

# Village-Based Family Planning Program in Korea

## The Case of Mothers' Club

---

### Introduction

There is growing concern in the population literature regarding the apparent failure of most of the purely clinical family planning programs to induce significant demographic change in the lesser developed world. An alternative to the clinical approach is to base the program in the village, and integrate its goals and activities into village level development efforts. The Korean mothers' club program is an example of such an approach. The following report is a brief overview of that program, the social setting in which it was generated and the social problems which the Mothers' club is intended to solve.

The mothers' club is not a family planning agency *per se*. Rather, it is an auxilliary entity which integrates family planning into its comprehensive village modernization activities. The formal population program coordinates and supports mothers, clubs and operates a family planning bureaucracy, in which field units provide technical and referral support to villages as it is needed.

### Implementation of the National Program

The Korean population policy was first promulgated in 1961 as a part of the national economic development plan. At the time the Korean government declared the goal to reduce the growth rate from the 1961 level of 3.0 to 2.0 by 1971. To attain this goal, the 198 county health centers were strengthened and equipped to deliver family planning. By 1976 there were 1,432 functioning health subcenters located at the township level, each of these typically being manned by one family planning field worker. These subcenters were instructed to assist the mothers' club in carrying out family

---

This paper was presented at the International Conference and Workshop on Non-Formal Education and the Rural Poor held at Michigan State University, East Lansing, Michigan, U.S.A., September 26-29, 1976.

\* Deputy Director, Korean Institute for Family Planning.

planning communication and service work, a task which is currently being performed by approximately 2,500 field workers.

Presently the administration of this system is conducted jointly by the Ministry of Health and Social Affairs and the Ministry of Home Affairs. The family planning section of the Ministry of Health and Social Affairs has direct Responsibility for policy, planning, budget, targets, supply, records and coordination of the efforts of other ministries, and private institutions.

The overall control of field activities is vested in the family planning supervisors who are assigned to each of the provincial capitals and are charged with the supervision of the county and township family planning workers. Under these supervisors are county level family planning workers who supervise the family planning field workers.

The health center is under the immediate direction of the provincial government. Township family planning worker is at the lowest administrative and professional unit in the Korean program. These workers are females between the ages of 20 to 45 who have had high school education and hold a nurse's-aide qualification. Family planning field workers at the township level provide the main operational control of the program. The primary task of the field worker is to inform and educate the eligible couple about family planning and recruit family planning acceptors. Of all the different types of personnel involved in the formal program, it is the local family planning field worker who has the greatest degree of contact with the prospective clients through home visits they routinely make, the small group sessions they hold, and the technical assistance they provide the mothers' clubs.

In addition to the direct involvement of the governments' health network, a voluntary agency, the Planned Parenthood Federation of Korea (PPFK), carries out both service and communication activities. PPFK has primary responsibility for conducting the information, education, and communication activities within the context of the government's formal program. PPFK is indirectly assisted in its communication effort by a government-sponsored nation-wide educational campaign carried out extensively by the National Reconstruction Movement. Since 1971 PPFK has conducted an extensive campaign to promote the notion of a two-child family and to discourage the traditional preference for sons. This campaign utilizes both the mass media and interpersonal communication channels. Interpersonal contacts are established through home visits by family planning field workers and have been found to be effective in bringing about attitude changes and motivating more people to actually practice contraception. (MOSHA, 1965, 1966, 1967)

### **The Korean Mothers' Club**

The mothers' club concept is not new to Korean society; Prior to the Korean government's declaration of a population policy in 1961, traditional informal associations existed in Korean villages to provide women with social contacts and cooperative

savings pools. These associations, known as *Kno*, were comprised of friends who met every month to pool their financial resources. One member at each meeting would be given access to the savings pool. The *Kae* there by provided village women with useful experience in organization, group participation and cohesiveness, and contributed directly to the formal introduction of village-level group such as the mothers' club.

In 1968, "family planning mothers' clubs" were organized in every administrative village throughout the country by the PPFK. The objectives of mothers' clubs as originally stated by the PPFK in 1968, were:

- (1) To create a local, voluntary movement of mothers to encourage family planning practice.
- (2) To aide family planning field workers in finding new adopters.
- (3) To serve as a channel for family planning information and contraceptive supplies.
- (4) To encourage participation in community development activities.
- (5) To accelerate interpersonal communication about, and legitimization of family planning.

These objectives of mothers' clubs are still the most important, although the clubs have added such topics as nutrition and child-care. As the mothers' clubs began to realize their potential for social action and especially as their credit unions began to gather financial power, many of the clubs became involved in community development and in promoting the cause of female equality in Korea.

In the eight years since the launching of the PPFK mothers' clubs, the clubs have become one of the most distinctive features of the Korean family planning program. Korea is the first nation in the world in which so much effort has been given to organizing local groups of women as a means of promoting the adoption of family planning.

In order to be a member of a mothers' club, a woman had to be at least 20 years old and able to read and write. Presently, the only membership requirement is to be between ages 20 and 45. In some cases unmarried women may be permitted to join.

Although some money to cover the expenses of club meetings is provided by the government and the training for the mothers' club leaders is supported by PPFK, the organizational approach stresses self reliance and local control.

PPFK publishes a monthly magazine, *Happy Home*, and distributes it to each club. This magazine gives general information useful for club meetings and for the entertainment and education of village women.

The membership of mothers' clubs in Korea has increased to the point where more than half of the 48,000 Korean villages now having a mothers' clubs.

## The Distinction Between Mothers' Club and Other Types of Family Planning Organizations

Family planning programs in most countries have been launched as health service organizations with communication efforts designed to enhance the appeal of that approach among the population at large. More recently efforts have been directed to outreach efforts in which paramedics and motivators carry both the message of family planning and services to couples in their homes. The mothers' club is a further development in community based family planning in that services and communication efforts are village based operations, with the formal program playing a supportive rather than a service role.

Organizations engaged in population work must achieve their objectives by establishing contact with the public and influencing human behavior. This means that organizing for family planning activities is *theoretically* different from organizing for other types of endeavors. It is our contention that the mothers' club strategy makes better theoretical sense than the manner in which most family planning agencies go about their work. Figure 1 illustrates why we believe this to be the case.

Most organizations perform the set of tasks that characterize their operations by means of internal exchanges. (Type 1) Government bureaucracies, manufacturing firms, and the like are Type 1. They must relate to the outside world, of course, but roles that workers have in such organizations are predominantly internal.

Figure 1. Types of Organizational Encounters

		Initiator of the Exchange	
		Within the Organization	Outside the Organization
Recipients of the Contact . . .	Within the Organization	I	II
	Outside the Organization	III	IV

Agencies that provide services which are in external demand are essentially "Type II". Medical care facilities, post office, and retail stores are examples of such organizations. Type II exchanges occur when organizational members initiate contacts with the public. Social action agencies and door-to-door sales organizations are "Type III" organizations. Type IV encounters are societal exchanges which do not involve formal organizations. Such exchanges are the predominant type of encounter in rural society.

The central problem of population planning agencies is that they must affect demo-

graphic process which are governed by Type IV communication, with agencies that are organizationally "Type II" or only weakly "Type III". The services that are delivered are often not in demand, and the outcome that the organization seeks to produce (averted births) is more a product of extra-organizational behavior than the services delivered. The solution that has been proposed in the past is to provide clinical services (Type II), and to attempt to create a demand for the services through outreach (Type III) or incentives. The theoretical strength of the mothers' club approach is that it is organizationally Type IV: those engaged in program activities are the same people in society who traditionally influence village behavior.

The Type II - Type IV distinction can be viewed as a continuum on which purely clinical services are at the clinic centered extreme and purely community based programs are at the client centered extreme. The approach that works best in a given situation depends upon the motivation of potential clientele to practice, and the facilities available. In Korea the clinic centered approach is more appropriate to urban situations where sophisticated obstetrical clinics are available, and post partum services can be provided to women immediately following delivery. Service utilization is motivated by obstetrical, not family planning, needs; and the motivation to adopt is enhanced by the desire to space the next birth.

Rural women are relatively isolated from obstetrical services and rely upon midwives for prenatal care. Adopters of family planning usually travel to receive services, pay to receive them, and experience a clinic environment that is often perceived as foreign and intimidation. Adoption of clinical family planning in rural areas therefore requires greater motivation from an eligible population which is, from the standpoint of family size norms and ideals, less motivated to accept.

Several Asian programs have attempted to extend this clinical approach to the women of rural areas. Initially rural clinics are established, and subsequently there is an attempt to modify this clinical care with community based activities. A communication program is launched to inform the public about services, motivational workers are recruited to approach couples in their homes and encourage them to utilize services. In a few countries mobile medical teams have been employed to bring medical services to remote communities. A further development has been the utilization of paramedics to approach couples at home, and to deliver services to those couples who indicate an interest. A still more client centered development is to recognize prescription functions as a legitimate role of family planning paraprofessionals, but to maintain resupply points and referral services at the village level. A further client centered strategy is the training of community volunteers to deliver services at the village level. The function of the formal family planning program under this arrangement becomes primarily organizing and maintaining lay services rather than delivering services. At the client centered extreme is a village based program in which the organization itself is comprised of villagers who work actively on behalf of the program and utilize its services. Professionals serve as a training and referral group but the service, communi-

cation, and motivational aspects of the program are delivered by trained village based personnel. A totally client centered approach involves the target population in diverse activities intended to improve the quality of life and thus indirectly to influence fundamental motives for child bearing.

The strength of the mothers' club approach, in summary, is that it is organized at the village level. Interpersonal communication and non-formal adult education efforts are conducted by those members. Moreover, those who have a communication role are equipped and encouraged to provide services as well. The program is therefore a service organization (Type II) which carries both the message of family planning and services to women at home (Type III), while reinforcing family planning decisions through the activities of the primary social group (Type IV). The mothers' club program is therefore a more comprehensive approach than is utilized in most Asian population programs. Yet, because it is decentralized and primarily supported by local resources it does not place a bureaucratic burden upon the formal population program.

### **Socio-Cultural Factors Affecting Family Planning Adoption in Korean Rural Society**

Korean society, as in other societies, regulates fertility by its institutions and cultural milieu. It offers inducements to its members to marry and to have children. Even today, marriage and parenthood are merely emotionally advantageous but are also economically and politically beneficial. These concepts are generally stronger in traditional segments of Korean society where security in old age, the production of foods, and the observance of proper funeral rites depend on the presence of offspring. Korean traditional culture is therefore strongly pronatalistic.

These attitudes are intertwined with three prevalent social norms which must be changed if the population program is to achieve further success:

- A. The family system with its high value of children,
- B. son preference, and
- C. the low status of women.

(1) *The traditional family system and the value of children.* The typical Korean family structure was greatly influenced by Confucian principles. The basic family unit is a patriarchal extended family, each of which belong to an exogamous clan. It is common for nuclear families to take pride in their clan because some clans have more prestige than other clans. In general, a strong sense of clan identity is associated with a desire for a large family. Extended families, moreover, established ties to families outside the clan by marriage; and, since the marriage of sons preserves the family prestige, a family with many sons is considered a "happy family".

The marriage of daughters, in contrast, contributes little to the family; daughters join their husband's and do not have an equal inheritance rights within the family. Although sons are valued more than daughters both sons and daughters are neverthe-

less made an important contribution to the family through the work that they perform.

Children are clearly highly valued in Korean society, and research indicated that the value of children directly affects motivations for fertility and strongly predicts family planning behavior. (Hoffman, 1973; Kim, 1974)

(2) *Son preference.* As a result of the Confucian values for sons and their economic and social value to families, sons are preferred over daughters. An obvious implication of a desire for two sons is the need to have four or more children on the average to realize the desired family size.

Indeed, there is considerable evidence that women with a high preference for sons are less likely to adopt contraception or to continue to use it effectively (Chung and others, 1972; Cha, 1974).

(3) *Status of women.* Within the traditional Korean cultural context, the status of women has been linked to the status of their husband. The men have influence upon women, both within the family and outside their families. Fathers are perceived to be the heads of families who look after their wives and children. Family prestige, titles, and inheritance are always patrilineal. Since property or wealth passes mainly through sons the social status of women is low. Women's social participation is fairly discouraged by their families, and it became tradition for women to quit their job after marriage.

Changes in national economic status, migration, better education and rural development appear to have profoundly influenced the status of women. Although organized women's groups have recently focused on home economics and housewives derived status, it must be remembered that there is a prevalent view in Korean society that a women's primary place is to be a wife and mother in the home.

### **General Contribution of the Mothers' Clubs**

In the past 15 years, the development program in Korea has mostly consisted of what government has been doing *to* or *for* the people. Now we are beginning to realize that self-development by village people themselves may do more to enhance the quality of life than development administered from outside of the village.

The performance of the national family planning program has been heavily dependent upon the government services within existing health system which is characterized by an insufficient number of clinics and shortages of manpower. The government program, therefore, can not adequately reach the people. Self-determination by an active involvement of village people has therefore been regarded as an important element in the success of the community development program. The mothers' club in Korean villages embody such a self-determination effort.

There are six possible outcomes of the mothers' club activities that will have direct or indirect influence on the Korean family planning program.

(1) *The family planning program can be legitimized by group activities.*

Traditional community organization has disseminated information and influenced attitudes and norms for centuries. Family planning is still perceived as taboo topic which is private and personal. Therefore, family planning ideas are not communicable among the villagers. One function of village level group communication efforts is to make family planning easier to discuss and thus to legitimize it in the community. A likely consequence of the mothers' club program is more interpersonal communication about family planning which is likely to lead to more widespread adoption.

(2) *Mothers' club facilitates adoption by making supplies and services convenient.*

Due to unevenly distribution of the health centers or family planning clinics in rural areas, it is required to have an alternative delivery system. One of the first efforts of this function is to make contraceptives more readily available in the villages and households. A village-based system of contraceptive distribution has greater advantage in traditional society, particularly mountainous and remote areas. One field worker in Korea covers usually 3,000 to 5,000 people in her area. It is impossible to provide adequate service and systematic contact or follow-up for potential acceptors as well as contraceptive acceptors. Moreover, it is costly to make field trips from a health center which is located far from a village.

Mothers' club mitigate these problems by playing a key role in the distribution of contraceptive supplies in the village. Club members distribute the oral pills to the village women and provide information, and consultation about family planning. This leads a significant reduction of both the time and the costs of field work.

(3) *Group activities are facilitating group spirit for family planning adoption.*

Most of the current family planning programs are based on the individual couple-decision model. The group decision to adopt family planning should be emphasized in village group work, in which the individuals can feel loyal and commitment as members of group working together, discussing together, planning together, and participating toward their common goal. Through these, share interests and activities, then develop a sense of social solidarity. Especially a leader's contraceptive behavior will lead promotional influence in the group activities and their family planning behavior. A study of mothers' clubs in Korea shows that higher rate of family planning adoption in the village is associated with club leader's behavior about family planning. (Rogers, *et. al.*, 1974, and Rogers, *et. al.*, 1975) In China, the most successful program achievement is through the local small groups. (Lu and others, 1967). Thus the member of a group takes responsibility to adopt family planning practice and exert peer pressure on all members to comply.

(4) *A village-level group plays an important role in facilitating family planning communication within the village.*

One of the important functions of village-level group is that group members facilitate more communication about family planning with other people within the village. Family planning field workers/promoters design education, information, and com-



munication program for the village people in collaboration with group members. Then the mothers' club works to disseminate family planning communication: (1) by acting as a forum for the family planning field worker's presentations at the club meetings. (2) by extending the family planning field worker's influence through the intermediary of the mothers' club members, and (3) by discussing the contents of the family planning magazine Happy Home.

(5) *A village-level group promotes development.*

An organized activity provides the economic means of village development such as village roads construction, daily care center, credit union, nutrition program for weaning children, etc. Village group will be more kinds of activity to extend family planning program in the village.

By 1973, three-fourths of the 24,000 mothers' clubs had credit unions with cumulative total of \$1.7 million. The effect of such an achievement is to enable households to plan their future in a manner not possible in the past. A natural outcome of household economic planning is fertility planning. Grass roots economic development is therefore, likely to have substantial demographic effects.

(6) *A women's group activities in the traditional society improves the status of women.*

Women's contributions to socio-economic development are increasingly recognized and valued. Through organizational and financial power, mothers' clubs contribute toward female equality which can present a cultural challenge over son preference, even husband-dominant family system. It is unlikely that fertility in any society can be low unless women have roles other than bearing children.

### **Non-Formal Educational Activities**

Besides self-development of women's social participation and playing key role of contraceptive supplies, mothers' club provide a wide range of non-formal educational activities at the village level. The education aims of the clubs' activities are:

- (1) to provide factual information about the idea of family planning,
- (2) to motivate people to be convinced of the need for family planning,
- (3) to make family planning program socially acceptable,
- (4) to establish a favorable attitude toward family planning, and
- (5) to assist people to be committed to family planning practice

In many countries with population programs, family planning education for adult has developed through such means as the mass communication media and private and formal organizations. However, in general, audiences for mass media are limited. We found, particularly it is true, that the poor people in rural areas have more limited exposure to the mass media. Thus, the limited exposure to the mass media due to lack of accessibility and relatively high level of illiteracy in the rural area will reduce the effectiveness of the mass media approach.

As we know, one of the most important functions of mothers' club is to facilitate family planning communication through group activities and the individual contacts with village people. The clubs can be conceived one promising vehicle for 2,500 family planning field workers who promote family planning through the club meetings. In each of the more than 58,000 natural villages, however, there was no single person with responsibility for family planning education or maintaining contacts with family planning field workers. In fact, there is no other way the field worker could achieve all prospective clients living in scattered villages. The club leaders and the members act as unpaid auxiliary field workers.

Most of the mothers' clubs are currently active. A recent study done by Park and others (1974) indicated that only 15% of the clubs were inactive. In conjunction with the activeness of mothers' club, Rogers and other (1975) found that the success of the family planning program in the village is much depended upon the personal communication relations of mothers' club members to the village people. This seems an active participation of the members is a key factor in the village rate of adoption. Therefore, the mothers' club members are perhaps the best informal change-agents at the village level.

It is possible, therefore, that the basic educational activity for rural women toward family planning could be strengthened through mothers' club program. Family planning could be strengthened through mothers' club program. Family planning education programs are functionally integrated into the mothers' club activities such as group meeting, personal contacts, community projects and maternal services.

(1) *Group meeting*: The main strategy of group meeting is to accelerate interpersonal communication about family planning at the village level, and to legitimize family planning. The clubs have at least one meeting every month. Most meetings are called by the mothers' club leader. Attendance rate at every meeting is very high in most villages. Kincaid and colleagues (1975) report that the average attendance rate for all clubs has been about 76% in recent years and that half of all of the clubs have at least 90% of their members in attendance at every meeting. In order to facilitate selection of discussion topics and to guide the meeting, PPFK distributes *Happy Home* which carries current family planning news and information about contraceptives. Family planning is the most important topic of discussion during group meetings.

In regard to group education effect, Kim and others reported (1972) that village with a mothers' club possessing a good educational program on the IUD had a higher IUD acceptance rate than in the other areas where mothers' clubs were not organized.

(2) *Person to person contact*: Interpersonal contact under specific event is considered to be one of the most effective means in bringing about attitude change and motivation for family planning practice. In Korea, the main initiators of such contacts have been family planning field workers and mothers' club members. Within the national program, family planning field workers are responsible for recruiting family planning acceptors through their home visits and consultations. It is impossible for

the family planning field workers stationed at the town ship level to cover the target audiences of some 1,500-2,000 fertile couples living in dispersed villages.

With technical assistance from family planning field workers' club members have maintained continuing contacts with village women to encourage them to practice family planning. It is estimated that one out of every three rural women currently practicing family planning do so on the personal contacts of a mothers' club leader (Park and others. 1974, p. 240).

(3) *Community projects*: Through organized club activities, non-formal family planning education was integrated into other community development projects. Credit unions were formed by the mothers' clubs in order to make women financially independent, and also to provide economic means for local development. The credit union funds are mostly used for village development activities such as children's education, nutritional improvement, educational benefits for the members, playgrounds, small livestock projects, vegetable gardens and the like.

In order to achieve such cooperative projects, they have been required coordinated action by all the members to meet mutual satisfaction. Family planning subject is usually emphasized whenever they meet together. The club members were asked to disseminate family planning ideas to their neighbors and peers. The diverse community Projects, the mothers' club undertaking facilitate non-formal education to its members regarding family planning.

(4) *Maternal service*: There is greater effect of family planning education when it is offered in integration with maternal and child health to specific target group, which is *post-partum approach*. The family planning education at post-partum need not be limited to medical services, nor to maternal and child health program. We learned that the psychological status of the mothers following maternal events lead them to a greater receptivity to family planning motivation. Providing family planning information through personal contacts at this postpartum period is an ideal intervention for family planning practice.

It is estimated that approximately 80% of the total delivery in rural areas are held at home. The mothers' club members keep records of pregnant women or women in the post-partum period in the village. In cooperation with maternal and the child health worker, the club member makes home visits and provides motivational messages with combination of maternity services.

## Conclusions

The Korean mothers' club program, in summary, is a fundamentally new family planning strategy which combines community development and social activities with family planning services and non-formal educational communication efforts. The great strength of the program is its utilization of village opinion leaders and traditional

social ties. Research has shown that the diffusion of family planning innovation is almost completely interpersonal (Simon, 1969; Palmore, 1968; Liu and Duff, 1971) while mass media effects are limited to direct change upon human behavior (Katz, 1957). The mothers' club approach utilizes the traditional village communication network and non-formal educational function as an integral part of the Korean national family planning program.

The question that emerges from the apparent success of the mothers' club approach is whether similar programs can be successful else-where. Success in other settings would depend upon the existence of an organization with strong ties to village level primary groups and the overall capacity to train groups in diverse group activities. Such capacities clearly exist in China (Chen and Miller, 1975) and in parts of Indonesia (Korten, 1975) where village level family planning activities are in many respects similar to the mothers' club approach.

We believe, however, that the task of organizing village based programs is not an unattainable goal for population programs where such activities do not yet exist. Most, if not all societies, have traditions of leadership, organization, communication, and education at the village level which can be a great resource to the national family planning program.

#### BIBLIOGRAPHY

- Cha, J.H. *The Effect of Boy Preference Attitude and Fertility Behavior: Family Planning in Korea*, Seoul. Korean Institute for Research in Behavioral Science (KIRBS). 1974.
- Chen, Pi Chao and A.E. Miller. "Lessons from the Chinese Experience: China's Planned Birth Program and its Transferability" *Studies in Family Planning* Volume 6 number 10.(October). 1975.
- Chung, B.M, S.J. Lee, S. J. Lee, J. Palmore. *Psychological Perspectives: Family Planning in Korea*. Seoul . KIRBS. Hollym. 1972.
- Hoffman, L. "The Value of Children to Parents", in J. T. Faurett (ed). *Psychological Perspectives on Population*, New York. Basic Books, Inc., 1973
- Katz, E. "The Two-Step Flow of Communication: An Up to Date Report On An Hypothesis", *Public Opinion Quarterly*, Spring. 1957.
- Kim, Jung Oh. "The Value of Children", Seoul. The Korean Institute for Behavioral Science.1974. (mimeo).
- Kim, T.I., G. Worth, J. Ross. *The Korean National Family Planning Program*, New York. The Population Council. 1972.
- Kincaid, L., H.J. Park, C.P. Lee, K.K. Chung. *Mothers' Club and Family Planning in Rural Korea: The Case of Orya-Li*, Honolulu. The East West Center. 1974.

- Korten, David C. "Organizing and Managing the Population Program in the Post-Bucharest Era", background paper prepared for the International Committee for the Management of Population Programs (ICOPMP) Conference, Mexico City. July 14-17. 1975. (mimeo).
- Lin, W. and R. W. Duff. "The Structural Effect on Communication Flow in a Pre industrial City", University of Notre Dame. 1971. (unpublished)
- Lu, L.P., *et. al.* "An Experimental Study of the Effect of Group Meetings on the Acceptance of Family Planning in Taiwan", *Journal of Social Issues* 23: 171-177. 1967.
- MOHSA. *National Family Planning Survey*. Ministry of Health and Social Affairs. Seoul. Korea. 1965.
- \_\_\_\_\_, *National Family Planning Survey*. Ministry of Health and Social Affairs, Seoul. Korea. 1966.
- \_\_\_\_\_, *National Family Planning Survey*. Ministry of Health and Social Affairs. Seoul. Korea. 1967.
- Palmore, J. "The Chicago Snowball; A Study of Flow and Diffusion of Family Planning Information", in D. Bogue (ed) *Sociological Contributions to Family Planning Research*. The University of Chicago. 1967.
- Park, Hyung Jong, Dal Sun Han, Kyung Kyoong Chung, Sea Baick Lee. *A Study of mothers' Clubs*. School of Public Health, S.N.U. 1974.
- Rogers, E.M., S. B. Lee, H. J. Park, K.K. Chung, W. Puppa, B. Doe "Network Analysis of the Diffusion of Family Planning Innovations Over Time in Korean Villages: The Role of Mothers' Clubs, Paper Presented at the Population Association of America, Seattle, April 17-19, 1975.
- \_\_\_\_\_, Hyung Jong Park, Kyung Kyun Chung, Sea Baick Lee. "Mothers' Clubs in Diffusion of Family Planning Ideas in Korean Villages: All illustration of Network Analysis", Paper Presented at the American Association for the Advancement of Science, New York, January 26-31, 1975.
- Simons, H. W., *et. al.*, "Similarity, Credibility and Attitude Change: A Review and a Theory", *Psychological Bulletin* 73: 1-16. 1969.

## 部落单位 家族計劃 普及： 어머니會 活動을 中心으로

李 時 伯

우리나라 家族計劃事業은 政府主導型 避妊普及으로서 (1) 保健醫療組織網과 (2) 이들 組織에 종사하고 있는 各級要員을 根幹으로 하여, (3) 모든 避妊藥劑器具는 無料로 提供하였다. 이러한 事業形態는 強力한 政府施策을 밀고 나가는데 있어 事業上 많은 長점이 있음이 各種 評價研究結果를 통하여 이미 밝혀졌다.

그러나 避妊普及의 受容은 家庭單位에서 이루어 지고 있는데 반하여 避妊普及의 傳達體系는 制限된 政府保健醫療組織通路로 인하여 各家庭이 쉽게 구득할 수 있을 만큼의 충분한 普及이 어려운 실정이다. 가장 쉬운 예로서, 一線에서 대상자를 찾아 直接 避妊普及을 담당하고 있는 家族計劃要員 數는 2,000 餘名인데, 이들 要員에 의하여 避妊普及을 받을 대상자-를 約600萬(家庭單位)으로 볼 때 要員의 業務上 도저히 감당 할 수 없는 사정이다. 물론 대상자 가운데 상당수는 自發的인 避妊生活을 하고 있어 家族計劃要員의 事業目標對象에서 除外될 수 있는 사람도 상당히 있다. 그러나 당장 避妊普及을 要員中心의 정부보급을 통해서 받아야 할 농촌거주 대상자만 보더라도 要員 1人당 3,000~5,000名이 될 수 있으니 기존 普及體系로서는 充分한 事業與件造成이 될 수 없다고 볼 수 있다.

이러한 現實的인 事情下에서 農村部落單位의 避妊普及 役割이 可能한 自助, 自立 내지 自生組織인 女性團體(「어머니會」- 새마을婦女會)의 活用은 대단히 높게 評價될 수 있다.

우리나라에서 家族計劃弘報教育 그리고 避妊藥普及의 役割을 부여하기 위하여 「어머니會」를 組織運營하기 始作한 것은 1968年부터 였다. 後 家族計劃事業을 포괄한 地域社會 保健事業등은 政府에서 이미 目標한 社會開發政策과 並行하여 均衡있는 發展을 꾀하고자 「새마을事業」과 같은 他開發事業과 통합하여 運營하는 方案이 제기되었다. 따라서 새마을사업을 통한 避妊普及及事業을 強化하기 위하여 終來에 大韓家族計劃協會에서 주관하여온 「어머니會」조직을 1977年부터는 「새마을婦女會」로 통합하고 家族計劃事業이 地域社會開發事業으로 병합運營할 수 있는 기반을 조성하였다.

이러한 「어머니會」의 組織改編上, 그 이름을 「새마을 婦女會 家族計劃部」라고 부르던 아니면 그동안 一般農村住民들의 친숙한 이름대로 「어머니會」라고 부르던 間に 實際上 이 組織이 가진 避妊普及이라는 원래의 機能은 변함이 없다.

「어머니會」의 機能을 地域社會住民의 家族計劃基礎教育活動으로 集約시켜 다음과 같이 整理할 수 있다.

### (1) 集團모임을 통한 教育機會의 賦與:

家族計劃에 관한 기본개념을 集團結束으로서 모든 참여인이 共同意識的인 분위기를 조성하여 社會通念化 시킬수 있도록 모임을 가진다.

(2) 對人接觸을 통한 說得:

經濟, 文化水準이 都市보다 낮은 農村地域住民에 대한 설득은 個人接觸에 의한 動機造成이 效果的이다. 家族計劃要員에 의한 弘報教育活動에 附加하여 「어머니會員」들과 이들 이웃간의 接觸活動은 여론조성에 절대적인 뒷받침을 맡고 있다.

(3) 地域社会開發事業活動:

「어머니會」의 組織的인 活動은 비단 家族計劃事業의 目的뿐만 아니고 他地域社会開發事業에 直接參與하는 결과는 여성의 社会地位向上 내지 經濟活動의 伸長으로 볼 수 있다. 「어머니會員」들이 참여한 活動으로서 「마을金庫」事業, 生活改善事業, 子女教育費저축사업, 소비공제조합운영, 등을 들 수 있다.

(4) 母性健康增進事業:

現在 農村地域에서 일어나고 있는 出産의 約 80%는 家庭分娩이다. 保健所(保健支所)의 協助로 産前産後管理에 「어머니會員」들의 참여는 母性健康增進뿐만 아니고 産後家族計劃事業(Post Partum Family Planning Approach) 開發에 상당한 役割担当이 되고 있다.

이상 「어머니會」의 活動範圍로 보아 어머니會는 向後 地域社会中心(部落單位)으로 家族計劃事業 내지 婦女들의 社会開發活動增進에 상당한 의미를 가질 수 있기 때문에 이미 정부가 세운 方針대로 「새마을事業(運動)」의 一環으로 더욱 開發하고 發展시켜나가야 할 것이다.