

Current Status and Future Directions of the Population Control Policy in Korea

I. INTRODUCTION

The population policy in Korea evolved primarily in response to the high population growth rate in the late 1950s and early 1960s. The national family planning program which was adopted as an integral part of the economic development plan beginning in 1962 played an important role in lowering the fertility level and promoting the wide-spread use of contraception. Due to implementation of successful economic development plans during the last 25 years, the economy has grown on an average rate of 8 percent per annum and per capita GNP has jumped from \$83 US dollars in 1962 to \$2,032 US dollars in 1985 at current price.¹⁾ During the same period, there has been a great reduction in the nation's population growth rate. The population of Korea increased from 25.0 million in 1960 to 41.1 million in 1985, while the population growth rate declined drastically from 2.9 percent per annum to 1.3 percent during the same period, despite rapid improvement in the mortality levels. This demographic change was not only due to the vigorous family planning program that constituted an integral part of the government's economic development plans but also due to the various socio-economic changes that took place over the same period.

The rapid economic growth in the Republic of Korea has been rapid and the benefits have been shared widely among the population. As a consequence, the country, however, has ex-

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1) Oh-Seok Hyun, *The Korean Economy: Past Performance, Current Policies, and Future Prospects*, June 30, 1986.

perienced a rapid urbanization, and the share of urban population to the total population has increased from 28 percent in 1960 to 41 percent in 1970, and over 65 percent in 1985. The population of the capital city of Seoul has changed from 2.4 million in 1960 to 9.7 million in 1985 and when its satellite cities are included, the population exceeds 12.2 million, in 29.8 percent of the total population. It is projected that by the year 2000 the urban population would account for 78 percent of the total population.²⁾

Although the population agglomeration of large cities has been officially discussed among the related government ministries since 1964, an effective master plan to re-distribute the Seoul metropolitan population was developed in 1977 and has resulted in the reduction of the population growth rate of Seoul and other large cities. The policy measures introduced by the government to cope with problems of the population agglomeration in large cities are: 1) provision of incentives including tax exemptions to those industrial facilities that move out of Seoul; 2) establishment of satellite cities around Seoul to settle new in-migrants; 3) upgrading and expansion of educational facilities at the high school and college level in non-urban areas; 4) relocation of government offices and public corporations outside Seoul; and 5) financial, fiscal and other incentives to rural residents. In addition, zoning restrictions have been imposed on the metropolitan Seoul area, and the Ten-Year National Land Development Plan (1982~1991) is being implemented for the promotion of growth poles throughout the country.

Initially the Korean population policy focused primarily on the reduction of fertility through family planning programs, and it was only in 1970's that population distribution problems began to receive attention. The social development portion including housing, health, education and manpower development in the fifth five-year economic and social development plan (1982~1986), have been given high priorities, though the social development is still hampered because of the resource constraints. The successful achievement of demographic goals, however, is rapidly shifting the emphasis from controlling of fertility and mortality to the consequences of fewer people at younger ages. The emerging issues are the care for the aged, changes in the kinship structure and familial setting, and reeducation of young peoples toward balanced families.

Although the scope of the new population policy extends from the narrowly defined popula-

2) Population Planning Committee, Sixth Five-Year Economic and Social Development Plan: Population Component, March 26, 1986.

tion control to the broader welfare oriented policies, this paper discusses only the population control policy of the Republic in Korea in an effort to mutually share information of our experience in this field.

II. DEVELOPMENT OF POPULATION CONTROL POLICY

Throughout its history, the national family planning program has been guided by a clear policy with a definite goal for fertility reduction and is backed by strong and continuous political commitment. Since 1962, when the first five-year economic development plan (1962 ~ 1966) was started, fertility reduction has had high priority and the family planning program has been an integral part of the national development plan. The annual demographic goals have been translated into the program objectives in the form of annual contraceptive acceptor targets with appropriate budgetary allocations.

In the initial stages of the program, the main emphasis was placed on the contraceptive services through the government designated hospitals and clinics, and the IE&C activities through home-visits by family planning workers. Contraceptive services are provided by the government free of charge and the contraceptive target system over-the years has provided an efficient management mechanism of the national family planning program. This system, based on the family planning workers and designated private physicians, had concentrated on the delivery of family planning services in rural areas where in 1960's over 70 percent of Korea's population lived, and where family planning was unheard of. In order to increase the efficiency of family planning services, in 1966 mobile teams were organized to provide services in the remote areas. The program efforts were further strengthened in 1968 by the establishment of Family Planning Mothers' Clubs at the village level.

However, as the balance of the population shifted toward urban areas due to mass exodus of rural population, in 1970's family planning program emphasis shifted to urban areas. Since the existing family planning services and IE&C activities were designed primarily for rural areas, these could not cope with this additional burden. New and innovative family planning services specially designed for urban population were initiated for those working in the industrial site, for men in the homeland reserve forces, for the urban poor, and for the patients in the general hospitals.

The mid 1970's was highlighted by the introduction of social support policy measures. At that time, it became obvious that the long-term population targets could not be attained if only current family planning services and IE&C activities were depended upon, so additional social support policy measures were initiated to encourage people to accept small family norms. For example, since 1976, income tax is exempted up to two children and those who undergo sterilization with one or two children have priority in buying government-built houses on preferential terms, ect. Population education is also included in formal school curricula since 1977.

In drawing up the fifth five-year economic development plan in 1981, the population variables has been further emphasized and has become a integral part of the development plan. Realizing that unless drastic population policy measures were not undertaken and the successful implementation of the plan will be in jeopardy, additional policy measures were introduced. These measures were: 1) improving the current management system for the national family planning program; 2) instituting a new social support system to inculcate the idea of the small family norm; 3) revising and establishing the laws designed to eradicate the son-preference attitude; 4) strengthening IE&C activities for family planning; and 5) establishing close coordination among government ministries related to the population control programs. The appendix 1 shows a chronological overview of the developments of the population control policy in the Republic of Korea since 1962.

III. PROGRAM OPERATION AND ACHIEVEMENTS

The contraceptive services are provided through family planning workers and designated private physicians. Field workers distribute condoms and oral pills. All cases for sterilization and IUD acceptors are referred by them to the properly trained physicians who are duly authorized by the government to perform these services. The designated private physicians provide contraceptive services at their own clinics and are reimbursed 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 fee.

A total of 2,416 family planning workers, 2,170 regular government workers and 246 PPFK male information officers, are currently employed by the program. The ratios of worker to the target married women, aged 15~44, averages one worker per 1,200 women in rural areas and

Table 1. Contraceptive Services Through Government Supported Programs

Unit: 1,000

Year	IUD	Vasectomy	Tubectomy	Condom*	Oral Pill*	Total
1962	—	3.4	—	59.4	—	62.8
1963	1.5	19.9	—	129.8	—	151.2
1964	106.4	26.3	—	156.3	—	289.0
1965	226.0	12.8	—	191.7	—	430.5
1966	391.7	19.9	—	168.9	—	580.5
1967	323.4	19.7	—	152.7	—	495.8
1968	263.1	16.0	—	135.2	26.3	440.6
1969	285.5	15.5	—	147.7	91.2	539.9
1970	295.1	17.3	—	163.0	170.5	645.9
1971	293.7	18.6	—	161.2	199.7	673.2
1972	299.9	16.4	3.3	155.6	214.0	689.2
1973	325.9	19.7	4.8	176.0	234.7	761.1
1974	351.6	32.0	5.4	172.7	242.0	803.7
1975	343.9	43.0	14.5	196.7	240.1	838.2
1976	297.9	44.9	35.5	158.1	203.4	739.8
1977	281.8	53.8	181.4	103.2	178.9	799.1
1978	240.9	36.9	193.4	110.9	130.5	712.6
1979	188.7	25.9	195.3	80.7	108.7	599.3
1980	188.4	28.0	179.1	73.7	102.8	572.0
1981	167.2	31.3	164.8	79.0	91.3	533.6
1982	199.1	53.1	233.5	101.6	113.0	700.3
1983	213.1	97.2	329.8	127.3	82.4	849.8
1984	195.4	123.2	255.6	129.7	59.2	763.1
1985	176.9	110.1	217.6	124.9	44.0	673.5

*Monthly average condom and oral pill users

Source: KIPH, *Monthly Family Planning Service Statistics*, 1962~1985.6,900 in urban areas.³⁾ Also, there are a total of 2,320 family planning designated hospital and3) Nam-Hoon Cho, Current Status and Future Prospects of the National Family Planning Program in Korea, *1986 Family Planning Evaluation Report*, KIPH, May 1986.

clinics throughout the country.

IUD had been the principal method through 1976 when female sterilization was introduced. Considering the high popularity of female sterilization since its introduction, the government changed its emphasis from other methods to female sterilization since 1977. Due to this shift, the achievements of IUDs, condoms and oral pills have declined while there has been a steep rise in female sterilization. Since the strengthening of its policy in 1981, the number of contraceptive acceptors for all methods has greatly increased. During 1982-1985 period, the total number of sterilization acceptors has reached 1.4 million, which is equivalent to 25 percent of total married women aged 15~44 (Table 1). The high acceptance of sterilization in Korea is at-

Table 2. Recent Changes in the Characteristics of Sterilization and IUD Acceptors Under the Government Program

	Unit: %				
Characteristics	1981	1982	1983	1984	1985
By Women's Age:					
24 or less	7.9	9.0	11.7	15.1	15.4
25~29	32.6	36.1	38.5	47.1	47.7
30~34	32.8	32.5	29.1	32.8	30.6
35~39	17.2	14.8	13.5	2.9	3.7
40 or more	7.8	6.7	6.5	1.3	1.3
Unknown	1.7	0.9	0.7	0.8	1.3
Total	100.0	100.0	100.0	100.0	100.0
(Mean age)	(31.3)	(31.1)	(30.2)	(28.5)	(28.4)
By Women's Number of Living Children:					
0	0.3	0.3	0.4	0.5	0.5
1	7.6	8.3	11.5	17.6	26.4
2	39.1	45.9	50.2	59.7	59.9
3	31.3	28.9	24.7	16.9	10.4
4 or more	21.4	16.6	13.1	5.2	2.8
Unknown	0.3	—	0.1	0.1	—
Total	100.0	100.0	100.0	100.0	100.0
(Mean number)	(2.8)	(2.7)	(2.5)	(2.1)	(1.9)

Source: KIPH, Contraceptive Acceptors' Coupon (sterilization and IUD acceptors only), 1981~1985.

tributed to the several factors which include: 1) numerous incentive schemes for sterilization acceptors; 2) fertility termination oriented contraceptive use of women; 3) troublesome and side-effect in use of reversible methods; and 4) free services of sterilization.

In order to motivate the family planning workers and program personnel in approaching younger women with two or less children, the government strengthened the program evaluation and incentive system with emphasis on the contraceptive acceptors with two or less children since 1982. Accordingly, the proportion of sterilization acceptors with two or less children of the total sterilization acceptors has greatly increased from 39.3 percent in 1981 to 85.6 percent in 1985. As shown in the table 2, the mean age of contraceptive acceptors' women for IUD and sterilization services through the government program fell steady from 31.3 in 1981 to 28.4 in 1985, and the mean number of living children went down from 2.8 to 1.9 during the same period.

IV. CHANGES IN CONTRACEPTIVE PRACTICE RATE

Since the population control policy was strengthened in 1981, the contraceptive practice rate for eligible married women aged 15~44 has increased significantly from 54.5 percent in 1979 to 70.4 percent in 1985. During the first three years (1979~1982), the practice rate increased only by 3.2 percentage points, but from 1982 to 1985, it increased by 12.7 percentage points. Comparing the contraceptive practice rate by method between 1979~1985, the sterilization rate have increased substantially from 20.4 percent to 40.4 percent while for other methods including IUD, oral pill, and condom the rates have increased slightly.

The practice rate also differs among women by age and number of living children. The practice rate is highest for women in their 30s and for women with at least two children (Table 3). Generally, the practice rates are higher in the relatively older age groups where the women have already had the desired number of children and are practicing contraception to terminate fertility.

The mean ideal number of children in Korea has dropped from 2.7 in 1979 to 2.0 in 1985, and the mean number of living children dipped from 2.7 to 2.2 during the same period. Despite the legal, social, and ethical constraints as well as extensive contraceptive services through the government program, the proportion of married women aged 15~44 having who had at least one induced abortion has increased from 48 percent to 53 percent between 1974~1985 period.

However, the rate of increase for induced abortions has slowed, mainly due to the high acceptance of sterilization services since 1976.

The family planning slogan for promoting "one-child family" is in use since 1981. The approval rate for this slogan saying that "one is enough" among all married women 15~44 has increased from about 16 percent in 1982 to 48 percent in 1985. Although 43 percent of married women with one child don't want an additional child, boy preference prevents them from implementing their desire. Generally, the slogan is favorably accepted by the younger and by the well educated women as compared with the older age and the less educated.

Son preference in the Republic of Korea exerts substantial influence on population control policy. Women with sons are more favorably disposed toward the family planning program than those without. As shown in the table 5, 88 percent of the couples with two sons are practicing contraception, as against only 64 percent of those with two daughters. This suggests that there is a need for the national family planning program to strengthen the social support policies and IE&C activities to weaken the son preference value.

V. CHANGING POPULATION PROFILE

Starting in 1955, the high mortality rate began to level off gradually and the post-Korean war baby boom eventually shot up the population growth rate to 2.84 percent in 1960. This high level of population growth rate began to decline following the introduction in 1962 of the national family planning program, and by 1970 it declined to the 2.2 percent. It further declined to 1.6 percent in 1980, and to 1.3 percent in 1985. Needless to say that the continuing decline in the population growth rate was not only due to the successful implementation of the national family planning program but also as a result of the rapid socio-economic development Korea achieved during the last 25 years.

In inverse proportion to the level of the socio-economic development in the Republic of Korea, the crude death rate fell sharply from around 15 per 1,000 population in 1960 to 6 in 1985. The life expectancy at birth increased from 51 to 65 for male and from 54 to 71 for female over the 1960~1985 period. This steady increase has been primarily attributable to the marked reduction in the infant mortality rate over the period. The infant mortality rate of 61 in 1960 almost halved to 30 in 1985. A conservative estimate of the life expectancy for the year 2000 is 69 for male and 76 for female.

Table 3. Trends of Contraceptive Practice Rates, 1973~1985

	Unit: %				
Women's Characteristics	1973	1976	1979	1982	1985
Contraceptive Practice Rate	36.0	44.2	54.5	57.7	70.4
By Method:					
Oral pill	8.0	7.8	7.2	5.4	4.3
Condom	6.0	6.3	5.2	7.2	7.2
IUD	8.0	10.5	9.6	6.7	7.4
Tubectomy		4.1	14.5	23.0	31.6
Vasectomy	5.0	4.2	5.9	5.1	8.9
Others	9.0	9.0	12.1	10.3	11.0
By Region					
Urban area	39.1	47.8	55.1	58.7	71.5
Rural area	34.0	40.2	53.6	55.7	67.7
By Women's Age:					
15~24	12.0	15.4	18.3	22.3	35.8
25~29	31.0	31.9	40.9	44.4	60.8
30~34	44.0	55.8	68.5	71.6	84.2
35~39	60.0	61.5	71.9	79.9	87.2
40~44	35.0	45.1	53.3	62.5	69.6
By Number of Children:					
0	3.8	4.6	7.0	11.0	13.8
1	14.4	18.2	20.7	24.3	44.7
2	34.6	44.0	58.7	66.7	82.5
3	46.4	59.0	69.0	76.4	84.5
4	46.2	60.4	68.9	70.8	80.1
5 or more	42.7	47.2	58.5	64.2	76.3
Ideal Number of Children	3.1	2.8	2.7	2.5	2.0
Number of Living Children	3.9	3.2	2.7	2.7	2.2
Induced Abortion Experience Rate	30.0	39.0	48.0	50.0	53.0
By Region:					
Urban area	37.0	46.0	53.0	52.0	54.8
Rural area	24.0	29.0	40.0	44.0	48.4
Total Abortion Rate (15~44 MW)	2.1	2.3	2.9	2.7	2.1

Source: KIPH, *National Fertility and Family Planning Survey Reports, 1973~1985*.

Table 4. Proportion of Women Who Don't Want Additional Children

Unit: %

Number of Living Children	Don't Want	Want	Not Decided	Total
0	9.9	88.4	1.7	100.0
1	45.1	40.4	14.5	100.0
2	92.4	4.0	3.6	100.0
3	98.0	1.2	0.8	100.0
4 or More	99.0	0.5	0.5	100.0
Total	82.3	13.2	4.5	100.0

Source: KIPH, *1985 National Fertility and Family Planning Survey Report*, December 1985.

Table 5. Contraceptive Practice Rate by Number and Sex of Women's Children

Unit: %

Living Children	Contraceptive Practice Rate	Sterilization Practice Rate
1 Son	51.0	10.9
1 Daughter	35.7	6.3
2 Sons	88.0	62.5
2 Daughters	63.8	21.9
3 Sons	85.8	66.2
3 Daughters	66.0	26.3

Source: Same as the Table 4.

As shown in the Table 6, due to the continuing decline in fertility the proportion of population aged less than 14 years has declined gradually. The economically active population aged 15 to 64 years, however, has increased over the years. Accordingly, the dependency ratio is gradually declining in direct proportion to the decline in the population aged less than 14 years, and in inverse proportion to the increase in the population aged 15 to 64 years accounted for 2.9 percent of the total population in 1960, and 4.2 percent in 1985. This however will change in the coming years. By year 2000, if current trend of fertility and mortality continue, there will be less number of persons entering into economically active categories than those who will be leaving and the net result will be the worsening of the dependency ratio.

The total fertility rate (TFR) has declined by 65 percent between 1960 and 1984, from 6.0 in

1960 to 2.1 in 1984, and the decline in the TFR has been vary rapid since the strengthening of the program in 1981. Table 7 shows the rate of decline across all age categories, and for those under the age 30. At young age (under 20) the decline is mainly due to rise in age at marriage, while at age 30~34 has declined by 80 percent mainly due to contraceptive use and induced abor-

Table 6. Changes in Vital Statistics and Population Composition, 1960~1985

Major Indicator	Unit	1960	1970	1980	1985
Total Population	1,000 Pers.	25,012	32,241	38,124	1,056
Population Density	Pers./km ²	254	319	385	414
Population Growth Rate	1/1,000	28.4	22.2	15.7	12.5
Crude Birth Rate	1/1,000	43.0	32.1	23.4	19.7
Crude Death Rate	1/1,000	14.0	9.4	6.7	6.2
Total Fertility Rate	Pers.	6.0	4.2	2.8	2.1
Urban	Pers.	5.4	3.1	2.5	2.0
Rural	Pers.	6.7	4.4	3.2	2.3
Child/Woman Ratio	%	60.2	59.2	40.5	36.8
Mean Age at Marriage					
Male	Year	25.4	27.1	27.3	n.a.
Female	Year	21.6	23.3	24.1	n.a.
Proportion of Fecund Age Women (15~49)	%	46.9	46.7	52.7	54.5
Life Expectancy at Birth					
Male	Year	51.1	59.8	62.7	64.9
Female	Year	53.7	66.7	69.1	71.3
Infant Mortality Rate	1/1,000 L. Births	61	55	32	30
Sex Ratio (male/female)	%	100.7	102.4	101.8	101.7
Age Composition					
0~14	%	42.3	42.5	34.0	30.6
15~64	%	54.8	54.4	62.2	65.2
65+	%	2.9	3.1	3.8	4.2
Dependency Ratio	%	82.6	83.8	60.7	53.4
Urbanization Ratio	%	28.0	41.1	57.3	65.4
Proportion of Seoul Population to Total	%	9.8	17.6	22.3	23.8

Source: National Bureau of Statistics, EPB, *Population and Housing Census Reports, 1960~1980*.
Population Planning Committee, *op. cit.*, 1986.

Table 7. Changes in Age-Specific Fertility Rate, 1960~1984

Age Group	1960	1971	1975	1981	1984	Percent Decline 1960~1984
15~19	37	13	10	12	7	81.1
20~24	233	168	147	161	162	30.5
25~29	330	278	275	245	187	43.3
30~34	257	189	142	94	52	79.8
35~39	196	101	49	23	8	95.9
40~44	80	39	18	3	1	98.7
45~49	14	7	1	—	—	100.0
TFR	6.0	3.9	3.2	2.7	2.1	65.0

Source: Same as Table 6.

tion. The mean age at marriage has risen from about 22 in 1960 to 24 in 1980. The changes in fertility levels for those in the 20~24 and 25~29 age categories have been relatively slow, 31 percent and 43 percent, respectively.*

In general, the reduction in the overall TFR is primarily attributable to many factors, much as decline in infant mortality rate resulting from the various socio-economic development, changes in the value of children, improvement in women's status in the society, and to the inculcation of the small family norm. Most of the unwanted pregnancies could be prevented by means of contraception and induced abortion.

VI. DEMOGRAPHIC GOALS AND FUTURE POLICY DIRECTIONS

The new demographic targets during the sixth five-years economic and social development plan (1987~1991) have been set for a further reduction of the population growth rate to 1.0 percent by 1993. The estimated 1987 population of 43 million is expected to increase by 4.8 percent and will reach 44 million by 1991. This population goal is set under the assumption that the TFR will decline from 2.05 in 1984 to 1.75 in 1995. Assuming that the fertility goal can be achieved

*It should however, be recognized that changes in mean age at marriage often results in increasing the fertility level of these age groups and therefore the real decline may be considerably higher than shown by these figures.

by 1995, the population size will stabilize at around 53 million by the year 2023 (Tables 8-9).

The achievement of this target, however, is not going to be easy mainly due to anticipated socio-demographic factors like the strong preference for boys, increase in the number of women entering the reproductive age as a result of baby boom in 1950s, and the changing patterns of contraceptive mix. There is some evidence that young women are adopting more and more to temporary methods than their earlier counterparts. Under the circumstances, it is evident that there is an urgent need for further strengthening of the population policy, if the above designed objectives are to be met. Beside further strengthening the existing policy, the following new directions need to be considered.

First, the current program operation and management system for the national family planning program need to be strengthened. Particularly, program efforts should be expanded to recruit contraceptive acceptors in the younger age groups, in their early 20s, both for controlling fertility and for birth spacing. Currently women aged 20~29 account for more than 80 percent of the total annual births. In order to pursue these women to accept contraception, a better contraceptive method mix is needed.

Second, the existing social support policy measures and IE&C activities which place great emphasis on two child family should be modified and strengthened to encourage one child family.

Table 8. Population Projection, 1985~2023

Unit: Per Thousand

Year	Population Size (000)	Crude Birth Rate	Crude Death Rate	Migration Rate	Population Growth Rate
1985	41,056	19.7	6.2	1.0	12.5
1986	41,569	19.4	6.1	0.9	12.4
1987	42,082	19.1	6.0	0.9	12.2
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
1993	45,052	16.8	5.7	0.9	10.3
2000	48,018	14.7	6.2	0.8	7.7
2023	52,574	11.0	10.3	0.7	0.0

Source: Population Planning Committee, *op. cit.*, 1986.

Table 9. Future Changes in Population Composition and Other Indicators

Major Indicator	Unit	1985	1990	2000	2025
Total Population	Thousand	41,056	43,601	48,017	52,566
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
Dependency Ratio	%	53.4	46.8	41.3	44.1
Sex Ratio	Male/Female	101.7	101.6	101.5	101.3
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
Population Density	Pers./Km ²	414	440	484	530
Urbanization Rate	%	65.4	71.6	75.3	78.3
Population Proportion of the Four 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: Same as the Table 8.

The 1985 national survey data shows that over 24 percent of contracepting women were those with only one child, and over 43 percent of the women with one child were of the opinion that one child is enough. This suggests that there is an emerging norm for one child family and an appropriate social support policy measures and IE&C activities in support of this will facilitate its eventual adoption.

Third, the family planning program should be integrated with health and medical programs. Most Korean women resort to family planning to terminate fertility, however, their continuation rate of contraception is rather low. As a consequence the induced abortion rate is constantly rising. A series of these unsavory effects seem to have resulted from the fact that the family planning services in the Republic of Korea started purely as a means of fertility termination, disregarding the importance of the family planning to the maternal and child health. It is about time that the program emphasize the importance of family planning services in a broader context of fami-

ly welfare and population control. This will require an integrated FP-MCH program at the individual household level.

Fourth, with the lengthening of life, the existing kinship structure is changing. There are now and in the future will be more surviving vertical kin groups than at any time in the past. However, our understanding of its consequences in the family is limited to similar experiences in the West and there is an urgent need to study how these changes are effecting the familial relationship in the Korean Context. A timely understanding of how the families are coping to these changes will equip the society better to forestall what has happened in the West where the old people are condemned to old age homes and geriatrics wards.

Lastly, the population education should be strengthened. The value related to having few children and equality of sexes must be ingrained at formative ages. The government included population education in the formal curriculum at primary, secondary and high schools during the period of 1977~1979. These efforts need to be strengthened by assigning top priority to educate the school teachers who are in charge of population education at various levels. In 1985 only about 11 percent of school teachers are known to have received any formal training in population education. Provision needs to be made for regular update of their training and of the teaching material.

Appendix 1. Highlights of Population Control Policy Developments by Year: 1961~1985

- 1961 — Adopted national FP program policy as a part of economic plan starting 1962
 - Abrogated the law prohibiting importation and domestic production of contraceptives
 - Established the Planned Parenthood Federation of Korea (PPFK) as a non-governmental voluntary organization
 - Adopted FP slogan “Have few children and bring them up well”
- 1962 — Started the national FP program under the jurisdiction of the Ministry of Health and Social Affairs (MOHSA) through the government’s health service system
 - Established a FP counselling room and assigned two workers at each of 183 health centers
 - Started training programs for FP workers and for physicians on vasectomy procedures
 - Introduced vasectomy, condom, and jelly into the national program

- 1963 — Established MCH Division under the Bureau of Public Health, MOHSA
 - Assigned two additional FP senior workers at each of 183 health centers
- 1964 — Assigned a FP field worker at each of 1,473 township health sub-centers
 - Started training program on IUD insertion for physicians and introduced IUD into the national program
 - Introduced FP mobile teams to cover remote areas
- 1965 — Established FP Survey and Evaluation Team in MOHSA
- 1966 — Introduced FP target system into the national program
- 1968 — Organized FP Mothers' Clubs throughout the country
 - Introduced oral pill into the national program
- 1971 — Established the Korean Institute for Family Planning (KIFP)
 - Adopted FP slogan "Stop at two regardless of sex"
- 1972 — Strengthened government FP program organization by establishing the Bureau of MCH in MOHSA
- 1973 — Promulgated MCH law permitting legal grounds for induced abortion under certain medical conditions or psychiatric reasons, and allowing para medics' IUD insertion
- 1974 — Initiated special urban FP projects; hospital project, industrial site project, urban low-income area project, and home reserved army project
 - Introduced MR services into the national program
 - Introduced social support policy measures-income tax exemption up to three children and population education
- 1975 — Started training program for physicians on female laparoscope sterilization procedures
 - Established the Korean Association for Voluntary Sterilization (KAVS) as a voluntary organization
- 1976 — Introduced female sterilization into the national program
 - Established the Population Policy Deliberation Committee (PPDC) under the Deputy Prime Minister
 - Assigned a male information officer at each of 138 county health centers
- 1977 — Exempted income tax for up to two children only
 - Exempted corporation tax for corporations' expenditures for FP serviced to employees

- 1977 — Revised Family Law concerning women's property inheritance
 - Integrated FP Mothers' Clubs into Saemaul Womens' Association
 - Included population education in the high school curriculum
- 1978 — Gave priority in allotting public housing to sterilization acceptors with two or less children families
 - Exempted taxes for contraceptive raw materials imported
 - Adopted FP slogan "A well bred girl surpasses ten boys"
 - Included population education in the middle school curriculum
- 1979 — Included population education in the primary school curriculum
- 1980 — Reduced child delivery charges for sterilization acceptors after second delivery in public hospitals.
- 1981 — Issued 49 population control policy measures to place great emphasis on social support policies and activation of family planning programs
 - Established Family Health Division in MOHSA as an integrated division of FP and MCH divisions
 - Upgraded family planning worker's status from temporary workers to regular health officials
 - Inaugurated the Korea Institute for Population and Health (KHDI) integrating KIFP and KHDI
- 1982 — Reorganized FP sections of provincial governments making them Family Health Sections to provide additional services
 - Included sterilization and MR services into the medical insurance system
 - Gave priority of livelihood loans for the needy and housing loans to sterilization acceptors with two or less children
 - Provided monetary subsidies to low-income sterilization acceptors to compensate for lost wages (US\$110 for acceptors with two or less children, and \$45 for those with three or more children)
 - Provided free primary health services at health centers for the children aged 0~5 years of sterilization acceptors with two or less children
 - Exempted education allowance tax for the first two children
 - Implemented pilot project: monetary incentive for sterilization acceptors with two or

- less children, and new contraceptive methods of copper-T and form tablet
- 1983 — Provided family and education allowances for government employees with up to two children
- Provided medical insurance delivery allowance for the first two deliveries only
 - Introduced copper-T into the national program
 - provided IUD services through medical insurance system
 - Established a Family Planning Evaluation Unit at each of 13 provincial and city governments and 227 health centers
 - Assigned additionally a male information officer at each of 85 city health centers
 - Introduced new FP slogan “Even two are too many” and “Have one child with happiness and love”
 - Lowered sterilization age range for women from 15~44 to 15~34 years
- 1984 — Provided mid and long-term loan priority for public housing to the sterilization acceptors with one child
- Revised regulation banning the employment of female ship crews
 - Expanded medical insurance benefits to the parents of married female employees
- 1985 — Provided free delivery services through health centers, MCH centers, and PPFK clinics for those women who wants only one child
- Provided free medical services for children below 6 years at the private clinics and hepatitis vaccination for children below 4 years of contraceptive acceptors for fertility termination purpose with one child
 - Utilized the private pharmasists as “government designated demonstration drug store for family planning counselling”
 - Increased monetary incentive to low-income sterilization acceptors with one child from US\$110 to \$330
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人口抑制政策의 現況과 向後方向

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1962년부터 5회에 걸친 經濟開發計劃의 成功的인 推進으로 그간 우리나라의 經濟는 年平均 8 퍼센트라는 높은 經濟成長을 이룩하였고 1人當 國民所得도 1962년의 83弗에서 1985년에는 2,032弗로 크게 增大되었다. 또한 同 期間中 人口成長率은 급격한 死亡率의 감소에도 불구하고 2.9퍼센트에서 1.3퍼센트로 급격히 低下되었다. 이와같은 經濟的 및 人口學的 變化는 經濟開發政策과 人口抑制政策을 동시에 推進함으로써 短期間에 이룩된 높은 成果라고 評價된다.

특히 政府의 人口增加抑制對策이 強化된 1982年 以來 우리나라 婦人의 避妊 및 出産 實態는 급격히 변모되고 있다. 즉 1982~1985年 期間中 政府支援으로 不妊手術을 受容한 婦人의 數는 무려 140萬名에 이르고 있으며 이는 全體 對象婦人(15~44歲)의 25퍼센트에 해당되는 막대한 實績일 뿐 아니라 이들 不妊實績中 두子女以下 不妊受容婦人의 比率도 1981년의 39.3퍼센트에서 1985년에는 85.6퍼센트로 增加되어 事業實績이나 效果面에서 획기적인 결과를 나타냈다. (表 2 參照)

이와같은 政府支援에 의한 避妊普及 實績으로 우리나라 婦人(15~44歲)의 避妊實踐率은 1982년의 57.7퍼센트에서 1985년에는 70.4퍼센트로 12.7퍼센트 포인트가 增加되었으며 人口抑制對策이 強化되기 以前인 1979~1982年 期間中의 增加率 3.2퍼센트 포인트와 比較하여 큰 對照를 이루고 있는데, 이러한 最近의 避妊實踐率 增加는 대부분이 不妊手術에 의해서 이룩되었다. 한편 婦人의 避妊實踐率은 婦人의 年齡이 30歲 以上이거나 두名 또는 둘 以上의 子女를 둔 婦人層은 82퍼센트 以上의 높은 實踐率을 보이고 있으나 子女數가 한名 以下인 20代婦人層은 14~45퍼센트의 낮은 實踐率을 보이고 있어 向後的 避妊普及對象은 이들 20代 젊은 婦人層에 力點을 두어야 함을 暗示하고 있다.(表 3 參照)

한 子女의 利點을 살린 弘報活動이 전개된 1981年 以來 한 子女에 대한 婦人의 贊成度

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는 1982년의 16퍼센트에서 1985년에는 48퍼센트로 增加되었고 한子女만을 두고 있는 婦人中 斷産을 희망하는 婦人の 比率이 43퍼센트에 이르고 있으나, 出産率의 低下에 따라 男兒選好觀이 避妊實踐에 특히 不妊手術에 미치는 強度는 더욱 높아지고 있다(表 4, 5參照).

한편 婦人の 合計出産率은 1960~1984年 期間中 6.0에서 2.1水準으로 約 65퍼센트가 低下되었나, 현재 年間出生數의 約 87퍼센트가 20代婦人層에서 이루어지고 있어 向後의 人口目標나 出産率의 低下는 이들 20代婦人の 出産行動에 의해서 決定된다고 할 수 있다. 이와같은 出産率의 低下는 기본적으로 社會·經濟的 發展에 따른 嬰幼兒死亡率의 減少, 子女價値觀의 變化, 女性地位의 向上, 少子女價値觀의 形成등에 기인된 것이며 대부분의 願치않는 妊娠이나 出産이 避妊實踐과 人工妊娠中絶에 의해서 防止된 것이라고 要約된다.

最近에 설정된 第6次 經濟社會發展 5個年計劃(1987~1991)期間中の 人口目標는 1995년까지 婦人の 合計出産率을 1.75 水準으로 低下시킨다는 가정하에 人口增加率 1퍼센트를 1993년에 實現하고 2023年頃에 우리나라의 人口規模가 5,257萬名 수준에서 成長이 停止될 것으로 展望하고 있다. 그러나 이와같은 人口目標의 達成은 男兒選好觀의 殘存, 不妊爲主의 避妊受容(changing patterns of contraceptive mix), 斷産爲主의 避妊實踐, 빨라진 出産速度등 여러가지 社會·人口學的인 要因으로 인하여 매우 어려울 것으로 예상된다.

따라서 計劃된 人口目標를 達成하기 위해서는 避妊實踐率이 低調하고 出産力이 旺盛한 20代婦人層에 적중할 수 있는 接近方案이 강구되어야 할 것이며 이를 위해서는 첫째로 土畝調節 및 斷産目的의 避妊實踐을 동시에 충족시킬 수 있도록 기존의 事業管理制度를 改善하고, 둘째로는 한子女家庭을 增大시키기 위한 弘報教育活動 및 社會支援施策을 積極화하며, 셋째는 우리나라 家族計劃事業의 취약점인 높은 避妊中絶率, 斷産爲主의 避妊實踐, 높은 人工妊娠中絶率등을 完화하기 위해서는 家族計劃이 人口學的인 측면에서 보다는 社會福祉의 측면에서 接近되도록 他 保健醫療事業과 統合推進되어야 할 것이며, 넷째로 出産率의 지속적 低下에 따른 우리나라의 전통에 부합되는 親族 및 家族關係에 관한 對策이 강구되어야 할 것이며, 끝으로 人口政策의 장기적 차원에서 少子女價値觀이나 男女平等과 관련된 모든 規範이 어려서 부터 주입되도록 기존의 學校人口教育은 大폭 強化되어야 할 것이다.