voc. school	Others
1975	222,856	12,291	58,500	6,523	73,695	81,280
1976	245,101	9,789	68,095	6,787	79,353	75,181
1977	268,549	8,017	86,120	7,342	71,834	70,481
1978	296,933	9,111	110,145	7,707	69,836	64,218
1979	356,134	9,997	139,935	8,144	76,544	54,508
1980	436,918	9,819	164,657	8,904	77,309	43,689
1981	580,607	10,476	199,553	9,787	75,404	34,745
1982	715,333	11,279	218,136	10,726	64,993	26,461
1983	833,189	12,012	218,205	11,499	57,254	22,053
1984	933,032	14,283	230,353	12,551	59,958	21,484

Source: Ministry of Education, 1985.

Table 8. Number of College Graduates by Sex

Unit: person, percent

	College graduates			Rate of female college graduates
	Total	Male	Female	
1963	17,966	14,000	3,966	22.1
1965	36,180	30,065	6,115	16.9
1970	23,515	17,442	6,073	25.8
1975	33,610	23,893	9,717	28.9
1980	49,735	33,923	15,812	31.8
1981	55,846	39,263	16,583	29.7
1982	62,688	44,448	18,240	29.1
1983	77,272	54,569	22,703	29.4

Source: Ministry of Education, Statistical Yearbook of Education, 1984.

Table 9. Drop-outs by Sex and School Level

Unit: person, (%)

	1963			1983		
	Total	Female	Rate of Female Drop-outs	Total	Female	Rate of Female Drop-outs
Elementary School	29,191	14,396	(0.3)			
Middle School	19,903	5,767	(0.9)	29,070	12,882	(1.0)
High School	11,818	2,577	(0.7)	52,808	16,488	(1.8)
College and University	9,342	1,047	(0.8)			

Source: Ministry of Education, Statistical Yearbook of Education, 1984.

Note : 1) Including junior college, junior teachers' college and junior vocational college

**Table 10. College Student Capacity and College Entrance Examination Failers.**

Unit: people

Year	College student capacity	No. of college entrance examination failers	No. of college entrance examination reapplicants
1972	50,250	112,610	55,955
1973	53,310	129,378	64,545
1974	56,580	138,336	64,182
1975	57,950	165,209	66,674
1976	60,555	193,122	76,211
1977	65,750	224,483	93,498
1978	76,410	243,423	117,184
1979	182,495	217,530	140,486
1980	205,835	295,680	183,909
1981	305,190	269,940	217,321
1982	323,678	268,049	389,195

Source: Ministry of Education, Statistical Year Book of Education 1982.



Table 11. Distribution of Population of Working Age by Sex, Activity and Age in 1980.

Unit: people, percent

	Age	Population	Rate of economically active population	Not-economically active population	
				Rate of students	Rate of others
Female	Total	12,945,349	38.4	12.4	49.2
	14	410,223	5.8	89.8	4.4
	15-19	2,051,983	34.0	54.7	11.3
	20-24	1,983,602	53.0	5.7	41.3
	25-29	1,540,245	30.2	0.2	69.6
	30-34	1,225,010	33.5	0.0	66.5
	35-39	1,095,601	43.0	0.0	57.0
	40-44	1,050,673	49.0	0.0	51.0
	45-49	912,765	51.3	0.0	48.7
	50-54	716,497	49.0	0.0	51.0
	55-59	603,466	43.3	0.0	56.7
	60+	1,355,284	19.1	0.0	80.9
Male	Total	11,902,998	72.4	17.7	9.9
	14	441,681	3.6	93.9	2.5
	15-19	2,167,767	26.1	64.2	9.7
	20-24	1,475,372	71.2	17.1	11.7
	25-29	1,473,353	92.7	3.0	4.3
	30-34	1,266,913	97.3	0.2	2.5
	35-39	1,107,814	97.4	0.1	2.5
	40-44	1,067,023	96.8	0.0	3.2
	45-49	862,525	95.2	0.0	4.8
	50-54	6 607,282	90.6	0.0	9.4
	55-59	521,063	82.6	0.0	17.4
	60+	912,205	52.2	0.0	47.8

Source: EPB, Population and Housing Census Report.

Table 12. Economically Active Population, 1970-1984

Unit: thousand people

	14 years old & over	Economically active	Economically active adolescents (14-24 yrs)	B/A x 100
1970	18,253	10,199	2,621	25.7
1975	21,833	12,340	3,101	25.1
1978	24,024	13,932	3,363	24.1
1980	25,335	14,454	3,206	22.2
1981	25,969	14,710	3,063	20.8
1982	26,531	15,080	3,041	20.2
1983	27,443	13,786	2,590	18.8
1984 <sup>1)</sup>	28,122	14,134	2,489	17.6

Source: Economic Planning Board, Korea Statistical Yearbook, 1985.

Table 13. Employment and out-of School Youth

Unit: thousand people, (%)

Age	Total employees	Employed youth			
		sub- total	agriculture fisheries	mining	service others
Total	8,192 (100.0)	2,410 (29.4)	318	1,059	1,033
	973 (100.0)	15 ( 1.6)	2	9	4
15-19	3,924 (100.0)	653 (16.6)	86	360	207
20-24	3,295 (100.0)	1,742 (52.9)	230	690	822

Source: EPB, Annual Economically Active Population, 1984

Table 14. Maternal Mortality Rate and Infant Mortality Rate

	1976	1977	1978	1979	1980	1981	1982	1983
<b>Maternal mortality rate</b> (Per 10,000 persons)	5.0	4.6	4.3	4.2	4.2	4.1	4.0	3.8
<b>Infant mortality rate</b> (Per 1,000 persons)	40.4	39.5	38.5	37.6	36.8	35.8	35.0	34.2

Source: EPB, Social Indicators in Korea, 1984.

Table 15. Rate of Prenatal Care by Area and Educational Level

	Rate of prenatal care <sup>1)</sup> (%)			Average No. of Visits		
	1977	1980	1983	1977	1980	1983
Whole country	57.2	75.9	87.9	4.2	3.9	4.1
Urban area	—	86.2	92.9	5.1	4.4	5.0
Rural area	—	61.6	80.0	2.6	3.0	2.5
Illiterates	26.5	43.1	54.5	3.5	2.3	2.1
Elementary school graduates	43.0	62.7	76.3	3.0	3.1	2.4
Middle school graduates	68.1	82.6	89.7	3.6	3.6	3.4
High school graduates	87.9	91.1	95.4	5.7	4.7	5.6
College graduates	94.9	98.9	97.8	6.9	7.2	6.6

Note: 1) Rate of Prenatal Care = (Visits for Prenatal Care/Total Deliveries) x100

Source: EPB, Social Indicators in Korea, 1984.

Table 16. Place of Delivery and Type of Delivery Assistance by Area and Educational Level

	Hospital		Home		Others		Medical Doctors		Family Members		Midwives & Health Workers		Others								
	1977	1980	1977	1980	1977	1980	1977	1980	1977	1980	1977	1980	1977	1980							
Whole country	32.0	53.7	68.8	64.2	43.1	29.1	3.7	3.2	2.1	28.5	51.7	68.1	55.7	39.2	25.4	11.7	7.8	6.3	4.1	1.3	0.2
Urban area	53.2	74.9	82.6	42.3	21.2	14.5	4.6	3.9	2.9	46.5	71.2	81.7	34.3	19.7	11.4	16.0	8.1	6.9	3.3	1.0	—
Rural area	11.7	24.4	46.3	85.3	73.5	52.7	3.0	2.3	1.0	11.2	24.6	46.1	76.3	66.2	48.5	7.7	7.3	5.2	4.8	1.9	0.2
Illiterates	6.3	15.5	36.4	93.7	84.5	63.6	—	—	—	5.3	15.5	33.3	82.1	77.6	25.5	3.2	—	6.3	9.5	6.9	—
Elem. school graduates	15.0	31.3	41.5	82.0	64.7	54.9	3.0	3.0	3.6	13.7	30.5	39.7	72.7	60.5	50.3	8.3	6.4	9.4	5.2	2.6	0.6
Mid. school graduates	37.4	61.7	65.6	55.7	34.5	32.3	5.6	3.8	2.1	31.5	58.7	65.4	45.1	31.1	26.7	20.2	9.9	7.7	3.3	0.3	0.2
High school graduates	74.1	81.3	89.8	21.8	15.0	8.6	4.1	3.7	1.6	65.9	78.0	89.3	18.8	12.6	7.4	15.3	9.4	3.3	—	—	—
College graduates	95.6	96.7	97.8	4.4	3.3	2.2	—	—	—	91.3	94.5	97.8	2.2	2.2	1.1	6.5	3.3	1.1	—	—	—

Source: EPB, Social Indicators in Korea, 1984.

Unit: %

Table 17. Age Specific Fertility Rate

	1960 <sup>1)</sup>	1970 <sup>2)</sup>	1974 <sup>3)</sup>	1982 <sup>4)</sup>	1984 <sup>5)</sup>	1960-84
15-19	37	13	11	12	6	83.8
20-24	283	168	159	161	141	50.2
25-29	330	278	276	245	242	26.7
30-34	257	189	164	94	66	74.3
35-39	196	101	74	23	20	89.8
40-44	80	39	29	3	6	92.5
45-49	14	7	3	—	—	100.0
TFR	6.0	3.9	3.6	2.7	2.4	60.0

- Note: 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, National Family Planning Center, Seoul, 1970, p.145. Estimates based on the 1960 census.
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- 4) KIPH, The 1982 National Family Health Survey, Korea Institute of Population and Health, 1982.
- 5) KIPH, Evaluation of recent population control program, 1984.

Table 18. Weekend Leisure Activities by Sex and Age in 1984

Unit: %

	Total	Mass entertainment	Creative activities	Games & gambling	Sports & travel	Rest & relaxation	Others
<b>Female</b>							
14-19	100.0	39.6	14.5	0.7	12.2	26.7	6.3
20-29	100.0	32.0	6.9	1.0	11.3	45.1	3.7
30-39	100.0	25.5	3.4	0.9	4.8	61.6	3.8
40-49	100.0	22.4	2.5	0.9	2.6	67.7	3.9
50-59	100.0	21.4	2.0	2.2	1.6	68.1	4.7
60+	100.0	18.7	0.3	1.8	1.1	73.7	4.4
<b>Male</b>							
14-19	100.0	38.6	10.1	8.3	21.8	14.8	6.4
20-29	100.0	28.2	4.6	15.8	23.6	24.1	3.7
30-39	100.0	30.8	2.4	10.9	14.2	38.2	3.5
40-49	100.0	28.6	2.3	10.7	11.1	44.2	3.1
50-59	100.0	27.0	2.0	11.8	9.4	47.0	2.8
60+	100.0	22.1	1.8	13.3	4.2	55.3	3.3

Note: 1) Includes reading books, painting, handcraft, etc.

Source: EPB, Social Indicators in Korea, 1984.

Table 19. TV Watching Population Rate & Hours of TV Watching  
by Sex and Age in 1983

Unit: %, Hours: minutes

	TV watching pop. rate			Hours of TV watching		
	Week-day	Satur-day	Sun-day	Week-day	Satur-day	Sun-day
<b>Female</b>						
10-15	91.8	94.4	98.0	2:01	2:59	4:10
16-19	79.3	83.6	93.1	1:28	2:16	3:07
20-29	86.5	88.6	91.6	2:21	2:58	3:47
30-39	95.0	92.7	92.0	2:44	3:09	3:44
40-49	96.2	95.8	93.4	2:31	3:02	3:18
50-59	92.6	93.3	93.3	2:39	3:04	2:23
60-69	96.2	94.9	97.4	3:30	4:11	4:22
70+	96.5	94.7	91.2	3:22	3:49	4:01
20+	92.5	92.4	92.7	2:40	3:11	3:43
<b>Male</b>						
10-15	95.0	96.6	98.5	2:12	3:26	4:34
16-19	84.6	92.5	95.2	1:32	2:39	3:41
20-29	92.7	93.3	95.3	2:12	2:54	3:41
30-39	93.0	89.7	91.6	2:13	2:59	3:40
40-49	92.6	92.6	94.1	2:29	3:17	3:34
50-59	89.7	90.5	89.7	2:44	3:12	3:45
60-69	87.9	89.4	87.9	3:19	3:31	4:04
70+	92.0	84.0	88.0	3:16	4:11	4:40
20+	92.0	91.5	92.9	2:26	3:07	3:43

Source: KBS, National Time-Budget Survey, 1983.

Table 20. Juvenile Delinquency Rate\*

Unit: %

Year	Offenses in penal law	Serious criminal offenses	Theft	Murder	Robbery	Forcible rape	Aggravated assault
1975	19.7	34.5	43.2	16.1	47.8	38.5	9.4
1976	14.0	32.8	40.6	13.9	44.1	36.8	8.5
1977	13.5	32.2	41.3	14.7	44.0	37.8	8.4
1978	12.2	30.6	40.5	13.1	48.5	38.5	8.4
1979	11.7	29.8	39.0	15.7	47.2	40.8	8.3
1980	12.3	33.1	42.5	15.1	53.3	40.1	7.3
1981	11.7	33.6	43.7	13.3	51.3	46.3	6.1
1982	14.7	35.7	46.4	15.4	50.2	45.7	7.2
1983	15.1	35.9	47.4	17.0	49.5	45.1	6.6
1984	14.1	35.1	46.8	11.8	49.8	43.2	6.6

$$* \text{ Juvenile Delinquency Rate} = \frac{\text{Juvenile offenders}}{\text{Total offenders}}$$



Table 21. Mean Age at Marriage by Sex

	Whole country		Urban area		Rural area	
	Female	Male	Female	Male	Female	Male
1960	21.6	25.4	22.8	26.8	21.0	24.9
1966	22.8	26.7	24.0	27.7	22.0	26.1
1970	23.3	27.1	23.8	27.5	22.6	26.8
1975	23.6	27.4	24.2	27.6	22.9	24.2
1980	24.1	27.3	24.3	27.4	23.5	27.3

Source: EPB, Social Indicators in Korea, 1981.

Table 22. Divorce Rate by Year

Year	Total population (thousand persons)	No. of Divorce	Rate (%)
1965	28,670	8,150	0.28
1970	31,458	21,018	0.67
1975	35,341	23,326	0.66
1980	37,436	43,529	1.16

Source: EPB, Population and Housing Census Report, 1965, 1970, 1975, 1980.

Table 23. Marital Status of the Population 15 Years and Over by Sex

	Population 15 Years Old and Over										
	Never Married		Married		Divorced		Widowed				
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
1960	14,835,871	7,550,873	7,234,993	1,706,145	2,644,297	4,562,173	4,361,790	65,864	41,017	1,180,617	218,278
1966	16,475,819	8,359,102	8,116,717	1,925,918	2,965,431	5,019,143	4,892,271	66,382	36,665	1,347,293	221,083
1970	18,193,819	9,266,327	8,927,492	2,302,901	3,334,881	5,475,591	5,341,460	80,962	39,879	1,406,846	210,933
1975	21,470,584	10,866,012	10,604,572	3,097,091	4,315,936	6,199,772	6,047,569	72,598	34,441	1,495,753	206,135
1980	24,751,040	12,541,896	12,209,144	3,600,696	4,932,854	7,196,693	7,005,079	77,454	43,766	1,666,190	226,439

Note: Numbers may not add up to the total due to the exclusion of unknown figures.  
 Source: EPB, Population and Housing Census Report 1981.

Table 24. Composition Rate of Female Head of Household by Area and Marital Status

	Unit: person, %					
	Whole Country		Urban Area		Rural Area	
	1975	1980	1975	1980	1975	1980
Total Head of Household	6,647,778	7,969,201	3,331,248	4,669,976	3,316,530	3,299,225
Male Head of Household	5,757,577	6,800,663	2,827,327	3,945,285	2,970,250	2,855,378
Female Head of Household						
Total	850,201	1,166,444	503,921	723,719	346,330	442,725
Married	24.5	22.3	26.0	24.5	22.4	18.7
Widowed	59.4	58.2	52.0	48.8	70.0	73.6
Divorced	4.3	4.0	5.5	5.1	2.6	2.0
Never Married	11.8	15.5	16.5	21.6	5.0	5.7

Note: Numbers may not add up to the total due to the exclusion of unknown figures.  
 Source: EPB, Population and Housing Census Report,

## Appendix B1 Training Evaluation Sheet

### A. Background

1. Sex: Male \_\_\_\_\_, Female \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Education:
  - 1 Completed high school \_\_\_\_\_
  - 2 College student \_\_\_\_\_
  - 3 Completed college \_\_\_\_\_
  - 4 Graduate student \_\_\_\_\_
  - 5 Completed graduate school \_\_\_\_\_
4. Subject majored in \_\_\_\_\_
5. Experience of voluntary services : yes \_\_\_\_\_ no \_\_\_\_\_
6. Program Evaluation:
  - 1) Satisfactory \_\_\_\_\_
  - 2) Passable \_\_\_\_\_
  - 3) Not satisfactory \_\_\_\_\_
7. Duration of the training
  - 1) Short \_\_\_\_\_
  - 2) Adequate \_\_\_\_\_
8. Lecture evaluation
  - 1) Content: Very satisfactory \_\_\_\_\_  
 Passable \_\_\_\_\_  
 Not satisfactory \_\_\_\_\_
  - 2) Relevance: Very satisfactory \_\_\_\_\_  
 Passable \_\_\_\_\_  
 Not helpful \_\_\_\_\_

- 3) Method of lecture: Very good \_\_\_\_\_  
Passable \_\_\_\_\_  
Not good \_\_\_\_\_
- 4) Duration of the lecture: Too short \_\_\_\_\_  
Bearable \_\_\_\_\_  
Too long \_\_\_\_\_
- 5) Text: Well thought through \_\_\_\_\_  
Adequate \_\_\_\_\_  
Inadequate \_\_\_\_\_  
No text \_\_\_\_\_

**Appendix B2 Telephone Counselling Record**

No. \_\_\_\_\_

Vol. Name

198 year month day <sup>AM</sup> / <sub>FM</sub> From hr. min To hr. min(Total Min)						
Name	Sex	Age	Vocation	Economic status	Education	Religion
No. of calls                    1 once 2 twice 3 three 4 more than 4						
Clients' Emotional status: silence <sup>excitement/</sup> anger depression outrage cry joke others						
Categories						
Contents						
Referral						
Opinion						
Other						

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