# ASSESSMENT OF NATIONAL FAMILY PLANNING PROGRAM AND ITS DIRECTION

1978

Highlights on Population Policy Development

National Family Planning Program in Korea:
Its Past Accomplishments, Issues
and Perspectives

I. Program Organization and Management
II. Current Status and Issues
III. Immediate Future Program Direction

# Highlights on Population Policy Development

1961 — Adopted national FP program policy as a part of the economic development plan.

— Abrogated the law prohibiting importation of contraceptives and control of their qualities.

— Established Planned Parenthood Federation of Korea as a member of IPPF.

1962 — Started national family planning program under the jurisdiction of the Ministry of Health and Social Affairs (MOHSA).

1964 — Assigned a family planning field worker at 1,473 health sub-centers.

— Introduced IUD into the national program.

— Utilized the mobile team for coverage of remote areas.

In 1961, the Korean Government adopted a national family planning policy as an essential part of the Economic Development Plan and abrogated the law prohibiting the importation of contraceptives. The establishment of the Planned Parenthood Federation of Korea as a member of IPPF was another important event in 1961. In 1962, the Korea National Family Planning Program was started under the jurisdiction of the Ministry of Health and Social Affairs and placed one family planning worker at each health center throughout the country. In 1964, the placement of family planning field workers was expanded to a total of 1,473 health sub-centers at the town and township levels. The IUD was introduced into the national program and township levels. The IUD was introduced into the national program and mobile teams began to be utilized to cover remore areas in this year.

1965 — Established family planning evaluation unit.

1966 — Adopted the target system of family planning services.
— Used monetary incentives for vasectomy acceptors.

1968 — Organized mother's club throughout the country.
— Introduced orals into the national program.

1971 — Established Korean Institute for Family Planning.

1973 — Legislated the MCH Law.

In 1965, the family planning evaluation unit was established under the administrating control of MOHSA with financial and technical assistance from the Population Council. In 1966, the Korean Government adopted the present target and monetary incentive systems. An innovative event in 1968 was the organization of 16,800 mother's clubs at the village level throughout the country. In response to the high IUD discontinuation rate the government introduced the birth control pill into the national program in this year.

In 1970 the National Family Planning Center was established by a presidential decree. Construction of the center building was made possible by a grant from the Swedish International Development Authority. In 1971, the National Family Planning Center was reorganized as the Korean Institute for Family Planning. In 1973 the newly enacted MCH law legalized induced abortion for broad medical reasons.

1974 — Introduced female sterilization into the national program.
— Introduced special projects
- Hospital project
- Industrial site project
- Urban low-income area project
- Population education project

1976 — Established Population Policy Coordinating Committee.
— Initiated social disincentive system.
1977 — Gave priority to sterilization acceptors in public housing.
— Revised the Family Law.

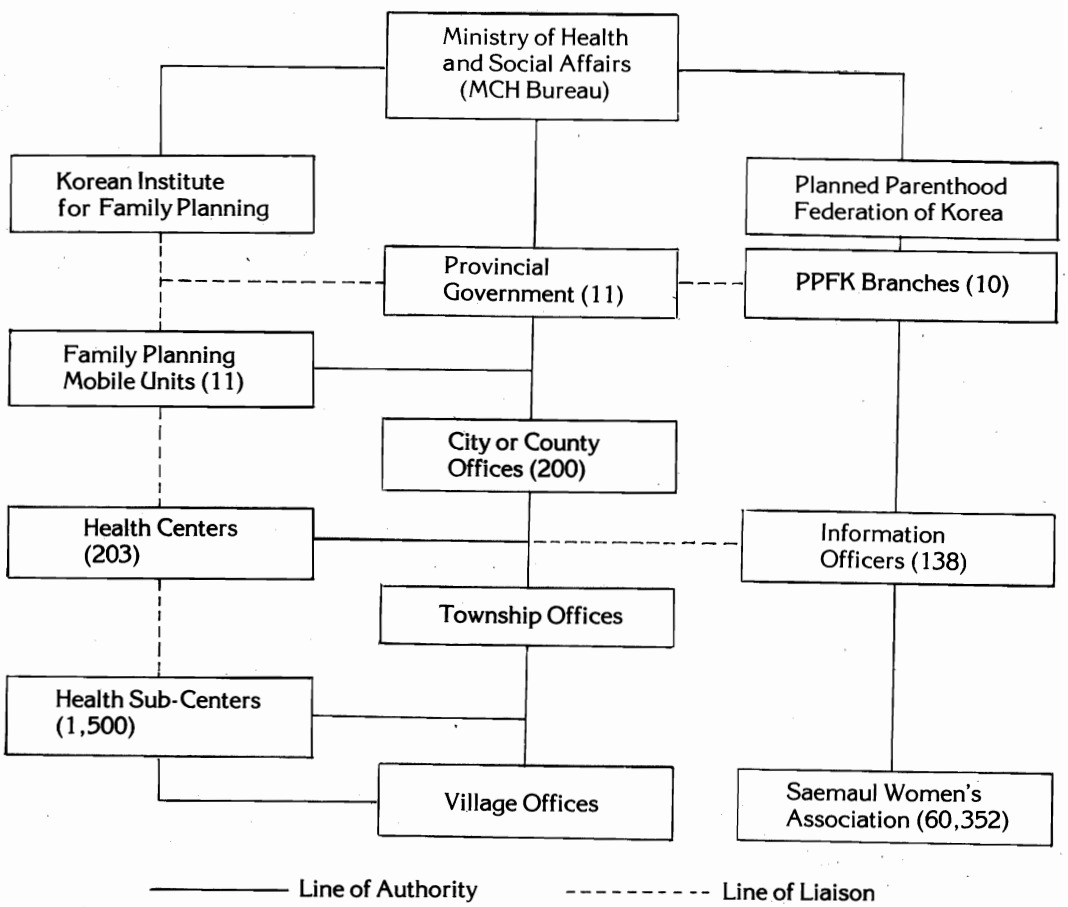
In 1974, female sterilization was introduced into the national program. In addition, numerous special projects such as the hospital family planning project, the industrial site project, the urban low-income area project and the population education project were launched. The Population Policy Coordinating Committee was established under the Deputy Prime Minister in 1976.

The purpose of the committee was to correct the lack of strong and continuous interest in family planning issues among high ranking policy makers. The committee was also to develop a comprehensive population control policy related to national development. Also in 1976 the first social disincentives were initiated. An income tax deduction was allowed for the first three children only. This was lowered to two children in 1977. At the same time, the government began to give priority in public housing to sterilization acceptors. A final notable event occurred in 1977 when family law revisions were made which upgraded women's status.

# National Family Planning Programs in Korea: Its Past Accomplishments, Issues and Perspectives

## I. Program Organization and Management

ORGANIZATIONAL NETWORK



The Ministry of Health and Social Affairs is responsible for the overall execution and implementation of the family planning program at the national level. Within the Ministry of Health and Social Affairs, the Family Planning Section is part of the Maternal and Child Health Bureau. The section controls all activities relating to family planning.

At the provincial level, the public health section of the public health and social affairs bureau is responsible for the overall control of family planning activities including the operation of the mobile van unit which provides family planning services to the remote and isolated areas of the province. At the city and county level, health centers provide family planning services. The health centers are under the administrative and technical control of the provincial government through city or county offices.

At the township level, a field worker is assigned to each health sub-center to provide contraceptive services and motivation to the eligible population. At the village level, the leaders of the Saemaul Women's Association serve the role of family planning field worker and as a grass roots level organizer.

As you can observe on the top left-hand of the table, the Korean Institute for Family Planning plays an important role. It is responsible for conducting research, and for evaluation of the family planning program including training. The Planned Parenthood Federation of Korea portrayed on the right-hand of the table is responsible for implementing family planning information, education and communication activities in support of the Ministry of Health and Social Affairs. PPFK operates their branches at the provincial level and places information officers at the city or county levels. These officers are also responsible for the operation of Mothers Clubs in the area of family planning program implementation.

## FAMILY PLANNING WORKERS

| Types of Worker | Number of Workers |
|---|---|
| Regular Government Workers | 2,624 |
| • Provincial Supervisor | 23 |
| • H.C. Worker | 913 |
| • Township Worker | 1,688 |
| Special Project Workers | 943 |
| • Mobile Clinic Worker | 11 |
| • F.P. Center Worker | 60 |
| • PPFK Information Officer | 138 |
| • Industrial Site Worker | 734 |

Source: KIFP, Service Statistics, 1977.

The total number of family planning workers including 2,624 regular government workers and 943 special project workers is 3,567. Most of them are nurses and midwives working at the health centers or field workers serving at the township sub-centers. PPFK has a total of 138 family planning information officers who are serving as county-level family planning field workers.

## AUTHORIZED CLINICS

| | |
|---|---|
| Number of Clinics | 2,125 |
| Services Provided | |
| IUD | 1,677 |
| Male Sterilization | 981 |
| Female Sterilization | 928 |

Source: KIFP, Family Planning Evaluation Seminar, 1978.

Consultation on family planning services, and pill and condom distribution are mainly done by field workers. IUD insertion and sterilization are done by physicians and para-medical personnel in government designated hospitals and clinics. Of a total of 2,125 government designated hospitals:

1,677 are for IUD insertion only,
981 are for male sterilization only, and
928 are for female sterilization.

8

## SPECIAL PROJECTS

— Hospital Project

— Urban Low-Income Area Project

— Industrial Site Project

— Military Project

Since the inception of the Korean national family planning program in 1962, the government has placed great emphasis on the implementation of the rural family planning program. However, the necessity for special projects in metropolitan areas has steadily increased due to rapid urbanization during the period. Consequently, the government has initiated numerous projects with UNFPA financial assistance. Since 1974 these projects have included the hospital family planning project which utilizes the post-partum approach in 75 general hospitals. The urban slum project operates 16 clinics in Seoul and Pusan. And the industrial family planning project is designed to serve workers in industrial complexes. Another important project which has been well accepted is the military active and reserve forces project which has resulted in the inclusion of family planning classes in the training program of the active and reserve forces. The hospital family planning project has played an important role in promoting wide spread use of female sterilization and the military project has contributed to an increase in male sterilization.

## CUMULATIVE CONTRACEPTIVE SERVICES PROVIDED BY GOVERNMENT PROGRAM

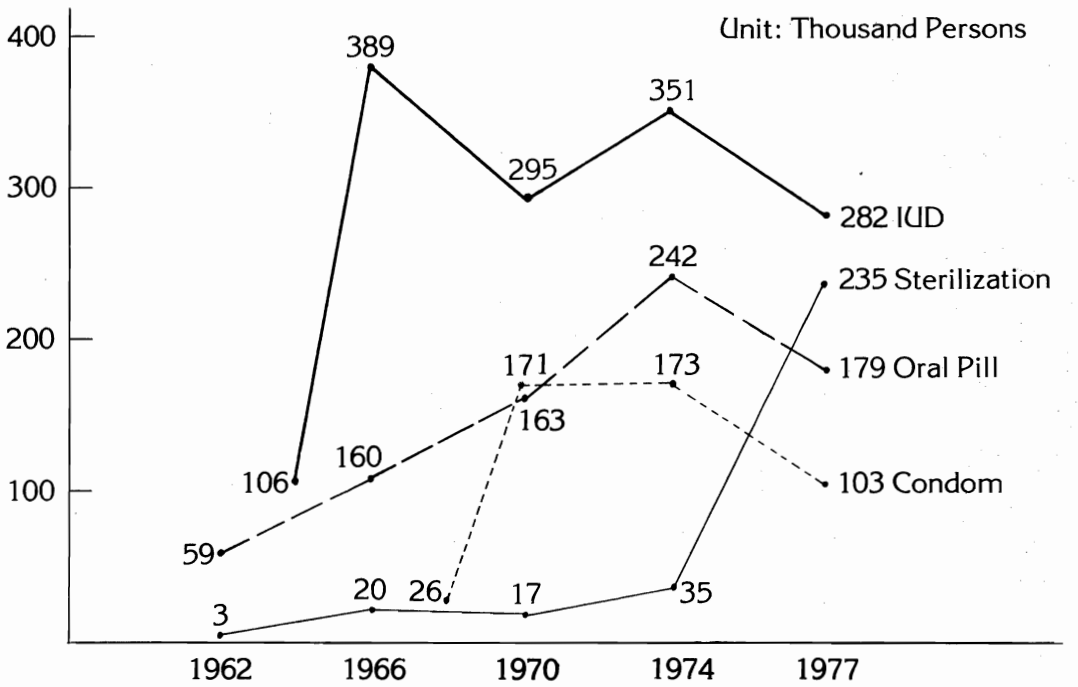
Unit: Thousand

| Services | Year Started | Cumulative Total | Annual Average |
|---|---|---|---|
| Sterilization | 1962 | 624 | 39 |
| Condom | 1962 | 2,428 | 152 |
| IUD | 1963 | 4,807 | 320 |
| Oral Pill | 1968 | 1,801 | 180 |
| Menstrual Regulation | 1974 | 37 | 9 |

Source: MOHSA and KIFP, Service Statistics (1962-1977)

Examining the years between 1962 to 1977, one may see that sterilization and condoms were introduced in 1962, IUDs in 1963, orals in 1968 and menstrual regulation in 1974.

## ANNUAL CONTRACEPTIVE ACCEPTORS: 1962-1977




Source: KIFP, Service Statistics (1962-1977).

All methods show generally increasing annual levels of acceptance since their introduction; what is most striking, however, is the magnitude of acceptance during the first 2 years of availability for all methods except sterilization.

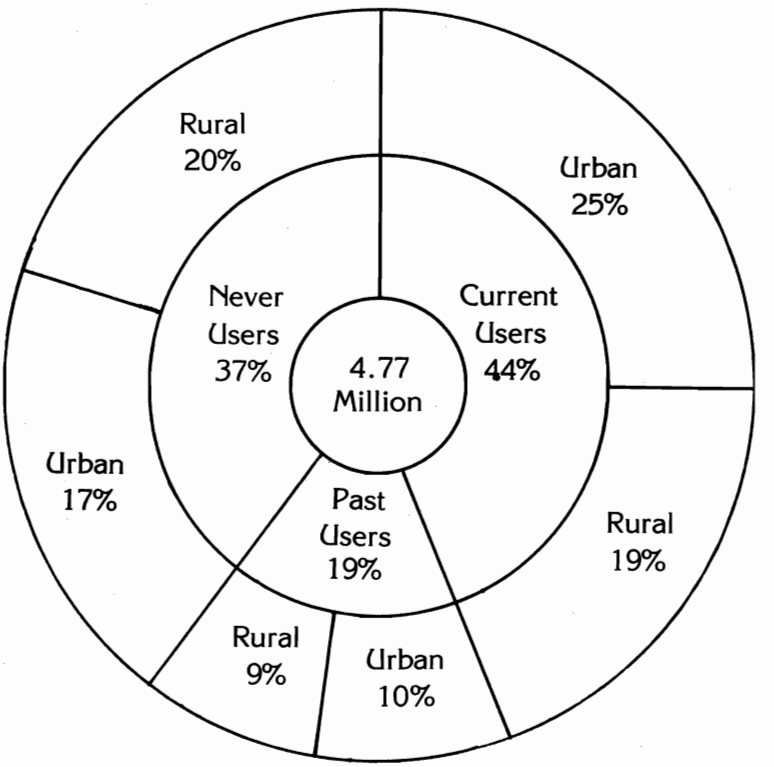
## CONTRACEPTIVE PRACTICE RATES BY METHOD

| Methods | Government-Support | Self-Support | Total |
|---|---|---|---|
| IUD | 10% | 1% | 11% |
| Sterilization | 5 | 3 | 8 |
| Oral Pill | 4 | 3 | 7 |
| Condom | 3 | 3 | 6 |
| Other Methods | - | 12 | 12 |
| Total | 22 | 22 | 44 |

Source: KIFP, 1976 National Fertility and Family Planning Evaluation Survey, 1977.

Contraceptive practice rates by method are shown on this table. The present contraceptive practice rate is 44 per cent. Half of the total 44 per cent are using contraceptives from government supported programs, while the remaining 22 per cent use contraceptives from the self-supported.

## CONTRACEPTIVE PRACTICE STATUS




Source: KIFP, 1976 National Fertility & Family Planning Evaluation Survey, 1977.

Examining contraceptive practice status by area, as of the end of 1976, it can be seen that there were 4,770,000 married eligible women. Of these, 44 per cent were currently practicing contraception, and another 19 per cent had used in the past but had stopped for one reason or another. 37 per cent had never practiced contraception. Of the 37 per cent who never practiced, 20 per cent reside in rural areas 17 per cent reside in urban areas. Of the 19 per cent who stopped practicing contraception, 10 per cent resided in urban areas and 9 per cent in rural areas.

## INFORMATION SERVICES

| Type | Methods | Primary Sources | Implementing Agencies |
|---|---|---|---|
| Interpersonal Communication | Home Visits<br>Group Approach | FP Workers<br>Mothers' Club<br>Ban Meeting* | Health Centers<br>PPFK<br>MOHA |
| | Adult Education | FP Lecturers | All Ministries and Office of Labour Affairs |
| Mass Communication | Radio & TV | Broadcasting Companies | MOCAPI & PPFK |
| | Film, Film-Strips, Slides, etc. | Theaters & FP Workers | MOCAPI & PPFK |
| | Newspaper & Magazine | Pertinent Companies | PPFK |
| | Outdoor Publicity | FP Workers & Mothers' Clubs | Health Centers<br>PPFK |
| Population Education | School Education | School Teachers | MOE & KEDI |

*A Ban is the peripheral level delete community composed of 20-30 households.

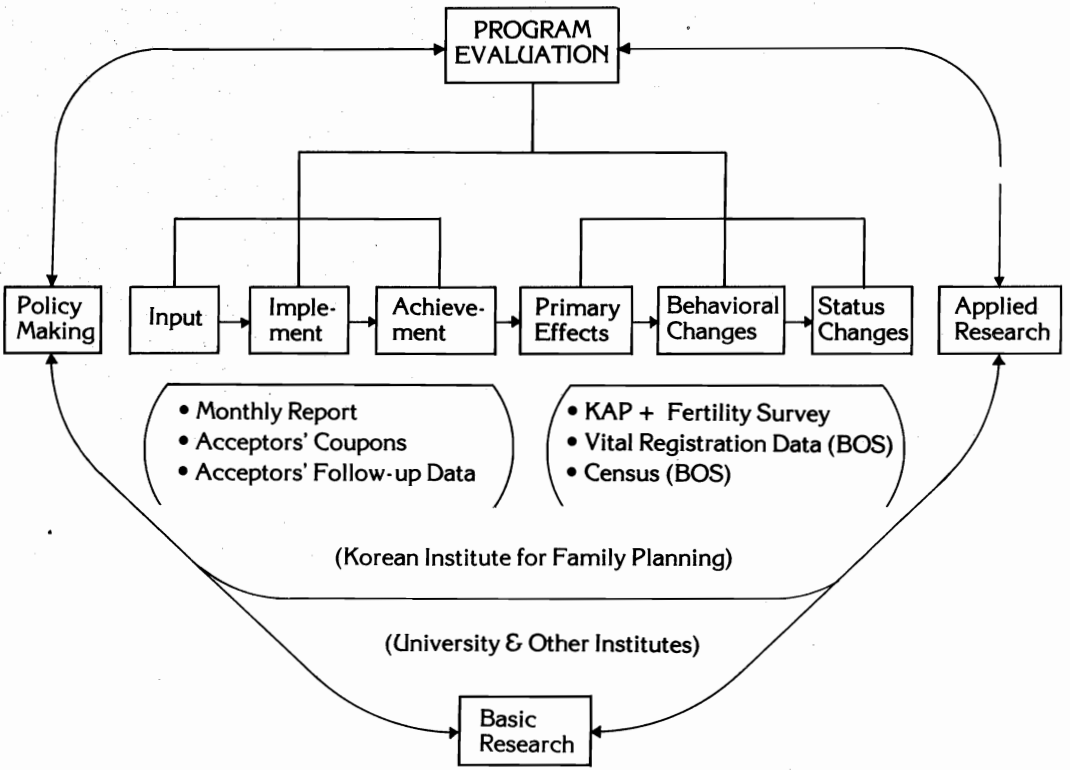
Information, education and communication activities consists of interpersonal communication, mass-communication and population education. Interpersonal communication is mainly the responsibility of the 2,700 family planning field workers who make home visits. Mothers' club members also assist in interpersonal communication activities. In addition, family planning lecturers give lectures at the Public Officers Education Centers as well as to numerous other gatherings. The Planned Parenthood Federation of Korea conducts IE&C activities through the maximum utilization of such mass communication mediums as radio, and television. Population education is conducted under the auspices of the Ministry of Education and the Center for Population Education of the Korean Education Development Institute. Population education is included in the curricula of primary and secondary schools and it is likely to be included in the curricula of colleges and universities in the immediate future.

## PROGRAM SUPERVISION

| Supervisory Units | Major Activities |
|---|---|
| Central FP supervisory unit | — Recruitment and training of FP personnel<br>— Logistic support<br>— Clinic and mobile van operations |
| Provincial FP supervisory unit | — Worker assignment, client contact and motivation<br>— Medical services to clients follow-up<br>— Utilization of mothers' clubs and community agents<br>— Management of IE & C activities |
| FP senior workers at city and county health centers | — Record and reporting |

Program supervision is an integral part of program implementation. At the central level, the family planning supervisory unit consists of key personnel from MOHSA, KIFP and PPFK. At the provincial level, the supervisory unit consists of the family planning sub-section chief, mobile van chief and other personnel. At the city and county level, a senior family planning worker is placed in each health center to provide technical supervision to the city and township field workers. The main responsibilities of the central supervisory unit are the recruitment and training of family planning personnel, logistical management, and clinic and mobile van operation. The provincial unit covers workers travel, client contact and motivation, IE&C, medical service to clients and the utilization of mothers clubs and community agents. Senior workers at the city and county health centers cover records and reporting. The Korean Institute for Family Planning is working on a new management information system be capable of the timely provision of useful information to supervisory units and other managerial components as well.

## RESEARCH & EVALUATION




Research and evaluation activities in the field of family planning are mainly done by the Korean Institute for Family Planning and by academic institutions. The Korean Institute for Family Planning is responsible for carrying out applied research for program assessment and improvement. The universities and other research institutes engage in basic research relating to fertility and family planning.

## TRAINING COURSES

| Course | Trainees | Duration | 1977 Achievement | 1978 Planned |
|---|---|---|---|---|
| Health Worker | FP workers | 1-2 wks. | 1,410 | — |
| | Integrated health workers* | 1 week | — | 2,400 |
| Clinical Personnel | Physicians | 8 days | 350 | 150 |
| | Paramedical personnel for IUD insertion | 60 days | 60 | — |
| Administration | Vice mayor/vice county chief/vice town & township chiefs | 2 days | 600 | 300 |
| | FP supervisors and senior workers | 3 days | 100 | 100 |
| | HC administrators | 3 days | 150 | — |
| Lecturer | FP instructors | 1 week | 150 | 150 |
| Special Project Personnel | Industrial site physicians | 8 days | 40 | 40 |
| | ILO FP counselors | 3 days | 150 | 150 |
| | Industrial site managers | 3 days | — | 40 |
| Others | Staff members of related organizations | 2 days | 500 | 50 |
| | College students & others | 1 day | 1,500 | 1,000 |
| | Total | | 5,010 | 4,830 |

* Integrated training program for FP, MCH and TB workers is being conducted from 1978.

The national family planning training courses are shown broken down by trainees, duration, and achievements in 1977, and the planned level of trainees in 1978. Training highlights in 1978 will include integrated health worker training designed to produce a multipurpose health worker competent in MCH, tuberculosis control and family planning. A total of 4,830 persons are to receive training in 1978.

## BUDGET

### Program Budget

Unit: Million Dollars

| Source | Expenditure (1962-1977) | Budget for 1978 |
|---|---|---|
| National Government | 30.0 (45%) | 13.1 (67%) |
| Provincial Government | 13.2 (20%) | 3.2 (16%) |
| Foreign Assistance | 16.2 (24%) | 2.0 (10%) |
| Other Revenues | 7.0 ( 1%) | 1.3 ( 7%) |
| Total | 66.4 (100%) | 19.6 (100%) |

Source: MCH Bureau, MOHSA, Summary of Major Activities, 1978.

A total of nearly 66.4 million US dollars has been spent on family planning since the inception of the national program in 1962. Sources of program income are shown in the table.

## 1978 FOREIGN ASSISTANCE BY ACTIVITIES

Unit: US Dollars

| Budget | Amount | Percent |
|---|---|---|
| Contraceptive Services | 360,000 | 18 |
| IE & C Activities | 720,000 | 36 |
| Research & Evaluation | 340,000 | 17 |
| Pilot Projects | 420,000 | 21 |
| Training & Program Management | 160,000 | 8 |
| Total | 2,000,000 | 100% |

Foreign aid to family planning amount to 2 million US dollars in 1978. Analyzing the total amount by field of activity, one can see that 18 per cent will be spent for contraceptive services, 36 per cent for IE & C activities, 17 per cent for research and evaluation, 21 per cent for pilot projects and 8 per cent for training and program management.

# II. Current Status and Issues

## CURRENT STATUS

### POPULATION, BIRTH, DEATH & INCREASE RATES BY YEAR

| Year | Population (000) | CBR | CDR | NIR | Density (Per $Km^2$) |
|---|---|---|---|---|---|
| 1960 | 24,954 | 43.0 | 13.0 | 30.0 | 253.5 |
| 1965 | 29,160* | 37.0 | 10.0 | 27.0 | 296.1 |
| 1970 | 32,241 | 30.0 | 9.0 | 21.0 | 327.1 |
| 1975 | 35,281 | 24.0 | 7.0 | 17.0 | 357.1 |

Source: EPB, 1975 Census Preliminary Report, 1976.
* 1966 Census Data.

Looking over the recent demographic trends and index in Korea one can see that the family planning program has been quite successful in reducing rates of fertility and population growth. Between 1960 and 1975, the crude birth rate in Korea declined by one-half, from 43 to 24, and the crude death rate from 13 to 7 per thousand. As a result, the natural increase rate declined from 3 percent to 1.7 per cent during the same period.

## AGE SPECIFIC & TOTAL FERTILITY RATES BY YEAR

| Age | 1960[1/] | 1975[2/] | Percent Decline (1960-1975) |
|---|---|---|---|
| 15-19 | 37 | 12 | 67.6 |
| 20-24 | 283 | 163 | 42.4 |
| 25-29 | 330 | 273 | 17.3 |
| 30-34 | 257 | 152 | 40.9 |
| 35-39 | 196 | 68 | 65.3 |
| 40-44 | 80 | 23 | 71.3 |
| 45-49 | 14 | 1 | 92.9 |
| TFR | 5,985 | 3,460 | 41.7 |

Source: 1/ 2/ EPB, 1975 Census Preliminary Report, 1976.

The total fertility rate declined from 6 in 1960 to 3.5 in 1970, a 41.7 per cent decline. The age-specific fertility rate registered gradual changes from 1960 through 1975. In 1960, age-specific fertility was highest for those in the 20-24 and 25-29 age groups. However, in 1975, the fertility for the 20-24 group declined considerably. The primary reason for this decline is the rise in the age at marriage. The fertility decline in the 35-39 age group is attributed to the family planning program.

## FACTORS CONTRIBUTING TO THE REDUCTION OF NATURAL INCREASE RATE

Vigorous implementation of national family planning program

Rising age at first marriage

Wide-spread use of induced abortion

Socio-economic progress and changing attitude toward smaller family

The reduction in the rate of natural increase has largely been due to the adoption and implementation of the national family planning program, the rising age at first marriage through the 1960s, social and legal acceptance of induced abortion, socio-economic progress and changing attitudes toward the small family.

## ESTIMATED NUMBER OF BIRTHS AVERTED BY GOVERNMENT PROGRAM (1962-1975)

Unit: Thousands

| Method | Birth Averted |
|---|---|
| IUD | 720 |
| Sterilization | 252 |
| Oral pill | 224 |
| Condom | 460 |
| Total | 1,656 |

Source: KIFP, Measurement of the Impact of the National Family Planning on fertility in Korea, 1960-1975, April 1977.

The estimated number of births prevented by contraceptive use in the government program for the years 1960 through 1975 amounts to well over 1 and a half million. A little less than half of the total births prevented are attributed to the use of IUDs.

## POPULATION & VITAL RATE GOALS OF THE FOURTH FIVE YEAR ECONOMIC DEVELOPMENT PLAN (1977-81)

| Year | Population (000) | CBR | CDR | Emigration Rate | Population Increase |
|---|---|---|---|---|---|
| 1977 | 36,436 | 23.9 | 6.4 | 1.4 | 16.1 |
| 1978 | 37,019 | 23.7 | 6.2 | 1.5 | 16.0 |
| 1979 | 37,605 | 23.7 | 6.2 | 1.7 | 15.8 |
| 1980 | 38,197 | 23.8 | 6.2 | 1.8 | 15.8 |
| 1981 | 38,807 | 23.9 | 6.0 | 1.9 | 16.0 |

Source: EPB, Plan for Population, Employment and Manpower Development in the Fourth Five-Year Economic Development Plan (1977-1981), 1976.

The estimated 1977 population of 36.4 million will reach 38.8 million in 1981, an increase of 6.5 percent. The crude birth rate will increase during the period because of several unfavorable socio-demographic factors. As a result, the population growth rate during the Fourth Five-Year Plan will be barely maintained at 1.6 percent annually even if the government continues vigorous efforts in the execution of the family planning and emigration programs during this critical period.

## ESTIMATED NUMBER OF BIRTHS AVERTED AND FAMILY PLANNING PRACTICE RATES REQUIRED TO ACHIEVE 1981 TARGET BIRTH RATE

| | 1977 | 1978 | 1979 | 1980 | 1981 |
|---|---|---|---|---|---|
| Estimated Number of Births Averted (000) | 1,033 | 1,102 | 1,167 | 1,229 | 1,291 |
| Practice Rate | 44 | 45 | 47 | 50 | 52 |

Source: KIFP, Target Setting of the Korean National Family Planning Program (1977-1981), 1977.

In order to achieve 1981 target birth rate of 23.9, family planning acceptors are to be increased from 44 percent of all eligible couples in 1976 to 52 percent in 1981. This target calls for a nearly one-third reduction in the proportion of non-practicing women who do not want additional children. This implies a significantly higher acceptance rate than has been recorded in past years, and will demand stepped-up efforts on the part of the national program at all operating levels.

## PROBLEMS RELATED TO SOCIO-DEMOGRAPHIC STATUS: THE TREMENDOUS INCREASE OF ELIGIBLE WOMEN

Unit: Thousands

| Year | Females Aged 15-44 Years | Total Number of Eligible Women | Increase in Eligible Women since 1975 | |
|---|---|---|---|---|
| | | | Number | Percent |
| 1975 | 7,799 | 4,601 | — | 100 |
| 1978 | 8,691 | 5,082 | 480 | 111 |
| 1981 | 9,255 | 5,585 | 984 | 121 |
| 1987 | 10,313 | 6,188 | 1,587 | 135 |
| 1991 | 10,973 | 6,584 | 1,983 | 143 |

Source: Economic Planning Board, the Long-Term Population Projection Mimeo., 1977.

There are a number of problems which are anticipated in the continued reduction of the birth rate in Korea. First, the post-Korean War baby boom cohort is beginning to be felt in the tremendous increase in numbers of eligible women. This number is expected to increase 21 per cent between 1975 and 1981, and 43 per cent between 1975 and 1991. The natural increase rate in 1991 will be a bit over 1.5 per cent, and the total population will be approximately 45.2 million in the year 1991.

## CONTRACEPTIVE PRACTICE AND SON PREFERENCE

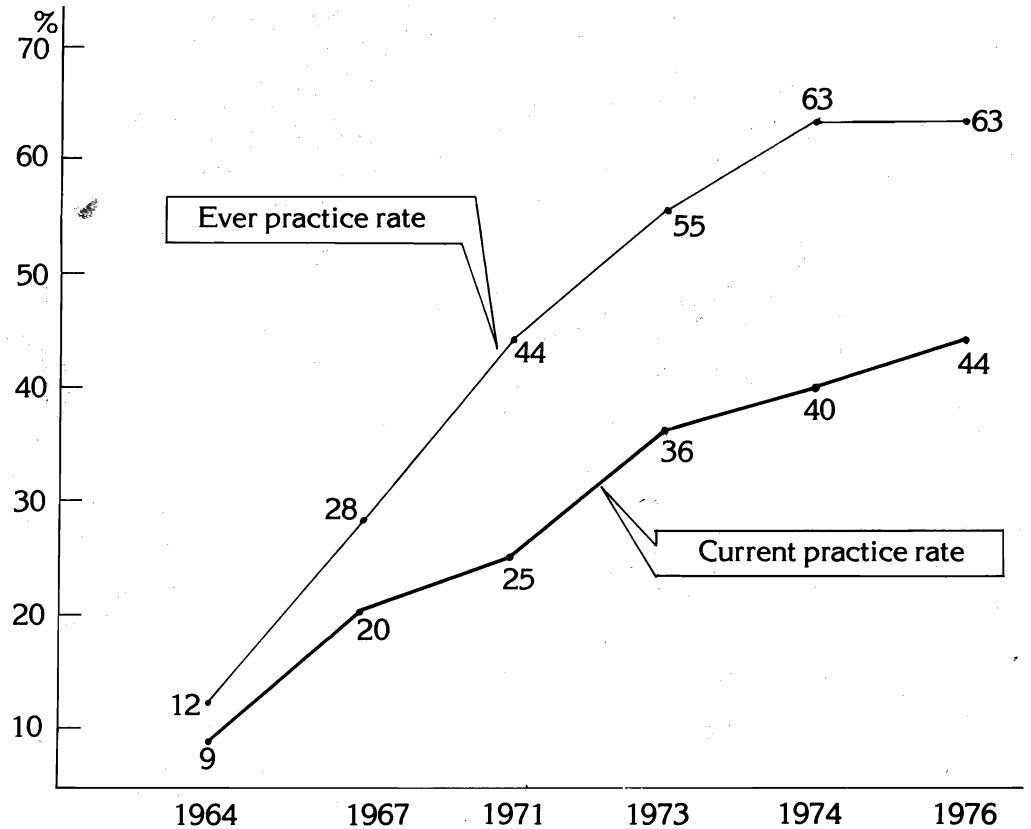
| No. of children born | Two sons | Two daughters | Two sons + one daughters | Three daughters |
|---|---|---|---|---|
| Contraceptive practice rate | 45% | 8% | 53% | 23% |

Source: KIFP, 1973 KAP and Fertility Survey, 1974.

There is a strong persistence of son preference. While half of the couples with two (2) sons are practicing contraception, only 8 per cent of those with only two (2) daughters are doing so. The total number of children in Korea is less important than their distribution by sex.

## PROBLEMS RELATING TO CONTRACEPTIVE ACCEPTANCE

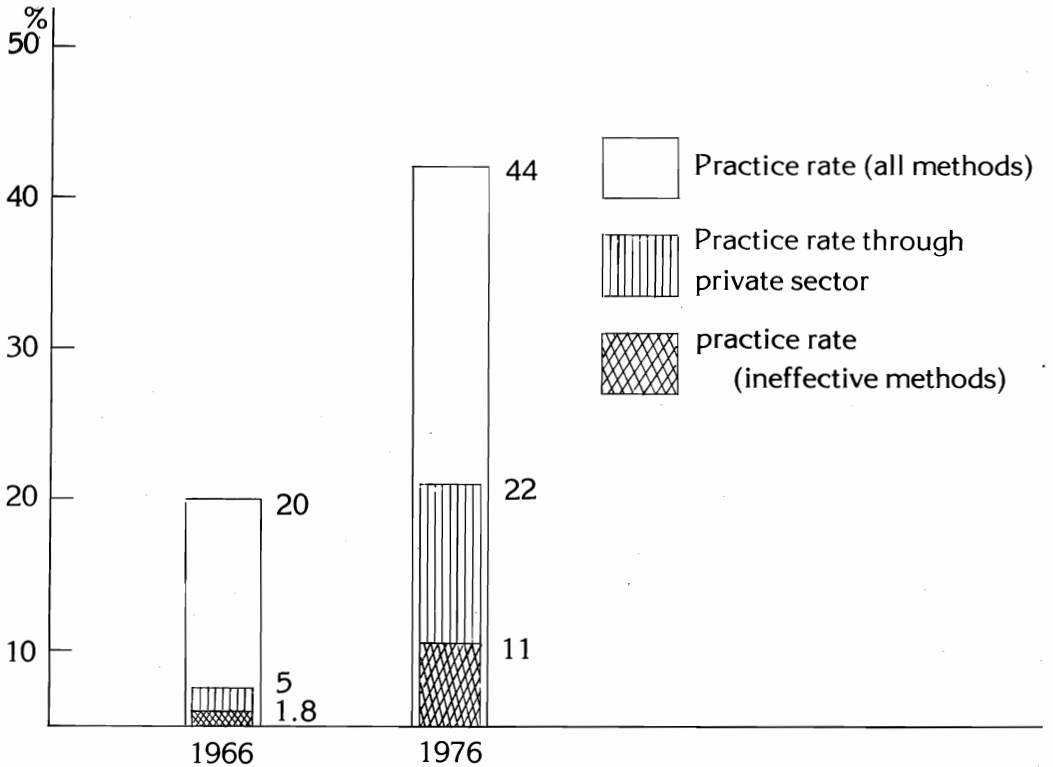
CONTRACEPTIVE PRACTICE RATE BY YEAR




Source: KIFP, 1971, 1973, 1974, 1976 Fertility & Family Planning KAP Survey Data.

Korea still has a low contraceptive practice rate. In 1964, the number of those who ever practised contraception was only 12 per cent of married eligible women. The practice rate for 1961 was 9 percent. However, in 1976, those who ever practised contraception reached 63 per cent, where it has since reached a plateau.

## INCREASE IN INEFFECTIVE METHOD USERS




Source: KIFP, 1966 & 1976 National Fertility and Family Planning Survey Data.

Another problem worthy of note is the steady increase in the number of ineffective contraceptive method users, especially in users of the rhythm method. In 1966, the proportion of those who practised these methods accounted for only 1.8 per cent of those who practised contraception in the private sector. However, in 1976, the proportion of ineffective method users increased to 11 per cent, half of the total 22 per cent practice rate in the private sector.

## DELAYED CONTRACEPTIVE PRACTICE

| Time of Contraception | Urban | Rural | Whole Country | Japan |
|---|---|---|---|---|
| Before 1st birth | 5% | 2% | 3% | 20% |
| Between 1st and 2nd births | 16 | 9 | 12 | 35 |
| Between 2nd & 3rd births | 25 | 17 | 21 | 28 |
| After 3rd birth | 54 | 72 | 64 | 17 |
| Total | 100 | 100 | 100 | 100 |

Source: KIFP, 1973, National Fertility & Family Planning KAP Survey, 1974.
The Population Problem Research Council, Summary of 13th National Survey of Family Planning, Tokyo, 1975.

The age at which Korean women start practising contraception currently falls in the latter part of their reproductive span. Only 3 per cent of eligible women start practising during their first birth interval. However, 64 per cent start practice in the third birth interval. In comparison, in Japan, 20 per cent of the total eligible women start practising in their first interval, and 17 per cent in their third interval.

## CONTRACEPTIVE PRACTICE BY PURPOSE

| Purpose | Total | Urban | Rural |
|---|---|---|---|
| Fertility termination | 83.3% | 82.5% | 84.2% |
| Spacing | 14.9 | 15.6 | 14.2 |
| Other reasons | 1.8 | 1.9 | 1.6 |
| Total | 100.0 | 100.0 | 100.0 |

Source: KIFP, 1976 National Fertility and Family Planning Survey Data, 1977.

Analyzing contraceptive practice by purpose, 83.3 per cent of eligible women in Korea practise contraception to terminate pregnancy, but only 14.9 per cent do so for birth spacing.

## LOW CONTINUATION RATES FOR IUD AND ORALS

CUMULATIVE DISCONTINUATION RATES FOR IUD AND ORALS

| | IUD | | Oral Pill | |
|---|---|---|---|---|
| **Period** | **1973** | **1976** | **1973** | **1976** |
| Within 1 month | 10% | 18% | 16% | 30% |
| Within 3 months | 23 | 27 | 35 | 45 |
| Within 6 months | 33 | 36 | 51 | 54 |
| Within 12 months | 44 | 47 | 65 | 66 |

Source: KIFP, 1973 & 1976 National Fertility & Family Planning KAP Survey.

Other problems are the high discontinuation rates for IUDs and orals. Within the first six months, over one-third of the IUD users and over one-half of those using the pill have dropped out. The table reveals an increasing trend in IUD and oral pill discontinuation.

## ORAL AND CONDOM USE BY SOURCES

| Source | Oral Pill | | Condom | |
|---|---|---|---|---|
| | Urban | Rural | Urban | Rural |
| Health Center | 41.5% | 66.1% | 25.9% | 66.0% |
| Designated Clinic | 2.4 | 1.2 | 1.4 | 3.8 |
| Drug Store | 54.5 | 22.2 | 64.6 | 21.7 |
| Mothers Club | — | 7.8 | — | 2.8 |
| Others | 1.6 | 2.7 | 8.1 | 5.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

Source: KIFP, 1976 National Fertility and Family Planning Survey Data, 1977.

Orals and condoms are distributed through health centers and drug stores. Users buy contraceptives in the drug stores. Users in urban areas prefer drug stores to health centers, so measures should be taken to better utilize the existing commercial marketing channels to facilitate contraceptive distribution. Users in rural areas prefer health centers to drug stores, but the health centers are thinly spread over a wide area, inhibiting contraceptive distribution in the rural regions.

## STERILIZATION AND IUD SERVICE BY AUTHORIZED CLINIC

| Type of Clinic | Sterilization | | IUD | |
|---|---|---|---|---|
| | Urban | Rural | Urban | Rural |
| Health center | 14.8% | 30.8% | 42.7% | 55.9% |
| Designated clinic | 82.3 | 63.8 | 49.6 | 32.1 |
| Mobile clinic | — | — | 5.1 | 9.8 |
| Others | 2.9 | 5.4 | 2.6 | 2.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

Source: KIFP, 1976 National Fertility and Family Planning Survey Data, 1977.

In urban areas, 14.8 per cent of sterilizations are done at health centers and 82.3 per cent are done at government-designated hospitals. In rural areas, 30.8 per cent of sterilizations are done at the health center, and 63.8 per cent at the government-designated hospitals. As for IUD insertions, in the urban areas, 42.7 per cent are conducted at health centers, and 49.6 per cent at government-designated hospitals. In the rural areas, 55 per cent of the IUD insertions are carried out at health centers, and 32.1 per cent at the government-designated hospitals. Major service delivery problems are that the government limits supplies of IUDs to the government-designated hospitals, and it is virtually impossible to purchase them through commercial outlets. Thus the non-government-designated hospitals can not participate in the IUD insertion program. Another problem is that the government-designated hospitals inserting IUD are all concentrated in one portion of a given area whether urban or rural. The third problem is that hospitals performing tubectomies are mostly located in urban centers, and tubectomy service is not easily available in the rural areas.

# III. Immediate Future Program Direction

1. To strengthen the current operation and management system of the government program.

2. To increase self-supported program through the maximum utilization of commercial sector.

3. To integrate family planning program with other development programs.

4. To strengthen social incentive and disincentive programs that encourage smaller families.

Since 1962 the Korean Government has undertaken a national family planning program as a part of population policy. The program has been quite successful in reducing fertility and population growth, despite having operated in the absence of other program directed at similar goals. However, the rising trend in the crude birth rate anticipated in the immediate future will make the task of achieving a low target birth rate in the period very difficult. At this point, fertility control policy in Korea must become more comprehensive. First, the current operation and management system of the government program must be strengthened, second, the self-supporting commercial program must be strengthened, third, the family planning program must be integrated with other development programs. Fourth, social incentive and disincentive programs encouraging small families must be strengthened.

## 1. TO STRENGTHEN THE CURRENT OPERATION AND MANAGEMENT SYSTEM OF THE GOVERNMENT PROGRAM

### Target Setting System

Problems:

Lack of consideration on clients characteristics and preferences on contraceptive methods in allocating targets.

- Waste of contraceptives
- Increase in contraceptive discontinuation rate
- Poor quality of service statistics

Recommendations:

Adoption of weighted credit system.

The present target system has to be improved. The current target system is based on the contraceptive methods available. To achieve the pre-determined target, individual family planning field workers force contraceptors to receive whatever methods were specified in the target regardless of the acceptors own preference. This has resulted in high discontinuation rates, a large wastage of contraceptives and poor quality service statistics. In order to improve the present target system, the weighted credit system has to be introduced as soon as possible. The weighted credit system sets the family planning target for an area on the basis of the couple years of protection to be achieved in a given area, not on the basis of specified methods.

## INFORMATION, EDUCATION & COMMUNICATION

Problems:

Ideal family size and son preference remain critical problems.

Child spacing is little practiced.

The use of ineffective methods is increasing while induced abortion remains very common.

Recommendations:

Research and program development should be directed at innovative IE&C strategies in order to reduce the problems.

Advantage of child spacing, relative advantage and safety of effective contraceptive methods should be emphasized in IE&C activities.

Special programs should be developed to reach umarried youth.

Information, education and communication are an important part of the provisions of contraceptive services. The problems faced by the IE&C unit are those of high ideal family size and son preference. Another problem is that child spacing is very little practised in Korea. Finally use of ineffective methods is steadily increasing and induced abortions remain very common. Additional efforts should be made to reduce son preference both through new IE&C campaigns and through the training of family planning workers. Research and program development should also be directed to develop innovative IE&C strategies in order to explain the advantage of children spacing, as well as the relative advantages and safety of effective contraceptive methods. Another recommendation suggested is that special IE&C and service programs should be developed to serve young and unmarried persons since a considerable proportion of Korea's currently married women became pregnant before marriage.

## RESEARCH AND EVALUATION

Problems:

Ineffective system of coordination between program implementation and research/evaluation activities.

- Time lag between availability of research results and program implementation
- Lack of interest in research and evaluation activities among policy makers.

Ineffective coordination among population and family planning research institutions.

- Excessive concentration of research in limited areas.

Recommendations:

Adoption of block grant system for allocation of research and evaluation funds.

Coordination in the selection of research topics.

Rapid feed-back of research and evaluation results for policy making.

Problems indicated by past research and evaluation are the ineffective system of coordination between program implementation and research and evaluation activities. Time lag between selection of research topics and their implementation has been excessive. There has been insufficient interest in research and evaluation activities among policy makers at the higher levels. Ineffective coordination among population and family planning research institutions has resulted in excessive concentration of research in a few areas and in duplicated research activities. In order to conduct more efficient research and evaluation activities in the future, the adoption of a block grant system is necessary. This system of funding reduces the time involved in the bureaucratic approval process.

## TRAINING

Problems:

Increased number of persons requiring training due to integration with other development programs.

Insufficient training for professional instructors.

Recommendations:

Increase existing training capacity and local training programs.

Develop and disseminate new training materials.

Develop specialized instructor training.

Training is provided for integrated health workers, clinical workers, local administrators, special project workers and other family planning workers. Major content areas include contraceptive knowledge, techniques for behavioral change, supervision, and general population problems. In recent years, increasing numbers of persons have required training due to the integration of family planning with other development programs. Problem areas include an insufficient training program for professional instructors, and a lack of new training materials. KIFP should increase its existing training capacity, establishing training programs at the local level and develop and disseminate new training materials. KIFP must also develop and conduct specialized instructor training programs to meet future demands.

## SUPERVISION

Problems:

Lack of necessary knowledge on the part of the supervisory teams at different levels.

Recommendations:

Develop training programs for supervisory personnel.

Improve supervisory system at implementing organizations.

Place professional evaluation personnel at the provincial level.

The problems related to program supervision include lack of necessary knowledge on the part of supervisory teams at various levels and a generally weak supervisory system. To solve this problem, recommendations have been made to develop various technical training programs, to improve supervisory systems within the implementing organizations and agencies and to place professional evaluation personnel at the provincial level.

## 2. TO INCREASE SELF-SUPPORTING USERS THROUGH MAXIMUM COMMERCIAL SECTOR UTILIZATION

ORAL AND CONDOM USERS BY SOURCE OF SUPPORT

| Source of Support | Oral Pill | | Condom | |
|---|---|---|---|---|
| | 1973 | 1976 | 1973 | 1976 |
| Government | 5.0% | 4.7% | 4.0% | 3.2% |
| Self-support | 3.0 | 3.0 | 3.0 | 3.0 |
| Total | 8.0 | 7.7 | 7.0 | 6.2 |

Source: KIFP, 1973 Fertility and Family Planning KAP Survey, 1974.
1976 Fertility and Family Planning Survey Data, 1977.

The expansion of the self-supported program should take place. At present, oral pills, condoms and foam tablets are being distributed through pharmaceutical companies and private drug stores. The 1973 and 1976 KAP and fertility surveys show that the practice rate of orals and condoms distributed under the government-supported program are decreasing. However, the practice rates of oral pills and condoms supplied under the self-supported program show no change.

## RECOMMENDATIONS FOR INCREASING SELF-SUPPORTING USERS

Preferential treatment to contraceptive manufacturing companies.

- Reduction of exemption of taxation on contraceptives.
- No customs duties on contraceptive raw materials.
- Financial support to contraceptives manufacturing companies.

Obligatory advertisement of contraceptives by manufacturing companies.

Designation of drug stores as family planning consultation centers.

- Train pharmacists and display the sign at designated drug stores.

Distrbution of IUD equipment to non-designated clinics.

The government has to help expand the commercialization of contraceptive distribution by gradually reducing the number of pills and condoms it distributes. To encourage private pharmaceutical companies to manufacture and distribute contraceptives, the government should provide the following preferential treatments: one, exemption of taxes on contraceptives made by private pharmaceutical companies. Two, exemption of customs duties on the raw materials used for contraceptive manufacture. Three, financial support to the pharmaceutical companies producting and distributing contraceptives. Four, obligatory advertisement of commercial contraceptive products through commercial media channels. The government should also designate some private drug stores as family planning consultation centers, and have the pharmacists at these stores trained in family planning. At the same time, designated drug stores should be a sign family planning. Finally, the government should provide the non-government-designated clinics with IUD equipment and training in IUD insertion.

## 3. TO INTEGRATE THE FAMILY PLANNING PROGRAM WITH OTHER DEVELOPMENT PROGRAMS

— New village movement program

— Maternal & child health and tuberculosis program.

— Industrial site program.

— General hospital program

Efforts should be made to integrate the national family planning program with other development programs. Under the new slogan "Beyond Family Planning," the family planning program is to be fused with other modernization and development programs such as the New Village Movement. The family planning program should be part and parcel of the development program. The following are some of the development programs with which the national family planning program is to be integrated: The New Village Movement program, the MCH and the Tuberculosis program. In addition, the family planning program should push ahead with the industrial sites project and the general hospital's project.

## 4. TO STRENGTHEN SOCIAL INCENTIVE AND DISINCENTIVE PROGRAMS THAT ENCOURAGE SMALLER FAMILIES

Social support policies currently adopted by the government.

— Population education through formal education system.

— Income tax exemption up to two children only.

— Priorities to sterilization acceptors in public housing.

— Revision of the Family Law.

The government should provide continuous social support to the family planning program. Among the social supports the government recently adopted are:
Education on population in the primary and secondary schools, an income tax exemption to those who have no more than 2 children, priority in public housing to those who had undergone sterilization, and revision of the Family Law.

## SOCIAL SUPPORTING POLICIES UNDER CONSIDERATION IN KOREA:

— Revision of Inheritance Law.

— Promotion of women's social status.

— Introduction of group incentive system.

— Differential delivery charges by mothers parity.

— Priority in employment for small family.

— Paid leave for sterilization acceptors.

— Legalization of induced abortion for economic reasons.

Other social support policies for the family planning program which the government is likely to adopt in the future include the revision of the present Family and Inheritance Laws, the legalization of equal opportunity for women in employment and improvement in the status of women; the introduction of group oncentive systems for fertility control; the institution of differential child-deiivery charge by parity, priorities in employment to those with a small family, paid-leave for sterilization acceptors, and increased legal grounds for induced abortion.