POPULATION AND FAMILY PLANNING IN KOREA

September 1988

KOREA INSTITUTE FOR
POPULATION AND HEALTH

PREFACE

This publication has been prepared for those who are interested in Korea's population and family planning programs in an effort to promote their understanding of our national programs and to share information on our experience.

The Korean government is attempting to achieve a welfare society at the earliest possible date and our citizens have participated with great perseverance in the effort to reach this national goal. The national family planning program is one of the focal points of our overall development planning, and the government will continue to support and implement the program so that we can develop a new and even better program.

We hope this booklet will contribute to your understanding of Korean family planning programs parallel with your visit to our Institute.

September 1988

Dal-Hyun Chi, Ph. D.
President
KIPH

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I. HIGHLIGHTS OF PROGRAM POLICY DEVELOPMENTS (1961-1985)

A. National Family Planning Program Established (1961-1970)

The decade of the 1960s was highlighted by the establishment of the national family planning program. In 1961, the government adopted a population growth control policy as a part of its economic development plan which started in 1962. The national family planning program was initiated at this time under the jurisdiction of the Ministry of Health and Social Affairs (MOHSA) and has been implemented through its network.

Parallel with the government program, the participation of the non-government organization (NGO), the Planned Parenthood Federation of Korea, has been significant in the development of the national family planning program. In addition another NGO, mothers' clubs, were organized throughout the country with the participation of women in small villages.

International doner agencies such as the Population Council, International Planned Parenthood Federation, Swedish International Development Authority, and the United States Agency for International Development have assisted family planning activities technically and financially.

1961 • National FP program policy adopted as a part of economic development plan starting in 1962

1961
- The law prohibiting importation and domestic production of contraceptives abrogated
- The Planned Parenthood Federation of Korea established as a non-governmental voluntary organization
- The FP slogan, *Have Few Children and Bring Them Up Well,* adopted

1962
- The national FP program initiated under the jurisdiction of MOHSA through the government's health service system
- An FP counselling room established and two FP workers assigned to each of 183 health centers
- Training programs on vasectomy procedures for FP workers and for physicians
- Vasectomy, condom and jelly introduced into the national program

1963
- MCH Division established under the Bureau of Public Health, MOHSA
- Two additional FP senior workers assigned to each of 183 health centers

1964
- An FP field worker assigned to each of 1,473 township health sub-centers
- Training program on IUD insertion initiated for physicians and IUD introduced into the national program
- FP mobile teams introduced to cover remote areas

1965
- FP Survey and Evaluation Team established in MOHSA

1966
- FP target system included in the national program

1968
- FP Mother's Clubs organized throughout the country
- Oral pill introduced in the national program

B. Program Management and Urban Program Strengtened (1971-1975)

This period was characterized by the expansion of family planning organizations and the promotion of their research and evaluation functions. The family planning programs were diversified to meet the needs of specific target groups such as the urban poor, industrial workers, hospital patients and the reserve army. During this period the induced abortion law was revised and the government gave priority to family planning rather than the MCH program. Another foreign agency, the United Nations Fund for Population Activities also initiated participation in the Korean family planning program.

1971
- The Korean Institute for Family Planning established
- FP Slogan, *Stop at Two Regardless of Sex,* adopted

1972
- Government FP program organization strenghtened by establishing the Bureau of MCH in MOHSA

1973
- MCH law promulgated providing legal grounds for induced abortion under certain medical conditions or for psychiatric reasons.

  Paramedics allowed to insert IUD

1974
- Special urban FP projects, hospital project, industrial site project, urban low-income area project and reserve army project initiated
- MR service introduced into the national program
- Income tax exemption for up to three children and population education project introduced

1975
- Training program for physicians on female laparoscope sterilization procedures started
- The Korean Association for Voluntary Sterlization (KAVS), a voluntary organization, established

C. Social Support Policy Measures Diversified (1976-1980)

The latter part of the 1970s was highlighted by the carrying out of many social support policies, that is, the implementation of incentive and disincentive systems, promotion of women's legal rights and development of population education. Specifically, reduced income taxes and delivery charges were provided for two children families to promote a small family norm. The women's inheritance law was revised to upgrade women's status and a population education program was initiated in primary and secondary schools. Female sterilization was introduced into the national program during this period and it has been the most widely used contraceptive service ever since.

1976
- Female sterilization introduced into the national program
- The Population Policy Deliberation Committee established under the Deputy Prime Minister
- A male information officer assigned to each of the 138 county health centers

1977
- Families given income tax exemption up to two children only
- Tax exemption given for corporation expenditures on FP services to employees
- Family law concerning women's property inheritance revised
- FP Mothers' Clubs integrated into the Saemaul Women's Association
- Population education included in the high school curriculum

1978
- Priority in alloting public housing given to sterilization acceptors with one or two children
- Tax exemption given for imported contraceptive raw materials

1978 • FP slogan, *A Well Bred Girl Surpasses Ten Boys,* adopted
• Population education included in the middle school curriculum

1979 • Population education included in the primary school curriculum

1980 • Child delivery charges reduced for sterilization acceptors in public hospitals after second delivery

D. Population Control Policy Measures Strengthened (1981-1985)

During this period, the government promulgated innovative population control policies with emphasis on the family planning program management system and continuing increased emphasis on social support policy. The government paid particular attention to the impact of the population increase rate on the nation's socio-economic development and development of welfare society when setting up the Fifth Five Year Economic Development Plan. The quality of life had become a social issue and the MCH law was revised to provide improved maternal and child health services.

1981 • 49 innovative policy measures recommended by 13 ministries to emphasize FP program management system and social support policies
• Family Health Division established in MOHSA as an integrated division of FP and MCH divisions
• Health worker's status upgraded from temporary worker to regular health employee
• The Korea Institute for Population and Health inaugurated by integrating the Korean Institute for Family Planning and the Korea Health Development Institute

1982
- FP sections of provincial governmental reorganized to make them Family Health Sections to provide additional MCH services
- Sterilization and MR services provided through the medical insurance system
- Priority for welfare assistance and housing loans given to sterilization acceptors with one or two children
- Monetary subsidies provided to low-income sterilization acceptors to compensate for lost wages
- Free primary medical service provided at health centers for the children up to 5 years of age for sterilization acceptors with one or two children
- Education allowance tax exempted for first two children
- Pilot projects on monetary incentive for sterilization acceptors with one or two children

1983
- Family and education allowances provided for government employees with up to two children
- Medical insurance delivery allowance provided for the first two deliveries only
- Copper-T introduced into the national program
- IUD services provided through the medical insurance system
- Family health evaluation units established at the provincial level and at local health centers
- A male information officer was assigned additionally to each of 85 city health centers
- New FP slogans *Even Two are Too Many,* and *Have One Child with Happiness and Love* introduced
- Sterilization age range lowered from 15-44 to 15-34 years

1984
- Mid-and long-term loan priority for public housing given to sterilization acceptors with one child
- Regulation banning the employment of female ship crews revised

1984
- Medical insurance benefits expanded to cover the parents of married female employees

1985
- Free delivery service provided through the PPFK clinics and MCH centers for those women who want only one child
- Free medical service for children under 6 years and hepatitis vaccination for children under 4 provided to sterilization acceptors with only one child
- Private pharmacists designated as demonstration drug stores for family planning counselling
- Completed constructing 89 MCH centers with IBRD loan
- MCH law revised to provide systematic and improved care to pregnant women, mothers, infants and children and to collect reliable MCH data

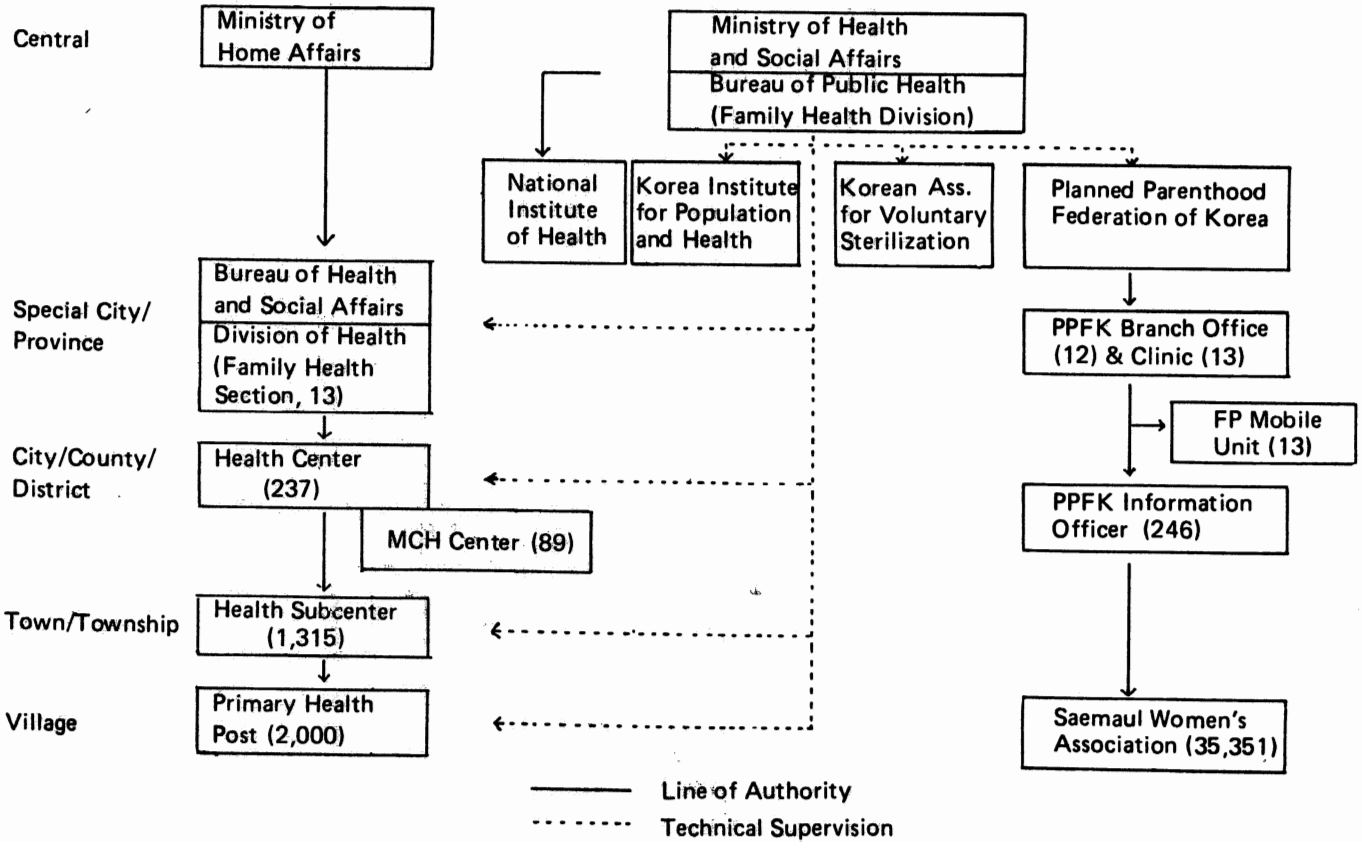
II. PROGRAM MANAGEMENT

A. Program Organization

The Ministry of Health and Social Affairs (MOHSA) is responsible for the overall implementation of the national family planning program. Within MOHSA the Family Health Division in the Bureau of Public Health controls all activities related to MCH and family planning. There are four supporting organizations at the national level: the National Institute of Health (NIH), the Korea Institute for Population and Health (KIPH), the Korean Association for Voluntary Sterilization (KAVS) and the Planned Parenthood Federation of Korea (PPFK). NIH is responsible for program personnel training and KIPH conducts research and evaluation of the population and family planning programs. PPFK is responsible for the I.E.&C. program with its branch offices including the operation of the mobile unit. KAVS trains physicians responsible for family planning and provides contraceptive follow-up services.

At the provincial level, the Family Health Section in the Public Health Division is responsible for the family planning program. Health centers at the city and county level provide MCH and family planning services. This health centers are under the administrative control of the provincial government through city and county offices. At the township level, one to two field workers are assigned to each health subcenter to provide MCH and contraceptive services and to motivate the eligible population for family planning practice. Community Health Practitioners, the directors of Primary Health Posts, also work for the family planning program at the remote township level. The Saemaul Women's Association participates as a grass roots level volunteer organization at the village level in the MCH and family planning programs.

Figure 1. FP Program Organization Network



B. Program Operation

1. Program Services

Most contraceptive services are provided through health workers and designated private physicians. Health workers distribute condoms and oral pills, and refer sterilization and IUD acceptors to designated physicians. The designated physicians provide such contraceptive services as IUD insertion, male and/or female sterilization, M.R. services and side effect treatment depending on their specialities at their own clinics. Their fees are covered by the government on a per case basis. Sterilization services are provided free of charge and IUDs, condoms, and oral pills are distributed for very modest service fees.

The total number of family health workers in 1987 was 2,196. Currently, there is a total of 3,021 family planning designated hospitals and clinics.

Table 1. Government Family Health Workers and Designated Clinics

Workers or Clinics	Number
Gov't FH Workers	2,196
Provincial Supervisors	16
Health Workers	2,180
FP Designated Clinics	3,021

Source: KIPH, Monthly Family Planning Service Statistics, Dec. 1987

2. Target System

The target system was introduced when the First Five-Year Development Plan was put into effect, and was developed subsequently

in the family planning program. Under this system, the central family planning implementing agency calculates the target amount of each contraceptive required to cover the yearly family planning target population. The total amount is then distributed to each locality in proportion to the number of eligible women in that area.

The advantage of the target system is that the central agency can exercise a strong influence and immediate control over the local family planning agencies, but the disadvantage of this system is that it totally ignores the local officials' opinions and the contraceptive preference of the individual acceptors in a community. Furthermore, since the target has been set to recruit acceptors of specific methods, the health workers are overloaded in trying to achieve the target which allows no time for follow-up activities.

3. Training

The need for health worker training has been consistently emphasized. During the 1960s training programs were conducted mainly by the PPFK in health centers. In 1971 with the transfer of the training to KIFP, training focused on developing the skills and strategies required for improving program management and I.E.&C. activities.

The National Institute of Health (NIH) took over the training programme in 1981. After 1982, however, NIH delegated its programme of training health workers to the concerned authorities of provincial and municipal governments.

In order to prepare the local authorities for their training responsibility, NIH conducted a training of trainers course of six weeks' duration.

The participants in this course consisted of university faculty staff, some medical clinicians who had their own clinics where the training programme was to be carried out, and some local government administrators who were residents in the training areas.

Every year the municipal and provincial governments conduct a

4-day refresher course for health workers who have completed the basic training course of 16 weeks at NIH.

NIH retains responsibility for the training of family health section chiefs from every health center, a four-day refresher course for trainers of local health workers, and many other training courses for various health officials.

In addition another training program for the designated doctors in IUD insertion and sterilization techniques is offered by KAVS.

4. Information, Education and Communication (I.E.& C.)

Korean family planning I.E. & C. is being carried out by a private agency, PPFK. It is given full responsibility for implementing I.E. & C. in support of the national family planning program.

The purpose of I.E.& C. programs is to provide general information about family planning, thereby creating a favorable atmosphere for its practice. Another aim is to disseminate accurate and detailed information on family planning methods and guidance for counselling and medical service.

A great deal of I.E.& C. effort has been placed on the elimination of the son preference attitude through TV and radio dramas and magazine articles. The message emphasizing the improvement of the women's status and the benefits of having daughters were inserted in the movies and slides. Also spot broadcasts are used to inform of the service points.

In addition to utilizing the mass media and interpersonal communication, the I.E. & C. program utilizes various social, religious, and women's organizations. FP education and training of the leaders of non-family planning organizations is carried out in order to attract their interest and to bring about self supported FP programs within the organizations in the future.

The content of the I.E. & C. message has been changed as the people's needs and interests changed in accordance with economic development and social changes. In the 1960s and early 1970s, the economic aspects were emphasized to popularize the two child family norm. In the late 1970s with a rapidly developing economy, the I.E.&C. message focuses on the quality of life and responsible parenthood. In the 1980s the one child family regardless of sex was emphasized.

In 1983 an audio-vidual material production studio was built in PPFK and it has been producing various video tapes and slides.

5. *Research and Evaluation*

Research and evaluation activities have received particular attention from the very beginning of the national family planning program. A family planning evaluation team was established in 1965 within the Maternal and Child Health Section of the MOHSA. This team later became the National Family Planning Center, and was finally reorganized to become KIFP.

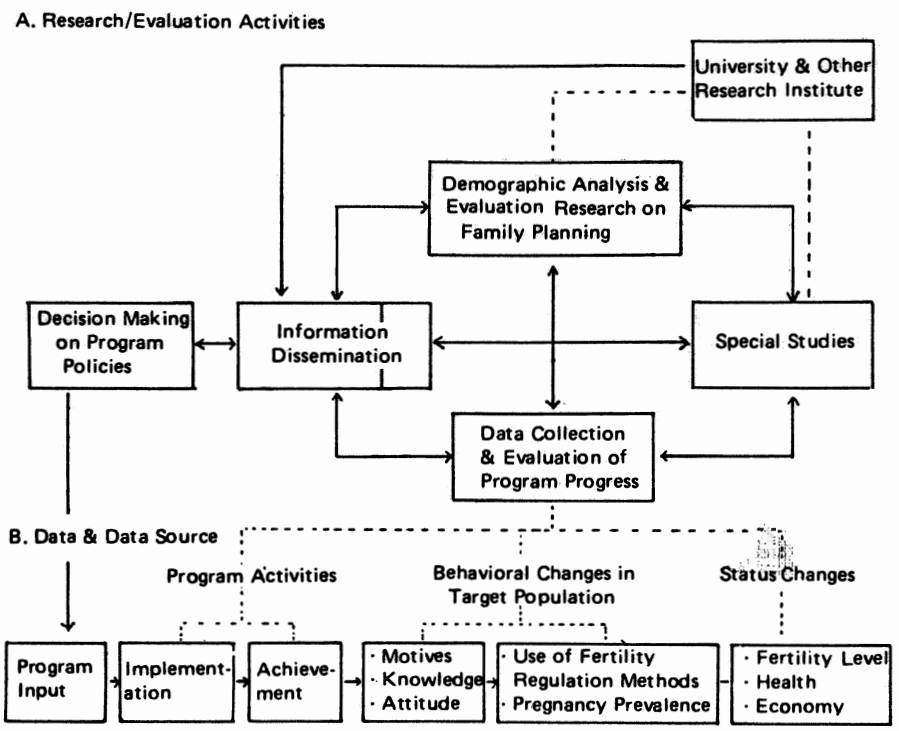
KIFP was merged with the Korea Health Development Institute (1976-1981) in July 1981 and became the Korea Institute for Population and Health, which retained its previous objectives and functions. Its primary functions are to carry out studies and evaluation of population and family planning programs, to render assistance and services for family planning and maternal and child health programs, and to provide professional expert opinions in formulating government policy.

Specifically, to conduct regular monitoring and evaluation of the activities of the national family planning program, program and service statistics have been collected monthly from 13 cities/provinces and 237 health centers by KIPH. The analyzed data, which indicated program progress in each city/province and health center, were evaluated and the results of the data have been periodically fed back for program implementation (monthly feedback to city/province, quarterly to health center).

An annual meeting of relevant FP program personnel at central and local levels have been held by KIPH to review the previous year's program and to revise the following years program directions.

To improve the management and evaluation capabilities of program managers, evaluation teams at all levels were organized and operated; (central level: 7 persons from MOHSA, KIPH, PPFK, and KAVS; provincial level: 5 persons from working level staff of city/provincial government, branch offices of PPFK; county level: 4 persons from working level staff at the health center). The functions of the evaluation teams are to monitor, and evaluate the program and to supervise the field staff through field visits.

Figure 2. Korean National Family Planning Program Research/Evaluation System and Feedback Mechanism



C. Family Planning Program Expenditures

FP program expenditures during the last 25 years amounted to 184 billion won, which came mainly from three sources: the national government, provincial governments and foreign aid.

Table 2. FP Program Budget by Program Development Stage

Unit: thousand won (%)

Stage in Program Development	Total	National Gov't	Provincial Gov't	Foreign Assistance	Other Revenue
A. Establishment of National FP Program (1961-1970)	6,784,279 (100.0%)	(45.4%)	(25.7%)	(28.3%)	(0.6%)
B. Strengthening of Program management and Urban Programs (1971-1975)	12,053,314 (100.0%)	(33.9%)	(18.1%)	(30.6%)	(17.4%)
C. Introduction of Social Support Policy Measures (1976-1980)	45,786,226 (100.0%)	(63.3%)	(17.4%)	(12.0%)	(7.3%)
D. Strengthening of Population Control Policy Measures (1981-1985)	119,295,166 (100.0%)	(79.2%)	(5.0%)	(13.1%)	(2.7%)
Total	183,918,985 (100.0%)	(71.0%)	(9.7%)	(14.6%)	(4.7%)

Note : In Current Prices
Source : Ministry of Health and Social Affairs, 1986 (Unpublished)

Since the adoption of the new population policy in December 1981, FP program expenditures increased drastically from 12.6 billion won in 1981 to 22.1 billion won in 1983 and 42.6 billion won in 1985. As a result the expenditure per currently married woman was 7,114 won and 83,057 won per averted birth in 1985.

Table 3. Family Planning Program Expenditures, 1981-1985

Classification	1981	1982	1983	1984	1985
1. Total Program Expenditure (million won)	12,621	15,858	22,072	26,190	42,554
2. Number of the Currently Married Women Aged 15-44 (thousand persons)	5,273	5,429	5,589	5,756	5,982
3. Number of Births Averted	250,179	397,786	627,482	586,802	512,348
4. Cost per Currently Married Woman (won) (1/2)	2,394	2,921	3,949	4,550	7,114
5. Cost per Birth Averted (won) (1/3)	50,448	39,867	35,176	44,631	83,057

Note : In Current Prices
Source : MOHSA, Reference Book on National Family Health Program

Among total family planning program expenditures, the amount spent by the national government during the last 24 years was 135.2 billion won, which is about 6.4 percent of the MOHSA budget and 0.159 percent of the total government budget.

Table 4. Proportion of the National Budget Allocated to Family Planning

Year	Family Planning (million won)	FP Proportion of Health Budget (%)	FP Proportion of Total Gov't Budget (%)
1962	43	2.0	0.048
1966	423	9.7	0.299
1971	674	5.1	0.121
1976	1,859	4.5	0.082
1981	8,649	4.6	0.108
1982	11,302	4.9	0.121
1983	21,035	7.4	0.202
1984	32,208	11.0	0.309
1985	33,032	9.8	0.283
Total (1962-1985)	135,179	6.4	0.159

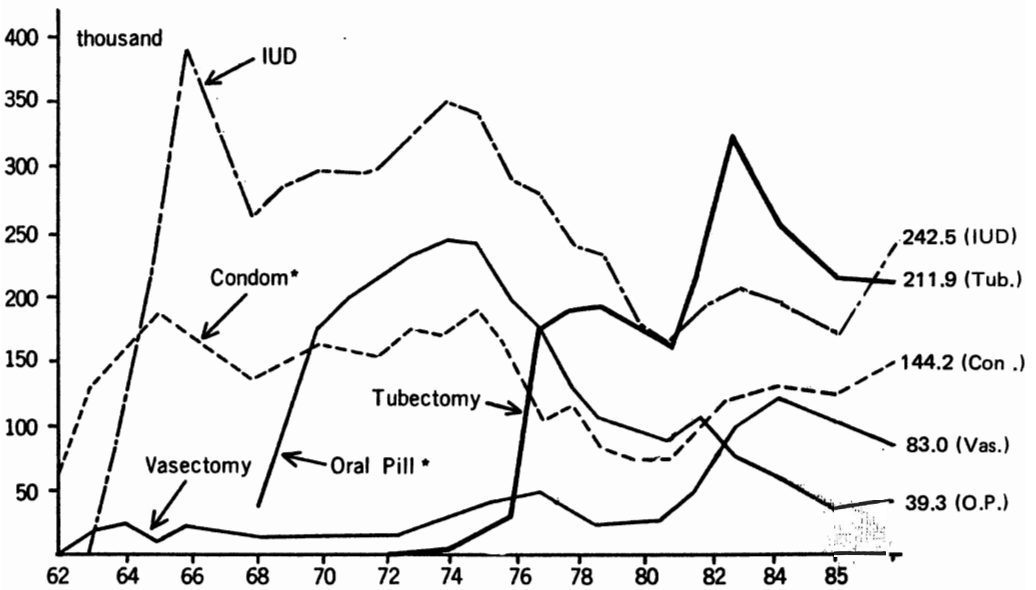
Note : In current prices
Source: White Paper on Health and Social Affiairs, MOHSA, 1982, 1984, and 1985
Reference Book on National Family Health Program, MOHSA, 1985

III. ACHIEVEMENT OF FAMILY PLANNING PROGRAM

A. Government Contraceptive Services

From 1962 to 1987, 15.8 million people received contraceptive services under the national program. The IUD was the principal method

Figure 3. Government Contraceptive Services, 1962-1987



* Monthly average condom and oral pill users
Source: KIPH, Monthly Family Planning Service Statistics, 1962-1987

used from the beginning of the program until 1976, but since the female sterilization program was introduced in 1976, there has been a sharp increase in the number of female sterilizations while the use of IUDs, oral pills, and condoms has declined. After an innovative population policy was adopted in December 1981, the use level for all methods except oral pills increased sharply in 1982 and 1983, but beginning in 1984 contraceptive practice achievement fell again due to the lowered sterilization age of women from 44 to 34.

The age of women of government contraceptive service acceptors fell steadily from 32.7 in 1977 to 28.4 in 1985, and the number of children went down from 3.2 to 1.9 during the same period.

Table 5. Age of Women and Number of Children at Time of Contraceptive Acceptance

Method	Age of Women			No. of Children		
	1977	1981	1985	1977	1981	1985
Loop (1st Insertion)	30.4	29.3	28.0	2.8	2.4	1.6
Loop (Re-Insertion)	34.0	33.5	31.4	3.6	3.2	2.2
Vasectomy	32.2	31.1	28.0	2.8	2.5	1.8
Tubectomy	33.0	31.9	28.7	3.5	3.0	2.1
Menstrual Regulation	33.7	31.8	28.6	3.6	3.0	2.0
Total (All Methods)	32.7	31.3	28.4	3.2	2.8	1.9

Source : KIPH, Monthly Family Planning Service Statistics, 1977-1985.

B. Changes in Family Planning Practice

Thanks to strong population control policies, the contraceptive practice rate for eligible married women aged 15-44 increased from 9% in 1964 to 55% in 1979, to 58% in 1982, and to 70% in 1985. During the three years from 1979 to 1982, the practice rate increased only 3 percentage points, but from 1982 to 1985 it increased by 12 percentage points. The rapid increase in contraceptive practice rate in recent years is attributed to the strengthening of population control policy measures since 1981.

Table 6. Family Planning Status by Year 1964-1985

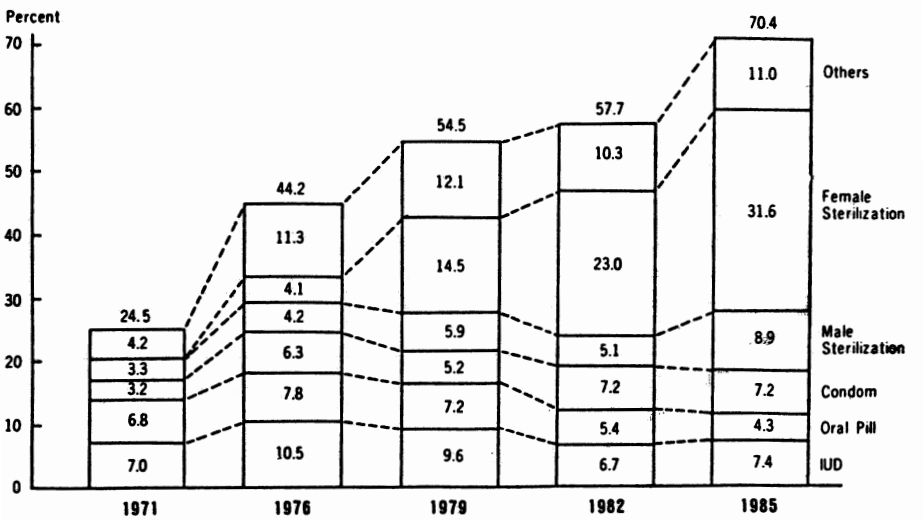
Unit : %

Status	1964	1971	1976	1979	1982	1985
Current users	9	25	44	55	58	70.4
Past users	3	19	19	21	23	13.3
Never used	88	56	37	24	19	16.3
Total	100	100	100	100	100	100.0

Source : KIPH National Fertility and Family Planning Survey Data

When the contraceptive practice rates are compared by method, it can be seen that they did not change much in 1979, 1982 and 1985, but the female sterilization rate increased drastically from 14.5 percent to 23.0 percent and 31.6 percent, respectively. The male sterilization rate increased from 5.1 percent in 1982 to 8.9 percent in 1985. The total contraceptive practice rate of rural people in 1985 was slightly lower than that of urban people; the urban rate was 71.5 percent, the rural rate 67.7 percent.

Figure 4. Contraception Practice Rate by Method



Source : KIPH, National Fertility and Family Planning Data

The practice rate among women also varied by age and by number of children. As shown, it increased for all age groups, but the highest rate was for the 35-39 age group, 87.2 percent, and among those with three children, 84.6 percent.

Table 7. Contraceptive Practice Rate by Woman's Age and Number of Children

Unit : %

Characteristics	1976	1979	1982	1985
By Age Group				
15–24	15.4	18.3	22.5	35.8
25–29	31.9	40.9	44.6	60.8
30–34	55.8	68.5	71.7	84.2
35–39	61.5	71.9	79.9	87.2
40–44	45.1	53.3	62.3	69.5
By No. of Children				
0	4.6	7.0	11.0	14.1
1	18.2	20.7	24.3	44.9
2	44.0	58.2	66.7	82.5
3	59.0	69.0	76.4	84.6
4	60.4	68.9	70.8	80.2
5 or more	47.2	58.5	64.2	76.8
Total	44.2	54.5	57.7	70.4

Source : KIPH, National Fertility and Family Planning Survey Data

In spite of legal, social, and ethical constraints, as well as the extensiveness of contraceptive services offered by the government, induced abortion among married women aged 15-44 increased yearly in the 1960s and '70s. According to KIPH survey findings however, it has slowed in the 1980s. The total abortion rate increased more than four times from 0.7 in 1963 to 2.9 in 1978, but it fell to 2.1 in 1984 due to the high acceptance of sterilization and other methods.

Table 8. Trends in Induced Abortion Rates for Currently Married Women, 1963-1984

Age	1963	1968	1973	1978	1981	1984
20–24	16	12	86	70	74	91
25–29	29	46	75	156	158	146
30–34	58	90	137	148	146	115
35–39	40	69	88	156	106	40
40–44	–	31	22	54	48	20
T.A.R.*	0.7	1.2	2.1	2.9	2.7	2.1

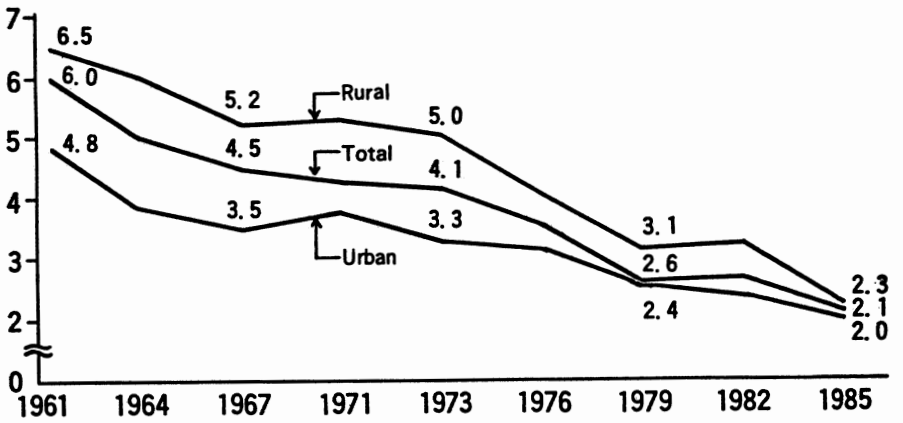
*T.A.R.: Number of induced abortions performed during fertile period per currently married woman

Source : Lim, Jong Kwon, A Review on Induced Abortion in Korea, Journal of Population and Health Studies, Vol. 4, No. 2, KIPH, 1984, p.38
KIPH, National Fertility and Family Planning Survery, 1985

C. Changes in Fertility and Vital Rates

During the last 25 years the national family planning program has contributed greatly to the fertility decline. The total fertility rate (TFR) declined from 6.0 in 1961 to 2.1 in 1985, but there is still a gap between urban and rural areas, since it is 2.0 in urban and 2.3 in rural areas.

Figure 3. Changes in Total Fertility Rate (15-49) by Area



Source: KIPH, National Fertility and Family Planning Survey Data

By financial resource, 40.3 percent of women who are currently practicing contraception are part of government supported programs, while 30.1 percent use their own personal resources.

Table 9. Contraceptive Practice Rate by Financial Resource

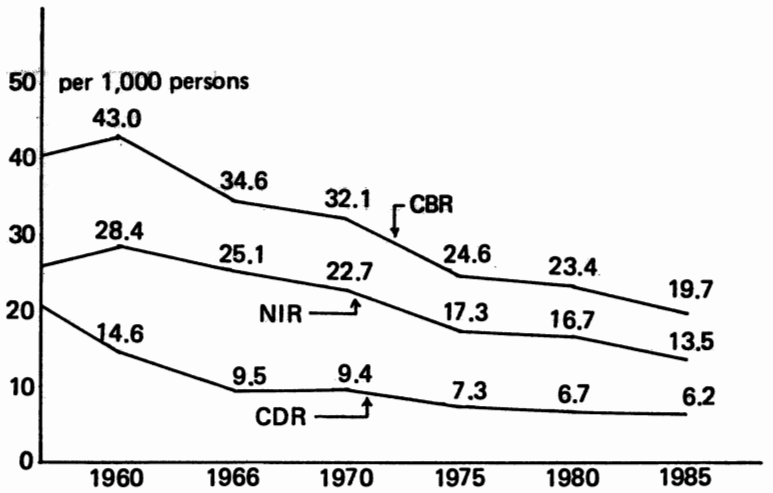
Unit: %

Method	1982			1985		
	Gov't	Personal	Total	Gov't	Personal	Total
Oral Pill	1.6	3.8	5.4	0.8	3.5	4.3
Condom	1.1	6.1	7.2	1.1	6.1	7.2
IUD	5.2	1.5	6.7	4.3	3.1	7.4
Tubectomy	16.2	6.8	23.0	26.3	5.3	31.6
Vasectomy	4.3	0.8	5.1	7.8	1.1	8.9
Others	—	10.3	10.3	—	11.0	11.0
Total	28.4	29.3	57.7	40.3	30.1	70.4

Source: KIPH, National Fertility and Family Planning Survey Data.

The crude birth rate declined from 43.0 in 1960 to 19.7 in 1985 and the crude death rate from 14.6 to 6.2 per thousand population during the same period, which means that, the natural increase rate has declined from 2.84 to 1.35 percent per annum in the last 25 years.

Figure 6. Changes in Vital Rates, 1960-1985



Source: EPB, Population census data, 1960-1985

IV. FUTURE PROSPECTS

A. Demographic Goals

Demographic targets were set in the Fifth Five Year Economic and Social Development Plan covering 1982 to 1986 to achieve a 1.5 percent population growth rate by 1986. It was assumed that the population replacement level (TFR: 2.1) would be attained by 1988, and the

Table 10. Population Goals and Achievements in the Fifth Five-Year Plan: 1982-1986

Year	Goals					Achievements	
	Population (000)	CBR	CDR	CMR	PGR	Population (000)	PGR
1982	39,331	23.3	6.5	1.1	15.8	39,326	15.3
1983	39,951	23.2	6.3	1.2	15.7	39,929	14.6
1984	40,578	23.0	6.2	1.2	15.5	40,513	13.4
1985	41,209	22.6	6.1	1.2	15.3	41,056	12.5
1986	41,839	22.1	5.9	1.2	15.0	41,569	12.4

Source: EPB, Fifth Five-Year Economic and Social Development Plan (1982-1986): Population Plan

EPB, Sixth Five-Year Economic and Social Development Plan (1987-1991): Population Plan

population would reach 41.8 million 1986, but since 1982, when the population control policy measures were strengthened, the fertility has decreased sharply to the 2.1 level in 1985 and the population growth rate reached 1.25 percent in 1985.

The government, therefore, revised its demographic goals in the Sixth Five Year Economic and Social Development Plan (1987-1991) for a further reduction in the population growth rate to 1.0 percent by 1994, so that according to the new projection, the population size will become stable at about 52.6 million in 2023.

Table 11. Population Projection and Demographic Goals in the Sixth Five-Year Plan: 1987-1991

Year	Population (000)	CBR	CDR	CMR	PGR
1987	42,082	19.1	6.0	0.9	12.1
1988	42,593	18.7	5.9	0.9	11.9
1989	43,099	18.3	5.8	0.9	11.6
1990	43,601	18.0	5.8	0.9	11.3
1991	44,094	17.6	5.7	0.9	11.0
1995	45,962	16.0	5.8	0.8	9.4
2000	48,017	14.7	6.2	0.8	7.7
2023	52,574	11.0	10.3	0.7	0.0

Source: EPB, Sixth Five Year Economic and Social Development Plan (1987-1991): Population Plan

Table 12. Future Changes in Population Composition and Other Indicators

Major Indicator	Unit	1985	1990	2000	2025
1) Total Population	Thousand	41,056	43,601	48,017	52,566
2) Age Composition					
0–14	%	30.6	27.2	23.0	16.9
15–64	%	65.2	68.1	70.8	69.4
65 or above	%	4.2	4.7	6.2	13.7
3) Dependency Ratio	%	53.4	46.8	41.3	44.1
4) Sex Ratio	Male/Female	101.7	101.6	101.5	101.3
5) Life Expectancy at Birth	Year	68.1	70.4	72.8	74.4
Male	Year	64.9	67.1	69.3	71.7
Female	Year	71.3	73.6	76.2	77.0
6) Population Density	Pers./Km^2	414	440	484	530
7) Urbanization Rate	%	65.4	71.6	75.3	78.3
8) Population Proportion of 4 Largest Cities	%	40.9	43.2	44.8	46.2
Seoul	%	23.8	25.1	26.1	26.9
Pusan	%	8.7	8.9	9.1	9.2
Taegue	%	5.0	5.3	5.4	5.6
Inchon	%	3.4	3.9	4.2	4.5

Source: EPB, Sixth Five Year Economic and Social Development Plan (1987-1991): Population plan

B. Anticipated Problems

A number of obstacles to achieving this new demographic goal are expected. First, the number of females in the 20-34 year fertility group is increasing faster than others. This age group is the product of the baby boom of the 1950s.

Table 13. Eligible Women Increase Trend by Year, 1975-2000

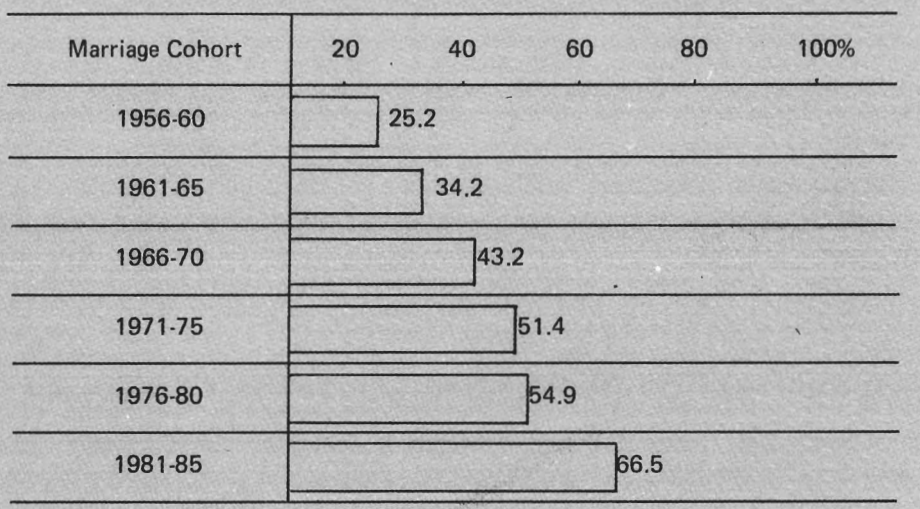
Unit: thousand

Classification	1975	1980	1985	1990	1995	2000
1. Total Female Population	17,234	18,888	20,354	21,620	22,800	23,831
2. 15-44 Eligible Women	8,036	9,063	10,041	11,024	11,637	12,003
3. 20-34 Eligible Women	3,840	4,708	5,584	6,177	6,300	6,096
4. Ratio of 2/1 (%)	46.6	48.0	49.3	51.0	51.0	50.4
5. Ratio of 3/2 (%)	47.8	51.9	55.6	56.0	54.1	50.8

Source : NBOS, EPB, Population Census Data, 1975-1985
EPB, Sixth Five Year Economic and Social Development Plan (1987-1991): Population Plan, 1986

Second, the number of women who have their first live birth during the first year of marriage has increased. Among the 1981 to '85 marriage cohort, 66.5 percent had their first live births during the first year of marriage. This rate was 41.3 percentage points higher than the 1956 to '60 marriage cohort.

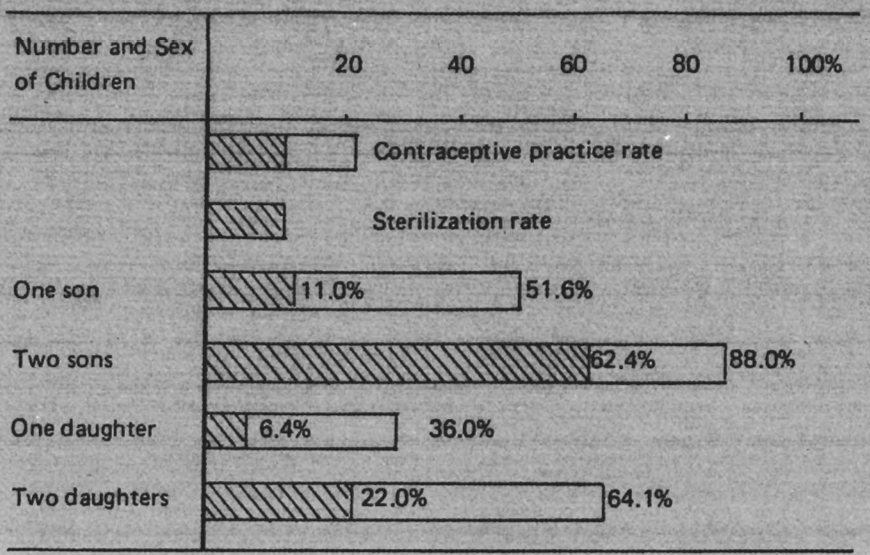
Figure 7. Proportion of Married Women Having the First Live Birth within the First Year of Marriage



Source: Lee, Sea Baick, Analysing birth interval in Korea, KIPH, 1987

Third, son preference in Korea exerts a substantial influence on family planning practice. According to KIPH 1985 survey findings, 88.0 percent of the couples with two sons and 51.6 percent of those with one son are practicing contraception, but 64.1 percent of those with two daughters and only 36.0 percent of those with one daughter are.

Figure 8. Contraceptive Practice Rate by Number and Sex of Children, 1985



Source: KIPH, National fertility and family planning survey data, 1985

Fourth, most contraceptive users in Korea practice family planning to terminate fertility rather than to space children. This results in delayed contraception and unnecessary fertility. According to 1985 survey data, 91 percent of the contraceptive users practiced contraception to terminate fertility.

Table 14. High Proportion of Contraceptive Uses for Fertility Termination

Unit : %

Purpose of Contraceptive Use	1978	1985
Fertility termination	91.9	90.8
Spacing	6.2	5.7
Others	1.9	3.5
Total	100.0	100.0

Source: KIPH, 1978 & 1985 National fertility and family planning survey data

C. Future Policy Direction

Population control policy has to be strengthened if it is to meet its objectives. At this point, the following policy directions should be considered for further strengthening.

First, the current program operation and management systems should be improved to recruit new acceptors in their early 20s; since more than 80 percent of the total annual births are attributed to women in their 20s a radical fertility control policy should be established to combat this problem. At the same time, much more efficient and effective measures on contraceptive services for women in their 20s should be worked out to persuade them to use reversible methods and not sterilization.

Second, existing social support policy measures and I.E.&C. activities placing great emphasis on the small family norm should be strengthened to emphasize the one child family. A one child family is a "must" to reduce the total fertility rate from 2.05 in 1985 to 1.75 in 1995 as planned. The 1985 national survey showed that 24.3 percent of those who practised contraception had only one child, and about 43.3 percent of the respondents said that one child was enough, which indicates that, given appropriate social support policy and I.E.& C. activities for a one child family, this will facilitate its eventual adoption.

Third, the family planning program should be integrated with the health and medical programs. Most Korean women resort to family planning to terminate fertility and effective use rates of contraception are low. As a consequence, the induced abortion rate increased in the 1970s and started to decrease in the 1980s. Korea should be ready to undertake family planning services not only as population control at the national level but also as an indispensable part of MCH programs at the individual household level.

Lastly, population education should be strengthened, because values related to having few children and the child's view on sex are usually formed during the early stages of development. Although the government included population education in the formal curricula for primary, secondary and high schools in the late 1970s, very little effort has been devoted to educating the teachers who are in charge of population education.

In 1985, only 10.6 percent of the school teachers received population education training. The 1995 demographic goal achievement depends on the younger generation's attitude toward having a small family. It is, therefore, of the highest priority in the long-term population control program to give these youngsters population education. Thus, the government should assist schools to develop new and better curricula for population education and to train the teachers in charge of population education.