

Abortion in KOREA:

Before and After

the Law

Robert F. Hopper*

Introduction

The population of Korea has been undergoing many types of transition in the past twenty years. Since the baby boom following the Korean War, increasing interest and effort have been put into the establishment of an optimum population. This effort was intensified in the early 1960s when the family planning program received great foreign as well as national funds and technical support. In this time, family planning education has been successful in showing the benefits of smaller families and encouraging women to control their fertility. As a result, many women who want to curb their fertility, but for one reason or another do not have the preventive technology, are turning to induced abortions as the curative method.

Total Fertility Rates

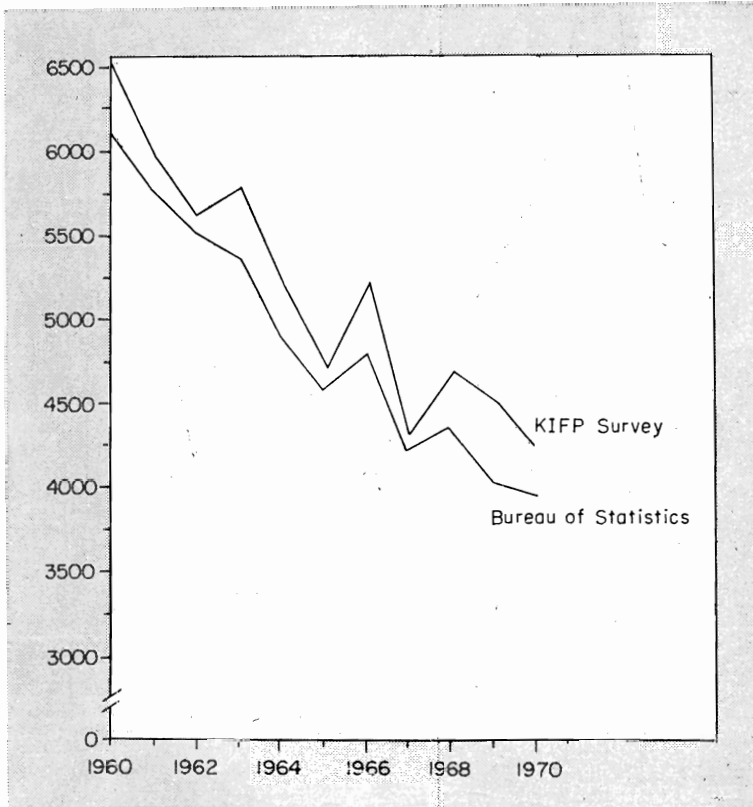
As a result of the incompleteness of the vital registration and census data in Korea, the exact numbers of females and annual births in the population are unavailable. Attempts have been made however through various surveys as well as statistical analysis of census data, to estimate the fertility rate. There are two major sources of the estimates which have been used for population analysis: the Bureau of Statistics, and the Korean Institute of Family Planning Survey series. A comparison of the estimates of total fertility rates using these two sources is presented in Graph 1. This also shows the trend of this fertility index between the years 1960 and 1970. The total fertility rate is a measure of how many births a woman (or 1000 women as seen here) would have after completing her childbearing years if the present age specific rates remained the same during these years.

The estimates of total fertility by the 1971 KIFP survey are consistently greater than those of the census, even though the difference is not great. The TFR in 1970

* M.P.H. in population studies (University of Texas at Houston School of Public Health).

Assistant researcher in the Department of Preventive Medicine and Public Health, Yonsei University Medical College, sponsored by AID Population Internship Program.

Graph 1. Total Fertility Rates for Korea 1960-1970, from KIFP and BOS. (women aged 15-44)



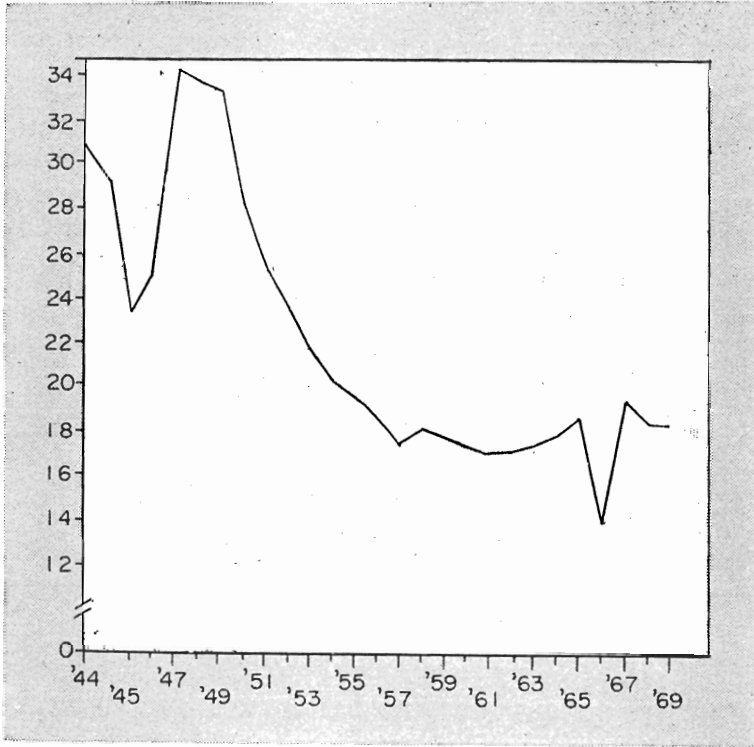
as calculated from census data is 3,940, whereas the KIFP survey reveals a rate of slightly less than 4,500. The notable feature of both estimates is the rate of decline in the total fertility rate since 1960 where the rate was more than 6,000 in both sources. This reduction has largely been attributed to the continuous rising of the age of marriage. Other major contributing factors influencing these women were increased use of contraception and greater reliance on induced abortion as a method of birth control.

The Japanese Experience

In this connection, it is appropriate to allude to the Japanese experience after liberalizing the abortion law. In order to gain an idea of the fertility change occurring in Japan before and after liberalizing the law, the crude birth rate for the years 1944-1969 is presented in Graph 2. It is probable that some of the decline seen is due to the process of modernization following World War II, but it is not very likely that the decline would have been as marked if abortion had not been made available.

Until 1948, induced abortion was illegal in Japan. Not only was it illegal, but it was not widely practiced as in Korea's pre-legalization days. The earliest data available

Graph 2. Crude Birth Rate in Japan, 1944-1969.



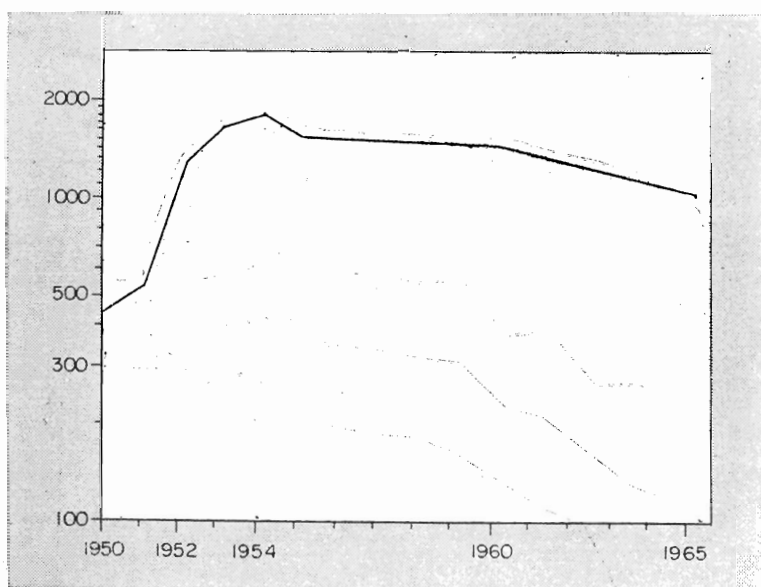
for Japan following the new law was in 1949. This was the reported number of abortions that year, which was about 246,000. No total rate of abortions was available until after 1950. The total induced abortion rates between the years 1950 and 1965 are presented in Graph 3. Between the years 1951 and 1952, the abortion rate more than doubled. This is primarily due to a change in the law in 1952 which allowed women to obtain abortions without the physician first having to receive permission from a special committee. The highest rate of 1746 was reported in 1954. Since this year, the rate has been declining. The actual number of abortions performed is known to be considerably greater than the number reported. Using the TFR methodology to estimate the number of abortions a woman might have between the ages of 15 and 49, the total abortion rate in Japan in 1970 was 460 per thousand women.

As far as the general abortion rate, or the number of abortions in one year compared to the number of women aged 15 to 49, there were 23.1 abortions per thousand women in 1950. This rate reached a peak of 50.2 abortions per thousand women in 1955. Since this year, the rate has been declining and was 26.0 in 1968¹⁾.

A direct comparison between the Japanese experience and that of Korea is very difficult since there is no one point in time where the Korean women were given the freedom to obtain abortions after they had been denied that right.

1. Hopper, Robert, "Abortion in Japan: Results of the Eugenic Protection Law", unpublished thesis at the University of Texas School of Public Health, June 1972.

Graph 3. Total Induced Abortion Rates in Japan, 1950-1965.



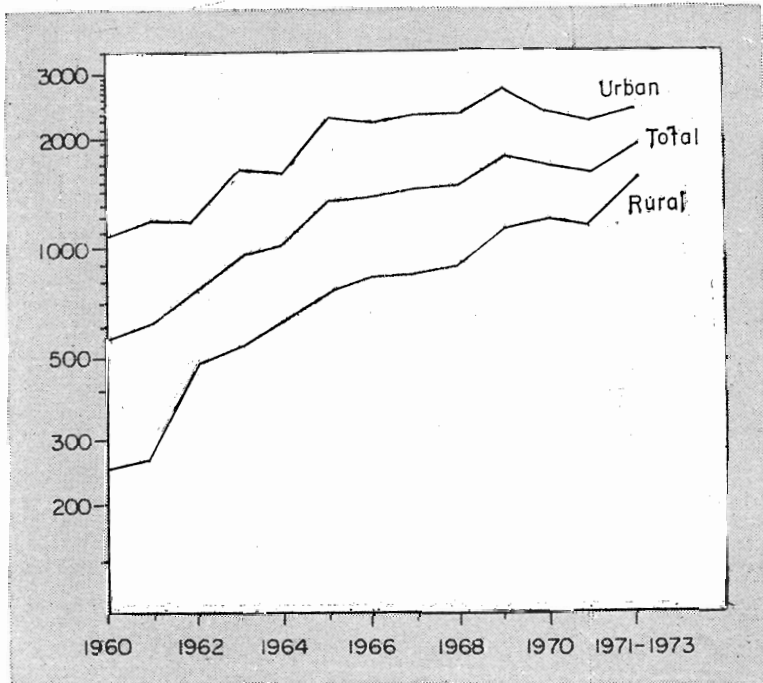
Abortion Rate in Korea

According to the KIFP survey results and estimates, the total abortion rate has been increasing significantly in Korea over the past fourteen or more years. The rate for Korea as a whole has more than tripled since 1960. The estimated rate in 1960 was 550 per thousand women between the ages of 15 and 49. This rate had increased to 1885 abortions in the years 1971-73. The most dramatic change has occurred in the rural areas where the rate of 249 soared to 1550, a five-fold increase in these eleven years. The urban areas also contributed greatly to the increase, where from a rate of 1083 in 1960 the total abortion rate doubled to 2230 in 1971-73. A historical comparison of the total abortion rates for rural, urban, and total Korea is presented in Graph 4.

Analysis of the age-specific abortion rates for the years 1960-1973 as found by KIFP surveys in 1971 and 1973 reveals a similar pattern of increase among all areas and ages. These findings indicate that abortions in the age groups 15-19 and 45-49 have remained fairly constant. This means the vast majority of the increase is caused by abortions among those women between the ages of 20 and 44. One possible explanation which might account for such low rates in the early age groups until just recently is the great social pressure in Korea to begin childbearing immediately after marriage. One survey revealed that more than 90% of the women disapproved of contraception, and presumably abortion also, before the first birth²⁾. If this is the case, the recent

2. Kim, Chung Hee and Lee, Sung Jin, "Socio-Psychological Characteristics of Induced Abortion Repeaters", *Psychological Studies in Population/Family Planning*, KIRBS, Vol. 1, No. 2, April 1973, p. 14.

Graph 4. Total Induced Abortion Rates in Rural, Urban, and Total Korea, 1960-1973.
 (from "Changes in Induced Abortion Rates by 1971 Fertility Abortion Survey and 1973 Multi-purpose Fertility KAP Survey paper presented at conference on Korean fertility research, May 2, 1974.)



increase in abortion which seems to be occurring among this younger age group could have two possible explanations. The first is that the pressure to have a baby is lessening to some degree, and secondly, unmarried women are obtaining more abortions in order to prevent the birth resulting from an out-of-wedlock pregnancy.

These hypotheses gain partial support from historical data which reveals that the age of marriage in Korea has been slowly rising. This seems to indicate that Korean women may be moving away from the traditional social pattern of early marriage and immediate attempts to bear children.

Using KIFP data, the general rate of abortion can be calculated for 1960 and 1970. Table 2 compares the general abortion rate and the general birth rate for these years. The abortion rate tripled from 16.9 to 47.2 abortions per almost thousand women during these ten years, whereas the number of births dropped from about 205 to 119 in the same period.

Estimation of the Number of Induced Abortions

The actual number of induced abortions annually is impossible to know because of

Table 1. Age Specific and Total Induced Abortion Rates, 1971
Fertility-Abortion Survey (see Graph 4 for source)

| | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 | 1970 | 1971 | 1971 *1973 |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| <i>Total Population</i> | | | | | | | | | | | | | |
| 15-19 | 3 | 1 | 1 | — | — | 3 | 1 | 1 | 2 | 3 | 1 | — | 2 |
| 20-24 | 5 | 12 | 12 | 12 | 14 | 18 | 23 | 20 | 25 | 29 | 28 | 29 | 20 |
| 25-29 | 21 | 25 | 31 | 26 | 46 | 53 | 52 | 61 | 51 | 48 | 50 | 47 | 77 |
| 30-34 | 28 | 44 | 34 | 66 | 59 | 96 | 91 | 70 | 82 | 103 | 111 | 92 | 119 |
| 35-39 | 40 | 31 | 48 | 63 | 55 | 61 | 76 | 85 | 91 | 114 | 94 | 98 | 110 |
| 40-44 | 13 | 10 | 14 | 21 | 24 | 31 | 23 | 45 | 35 | 47 | 44 | 48 | 46 |
| 45-49 | 0 | — | 11 | — | — | 2 | 3 | — | — | 7 | 3 | 4 | 3 |
| Total Abortion Rates | 550 | 610 | 748 | 935 | 992 | 1326 | 1347 | 1413 | 1430 | 1735 | 1652 | 1590 | 1885 |
| <i>Urban</i> | | | | | | | | | | | | | |
| 15-19 | 5 | — | 2 | — | — | 3 | 2 | — | 5 | 5 | — | — | 3 |
| 20-24 | 8 | 24 | 20 | 15 | 19 | 36 | 28 | 30 | 26 | 35 | 44 | 46 | 18 |
| 25-29 | 43 | 49 | 63 | 38 | 75 | 90 | 91 | 95 | 84 | 85 | 65 | 65 | 87 |
| 30-34 | 50 | 78 | 53 | 106 | 88 | 148 | 147 | 139 | 134 | 149 | 157 | 134 | 154 |
| 35-39 | 97 | 76 | 79 | 125 | 83 | 107 | 124 | 119 | 128 | 181 | 122 | 126 | 134 |
| 40-44 | 14 | 10 | 19 | 38 | 51 | 59 | 34 | 66 | 64 | 64 | 56 | 41 | 45 |
| 45-49 | — | — | — | — | — | — | — | — | — | 5 | 8 | 11 | 5 |
| Total Abortion Rates | 1083 | 1182 | 1180 | 1616 | 1580 | 2212 | 2130 | 2239 | 2204 | 2618 | 2258 | 2108 | 2230 |
| <i>Rural</i> | | | | | | | | | | | | | |
| 15-19 | 2 | 2 | — | — | — | 4 | — | 2 | — | — | 1 | — | 1 |
| 20-24 | 3 | 2 | 5 | 9 | 11 | 3 | 18 | 10 | 24 | 22 | 10 | 12 | 23 |
| 25-29 | 7 | 11 | 11 | 17 | 26 | 25 | 21 | 34 | 23 | 19 | 38 | 31 | 63 |
| 30-34 | 15 | 23 | 23 | 41 | 41 | 66 | 58 | 27 | 48 | 71 | 77 | 56 | 82 |
| 35-39 | 11 | 6 | 29 | 24 | 38 | 33 | 47 | 65 | 68 | 72 | 77 | 82 | 93 |
| 40-44 | 13 | 10 | 11 | 13 | 11 | 17 | 17 | 33 | 16 | 37 | 37 | 52 | 46 |
| 45-49 | — | — | 15 | — | — | 3 | 5 | — | — | 9 | — | — | 2 |
| Total Abortion Rates | 249 | 264 | 468 | 522 | 632 | 753 | 830 | 855 | 899 | 1142 | 1200 | 1170 | 1550 |

* Based on 1973 Multi-Purpose Survey Data

the lack of a reporting system. The situation in Korea is similar to that of Japan where the physicians were taxed on the number of abortions they performed. This resulted in under reporting in order to avoid taxation. Since it is fairly easy to estimate the amount of business, and hence income, a physician has by knowing the number of abortions he performs, Korean physicians are also reluctant to report abortions performed.

This problem has generated several estimates of the number performed each year.

Table 2. General birth and general abortion rates for Korea, 1970. (per 1000 women)

| | 1960 | 1970 |
|-----------------------|------|------|
| General birth rate | 205 | 119 |
| General abortion rate | 16.9 | 47.2 |

Table 3. Estimates of the Number of Induced Abortions in Korea, 1970.

| | Source | Number |
|--------|-----------------|---------|
| Hopper | From BOS data | 534,129 |
| | From KIFP data | 357,990 |
| KIFP | Survey estimate | 382,484 |

The methodology developed by Muramatsu in Japan is perhaps the most notable³⁾. His estimates were obtained by determining the theoretical number of pregnancies which would have occurred in Japan if there were no fertility control during that particular year. On the basis of this estimate, it is possible to measure the total amount of fertility control practiced in order to suppress the fertility performance to the low level actually observed. The fertility control is then divided into two parts: control through contraception or sterilization, and control by the use of induced abortion. By knowing the extent of contraceptive practice and sterilization in the population, it is possible to determine how many women rely on abortions alone to prevent births. By adding to this figure the estimated number of abortions after contraceptive failure, the total number of abortions can be estimated.

Using this methodology, the estimates of the number of induced abortions occurring in Japan for the years 1955, 1960, and 1965 are 3.04 million, 3.45 million, and 3.02 million, respectively. The reported numbers of abortions in these years are considerably lower. In 1955, there were only 1,170,143 abortions reported, compared to 1,063,256 in 1960 and 843,248 in 1965. These estimates indicate that only about one out of every three abortions was reported. This would mean that the detailed analysis of such factors as total rates of abortion, age characteristics of aborters, and other data could be grossly distorted as a result of selective reporting.

Applying this methodology to Korea to estimate the number of induced abortions can be done using the information provided in the 1971 KIFP Fertility and Abortion Survey along with some statistics from the Bureau of Statistics. Two different estimates are computed. One estimate has its origin in the Bureau of Statistics census estimates, of the age-specific female population, while the other originates from the KIFP survey estimates of this population. A detailed description of the statistical procedure is beyond the scope of this paper, but the results seem to support earlier estimates.

3. Muramatsu, Minoru, "An Analysis of Factors in Fertility Control in Japan", Institute of Public Health Research, 19, No. 2, 1970.

Table 4. Knowledge of legal status of abortion, intention to practice in the future, and actual practice of abortion in Korea, according to area, 1971.

| Question | Percentage | | | |
|----------------------------------|------------|-------------|-------|-------|
| | Seoul | Other Urban | Rural | Korea |
| Abortion is illegal ^a | 40% | 40% | 26% | 31% |
| Intend to use ^b | 77% | 71% | 58% | 64% |
| Actually used ^c | 40% | 34% | 19% | 26% |

Sources: a. *The Study on Induced Abortion*, KIFP, Table 61, p. 56.

b. *Ibid.* Table 56, p. 52.

c. *Report on 1971 Fertility-Abortion Survey*, KIFP, Dec. 1973, p.93.

Table 3 presents a comparison of these estimates.

Using KIFP Survey data, about 358,000 abortions are estimated to have occurred in 1970. The Bureau of Statistics data yield a considerably higher estimate of more than 534,000. These estimates, derived using the methodology explained above flank the estimate which is calculated using the female population and the age-specific abortion rates from the KIFP survey. According to this estimate, there were 382,484 abortion done in 1970. All of these estimates indicate that there were between 4 and 6 abortions for every 10 babies born in 1970. Considering many other factors, the peak is yet to come in absolute numbers as well as proportion of births. As has been shown previously, the rates have been increasing and will experience greater increase as the large number of women now in their twenties enter the peak abortion age of 30-39.

The Impact of the New Law

The effects of the recent law liberalizing abortion in Korea will be minor as far as the number of abortions is concerned. This is mainly due to the belief among the great majority of the women in Korea that abortions were legal even before the law was changed. This factor, as well as the intention to use and actual use of induced abortion, is presented in Table 4.

In 1971, it was found that in urban areas, only 40% of the married women surveyed knew abortion was illegal. The same was true for women in rural areas, where only 26% knew that abortion was illegal. The national average is therefore 31% of married women who knew that abortion was illegal. For Korea as a whole, knowledge of the law was directly related to educational level, but inversely related to age, apparently indicating that the younger women have more education and/or more exposure to birth control methods than older women.

The question of legality does not appear to be very significant when the woman is confronted with a pregnancy or even a hypothetical pregnancy. Of all those married

women interviewed, 64% said they would use abortion in the event of an unwanted pregnancy. In actual practice, the 1971 survey found that the national average of married women having at least one abortion was 26%. This is higher in urban areas and lower in rural areas.

The recent law has its short comings in that abortion was legalized for maternal or child health reasons only, and did not include socio-economic factors or the simple desire of not wanting a child at a particular time. This does not seem to be too realistic since the vast majority of those women who obtain induced abortions are doing so as a method of birth control. In this regard, the new law is similar to that of Japan when it was first enacted. It was less than a year later however, that an amendment was added to the Japanese law which permitted abortion for social and economic indications as well.

The lack of a reporting system in the law indicates the government realizes the futility of trying to enforce the law as it now stands. Since the overwhelming majority of abortions are performed in private clinics, it is very easy for physicians to ignore any requirements to report the details of induced abortions they perform.

Abortion in Korea Reconsidered

If the government is serious about wanting a greater reduction in the fertility rate, this could come about through a subsidized program of abortions. This is not such an unrealistic proposal considering the amount of money currently being spent to prevent one birth through contraceptive use. A recent estimate places this figure at 2520 won, or \$6.30⁴⁾. This is only for direct medical costs. The cost of an abortion using the most recent technique of the menstrual regulation kit is only a few cents, and it can be performed by trained personnel under the supervision of a physician. There are certain problems to be resolved in using this method. Most of them however, are non-medical. Perhaps the major problem is that of obtaining full cooperation from obstetricians and gynecologists. A well designed program would hopefully consider this factor and provide some type of incentive to gain their needed support.

This is not to recommend replacing the present family planning program with an abortion program, but merely complementing it. It has been suggested that family planning acceptors have been pretty much disillusioned with certain methods and have forsaken any more birth prevention attempts for the easy abortion with fewer side effects. This hypothesis finds support in the survey done by Hong in 1971, which found that between 1964 and 1971, future intention to use contraception, among women who had recently had an induced abortion, had dwindled, whereas their intention to use abortion again had increased⁵⁾.

Since a woman is most receptive to contraceptive information immediately following a birth, and presumably following an abortion, the physician who performs the abor-

4. Yang, Jae Mo, "Republic of Korea's Efforts, Achievements, and Problems of Family Planning", an unpublished paper of June 1974.

5. Hong, Sung Bong, *Changing Pattern of Induced Abortions in Seoul Korea*, 1971, pp. 67-70.

tion could play a significant role in a comprehensive population control program. As Dr. Hong states, "National family planning program follow-up data for IUD acceptors indicate that a substantial proportion (about 40%) of those pregnancies which occur subsequent to acceptance are aborted. Thus, improved contraceptive use frequently follows abortion, and abortion frequently follows contraceptive failure"⁶). It therefore seems that a campaign of subsidized abortions, mass media publication of their availability, and physician education as to the proper method of follow-up would have great impact on the birth rate in Korea

Traditionally, abortion has been preached as only a back-up to contraceptive failure. It is time to consider the fact realistically and see the abortion experience as a stimulant for increased and more regular use of contraception and/or sterilization. Naturally, as the program evolves, the goal should be maximum contraceptive use and effectiveness with abortion as only a back-up.

This approach has also been implied in the 1971 Fertility-Abortion Survey findings. As stated in the statistical report of the survey, "If abortion were actively promoted by the Ministry of Health and Social Affairs and subsidized as another program method, then the demographic effect might be quite substantial." The report continues to explain, "The exceedingly widespread use of abortion in Korea suggests a potential strong market for female sterilization"...and..."for a sterilization procedure simple enough to perform post-abortally in small private clinics"⁷.

Recommendations

In conclusion, the only realistic approach to the abortion question and its relationship to the future population growth of Korea is the formal legalization of the hundreds of thousands of abortions which are currently being done for no other reason than to prevent the birth of an unwanted child. Greater government subsidization of abortions should begin, along with a major campaign of providing physicians with a technique of post-abortion sterilization which is simple enough to perform in their offices or clinics. This would benefit those high risk groups of women who have reached their ideal family size and do not want any more children, or those women who for health reasons should not have any more pregnancies. This is a positive maternal health measure in that by being sterilized, the woman is avoiding any future pregnancies, hence, abortions as well as births.

6. Hong, p. 72.

7. Korean Institute for Family Planning, *Report on 1971 Fertility-Abortion Survey*, December 1973, pp. 20-21

韓國에 있어서의 人工流産： —母子保健法通過 前과 後—

Robert F. Hopper*

韓國에 있어서의 出産力은 1960년 이래 급속히 低下하였다. 出産力水準과 變化의 推定은 주로 두가지의 다른 출처로부터 資料를 얻을 수 있는바, 하나는 家族計劃研究院이고 또 다른 하나는 經濟企劃院 統計局이다.

韓國에 있어서 出産力 水準의 減少는 結婚年齡의 上昇이 主要原因으로 알려져 왔지만 避妊方法과 人工流産의 대중적 보급도 出産力 減少에 주요 역할을 하였다.

人工流産實施의 日本에서의 經驗은 앞으로 韓國에 있어서 實現 가능한 예로서 들 수 있다. 日本에서는 人工流産을 合法化한후 人工流産 實施 推定率은 4배로 증가하였고 따라서 早出産率도 劇적으로 低下하였다.

韓國은 人工流産에 影響을 미칠 法을 제정한 것은 아니지만 여러 推定값에 의하면 1960년부터 1970년까지 1,000女性當 550이던 合計 流産率이 1,000婦人當 1,652流産數로 增加하여 3배로 增加하였다. 日本의 流産數를 推定하기 위하여 考案된 Muramatsu 方法을 利用하여, 1970년도 韓國의 總 流産數를 推算할 수가 있다. 家族計劃研究院과 統計局的 1970년도 韓國 女性人口에 관한 資料를 根據로 推算한 流産數는 家族計劃研究院 資料로는 약 358,000건의 流産이 있었고, 統計局 資料에 의한 推算은 534,000이상이었다. 家族計劃研究院에서 實施한 한 研究에 의한 推算은 1970년도 總 流産數가 약 382,500이었다.

위의 推定값들은 1970년에 出産한 正常出生數 10名當, 4-6件이 人工流産 이었음을 示唆한다. 여러 研究調査에 의하면 韓國에 있어서 有配偶可妊女性의 약 31%가 過去에 人工流産이 非合法的이라는 것을 알고 있었다는 것은 流産의 合法的인 狀態로 되었다 하더라도 流産의 傾向에 어떤 有益한 變化가 있을것 같지는 않다.

지금까지 있는 資料를 根據로 綜合하여 分析하면 韓國의 人口政策이 보다 成功的이고 包括的인 것이 되기 위하여는 人工流産 實施에 대한 政府의 支援이 提供되어야 하며, 流産後 家族計劃, 특히 永久避妊手術의 施術이 強調되어야 하겠다.

* 延世大學校 醫科大學 豫防醫學教室