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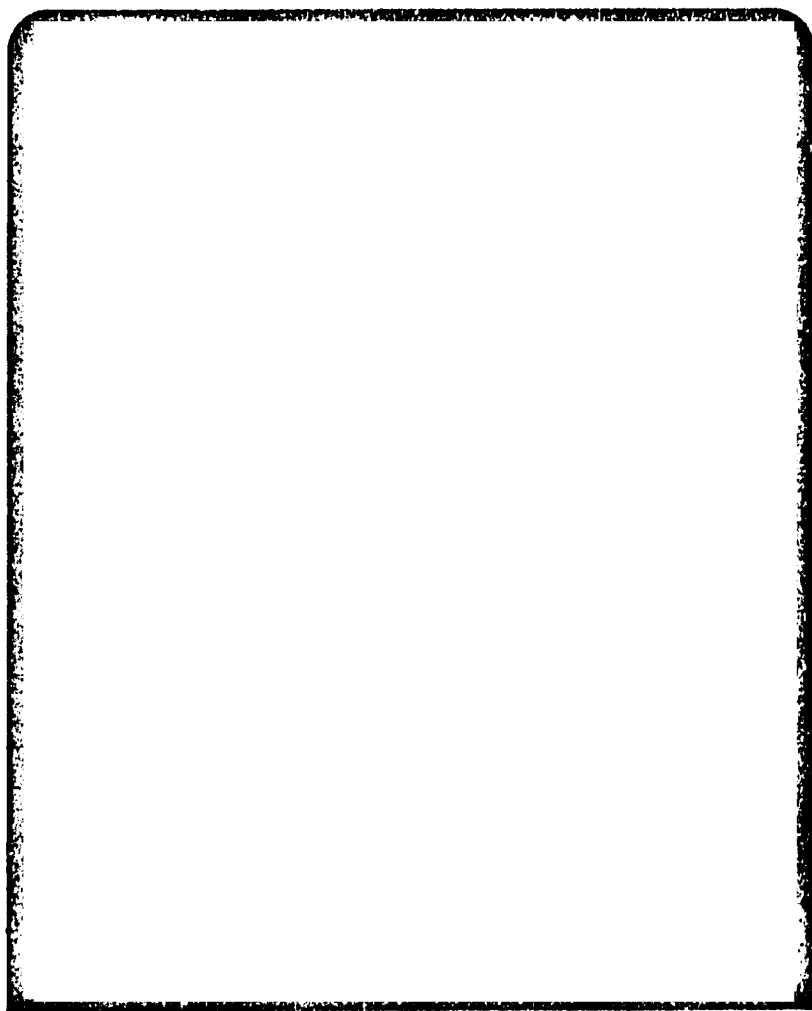
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KOREA PROFILE

Family Planning Policies and Programmes



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

KOREA PROFILE

Family Planning Policies and Programmes

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NATIONAL HISTORY AND POPULATION GROWTH

From 918 to 1910

Korea has 2,000 years of fairly well recorded history and some 5,000 of traditional history. The 1,000-km long peninsula reaching south from the Yalu River was ruled by two dynasties for a thousand years - the Koryo dynasty (which gave Korea its name) from 918 to 1392 and the Yi dynasty from then until the Japanese annexation in 1910.

A brilliant Buddhist culture had been established in the south-east of the peninsula well before the advent of the Koryo rulers. The Yi dynasty, which made Seoul its capital, introduced Confucianism to replace Buddhism as the official religion. The fourth Yi ruler introduced the Korean alphabet, still in use today.

Confucianism, and particularly the New Confucianism of the Chinese philosopher Chu Hai, brought veneration of ancestors, respect for elders, protection of the extended family, cultivation of the clan system, the cult of moderation and aesthetic values by men and of fortitude and submissiveness by women.

Korea was even more resistant than Japan and China to contact with Europeans and Americans and to the innovations they brought. The Korean language, distinct from Japanese and Chinese, reinforced this exclusivity as did the Koreans' ethnic homogeneity.

Population in 1669 is currently estimated at roughly 5 millions, in 1753 at 7.3 millions, in 1807 at 7.6 millions and in 1910 at 13.1 millions. From 1428 the Yi dynasty kept records of households and these are regarded as valuable sources for population data as from 1639.

Colony of Japan: 1910-44

Annexation by Japan and 36 years of resented occupation (with one policeman to every 400 Koreans) brought the country into the modern world in circumstances of national humiliation and with the social and economic distortions of colonialism. Population rose from 13 millions in 1910 to 25 millions in 1944.

Liberation and Disaster: 1945-53

In 1945 occupation of the north by the Russians and the south by the Americans split the country along the 38th parallel and precipitated 10 years of appalling destruction and suffering in a country already structured to subjection and to serving the economic and military purposes of the Japanese.

From Manchuria and from the enclaves in which they were enclosed in Japan nearly 2 million Koreans flooded into the south immediately after the liberation of 15 August 1945. Some three-quarters of a million poured in from the north in two waves, 1946-7 and 1950-51, while around 300,000 - mostly political prisoners - were carried off to North Korea.

The population of South Korea at the liberation was estimated at 16 millions, with a density of 164 per sq. km. The population of North Korea was then estimated at about 9 millions.

The invasion by the North Koreans and the outbreak of the Korean war on 25 June 1950 caused in the next three years some 1.3 million dead, 2.5 million homeless and the devastation of cities and installations. The invasion swept through the whole country nearly to Pusan. Seoul changed hands four times and was left virtually deserted. The end of hostilities on 27 July 1953 left South Korea in a state of almost unprecedented dislocation, deprivation and human dispersal.

The new demarcation line between the two Koreas was traced an average of about 40 kms. north of the 38th Parallel, with a 4,000 metre wide demilitarised zone separating them.

The Democratic Failure: 1948-60

The American occupation ended with the inauguration of the Republic of Korea on 15 August 1948. (The Democratic People's Republic of Korea was established in the north on 9 September 1948.)

Syngman Rhee was elected President by the National Assembly and duly secured his re-election in 1952, 1956 and 1960. This last election, regarded as fraudulent, was the signal for popular revolt, largely by students, against corruption and inefficiency and a month later the President fled into exile in Hawaii.

The Second Republic of Korea was created on 15 June 1960, with a parliamentary as opposed to presidential system of government. This was unable to cope and a military junta took over on 16 May 1961. From an internal coup on 3 July 1961 Major General Chung Hee Park emerged as Chairman of the Supreme Council of National Reconstruction. He became acting president on 24 March 1962 upon the resignation of President Yun Posun in protest against the exclusion of politicians from power.

The Third Republic: 1963

On 15 October 1963 General Park was elected President of the Third Republic. The third constitution, a return to a concentrated presidential system, vests the executive functions of government in the President. The President, who is commander in chief, appoints the Prime Minister to help him in supervising the functioning of the cabinet ministers. There is a National Assembly elected by general suffrage. This presidential system was further reinforced in 1972. President Park was killed in a shooting affray on October 26, 1979.

The Economic Transformation

The huge task of recovery from the war and the increasing inefficiency of the Rhee administration distracted attention from the perilous effects of a crude birth rate which rose to about 45 per 1000 in the war's aftermath, producing a population growth rate of nearly 3% and the imminent spectre of intolerable population density for a country of Korea's size, with rugged terrain and severe winters.

But already the Korean people were demonstrating their capacity to haul themselves, with massive US aid, out of a social and economic plight measured in the mid-1950s by a per capita GNP of \$75 a year.

The three Five-Year Economic Development Plans 1962-66, 1967-71 and 1972-76 transformed Korea from an agricultural society into a modern industrial one. Per capita GNP rose astoundingly from US\$87 in 1962 to \$700 in 1976. 57% of the population were engaged in agriculture in 1962; 36% in 1976. Primary industry accounted for 40% of GNP in 1962; 20% in 1976.

The student population formed 20% of the total in 1962; 26% in 1976. There was one doctor per 2,700 population in 1962; 1 per 2,000 in 1976.

Data Confusion

Registration of births, deaths, marriages and divorce is obligatory in Korea but highly erratic in practice. Registration of births (particularly if an infant dies) is more deficient than of deaths. The birth of daughters is less likely to be registered than that of sons since a daughter is a temporary member of the household pending her entry into the household of her in-laws. Long delay in finding a name for a child may delay registration or cause it to be ignored.

Calculations of demographic trends, and particularly of birth, death, fertility and population growth rates, have to be made therefore from the frequent censuses and even more frequent sample surveys. Constant revision and refining of these calculations has led to constantly differing rates being cited in successive publications and being used as the bases for policy decisions. There is frequently confusion, in official and other texts, between the average annual rate for an inter-censal period and the specific rate for the final year. A burdensome complication for those collecting data in censuses and surveys is the necessity to translate dates and ages from the lunar calendar, still used by most of the population in rural areas, to the solar calendar.

First Recognition of Problem

Only at the beginning of the 1960s did the significance of the population growth problem begin to impinge on the government, preoccupied as it was by defence, basic reconstruction of the country and the economy and establishment of a political and administrative system.

Doctors, demographers and economists, particularly in the universities, had by then begun to demonstrate, from their respective viewpoints, the dangers of unrestrained fertility. These students of population and public health problems were active in the advisory committees set up by the new military regime. Their influence was shown in the first National Five-Year Plan 1962-66. This frankly stated that "population control measures will be required" and proposed to reduce the population growth rate to 2.5% per annum by 1966.

For this purpose the Supreme Council of National Reconstruction promulgated a national family planning policy in October 1961 and inaugurated a family planning programme in 1962. The programme, hailed 10 years later as one of the most successful in the world, was conducted amidst the confusion of uncertain statistics, lack of co-ordination between the various agencies involved, and low political priority (as against defence, reconstruction and establishment of a system of government).

Subsequent studies have provided a far clearer picture of population trends since 1945 than was available in the 1960s and early 1970s. Basic data, subject to divergent interpretations, was supplied by the regular five-year censuses - conducted in the whole of Korea (by the Japanese) from 1925 to 1944 and in South Korea in 1949, 1955, 1960, 1966, 1970 and 1975.

Limited national fertility surveys were carried out by the Korean Institute for Family Planning (KIFP) in 1968, 1971 and 1973.

In 1974 a fundamental National Fertility Survey was carried out jointly, as part of the World Fertility Survey, by the National Bureau of Statistics of the Economic Planning Board and KIFP, with support from the Ministry of Health and

Social Affairs, 60% funding from UNFPA and assistance from a team of 13 foreign consultants. The first country report from this Survey was published in December 1977, more than two years behind schedule because of difficulties in data processing and particularly in computer editing.

POPULATION GROWTH RATES 1925-75

A coherent account of population growth in the 50 years from 1925, when the population more than doubled, has been provided by the Korean Development Institute in "Population Status Report", 1978, by Sawon Hong with Soon Choi, Nam Il Kim and Rae Young Park, produced with financial and technical support from UNFPA, the Population Council, the East-West Population Institute and the University of Michigan.

During the Japanese Occupation

From 1925 to 1944 the crude birth rate in the whole of Korea remained fairly constant at around 45 per 1,000. The crude death rate fell from about 28 per 1,000 in 1925 to around 20 in 1940. About 3 million Koreans emigrated. 1.8 millions to Japan and 1.2 millions to Manchuria. Some 700,000 Japanese were normally stationed in Korea.

From the Liberation

At the liberation of South Korea in 1945 the population was estimated at 15.9 millions. The return of emigrants helped to swell this to 22 millions in 1949, an annual growth rate of 4.7%.

But between 1949 and 1955 the growth rate was no more than 1%, due not only to the casualties of the Korean war (1950-53) but also to temporarily low birth rates (the annual rate of natural increase during these years was estimated 0.7%).

As relative peace returned, the crude birth rate climbed steeply again towards 45 per 1,000, peaking around 1958. The annual average crude birth rate 1955-60 was estimated at 43. Total population grew in that period at an average of about 2.7%.

But in 1960 there began a steep decline in the crude birth rate. As a result

in the period 1960-65 the population growth rate fell to an estimated annual average of 2.5%, in 1965-70 to 2.3% and in 1970-75 to 1.8%.

In the 15 years from 1960 to 1975 the crude birth rate fell by 44%, from 43 to 24. The reasons for so sharp a fall are still being analysed. But they evidently include the distortions brought about in fertility patterns by years of turmoil and disaster.

These distortions were to continue to repeat their effects in later years notably in the late 1970s and early 1980s when the repeat-effect of the post-Korean-War "baby boom" peremptorily halted the decline in the population growth rate.

The "Population Status Report", working from numerous adjustments to census figures produced by various scholars, synthesised as follows the population and vital rates for the period 1925-75:

Census Population and Vital Rates in Korea during Intercensal Periods, 1925-75

Year	Census population (in thousands)	Average annual rates per 1000 persons between censuses				Growth rate per 1000
		Birth	Death	Infant mortality (‰)	Natural increase	
All Korea						
1925 (Oct. 1)	19,020	na	na	na	na	na
1939 (Oct. 1)	20,438	45.4	27.9	241.4	17.5	14.4
1935 (Oct. 1)	22,208	45.3	25.5	203.4	19.8	16.6
1940 (Oct. 1)	23,547	43.5	20.2	151.7	23.3	11.7
1944 (May 1)	25,120	41.0	19.5	133.4	21.5	14.1
Republic of Korea						
1944 (May 1)	15,923	na	na	na	na	na
1949 (May 1)	20,167	39.2	20.2	138.3	19.0	47.3
1955 (Sept. 1)	21,502	40.0	33.0	104.6	7.0	10.1
1960 (Dec. 1)	24,954	43.0	14.6	64.3	28.4	28.4
1966 (Oct. 1)	29,160	37.0	10.5	57.6	26.5	26.5
1970 (Oct. 1)	31,435	32.1	9.4	53.8	22.7	18.8 (22.7)
1975 (Oct. 1)	34,679	27.6	8.6	38.7	19.0	19.6 (18.0)

Sources: Korea, Government-General of Chosen (1926, 1935, 1937, 1944, 1945); Republic of Korea, Ministry of Home Affairs (1959); Republic of Korea, Economic Planning Board (1961, 1969a, 1972, 1977a); na—not available.

1975 Census

The 1975 census estimated total population at 34,688,000 (17,440,000 males, 17,248,000 females), with density of 351 per sq km, next highest in Asia after Hong Kong (3,981 in 1973), Singapore (3,761) and Bangladesh (502), and ninth highest in the world.

The proportion of the population living in urban areas had almost doubled in the 20 years to 1975. 48.5% of the population was then classed as urban (living in the 35 cities of 50,000 or over) and 51.5% as rural (very roughly 10% in towns between 20,000 and 50,000 and over 40% in villages of under 20,000). Seoul, with 6.9 million inhabitants, contained almost 20% of the total population. Pusan had 7.1%.

The surge to the cities reached its peak in 1966-70, when the urban population increased at an average 7% per year and the rural population dropped by an annual average of 1.2%. During the 1960s migration into Seoul from the countryside amounted to 43% of all rural-to-urban migration. But since 1970, largely because of government action, Seoul's increase rate has been lower than the average for other cities.

Recent Estimates

Total population in January 1979 was estimated at 37,311, 869 (18.8 million males, 18.5 million females). Urban population was estimated at 64%.

FERTILITY TRENDS TO 1975

The National Fertility Survey, carried out from September to December 1974 in 20,327 households with 105,000 occupants and with 5,265 in depth interviews with ever-married women aged up to 49, provided the first authoritative analysis of Korean fertility patterns.

The varying and irregular rates of decline from 1960 to 1974 in the age specific fertility of urban and rural women were shown in the following table:

AGE-SPECIFIC FERTILITY RATES BY URBAN AND RURAL RESIDENCE: 1960-1974
(per 1,000 women)

Year	Age of women							TFR (per women)
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
<u>Urban</u>								
1960	22	223	316	250	184	81	—	5.4
1966	4	119	279	209	92	48	8	3.7
1968	6	113	297	169	77	28	—	3.5
1970	8	141	258	141	63	18	3	3.1
1971	3	166	316	196	91	29	—	4.0
1973	7	104	284	195	50	13	—	3.3
1974	6	135	262	129	42	13	2	2.2
<u>Rural</u>								
1960	48	291	354	308	237	115	—	6.7
1966	16	243	424	284	229	96	12	6.5
1968	3	178	305	220	147	37	11	4.8
1970	17	189	291	212	124	50	7	4.4
1971	9	211	363	266	144	49	4	5.2
1973	14	206	324	249	117	35	5	4.7
1974	16	192	298	206	103	41	4	4.3

Educational Impact

Koreans are traditionally keen on education and particularly so in the high-pressure circumstances in which they now live. The government's emphasis on education for both men and women is reflected in the NFS findings that while only 82% of all eligible women surveyed were literate, this rose to 97% of those under 25 years of age.

The clear impact of education on fertility is shown in the following table of age-specific fertility in 1974 according to women's level of education:

AGE-SPECIFIC FERTILITY RATES AND AGE-SPECIFIC MARITAL FERTILITY RATES BY WOMEN'S LEVEL OF EDUCATION: 1974 HOUSEHOLD SURVEY
(per 1,000 women)

Age	All women	Women's level of education				
		No schooling	Primary	Middle	High	College
<u>Age-specific fertility rates</u>						
15-19	11	61	20	5	2	—
20-24	159	244	212	163	81	47
25-29	276	291	286	266	254	304
30-34	164	206	173	154	131	64
35-39	74	107	75	38	35	40
40-44	29	41	25	13	18	14
45-49	3	5	1	—	—	—
TFR ¹¹	3.6	4.8	4.0	3.2	2.6	2.5

Marriage Age: Declining Benefit

The NFS found that the steady rise in the average age at marriage since 1935 levelled off around 1970, as shown in this table:

Censuses	<u>Average Age at Marriage</u>	
	Men	Women
1935	21.1	17.1
1955	24.5	20.5
1960	26.4	21.6
1966	26.7	22.8
1970	27.1	23.3
<u>NFS</u>		
1974	27.2	23.2

But a paper prepared in 1977 for the newly established Population Policy Co-ordinating Committee gave the ages in 1975 (presumably from the census of that year) as 25.7 for men and 21.8 for women, a sharp drop of about 18 months for each. Over the past 40 years the difference in marriage age for men and women has remained constant at 4 years.

Marriage is nearly universal for men by 35 and for women by 30. In 1974 only 1% of ever-married women were divorced and 2% separated. The NFS reported that illegitimacy rates are very low because of sharp social disapproval. But another study reported appreciable pre-marriage pregnancy. Levels of education, particularly beyond primary school, have a well marked influence on age at marriage. Average marriage ages of women in 1974 at the following education levels were:

No schooling	21.3 years
Primary	21.9
Middle	22.8
High	25.0
College	25.6

Desired Numbers of Children

Currently married women who wanted no more children represented 55% of the total in 1967 and 72% in 1974. The ideal number of children dropped from 3.9 in 1965 to 3.2 in 1974. It was reported still at 3.2 in 1976.

Amongst the women surveyed in 1974, only 13% of those with one child wanted no more; but 66% of those with two; and 86% of those with three.

Of pointed significance was the finding that nearly 25% of women aged 20-24 declared that they wanted no more children; and over half those aged 25-29. The NFS pointed to these as potential candidates for sterilization of either husband or wife.

Concepts of ideal family size are strongly conditioned by the preference for sons. Of women with three or more daughters but no sons, nearly half wanted more children. On the other hand 77% with two sons and no daughters wanted no more children. There was virtually no desire for more children amongst women with two sons and one daughter or those with three sons.

Knowledge

In 1964 about 50% of married women had some knowledge of contraception. In 1974 97% of ever-married women reported knowledge of at least one "efficient" method. The differences between age groups or educational levels were not sufficient to be of practical importance.

Practice

52% of the women surveyed had tried at least one of the "efficient" methods. Only 5% had experienced an "inefficient" method but never an efficient one, showing that exclusive reliance on inefficient methods is uncommon.

The NFS found that 46% of "exposed" women in the survey were currently using contraception, including sterilization. (Exposed woman: currently married, fecund, not currently pregnant and aged 15-49). But later studies concluded that 44% of eligible women were practising contraception by the end of 1976, compared to 20% in 1966.

Methods Used

A comparison of methods used over a period of 9 years by urban, rural and all women is made in the following table:

PERCENTAGE OF CURRENTLY MARRIED WOMEN WHO WERE USING SPECIFIC METHODS OF CONTRACEPTION (INCLUDING STERILIZATION) AT VARIOUS POINTS IN TIME IN THE LAST 10 YEARS; BY TYPE OF PLACE OF RESIDENCE

Method	All areas				Urban				Rural			
	1966	1971	1973	1974	1966	1971	1973	1974	1966	1971	1973	1974
IUD	1	7	8	8	1	7	7	8	0	7	9	9
Pill	9	7	8	9	9	5	6	9	9	8	10	10
Condom	3	3	6	6	4	4	7	7	3	2	6	5
Sterilization	2	3	5	5	3	4	7	7	2	1	3	3
Other	5	4	9	9	8	5	12	11	4	3	6	7
All methods	20	25	36	37	24	27	39	40	18	23	34	34

Percentages of methods currently in use in 1974 were: orals 24%; IUD 23%; condom 15%; vasectomy 9%; female sterilization 5%; injections etc 2%; rhythm 13%; withdrawal 7%; douche, abstinence 2%.

Need for Sons

The need to produce sons appeared as a major influence on fertility behaviour. Only 19% of women with no son were contracepting; and 38% of those with one son. But contraceptive usage jumped to 60% for women with two sons. Of couples with only two daughters, 8% were contracepting; of those with three, 23%.

A 1977 paper prepared for the Population Policy Co-ordinating Committee indicated that (presumably in 1976) the percentage of contracepting women (including sterilization of husband or wife) reached 58% upon the birth of two sons and rose to 64% on the birth of three, whereafter it levelled off. For women with no son it was 13% (against 19 in 1974).

Breast-feeding as a Contraceptive

Whilst breast-feeding was still widespread, there were indications that it might be declining among younger women, the better educated and those in cities. For non-contraceptors, the birth interval was 24.1 months for those

who did not breast-feed. For those who breast-fed for 6 months it was 23 months; but rose to 26.7 for those who breast-fed for 6 to 12 months; and to 35.1 months for those who breast-fed for two years or longer.

Abortion

The NFS acknowledged that abortion is "one of the critical factors affecting fertility levels in Korea". Abortion regulations were liberalised in 1973 and, according to a KIFP survey published in December 1973, "abortion is not a particularly sensitive subject in Korea. It can be discussed in a relatively matter of fact manner". This survey found that in 1971 abortions equalled or exceeded live births to the 30-34 age group in Seoul, to the 35-39 age group in other cities; and to the 40-44 age group in rural areas. The cost of an abortion in 1971 was about \$7.25, roughly equal to the cost of one year's supply of orals from the commercial sector.

Abortion rates had nearly doubled since 1968, with the steepest increase taking place between 1968 and 1971.

In the 1974 survey 30% of all women reported having had at least one abortion (12% of those under 25; 29% of the 25-34 group; 39% of the 35-44 group) and 14% two or more.

Among various types of women, the percentage having abortions was:

- Women living in	cities	38%
	towns	27%
	villages	21%
- Women with	no schooling	20%
	primary	30%
	middle	34%
	high	45%
	college	44%

- Husband's occupation:	professional/managerial	44%
	clerical	38%
	sales/service	39%
	agricultural	19%
	skilled manual	33%
	unskilled manual	30%
	never worked	30%

The NFS found that induced abortion is closely associated with use of contraception. Contraception users are more likely to have resort to abortion, the more so if they have only recently accepted fp. For contraceptive users the rate of abortion is substantially higher for those with less than 4 children than for those with more, indicating its use to protect achieved fertility. In general, abortion increases with parity up to 3 children. Its use thereafter declines while remaining highest between 3 and 5 children.

MAIN CONCLUSIONS OF NFS

The First Country Report of the NFS, summing up its conclusions from the initial analysis of data, made the following major points:

Fertility Differentials

- Despite substantial fertility declines in every sector, significant urban-rural differentials persist, as do those by education and husband's occupation.

End of Large Families

- The traditional large family size preference in Korea is rapidly becoming a thing of the past. But a marked preference for sons continues to exist and is likely to exert an upward pressure on actual family size during the process of family formation.

Universal Knowledge

- Knowledge of contraception is nearly universal and use is quite widespread. The great majority of currently married women state a desire for no more children.

Potential for Sterilization

- Sterilization is still not widespread (in 1974). Its potential place in Korea's family planning programme is suggested in the finding that nearly one-fourth of women as young as 20-24 and over one-half of those in the ages 25-29 state a desire for no more children. Their acceptance of sterilization could have a substantial demographic impact.

The Motivation Gap

- No section of the population is strongly resistant to contraception. But a sizeable group of women from all backgrounds have attitudes about family size which are conspicuously inconsistent with their contraceptive behaviour. About 70% of all currently married women want no more children. Yet about one-third of these are not using an efficient contraceptive.

This finding "should help define an urgent task for the family planning programme: to mobilise these women to adopt efficient methods and to sustain them in their continued use".

Failure to Space Births

The 1974 NFS provided the first clear indications that Korean women were using contraception to terminate their fertility rather than to space births. But its First Country Report did not attach the significance to these indications which later studies brought out.

Desired Children

A study on the "Effects of Economic Factors on Fertility Behaviour", carried out by KIFP with UNFPA support and published in December 1977, found that the desired number of children in 1977 was 2.4 in large cities, 2.7 in other cities, 3.0 in rural areas. There was very little difference in numbers desired as between parents' various levels of income.

Son Preference

But the preference for sons still continued strongly, as shown in the following table for 1977:

Attitude Towards the Necessity of Having Sons by Residence,
Age of Wife, Husband's Education, and Parents' Income Level

unit: percent

Socio-economic status	Must have sons	Prefer to have sons	Don't care about sex of children
<i>Residence</i>			
Large cities	49.3	7.0	43.7
Other cities	59.9	9.9	30.2
Rural areas	71.9	7.6	20.5
Total	62.2	7.8	30.0
<i>Age of wife</i>			
15~21	59.0	3.8	37.2
25~29	52.4	8.9	38.7
30~34	62.0	9.7	28.3
35~39	65.2	6.7	28.1
40~49	69.6	8.0	22.4
Total	62.2	7.8	30.0
<i>Husband's education</i>			
Primary school	72.4	0.1	21.5
Middle school	61.0	7.9	28.1
High school	54.2	0.7	35.1
College or more	45.8	0.9	47.3
Total	62.2	7.8	30.0
<i>Parents' income</i>			
Lowest	71.6	7.1	21.3
Low	65.9	7.4	26.7
High	57.6	7.6	34.8
Highest	52.3	10.1	37.6
Total	62.2	7.8	30.0

*Significance level < 0.05

GOVERNMENT POLICY AND PROGRAMME: 1960-75

Early Advocacy

The necessity for family planning began to become an issue in Korea in the second half of the 1950s. Doctors, demographers and others had been exposed at American universities to the incipient debates on world and national population problems and to family planning programmes promoted both as human right and as essential to preventive health care.

The 1955 census showed that population had increased by nearly 1.5 millions in five years despite the losses caused by the Korean war. The UN Population Division projected that Korea would grow by 10 million people between 1955 and 1970, and Korean scholars arrived at similar conclusions. The 1960 census disclosed a growth rate reaching 3% a year.

Dr Chong Ching Lee, who became head of the Bureau of Medical Affairs in 1956, unsuccessfully proposed the creation of a national family planning service. He continued his efforts, still without success, when in 1958 he became head of the National Medical Centre, established by the government with assistance from Sweden and other Scandinavian countries to serve as an important demonstration and teaching centre.

First Service Programmes

A small and little-observed start was made when in 1957 family planning was introduced into the training programme of the official Home Demonstration Programme. Field workers were encouraged to convey their knowledge to village women. Similarly, a rural community development programme, started by the Ministry of Agriculture in 1958 with US AID assistance, provided its field workers with some family planning training. Family planning was thus being discussed with the people by government field workers at village level at the time of the military takeover in 1961.

Service was limited, as were supplies. The US military source of condoms still existed. Imported foam tablets, jellies and diaphragms were available from some pharmacies. Use of the Ota ring appears to have increased and it is assumed that despite illegality abortion became a major means of fertility control.

Clinics were established in 1957 and 1958 by social service centres operated by women of the Methodist Church in Seoul, Pusan, Taejon and Luchon, under the leadership of Esther Laird. Dr Whang Kyung Koh, later president of Seoul Woman's College, started the Mothers' Association in 1958 and ran a clinic in Seoul in association with the Methodist social service. The Seoul National University Hospital began a limited family planning service. A growing number of doctors, particularly obstetricians, were providing service and depended on word-of-mouth advertising for clients. The medical schools of Seoul National University and Yonsei University

provided forums for discussions which drew together numbers of influential people. The publications of IPPF and other agencies were reaching an increasing and increasingly informed readership.

Foreign Interest

In 1960 George Cadbury, Special Representative of IPPF and for long a leading volunteer in its policy councils, visited Korea and held discussions with a large number of people, including officials of the Ministry of Health and Social Welfare. In early 1961 PPFK was founded, with promise of support from IPPF, and with the acquiescence of the government.

One of its first achievements was to coin a Korean term for family planning and to win acceptance for it.

During the brief period of civilian government after the ousting of Syngman Rhee in 1960 a new sense of freedom encouraged the proponents of family planning. The Minister of Health agreed to a proposal for a programme and the issue was debated inconclusively in the National Assembly. George Worth, who spent over 20 years in Korea, initially as a Presbyterian missionary and the last 6 years until 1975 as representative of the Population Council, produced a simple booklet in Korean describing the various methods of contraception and explaining their reliability. Linguistic agility was required to find Korean terms for concepts quite new to the booklet's readership. The booklet was reproduced in full by a daily newspaper and others followed with articles on family planning by Korean medical personalities. Magazines and radio joined in the discussion.

The Asia representative of the Pathfinder Fund paid several visits and began to bring in supplies of Lippes Loops for the clinics then functioning.

Government Decides on Family Planning Programme

The Supreme Council for National Reconstruction, which took over in May 1961, appointed a series of advisory committees to assist it in drawing up a national reconstruction plan. Drs Jae Mo Yang, Whang Kyung Koh, Hak Yul Kim, Man Gap Lee, Hae Young Lee and Jung Sun Sohn were among family

planning proponents appointed to these committees. Simultaneously the information broke upon the Government and public opinion that population growth in 1960 had more than absorbed the benefits of the increase in GNP in that year.

While the planning committee of the Supreme Council was working on a national population policy and its implementation, the Ministry of Health was given three months to come up with concrete proposals for a programme. It did so, despite misgivings about lack of knowledge of how such a programme was conducted in other countries; about popular acceptance of a programme which would be seen as an attack on the large extended family, generally regarded as the essential cement of Korean society; about the effect on ethics of largescale availability of contraceptives; about the degree of co-operation to be obtained from officials throughout the government who were still uninformed of population problems; and about acceptance of population limitation by those who believed that South Korea needed at least 50 million people for defence and/or for the labour force of a country aiming at prosperity (not realizing that a 50 million total was already virtually inevitable).

Family Planning Policy

The Ministry's work, together with that of the university professors on the advisory committees, enabled the Supreme Council to announce a family planning policy in October 1961. India and Pakistan were the only other countries to have done so at that time.

The policy took the form of a directive to the Ministry of Health and Social Welfare (MoHSA) to:

- Design a law and promulgate policies for the implementation of a family planning programme.
- Abrogate the law prohibiting import of contraceptives.
- Promote the domestic production of contraceptives and control their quality.

- Entrust the necessary information and education programme to the National Reconstruction Movement in co-operation with other government and non-government agencies.
- Train family planning workers.
- Request foreign aid and receive and use this appropriately.
- Establish family planning clinics.
- Organize a family planning advisory council.
- Support private agencies interested in the family planning programme.

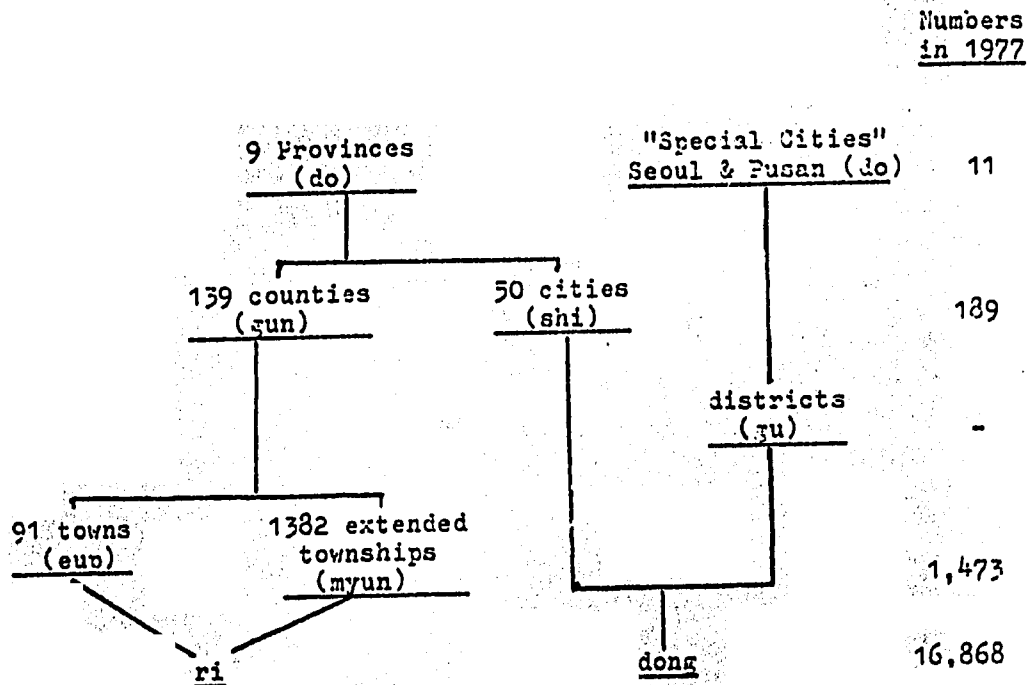
Part of Overall Planning

From the very beginning the development of the national family planning programme has formed an integral part of the system of Five Year Economic Development Plans. Control of population growth was seen as crucial to achievement of the high targets set in the country's determined drive towards prosperity. Targets were set for reduction of the annual percentage growth of population and these were translated into targets of eligible couples to be recruited by the family planning programme.

Structure

Development of the programme of family planning services was set firmly within the framework of the public health service. But in 1962, when the programme was launched, the local health network was weak or non-existent. To reach the people, the programme had therefore to depend on other administrative structures. The somewhat complex administrative divisions of Korea can be shown graphically in simplified form as:

Administrative Divisions
(with Korean names)



De-Centralization

With strong direction from the government, the administration is considerably de-centralized. The provincial governors control a wide array of government functions. Each has a Bureau of Public Health and Social Affairs, with a Public Health Section. Below them are the 189 county chiefs or city mayors (with their own health centres) who in turn supervise operations at the town and village levels, with some 1,500 health sub-centres. This whole structure is run by the Ministry of Home Affairs.

The Home Ministry controls the family planning budgets and personnel of the 9 Provinces and 2 Special Cities and supervises their operations. It does so in accordance with the policies and standards laid down by the MoHSA. The result is a high degree of de-centralization at the field level, with village chiefs and town mayors held responsible for achievement for family planning targets. Awareness of this responsibility is sharpened by the fact that monthly

records of achievement are passed up the line and by the 12th of the following month are due to be posted in synthesis in the office of the President.

Small Central Staffs

At the centre, the MoHSA's Bureau of Public Health has a MCH Section which in 1962 was charged to carry out the family planning programme - with a staff limited until 1969 to 7 full-time persons. In 1970 a separate Family Planning Section was created, with a staff of 12.

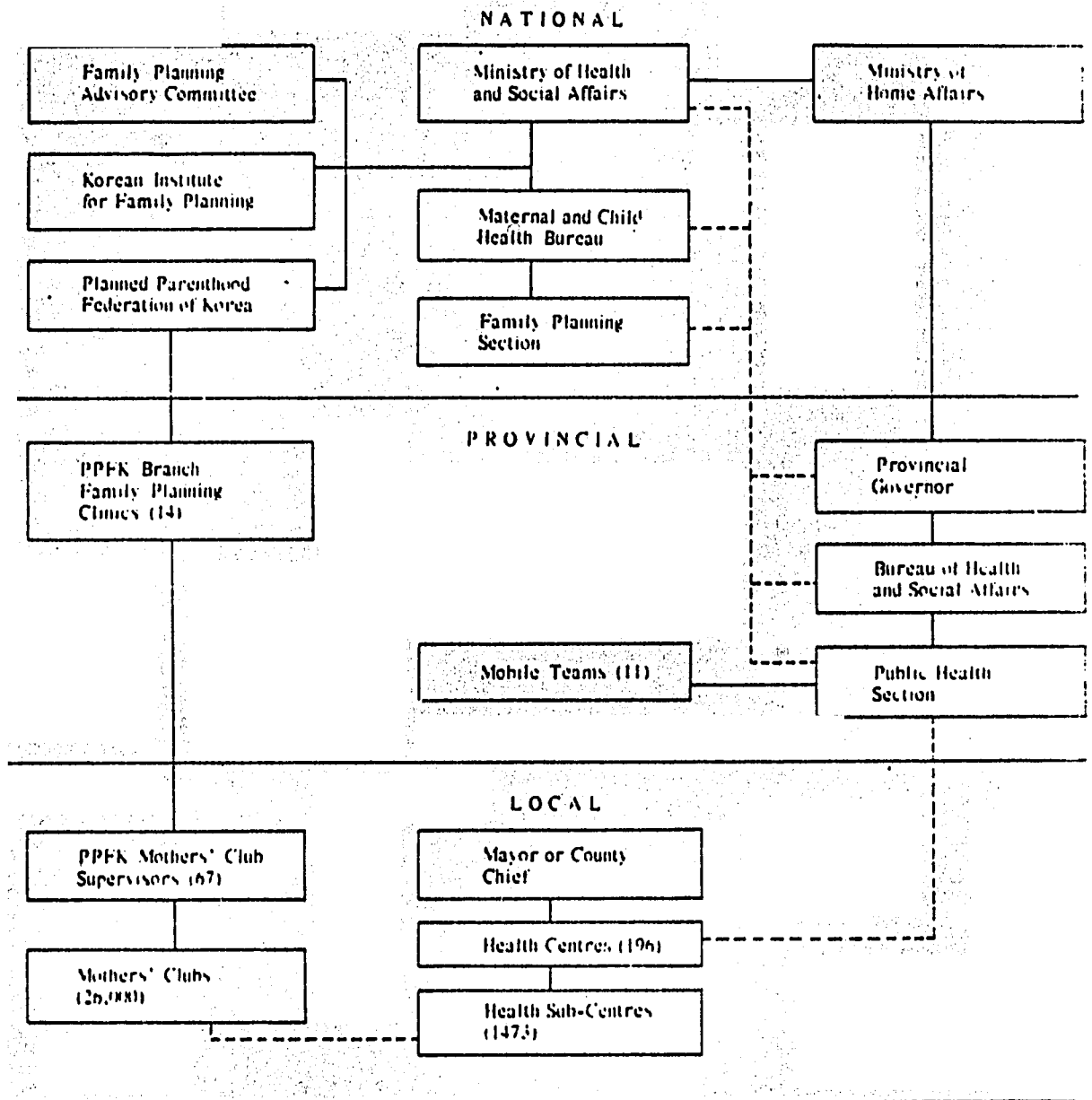
Role of PPFK

This extraordinary degree of de-centralization, permitting concentration of resources at the field level, was facilitated by delegating wide areas of the programme to PPFK, notably:

- training of the key categories of doctors, nurses and field workers;
- conduct of an information and education campaign intended to penetrate the entire country at speed and to bring about radical changes in family outlook;
- reception and distribution of foreign funds;
- conduct of pilot and demonstration projects.

This inter-locking of MoHSA with the Home Ministry and PPFK, as it existed in 1974 and preceding years, is shown on the following chart:

Organizational chart of national family planning programme in Korea, 1974



Source: Korean Institute for Family Planning, *The Proceedings of the 1974 Family Planning Evaluation Seminar* (June 1974), p. 130.

The role assigned to PPFK offered three particular advantages for a national programme still in a highly experimental stage and able to draw on very little experience yet acquired in other countries.

- flexibility in drawing on the skills and knowledge available from elsewhere in Korea and from abroad, without engaging the cumbersome machinery and regulations of government;

- protection of the national programme from severe negative reactions which might be aroused by innovations or by the intensity of the I & E campaign;
- flexibility in obtaining and applying funds from foreign donors and protection from charges of foreign domination of the national programme.

The task of achieving the goals of the national programme was further spread by assigning responsibilities to other Ministries, notably those of Education, Culture and Information, Agriculture, Commerce and Industry, Science and Technology, Defence and the Office of Labour Affairs. The medical schools and other faculties of the universities, some of them closely associated with PPFK, were relied on to help maintain a large body of research and to provide essential training resources.

As reported later, the structure of the centre was enlarged in 1971 by the creation of the Korean Institute for Family Planning, set up with an endowment fund as a semi-autonomous body in order to enable it to operate flexibly and to attract talent. Its function was to conduct research and evaluation and to take over a wide array of training functions from PPFK.

Import of contraceptives was freed of restrictions, as well as materials for local manufacture.

THE FIRST TEN YEARS OF PROGRAMME

This general structure survived during the first two 5-year Plans, from 1962 to 1971, a period during which the steep fertility decline began to level off, although not immediately recognised.

Initial Target

The initial target of the first Plan, from 1962 to 1966, was to reduce the rate of population growth to 2% by December 1966. This was soon found to be unrealistic. The 1966 target was revised to 2.5% and achievement of the 2% level was postponed to the end of the second Plan, in December 1971.

The Service Programme

Only in 1963 was the network of 189 health centres at the county (139) and city (50) level completed, providing a veneer of medical back-up. The state of the family planning art was such that the programme depended at its inception in 1962 on foam tablets, jellies and condoms. PPFK bore the main weight of introducing vasectomy. Partly to counter any Catholic opposition the rhythm method was strongly encouraged and 2 million rhythm calendars were distributed.

Two far-reaching decisions in December 1963 set the shape of the programme for the next 10 years:

- a family planning worker was to be provided for each of the 1,473 townships and villages, in addition to the family planning nurses already being hastily trained for the 189 county and city health centres.

- a mass IUD programme was to be launched, based on the government's rapid and courageous acceptance of satisfactory field tests carried out in Korea and on studies in other countries.

This latter decision implied the immediate build-up of a network of doctors. PPFK was assigned the task of mobilising training facilities on a large scale in IUD insertion, to add to its existing vasectomy training programme.

Budget Limits on Progress

On the basis of this structure, the progress of the programme in the first ten years appeared to be governed to a notable degree by budgetary allocations. An annual battle was fought to obtain budget funds. The exiguous percentage of the total national budget represented by the cost of the family planning programme, as shown in the next page, exposed it to ill-informed interference at relatively low levels of the bureaucracy:

Comparison of Family Planning (FP) Health and Total Budgets, 1964-1970

YEAR	TOTAL HEALTH BUDGET	FP BUDGET	PERCENTAGE FP BUDGET OF TOTAL HEALTH BUDGET	PERCENTAGE FP BUDGET OF NATIONAL BUDGET	PER CAPITA FP COSTS (U.S. CENTS)
1964	962	172	17.9	0.22	2.3
1965	886	195	22.0	0.20	2.5
1966	1,432	423	29.5	0.29	5.4
1967	1,763	406	23.0	0.22	5.0
1968	2,387	377	15.8	0.14	4.6
1969	3,157	527	16.7	0.16	5.9
1970	4,379	561	12.8	0.12	5.7 ^a

SOURCE: Record of budgetary tabulations, kept at MCH, Ministry of Health and Social Affairs budgetary files of planning coordinator's office.

NOTES: Unit is 1 million won. Exchange rates are 270 won to the dollar for 1964-1968, 225 for 1969, and 305 for 1970. In order to focus on comparisons in the national appropriations, provincial and foreign contributions are omitted from this table.

During this period the total health budget represented an average of 0.66% of the total national budget.

Fees, Bonuses and Incentives

Available funds were allocated level by level right down to the villages and to a great extent governed the target set for each family planning worker. This was because of the fees paid for each acceptor. Initially, the health centre received the equivalent of US \$0.15 for each IUD insertion and \$0.30 for each vasectomy, 40% of which went to the fieldworker and 40% to her supervisor (usually at health centre level). Doctors were paid \$1.10 for each IUD insertion with small extra payments for treatment of side-effects, and \$3.30 for each vasectomy. The doctor's screening fee for a pill applicant (when pills entered the programme in 1967) was only \$0.17. As from 1966 vasectomy acceptors received \$3.00 ostensibly for work lost.

Foreign Funding

Foreign funding provided well under 20% of total expenditure on the programme until 1967. Thereafter, with the US Congress voting large funds for population aid, the share of foreign funding shot up to over 50% in 1968 and then

declined to 32.9% in 1973, as shown below:

Family planning expenditure from domestic and foreign sources, Republic of Korea, 1962-1973

Year	Domestic source (in thousand \$US)	Foreign source (in thousand \$US)	Total	Foreign source as percentage of total expenditure
1962	300	50	350	14.3
1963	550	70	620	11.3
1964	1,350	150	1,500	10.0
1965	950	200	1,150	17.4
1966	2,040	230	2,270	10.1
1967	2,110	320	2,430	13.2
1968	2,050	2,130	4,170	50.8
1969	2,340	2,030	4,370	46.5
1970	2,690	1,210	3,900	31.0
1971	3,030	1,770	4,790	37.1
1972	2,600	1,500	4,100	36.5
1973	2,350	1,400	4,250	32.9
Total	22,350	11,050	33,900	32.6

Source: Korean Institute of Family Planning, *The Proceedings of the 1974 Family Planning Evaluation Seminar* (June 1974), p. 132.

At the end of 1968 it was estimated that about 50% of foreign funding came from the Population Council, with the rest from SIDA, IPPF, US AID, the Pathfinder Fund, the Asia Foundation, Oxfam and the Brush Foundation.

How the total funds were allocated between the various sectors of the programme in the first 7 years is shown in the following table:

Local and Foreign Contributions to Activities in Various Fields (1962-1968)

	FROM LOCAL CONTRIBUTIONS	FROM FOREIGN CONTRIBUTIONS	TOTAL
Support to organizational activities	50.1% (88.6%)	29.4% (11.4%)	46.4% (100.0%)
Training	4.1 (50.8)	19.0 (49.2)	6.6 (100.0)
Information and education	3.3 (54.3)	12.7 (45.7)	4.9 (100.0)
Contraceptive supplies	40.6 (95.1)	9.4 (4.9)	35.0 (100.0)
Demonstration projects, research, evaluation	1.9 (22.2)	30.5 (77.8)	7.1 (100.0)
TOTAL	100.0% (82.0%)	100.0% (18.0%)	100.0% (100.0%)

NOTES: Vertical figures (left) show percentage breakdown of contributions from each source, by type of activity supported. Horizontal figures (right, in parentheses) show percentage breakdown of budget for each activity, by source of contribution.

Heavy bilateral funding began to be displaced from 1972 by the first allocations from UNFPA. These were made initially to PPFK to support its IEC programme. UNFPA funding for this purpose was \$2.1 millions for the 4 years ending 1977, with \$63,000 in 1978. Equally large allocations were made to support the government programme.

From 1978, when Korea's increased GNP and declining population growth rate promoted the country out of the ranks of qualified recipients of multilateral aid, UNFPA funding dwindled to support of individual pilot-projects. But the World Bank in 1978 committed considerable funds to the setting up of 120 MCH centres designed to integrate family planning in their health services and to re-building and re-equipping PPFK's 15 clinics in Seoul, Pusan and the provincial capitals.

Together with heavy external financing in the 1960s and most of the 1970s, Korea was able to accept intensive expert assistance for its family planning programmes, although initially both types of aid were discreetly channelled through PPFK, other semi-autonomous bodies and the universities. The Population Council, officially invited in 1962 to advise the government and to station a representative in Korea, played a leading role in the first decade, its extensive efforts culminating in its contribution to the creation of KIFP at the end of 1971.

SIDA of Sweden contributed some US\$4 millions to the programme between 1968 and 1976. It provided large quantities of orals and condoms, fleets of vehicles, audio-visual aids for fieldworkers and the paper required for PPFK's successful monthly "Happy Home", printed in up to 50,000 copies. In addition SIDA undertook to bear 90% of the cost of providing a building for a National Family Planning Centre and part of the necessary record-keeping equipment, as well as 50% of the Centre's running costs for the first five years. This centre provided the necessary accommodation to permit the creation of KIFP in 1971.

The East-West Population Institute, with large-scale training and assistance in research, and many other agencies provided crucial support for development of new aspects of the programme. IPPF's constant and growing support enabled PPFK to maintain its nationwide IEC campaign and to provide services and training which opened the way for the national programme.

In response, the Koreans were unfailingly ready to receive streams of visitors anxious to study their achievements and, despite language problems, to accommodate trainees from other countries. The UN agencies, while contributing to development of the programme, were able to make extensive use of it for exchange of experience with other countries.

"Population Laboratory" for Others

The great success of the Korean programme from its early inception attracted the intense interest of population experts and students around the world, anxious to learn, and experiment in, this very advanced "Population Laboratory". Foreign

funding was naturally attractive to programme planners hard pressed to find resources. The result was a large variety of researches, studies and pilot projects, some of which may have reflected donor priorities rather than those of the basic programme. A rich field of research was offered by the immediate extension of the programme throughout the country, with results varying as between urban and rural areas, between age groups, between sexes, between education levels, between occupations, between indigent and relatively well-off.

An outcome may have been that the small core of executives at the centre, who carried ultimate responsibility for the programme, were distracted by the conduct of intricate international relations and by facilitating and absorbing the output of innumerable studies. They may have been unable to give adequate attention to the basic mechanics of management, such as ensuring competent and continuous staffing throughout the programme, reliable and speedy flow of information and the steady maintenance of momentum.

Serious Setbacks

The programme's record of success through the 1960s gave way in the early 1970s to doubts and controversy. The assiduous series of evaluative studies, maintained since its inception, began to show, sometimes belatedly, that progress was being seriously checked, mainly by:

- high drop out rates for IUD's, matched by even higher rates for orals;
- peaking in the rise of marriage age and perhaps even a decline;
- failure to provide alternative methods for women who professed a desire for contraception but were not using the available methods.
- widespread resort to abortion despite penalisation by the criminal law.

SALIENT DEVELOPMENTS IN THE FIRST TEN YEARS

The main developments of these years, the successes and set-backs, were chronicled in "The Korean National Family Planning Programme" by Taek Il Kim, John A Ross and George C Worth, published by the Population Council in 1972, and by PPFK's annual reports. To list them briefly:

1961

The National Reconstruction Movement was launched under the leadership of (the then) General Park, who announced that the government would support family planning as a voluntary movement, not subject to compulsion.

PPFK was founded in April and immediately embarked on an I & E campaign.

The first National Five-Year Plan, adopted on November 13, laid down a policy to control population growth.

1962

The Ministry of Health and Social Affairs (MoHSA) began in March to organise a national family planning programme. Health centres in the provinces were increased to 183 from 87 in 1961 and 385,514 men and women received family planning counselling.

The government requested 45 major medical centres to undertake vasectomy. PPFK trained 69 doctors and 3,413 vasectomies were performed by the year-end.

1963

1962-63 represented the most active period of President Park's National Reconstruction Movement, launched as a means to "rebuild the nation, awaken the people and imbue them with a sense of participation in government and national life". Its particular drive was to enable rural communities to develop by their own efforts, a philosophy which has influenced the family planning programme. Over 50% of rural roads were improved, 45,000 women's clubs were set up, one in each village. All grass-roots organizations were supervised and training was given to their leaders at country, provincial and central levels. The head of the movement was Tai Young Ryu, later President of PPFK.

A further 399 doctors were trained in vasectomy and the first 23 in IUD insertion; training was completed for the staffs of the 183 health centres.

1964

IUDs were introduced into the programme and the first doctors were licensed to apply them. 844 doctors received IUD training, as well as a further 310 in vasectomy.

The government gave effect to its decision to station family planning field workers in 1,473 villages and townships. A total of 2,214 women received four days' introductory training, followed by two weeks' on-the-job training at the health centre from which they depended, followed later by 20-day refresher courses.

111,000 IUDs were inserted during the year, 26,000 vasectomies were carried out and an average 150,000 couples per month were recorded as receiving condoms, foams or jellies.

The impact of PPFK's I & E programme was indicated by a survey in April which showed that 68% of rural women and 80% of urban had heard of PPFK's Korean term for family planning. 45% of rural and 66% of urban women had heard of at least one specific method of family planning.

An "Advisory Committee for Family Planning Evaluation," composed of leading personalities in the population field, was set up to flank the Minister of Health and Social Affairs and a small evaluation unit was created within the Ministry, initially mainly to produce monthly reports on progress.

1965

The budget was lower than hoped for and delay in its passage meant that provincial and county staff and the fieldworkers ran out of funds for travel and for payment of fees and incentives. Only 13,000 vasectomies were carried out, against a target of 20,000, partly because husbands wanted their wives first to try IUDs. There were 226,000 IUD acceptors and a monthly average of 191,000 acceptors of "conventional" contraceptives (85% of them being condoms).

1966

A peak year for achievement, with a punctual and larger budget and with some help perhaps from the fact that it was a "Year of the White Horse", a year which recurs in the cycle of 12 animal years and is held to be unfortunate for the birth of a woman.

Higher rates were set for commissions and incentives. Ten mobile teams, using reconditioned US army ambulances, began to care for the 600 townships and villages beyond the reach of doctors, where more than one-third of the fieldworkers, looking after 800,000 fertile couples, had hitherto been unable to offer either IUDs or vasectomy. Apart from an impressive service record in their first year of operation, these mobile teams trained some 2,500 doctors in their first four years.

The target system was imposed through all levels of the programme and monetary incentives were introduced for vasectomy acceptors.

Altogether, 391,000 IUDs were inserted (380,000 being first insertions), 20,000 vasectomies were carried out and a monthly average of 169,000 couples received conventional contraceptives.

1967

Clear emergence of a drop-out rate for IUDs, particularly in urban areas, led the Ministry to decide that orals should be offered to women unable or unwilling to continue with IUDs. PPFK began training doctors for pill screening and prescription. SIDA of Sweden undertook to supply the required pills.

All "conventional" contraceptives were dropped from the programme, except for condoms.

The year totalled 323,000 IUD insertions, 19,700 vasectomies and a monthly average of 152,000 condom acceptors.

1968

PPFK began its Mothers Clubs and 17,000 were established by the end of the year. These clubs are described in the section concerning PPFK.

Orals entered the national programme from mid-year and the Mothers Clubs became a main channel for distribution in the rural areas. 139 Pill Administrators and Community Organisers (PACOs) were appointed to supervise this operation. AID and SIDA provided 130 motor cycles and other vehicles.

These positive developments were accompanied by a severe blow to morale in the field. Only six months' budget was passed in the first instance, dislocating planning at the field level, and as in 1967 there were no provisions for salary increases despite growing inflation.

Apart from turnover caused by low morale, dislocation of the performance of field workers was caused by the government's decision to turn them into multi-purpose nurse-aides. The 1,475 family planning field workers were hitherto flanked by an equal number of tuberculosis fieldworkers. The decision was taken in 1967 to provide MCH fieldworkers on a similar scale. But in doing so the Ministry concluded that it would be more rational to integrate the three types, and a huge training programme was undertaken to bring this about.

Most of the family planning fieldworkers graduated to the new role, but many of the older women were unable to leave their homes for the necessary nine months of training. They were replaced by younger women, markedly less influential with Mothers Clubs' leaders and particularly as propagandists for vasectomy and condoms.

Vasectomies reached only 80% of target, IUD insertions 88% and condom distribution 89%. But 50,000 pill users were recorded at the year-end.

1969

The Ministry decided that orals might be distributed to all who wanted them, not solely to IUD drop-outs.

Programmed instruction was introduced as a means to cope with the problem of maintaining a large field force of some 2,500, with a turnover in 1969 of more than 30%.

The Budget situation at the beginning of the year was even worse than in 1968: provision was made for only half the year, with no salary increases. But a supplementary budget for the second half-year provided increased funds and salary increments of about 30%.

An immediate improvement in field performance was checked briefly in September when all field staff were diverted to fighting a cholera outbreak.

Vasectomies totalled 15,456, IUD insertions 285,000 and 148,000 pill users were recorded.

Commercial pill sales during the year averaged 155,000 per month, an increase from 115,000 in 1968.

A first analysis of the overall cost of the programme concluded that 600,000 couples had been served at a cost of \$5.25 per annum each, or \$8.25 if all indirect costs were included.

1970

The National Family Planning Centre was set up in a building donated by Sweden and took over from PPFK most of the training of field staff and service functions of the field programme. It also took over the functions of the Ministry's evaluation unit.

By the end of 1969 1,715 nurses had been trained for the health centres and 4,100 nurse aides for the 1,473 posts at township and village level. 1,411 doctors had been trained in vasectomy and 2,160 in IUD insertion.

It was estimated that 28% of couples were practising contraception within the national programme, believed to be a higher rate than in any other country.

A total of 1.9 million IUDs had been inserted since 1964.

Vasectomies had averaged about 19,000 per annum from 1963 to 1967 and 15,000 in 1968 and 1969. It was thought that an average of something like 5,000 were being carried out by private practitioners. This gave a total since 1962 of something over 150,000 vasectomies.

It was thought that the commercial pill supply, concentrated in the cities, was probably equal to that of the national programme.

Since 1966 abortion was reckoned to have been running at a ratio of one to every two live births in the cities. In rural areas it was thought to have doubled between 1966 and 1968, reaching a ratio of 1 to 6.

A request by the MoHSA to liberalise the penal provisions against abortion was not agreed.

The MoHSA created a MCH Bureau, with a Family Planning Section and a MCH Section. Previously a MCH Section had functioned within the Bureau of Public Health, with family planning as a sub-section.

The annual budget was made available in full and on time and included salary increases for the field staff, to match the continuing cost of living increase.

IUD insertions totalled 295,000 and vasectomies 17,000. Pill users amounted to 250,000 and condom users 163,000.

1971

The Korean Institute for Family Planning (KIFP) was established with an endowment fund of \$7.8 millions to enable it to function as a semi-autonomous body. It took over the training, research and evaluation functions of the National Family Planning Centre.

PPFK launched its "Stop at Two" campaign, due to become a major effort and to be adopted by the government. It replaced the 3:3:35 slogan of the early 1960s - "Three children, three years apart, and stop at 35".

Lower primary school figures enabled classes to abandon the double-shift system imposed to accommodate the post-war baby boom.

Multi-purpose nurse aides had by now taken over in half of the townships and villages.

Mother Clubs totalled 20,261, with 362,000 members, in the rural areas. A campaign began to start with similar clubs in cities. By the end of the year there were 282, with 18,000 members.

In co-operation with the Mutual Credit Union Association the clubs were being encouraged to create their own saving funds, a potent factor in drawing and holding membership.

IUD insertions totalled 266,641 and vasectomies 15,448. There were 222,823 pill users. Condom users averaged 174,000.

THE 1970s

The Third Plan 1972-76

1972 began inauspiciously with the budget being cut from the 880 million won in 1971 to 650 millions, in line with a cut in the overall health budget and in foreign funding (which for family planning dropped from \$1.8 millions to \$1.5 millions)

The third 5-Year Plan 1972/76 was launched, with the following objectives:

- to reduce the population growth rate to 1.5% in 1976;
- to reduce the crude birth rate to 23 per 1,000;
- to hold the mid-year population in 1976 to 36.1 millions;
- to raise the annual total of births averted to 721,000 in 1976.

Intimations of "Failure"

But in October of 1972 the newly established KIFP issued a review of the family planning and population growth situation and concluded that the new Plan "cannot come close to achieving its goals". The KIFP document added that the 1972-76 period "will be the one in which the first really difficult demographic resistance will be met and it is thus important for the programme to demonstrate the most effective ways of moving through such resistance..... It is in the interest of national pride to be able to continue to point to the Korean programme as a model for other countries to follow: if failure occurs, it will be all too easy for Korea's programme to become a model of what not to do".

In a review of the first 10 years of the national programme, the KIFP document concluded "Korea's achievements appeared to be so significant that many referred to the programme as one of the world's most successful. By 1968 the crude birth rate had dropped from 43 to 31 per 1,000, or a full 28%. Much of this reduction was attributable to a fortunate rising marriage age and some was gained by increased use of abortion. But family planning made a major contribution as the only policy-guided factor in the decline, and by the end of the period of the Second Plan (1966-71) was accounting for nearly 150,000 births averted annually. By 1968 the annual population growth rate had been reduced to 2.2%. Owing to several factors, the growth rate has

not been further reduced". (The target of the second Plan was a population growth rate of 2%).

The Main Obstacles

KIFP identified as follows the obstacles to achievement of the goals of the third Plan 1972-76:

- Ideal family size had dropped by 1971 to only 3.7 - almost double what is required to eliminate intrinsic growth - and the ideal number of sons was still twice that of daughters.
- Marriage age had ceased to rise, and universal marriage was still the traditional pattern.
- Failure to support abortion and tubal ligation had deprived the programme of two especially effective methods of averting births.
- The private sector supplied few methods and its impact was only about 12% of all protection (contraception, abortion, later marriage, etc.).
- Important manageable factors were limited acceptance, unfavourable age-specific acceptance and low continuation rates for the pill and IUD.
- Vasectomy, the most useful of the supported methods, had been under-utilised.
- Budgets had often been delayed and uncertain and sometimes inadequate.
- Decentralization had led to lack of active central authority over all programme elements.
- Programme control had been guesswork because of inadequate feedback regarding performance. "One of the main reasons for failure of the second Plan was that it was not possible to know that it was failing until too late".
- Acceptor targets and payments for achieving them had been set in such a way as to ensure a limitation on programme performance.
- High turnover in fieldworkers and consequent difficulties and increased training costs had been caused by the low pay and status accorded them. 95% of fieldworkers' income came in salary and only 5% in acceptor bonuses which, coupled with the fixed target system, had provided virtually no incentive.
- Low fieldworker density had caused the programme to achieve far less than it could have and was a particular reason for low IUD and pill continuation rates.

Elements for Success

KIFP concluded that the third Plan could not achieve its 1976 target without:

- more reliance on and encouragement of the private (commercial) sector;
- greater use of abortion.
- a continued rise in marriage age, to be encouraged by legislative measures;
- massive support of sterilization (both male and female).

"Without support from these four elements, it will not be possible to reduce the growth rate much below 2% (against the target of 1.5%). Without these elements the programme will fail in the Third Plan Period".

KIFP particularly insisted that fieldworker strength be increased by over 50% and that the system of payments to fieldworkers and doctors be revised to encourage achievement beyond the fixed targets.

It submitted a revised and considerably increased budget which envisaged total expenditure in 1973 of 1,500 million won, as against the actual 1972 budget of 650 millions (it was not clear whether these two figures were comparable).

Finally, it proposed that responsibility for the programme be translated to the level of the Prime Minister, as part of a coherent population policy.

Wider Issues

A stream of findings from a variety of studies and the increasing involvement in population problems of the Economic Planning Board and the Korean Development Institute greatly widened the range of the KIFP strictures, which related directly to the family planning programme.

It was realised that, even if fertility declined to replacement level by 1993 (the most optimistic KDI projection), population must go on growing until 2042 - reaching 64 millions (density 650 per sq km) against an estimated 32.3 millions in mid-1970 and 38.2 millions in mid-1980 (density 388).

From 1975, urban population began to outstrip rural. The vast concentration of people and resources in Seoul, a short drive from the border, posed a critical defence problem.

The national family planning programme had largely concentrated on reaching rural areas, assuming that commerce and the concentration of medical facilities in the cities would satisfy the needs of the urban population, rapidly swelling with low-income immigrants of initially rural outlook.

Acceptance of IUDs and pills was not only levelling off but drop-out rates were rising rapidly. About half of all acceptors were reckoned to be served by commerce, private practice and other private sources. But it was estimated that half of the acceptors in the private sector were using rhythm and other "inefficient" methods. About one-third of women who said they desired no more children were however not practising contraception.

It was conclusively shown that contraception was being used to terminate fertility, not to space births. Desired family size was still dictated by the need for sons, with women still socially and economically subordinate.

No educational provision had been made for the rapidly changing outlook and behaviour of a huge population of children and young people growing up in the cities and their low-income outskirts.

These and other factors identified by researchers and programme executives began to be recognised at key levels of government as the third Plan developed from 1972 to 1976.

It was accepted, firstly, that the family planning programme could not succeed in virtual isolation but must be integrated with as wide a range as possible of other development processes.

It was also recognised that it must be far more vigorously supported at the top political level, by direct incentives both financial and social and by determined efforts to change the outlook and behaviour of young people both in and out of school.

THE NEW APPROACH

By the start of the fourth Plan 1977-81 it appeared that Korea might shortly have one of the most comprehensive, deliberately structured population policies in the world. But it was recognised that much of the activity engendered by the government's new policies and programmes must be experimental and exploratory.

It was also recognised that "for the most part these policies were not formulated on the basis of uniquely Korean circumstances but have been imported virtually intact from abroad and applied with little modification" (KDI "Population Status Report" 1978).

Structure for Policy

Crucial to building up a comprehensive policy was the creation in December 1976 of the Population Policy Co-ordinating Committee under the chairmanship of the Deputy Prime Minister who is also the minister responsible for the Economic Planning Board. The Minister for Health and Social Affairs is vice-chairman and members are the various interested ministers and a high official each from the offices of the President of the Republic and the Prime minister.

To serve the Committee in effectively linking population policies with the overall development plan and the plans of the various ministries a Population Policy Secretariat was set up within the Korea Development Institute. A Population Policy Section had already in 1974 been created within the Economic Planning Board to ensure the integration of population policies in the five-year planning system.

It was to be seen whether a committee at this level and of this character will generate the drive needed to implant in all development plans and activities the concepts and factors required by an all-embracing population policy. It has also been suggested that an additional executive body is needed to draw together all the government activities directly derived from the population policy.

Policy Planks:

Emigration

Encouragement of emigration, as a means to relieve population pressure, began as early as 1962 with enactment of the Emigration Law. The Korea Overseas Development Corporation was set up in November 1965 to promote and administer emigration. But between 1962 and 1976 no more than 259,000 persons emigrated (only 4% with foreign employment contracts obtained by government efforts, 63% by personal invitation, 18% through marriage and 15% through private adoption). The fourth Plan envisaged an emigration rate of 60,000 a year, totalling 323,000 by the end of the

Plan in 1981.

World economic conditions made achievement of this target extremely doubtful. The United States, which had been receiving 78% of all Korean emigrants, cut the annual quota to 20,000 from 1976. Latin America, another potential acceptor, offered little prospects in current circumstances.

Urban Dispersal

In 1976 the Office of the First Minister without Portfolio and the Ministry of Construction assumed responsibility for co-ordinating the series of major measures decided on by various authorities since 1964 as contributions to stemming the growth of Seoul, Pusan and other cities. A plan for balanced regional development was adopted in 1977, based largely on incentives. But it was admitted that much still needed to be done to diminish the "pull" of Seoul and other major concentrations of industrial, commercial, educational, cultural, health care and other facilities.

The Approach to Youth

The government has announced the intention to raise compulsory education from 6 to 9 years, if possible by 1986. The school system, striving to satisfy the Koreans' enthusiasm for education, has worked under extraordinary stress. Apart from all the difficulties of reconstruction and new construction and of creating new curricula, the primary schools were hit in 1963 by the first of the post-Korean-War baby boom, which brought 343,000 additional children into schools in that year, with gradually lessening increases in the seven following years.

In 1974 it was decided that the Ministry of Education should introduce population education into the whole educational system. Large-scale UNFPA and UNESCO assistance was provided. A Central Office for Population Education was created and the Korean Educational Development Institute was contracted to draw up curricula for grades 4 to 12 and for out-of-school youth and adults. This was achieved between May 1974 and December 1977.

Four universities (Korea University, Ewha Women's University, Yonsei University and Seoul National University) similarly developed population education programmes to be incorporated in their disciplines.

For elementary, middle and high schools population education is to be integrated into existing teaching subjects. No provision was made in the plans extending to 1981 to impart sex education or family life education as such.

A total of 100,000 teachers are due to have been trained by 1981 when the new curricula are to be taught in all three levels of schools.

810 primary schools, particularly in remote areas, have been designated to provide population education to adults and school drop-outs. Teachers will be provided with a specially designed package of materials and will be held responsible for conducting the programme in their communities.

PPFK, which had for long agitated for population education to be included in the educational system, provided advisory services in the formulation of curricula. As an independent body not subject to the restraints felt by the school system, it continued to conduct a relatively small-scale programme of its own, including family life education.

With support from UNFPA, channelled through the government, PPFK was particularly directing its educational programme at young men and women workers, reached through agreement with their employers, and other young people in urban and peri-urban areas accessible through clubs and other forms of association.

"Beyond Family Planning"

The first of the supportive measures of this kind was a financial dis-incentive, limiting income tax deductions from 1974 to the first three children and then, from 1977, to the first two.

The Corporation Tax Law was revised to exempt industry from taxation on funds devoted to family planning services for employees.

After years of discussions the Family Law was revised in 1977 to give wives property inheritance rights equal to those of the eldest son, but no change was made in the crucial provision which allows only males as heads of families.

Families with no more than two children and one sterilised spouse received priority in public housing as from 1977. This was later restricted to families of which the wife or mother is under 40 (in order to avoid inciting older couples to undergo sterilisation). Priority is also accorded to sterilised persons when applying for competitive daily labour jobs. From 1979 part of the delivery costs

are paid by the government for a woman who accepts sterilisation after the birth of her second child.

The obligation on some 600 firms with over 500 workers to provide them with medical insurance was extended from July 1979 to firms with more than 300, thus ensuring the further growth of private medical practice.

A social and health insurance scheme for three million civil servants, school teachers and their families was introduced in 1979.

Free health care was introduced for indigent people, also in 1979.

Payment of 3,000 won has been made since 1977 to low income sterilisation acceptors to compensate for lost working time. Low income is below a poverty line established at the time as 75,000 won (about \$155) per month for a family of five.

Oral contraceptives were made available on a once-only prescription.

Integration:

Health Care:

MCH and Abortion

The 1973 MCH Law, incorporating family planning into MCH, provided in Art. 3 that induced abortion was permissible in cases of pregnancy harmful or possibly harmful to the mother. In 1974 abortion was made free of charge for indigent women.

Extremely liberal application of the law enabled the national programme to set targets of 5,000 abortions in 1975, 10,000 in 1976, 20,000 in 1977 and 50,000 in 1978. These were largely met. The 1981 target was set at 100,000.

"Hospital Programme"

This programme, begun by PPFK in agreement with the MoHSA in 33 general hospitals in urban areas and extended by 1974 to 75, was intended to provide post-partum services as well as female sterilisation programme - a precursor of what was to become a major thrust of the national programme.

Community Health

Three pilot projects in community health care, known as Maul Geon-gang Saup (Community Health Project), were launched in 1978 at a capital cost of \$6.6 millions

and with financial aid support from US AID. In essence these projects aim to encourage communities of around 1,000 people to contribute to the support of a village or community health agent who will provide basic primary services. A system of referral from this level will lead to the present government system based on county health centres, but utilising physicians who will be available on the way. The hope is to make primary health care a community concern rather than a matter of doctrine passed down from above. Family planning education and services are to be integrated throughout the system.

Saemaul Undong

This "New Village Movement" was started in 1971 to carry more vigorously into the countryside President Park's National Reconstruction Movement and to inspire the villagers themselves to adjust their ways of thought and living and their environment to the rapidly changing national circumstances. Strongly supported by the government at the centre and down through the provincial, county and township levels, the movement at the grass-roots is largely voluntary. In each village it acts through two adult bodies - the Saemaul agro-development society and the Saemaul Women's Association - and through one for young people, the 4-H club.

In 1977 the 27,000 highly successful Mothers' Clubs, grouping more than 700,000 members, which PPFK had built up since 1968 in the villages, were incorporated by government order into the Saemaul Womens Associations. PPFK was charged with introducing into the more than 60,000 SWAs the family planning spirit, structures and methods which it had assisted the Mothers' Clubs to develop.

Through the SWAs, family planning is thus integrated at village level with other relevant development and health programmes and services. PPFK supervisors and information officers at county level work closely with the official health centres and sub-centres, to which they refer clinic cases, and with the multi-purpose health fieldworkers at ri and dong level. The PPFK supervisors and information officers are controlled from the Federation's 9 branches at provincial level. Each of these semi-autonomous branches has a well-equipped

clinic to which sterilisation and other cases are referred. PPFK supervisors and the government fieldworkers ensure that the SWAs are supplied with oral contraceptives and condoms and that IUD and sterilisation cases are efficiently referred.

The SWA leaders, in addition to distributing contraceptives, are being trained to maintain "family health records" for every villager. These records of family composition, of health status, including immunisation of children against infectious diseases, and of contraceptive practice are a basis for health follow-up, for setting village family planning and health care targets and for establishing links between individual households and the SWA.

Spermicides are no longer provided and 1979 reports indicated that IUD and pill usage was declining in favour of the strongly promoted tubal ligation and vasectomy.

Other Integration Projects

In agreement with the government PPFK has launched a variety of projects for low income city dwellers, working with co-operatives, day-care centres and nutrition programmes, with financial support from UNFPA, and with parasite eradication programmes launched with support from JOICFP.

Three community based distribution pilot projects launched by PPFK in 1976 are described in the chapter on PPFK.

Situation in 1976

By the end of the third Plan in 1976 the population growth rate had been brought down to about 1.7% (against the target of 1.5%). The crude birth rate was about 24 per 1,000, the death rate about 7 per 1,000. Life expectancy was 69.6 years for women and 65.2 for men (against 57.7 and 52.7 years respectively in 1962).

The total fertility rate had dropped by nearly 42% since the start of the programme. The decline was particularly steep amongst women aged 35 and over. It was slightly above the average for women aged 20-24 owing to the increase in marriage age.

The 44% of eligible couples using contraception in 1976 were served as follows:

Method	Government Programme	Private Sector	Total
IUD	10%	1%	11%
Sterilisation	5	3	8
Orals	4	3	7
Condoms	3	3	6
Others	-	12	12
Total	22%	22%	44%

A 1976 KIPF survey showed that half of the women served from the private sector were using rhythm and other "inefficient" methods.

Eligible married women at the end of 1976 totalled 4,770,000. As mentioned, 44% of these were protected by contraception. 19% had practised contraception in the past but had given up (10% urban, 9% rural). Of the 37% who had never practised contraception 17% were rural and 20% urban.

By 1976 the rate of drop-out within a year had reached 47% for IUDs and 66% for orals. 65% of IUD and 80% of oral drop-outs cited side-effects.

FOURTH PLAN 1977-81

Backed by the imposing array of measures under way and others under study and with 15 years' experience of the family planning programme, the new Plan mapped out a far more embracing and coherent strategy than its predecessors. It accepted that mainly because of the influx of couples from the post-war baby boom, the rate of population increase could not be materially lowered in the five years. It was projected at 1.6% in 1981, as against the original 1.5% target of the 1972-76 Plan. The crude birth rate, projected by the third Plan at 23 per 1,000 for 1976, was accepted as running at a rate of 23.9 through the fourth.

Programme Objectives

The new Plan recognised that half protected couples were already obtaining contraception from the private sector. It aimed to encourage this as the main

trend in the cities and amongst the economically better off.

It was recognised that not more than 21% of sick persons in rural areas had access to hospital or clinic treatment and 8% from health centres; that 50% of all medical facilities were in Seoul or Pusan; and that 80% of all medical care was in private hands.

The Plan concentrated the major government effort in the rural and impoverished urban and peri-urban areas and aimed to integrate family planning services and education far more intimately than hitherto with other development and health programmes.

Target figures were set for the number of couples to be induced to undertake contraception in each of the five years. The target for the end of 1981 was protection of 52% of eligible women.

It was envisaged that the national programme would run down its provision of pills, condoms and IUDs and would instead concentrate on tubal ligation and vasectomy.

Specific roles were assigned to the PPFK, KIFP, the Korean Development Institute (KDI), the Korean Institute for Health Development (KIHD) and various other development and health agencies such as the Office of Rural Development, the Association for Parasite Eradication, etc.

Of crucial importance was the Plan's mobilisation of the Saemaul Undong for family planning motivation and service.

Existing clinic facilities and medical training resources were to concentrate largely on sterilisation.

Structure

The administrative structure of the national programme, as the new Plan got under way in 1977, was shown in the following chart:

Finance

Total expenditure in 1976 on the national family planning programme, including PPFK, amounted to some 4,000 million won. It was nearly doubled, to 7.8 million won for 1977, the first year of the new Plan. By 1979 it was running at a rate of 10.5 millions. (These figures are calculated on an exchange basis of US\$1 = 483 won).

In 1977 the family planning programme took up 10% of the MoHSA's budget (against a high of 29.5% in 1966). This dropped to 9% in 1978 and 8% in 1979; but the total budget of the ministry increased considerably in these years. In 1979 it represented 2.08% of the national budget, against an average 0.66% in 1964-70.

Non-Clinical Programme

The main objectives were to:

- Make the supply and distribution of contraceptives financially self-supporting;
- entrust the conduct of the programme as far as possible to local communities.

The CBD experiments conducted by PPFK were expected to provide indicators as to how best to mobilise the SWA leaders as motivators and distributors. They were also expected to show how commercial channels of supply could be encouraged to reinforce community efforts.

In this direction, cigarette and tobacco kiosks were authorised from May 1978 to sell condoms and beauty salons to sell oral pills.

The problems facing this programme were indicated by the sharp decline in usage of pills and condoms, as well as of IUDs. Pill users dropped from 242,000 in 1974 to 179,000 in 1977; condom users from 173,000 in 1974 to 103,000 in 1977. Women using IUDs dropped from a high of 389,000 in 1966 to 351,000 in 1974 and 282,000 in 1977.

The decline in users of these three methods between 1974 and 1977 almost exactly equalled the increase in sterilisation acceptors.

Clinical Programme

Although vasectomy was adopted into the national programme from its inception in 1962, female sterilisation was not fully incorporated until 1976 (although

PPFK had been pioneering a programme in 33 hospitals since 1972 and in 75 since 1974).

Vasectomy acceptors, averaging between 15,000 and 20,000 per year until 1976, were mainly recruited from the campaigns run by PPFK in the armed forces and particularly the Homeland Reserve. In 1976 the government agreed that PPFK should appoint 138 information officers at county level, originally mainly to promote vasectomy but later also to supervise the operation of the Mothers' Clubs.

The target levels for vasectomy were raised to 50,000 per year and were generally met. By the end of 1977 PPFK had carried out 52,551 vasectomies, representing one-third of the national total, most of the remainder being effected in 100 government clinics.

The Korean Voluntary Sterilisation Association was created in 1974 with government approval and was allotted the task of maximising sterilisation services.

By mid-1979 some 70 laparoscopes had been installed in government hospitals. Privately owned laparoscopes brought the total available in Korea at that time to about 500. A total of 928 clinics were authorised by the MOHSA to carry out female sterilisation, 981 to effect vasectomies and 1,677 to insert IUDs. From the beginning of the programme laparoscopy had been the favoured method. Of about 430,000 operations carried out in 1978 within the government programme 80% were laparoscopies and the remainder mini-lap. Operations in private practice are estimated to number about half those in the national programme.

PPFK carried out 5,991 sterilisations in 1978, when equipment was beginning to arrive in its own clinics. Its target for 1979 was 15,000.

Facilities for sterilisation were due to be greatly expanded during the Plan period by the programme financed by the World Bank for the construction and equipment of 120 MCH clinics for the government and of a further 11 for PPFK. These clinics were due to provide family planning service as part of a comprehensive mother and child health care system.

The large-scale acceptance of sterilisation by Korean women corresponded to the finding of KIFP in a 1976 survey that 83.3% used contraception to

terminate their fertility and only 14.9% to space births. A 1973 survey had shown that only 3% of women practised contraception before the first birth, 12% after the first birth, 21% after the second and 64% after the third. The National Fertility Survey of 1974 showed that only 8% used contraception when they had two daughters and no sons; but 45% adopted contraception when they had two sons and no daughters. The rate rose to 53% with two sons and one daughter.

It appeared evident that the sterilisation programme was meeting a pent up demand; but no studies had been conducted by late 1979 to indicate at what level the demand might stabilise. Nor were published figures available as of this writing of the age, parity and other characteristics of acceptors.

The Planned Parenthood Federation of Korea - PPFK

Created 1 April 1961. Member of IPPF from 30 June 1961.

The contribution of PPFK to the development of Korea's national family planning programme appears to have been unique in the history of the world family planning movement. No other private and voluntary family planning association is recorded as having, through nearly 20 years, worked so intimately within the national programme, assuming crucial, front-line and often exposed areas of responsibility, and at the same time maintained its identity as innovator and pressure group and a high reputation with the public for reliable judgement in matters of health and safety and for humanitarian concern for people.

Beginnings

The visit to Korea in September 1960 of George and Barbara Cadbury, special envoys of IPPF, and their discussions with government officials, university authorities and those who were already providing family planning services on a local scale were among the factors which crystallised two major developments in the following year:

- the decision of the new government to promote family planning on an organized basis;
- the creation of PPFK.

A group of nine people, including Professor Jae-Mo Yang, of the school of public health at Yonsei University, Sok-Woo Yun, of the Ministry of Health and Social Affairs, Professor Han-Soo Shin, of Seoul National University, and Hak-Mook Kim, of the Korea Red Cross, gathered together a founding committee for the proposed association of volunteers. This consisted of 26 personalities drawn from the fields of health care education, the law, social work, journalism and social science.

Some 70 distinguished people attended the inaugural meeting on 1 April 1961 in the Red Cross Building in Seoul and ratified the creation of the Federation with a statement of aims which asserted:

PPFK's Aims

"The family planning movement aims at helping individual families to maintain an ideal family size and thus guarantee a better life for all people. Accordingly, family planning is:

- a moral movement designed to respect a human life from the time of birth;

- a public health movement for maternal and child health, both physical and mental;

- and a cultural movement which helps all people to have a worthwhile life through betterment of individual and national economic standards."

Relations with Government

On July 25 the leadership of the National Reconstruction Movement agreed with PPFK to adopt family planning as one of its objectives and began to introduce family planning information into its programmes throughout the country.

Suddenly PPFK found itself dissolved - by a decree of the new military regime abolishing all social organizations.

On 23 September 32 founding members of the Federation held a second inaugural meeting, at the National Institute of Health. The then Minister of Health and Social Affairs, Hi-Sop Chung, and Professor Jea-Mo Yang, Chairman of the Federation's Board of trustees, contacted the military government and advised it to adopt family planning as a national policy.

On 25 September the Chairman of the Supreme Council for National Reconstruction, General (later President) Park, announced the necessity of a national programme.

On 7 October 1961 the creation of PPFK was formally approved by the Minister of Health and Social Affairs.

On 13 November the Supreme Council for National Reconstruction adopted family planning as a national project. The ban on import of contraceptives was lifted, domestic production and sale were permitted, and the advertising of contraceptives and promotion of family planning were authorised.

Harmony of outlook and action was thus established between the private and government initiatives from the outset.

Federal Structure

PPFK's Board of Trustees immediately set to work to create a network of volunteers throughout the country. Branches were organized at Chongju, Taejon, Kangju and Chonju, and later at Inchon, Chunchon, Taegu and Pusan. Eventually a branch was established in each of the 9 provinces and in Pusan city, each with its own board of directors responsible for its own activities.

In November 1961, Dr Jae-Mo Yang, as Chairman of the Board of the Federation, attended the annual convention of the Japanese Planned Parenthood Federation. His observation tour was the first official visit of a Korean to a foreign country for that purpose.

The Federation's constitution provided for a President, to represent the Federation as a whole and to preside over the general assembly. The Chairman of the Board of Trustees is empowered to conduct the affairs of the Federation, in accord with the Board itself, numbering no more than 20. A Secretary-General is the chief executive of the headquarters staff of the Federation. The 10 branches and the Seoul City office, the former run by the chairmen of their own boards, and the latter by a director appointed by the Federation, all report to the Federation's Chairman.

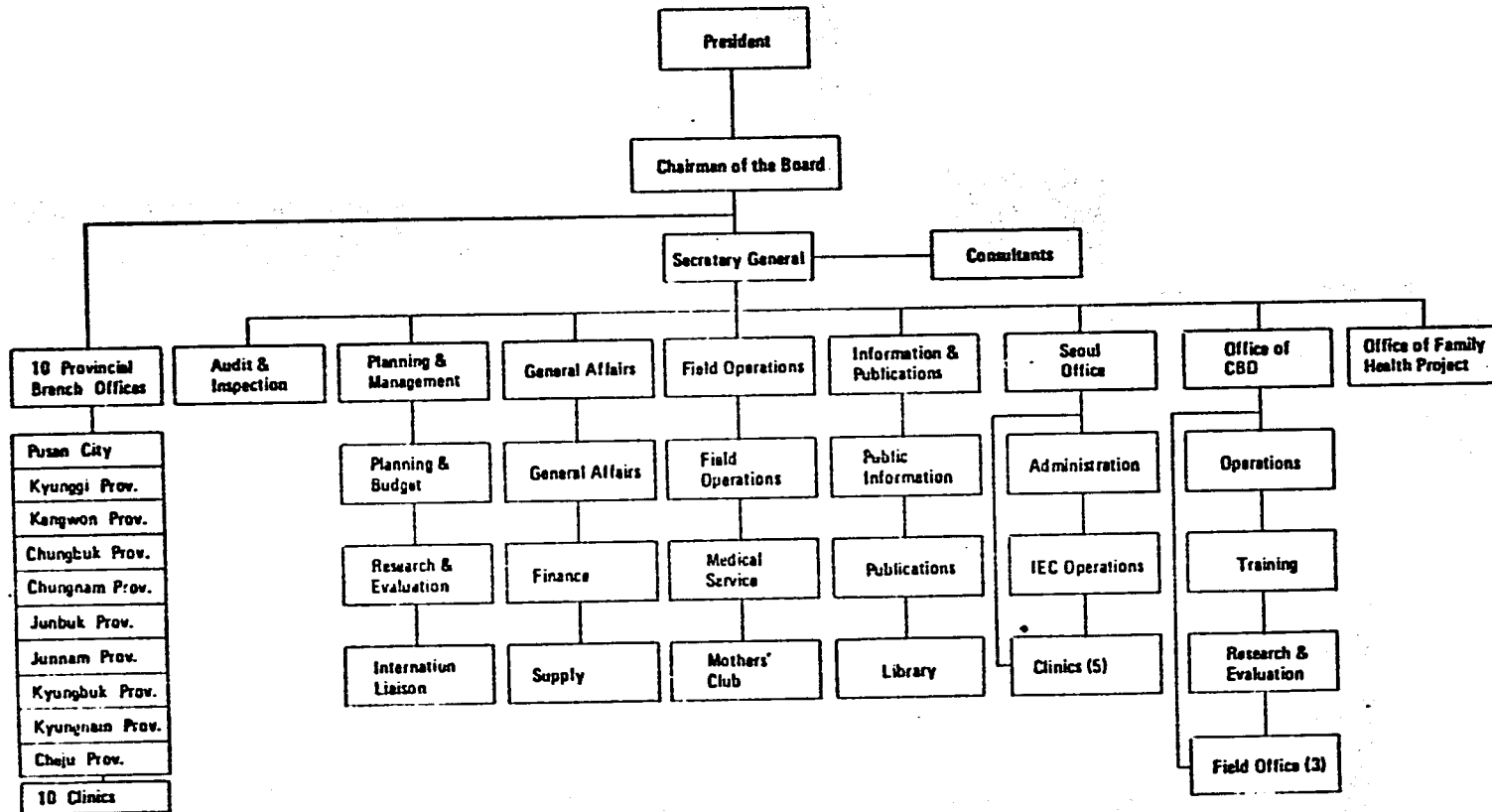
Organization

A detailed year-by-year account of PPFK's development from 1961 to 1974 is provided in its publication "The Ten-Year History of Family Planning in Korea" issued in English in 1976. In a foreword Professor Jae-Mo Yang admitted wryly that the booklet seemed to him to represent the history of his own life.

In January 1971 Professor Yang was elected President of PPFK, a position he still occupied in 1979. The position of Chairman of the Board of Trustees, which he had occupied since 1961, he handed over to Dr. Chong-Chin Lee. Dr. Lee, a member of the Board since its inception, had been the first Director of the National Medical Centre, from which position he was able to exert pressure on the government to adopt a family planning programme. Dr. Lee had also been instrumental in promoting Sweden's strong support, initially for the Medical Centre and then for the family planning programme. King Adolph Gustaf VI conferred on him in 1972 the title of Knight Commander of the Royal Order of the Northern Star for his contribution to relations between Korea and Sweden.

Dr. Lee re-organized the staff structure of the headquarters of PPFK and arranged that, as from July 1971, the executive secretaries of the Federation's 10 provincial branches would be appointed by the headquarters instead of by their own Boards, as hitherto. He further marked his assumption of executive control of PPFK by the decision to launch the "Stop at Two" campaign, which became the top priority for the Federation's 1971 programme.

ORGANIZATION



PPFK's ROLE

An Overall Programme Evaluation, carried out by an IPPF team in April/May 1979, analysed the role of PPFK in the national programme and examined its structures and programmes.

Apart from recommendations on policy and programme, summarised below, the detailed evaluation report urged that, despite Korea's economic progress and likely shrinkage of available international funds, IPPF should continue to assist PPFK in its efforts to become self-supporting while remaining not only a crucial factor in the success of the Korean programme but also an invaluable model for the voluntary family planning movement in the developing world.

Responsibility for IEC

While conduct of the national family planning service programme was from 1962 entrusted to the Ministry of Health and Social Affairs (MoHSA), PPFK was specifically charged, under the aegis of the National Reconstruction Movement, to conduct the I&E campaign. With its extensive grass roots activities, and its influence in all the ministries, the National Reconstruction Movement gave great impetus to the campaign during the period of its greatest power in 1962-63.

Training

In addition to the I&E function, PPFK was also charged by the MoHSA with a large share in the training of doctors, midwives and nurses, to staff the network of 189 health centres which was being hastily completed, and an army of fieldworkers for the 1,474 posts awaiting them in towns and townships in the rural areas.

Foreign Funding

It was additionally charged with receiving and distributing funds contributed from abroad and with maintaining relations pertaining to the family planning programme with other countries.

Advance Guard for the National Programme

The delegation of such wide areas of responsibility to a private organization served essential purposes:

- The family planning message was being delivered to the public through the efforts and under the responsibility of a respected group of volunteers rather than by an authoritarian bureaucracy. Any negative reactions from the public could be responded to immediately, without challenge to the government's authority.

- By its links with the universities and with family planning agencies in other countries PPFK could draw on available training talent and skills with more flexibility and efficiency than could government departments. This was further facilitated by the ability to obtain and use foreign funds.

- New techniques could be tested without involving a great deal of government machinery and well-based proposals could then be made for government approval and action.

In general, in a highly experimental programme, feeling its way in an area of which little was known, PPFK readily accepted the role of advance guard for promotion and of buffer for any hostility.

Collaborative Planning

It has evidently suited both the government and PPFK to maintain a close working relationship without rigid definitions of respective areas of responsibility. The leading volunteers of PPFK have been closely involved in government planning for the national programme and there has evidently been little difficulty in continuously adjusting the tasks which PPFK would undertake.

Constant since 1962, when the national programme began to get under way, has been PPFK's responsibility for the overall I&E campaign, directed to the public at large, to major groups of potential acceptors, to opinion leaders and to all those concerned with health and welfare.

The extent of its responsibility for training has varied widely; but has always included responsibility for the initial training of medical and para-medical professionals in new techniques.

Its responsibility for obtaining and distributing foreign funds has diminished over the years, partly as patterns of international funding have become clearer and partly as the political sensitivity of foreign funding of birth control programmes has diminished.

Although training, research and evaluation have since 1971 been specifically assigned to the Korean Institute for Family Planning (KIFP), PPFK has by general agreement continued to be active in all three fields.

PPFK's share in the great wealth of research built up in Korea has been largely in linking the research capacity of the universities to the problems they encounter.

The Medical Committee

The Federation's Medical Committee has played a major role, particularly in the early stages of the national programme, in providing the government with the evidence and assurances it required in order to adopt new methods of contraception.

This was the case for instance with vasectomy. From 1961 PPFK organized vasectomy programmes in 45 hospitals, chosen in agreement with the MoHSA, and on the basis of the experience so acquired was able to begin large-scale training of doctors to introduce vasectomy generally into the national programme from 1963.

Similarly, IUDs were intensively field tested in 1962-3 and on the strength of the favourable results the IUD was adopted as the principal method in the national programme from 1964.

Intensive clinical research was begun in 1967 on orals which commercial pharmacies were beginning to offer. In August 1968 the government decided to introduce them into the programme, first as a fall-back method for the increasing numbers of IUD drop-outs and, a year later, for general distribution.

Finally, in the early 1970s PPFK intensified research into tubal ligation and, as for the introduction of vasectomy, began a programme in 75 hospitals, in the first instance for middle-class women able to pay the cost of the operation. This enabled the government to include female sterilization as one of the principal methods in the programme from the start of the fourth 5-Year Plan 1977-81.

Innovation

PPFK similarly served as the means to try out and then confirm the validity of new methods of distribution. The most notable was the development of Mothers Clubs from 1968, first as distribution points for condoms and spermicides and then for orals.

In 1976 the Federation began its first pilot project in Community Based Distribution, a development reflected in the government's decision to concentrate the national programme in 1977-81 on clinical methods and to encourage other means of making non-clinical methods, including orals, available to the entire fertile population.

Meanwhile the Federation had since its early days maintained demonstration clinics in the 9 provinces and in Pusan City and another 5 in Seoul. These served as essential training and research centres and points of referral in the efforts to set high standards of performance and service.

The I&E Task

This activity in spear-heading introduction of new programmes and new methods was accompanied by intense I&E activity, on a scale probably unrivalled by any other private welfare agency in the world.

The crucial importance of the Federation's role in education and motivation was indicated by the fact that, when UNFPA funding became available to Korea from 1974, the government steered the first major funds to PPFK, for support of the I&E programme.

In designing its I&E programme year by year PPFK has been guided by a continuing series of KAP and other surveys. In the early 1960s its major tasks were to spread awareness of the possibility of family planning, of available methods and where to get them, of the impact of family planning on health and general welfare and of the impact of population growth on the nation's wellbeing. All this activity amounted to an assault on Korea's age-old notions of how the family, regarded as the most sacred element of society, should be valued by its fertility and size.

The three-child family, with spacing of births, was held up as the new ideal. The regular surveys which accompanied the campaign demonstrated the rapid progress, even in remote rural areas, in spreading knowledge. But the same surveys produced evidence of problems which demanded prompt response from the I&E campaign.

In the second half of the decade the increasing rate of IUD drop-outs, first apparent in the cities and then at somewhat lower rates in rural areas, was accompanied by mounting evidence of a growing gap between knowledge of family planning and its actual practice and of adoption of contraception to end fertility rather than to space births.

Great hopes were reposed in the launching of the Mothers Clubs and the introduction of orals into the national programme in 1968. But it was soon evident that oral discontinuation rates were higher even than those of IUDs.

By the end of the 1960s it was judged that attitudes had evolved sufficiently to permit the central message of the I&E campaign to switch to promoting the idea of the two-child family. This meant a direct attack on the deep-rooted need felt by the average Korean couple to produce at least one son, and preferably two.

This attack has been maintained through the 1970s and PPFK has produced evidence of a very gradual breakdown in the insistence on sons.

For overall evaluation of its I&E efforts, PPFK has been obliged to rely mainly on total acceptance figures. From the mid-1960s, the steady increase in new acceptors was not matched by a corresponding decline in crude birth rates. The creation of the Mothers Clubs boosted acceptance rates in rural areas, but also a steady growth in drop-out rates.

Meanwhile the surge in city populations in the 1970s and the rapid growth of urban and semi-urban poor required new emphasis in the I&E approaches.

The Mothers' Clubs

A unique experience in the I&E field was the creation from 1968 of Mothers Clubs in the country's 16,868 ri and dong administrative units in rural and to a lesser extent peri-urban areas, to increase and sustain the commitment to family planning which the 1,474 field workers had been trying to stimulate since their appointment in 1963-4.

With 190,000 members in the first year these clubs had grown by the late 1970s to 27,000 with membership of 750,000 and were being developed in the cities and particularly among the new urban poor.

These clubs owed their success to the practical benefits they produced for their members and the communities they lived in. They set up savings schemes, to provide loans for weddings, house and other repairs, starting up individual income-earning projects, etc. They built up community funds to improve village amenities and earning capacity. They organised entertainments and educational initiatives. They disarmed the suspicion of older people by deferentially organised hospitality. By their practical achievements they actually gained the applause of their initially mistrustful menfolk. All this was achieved on the initial impulse to introduce and maintain a high level of family planning in the community, and with the imaginatively responsive support of PPFK. It was the first large-scale experience in the IPPF system of integrating family planning into community development.

In 1977 the government decided to absorb the clubs into the powerful Saomaul

(New Village) Movement, a successor to the National Reconstruction movement and specifically aimed at community self-help. The PPFK Mothers Clubs were allocated to the family planning division of the Saemaul's Women's Association, with some 60,000 local associations throughout the country. PPFK immediately embarked on the huge task of imparting the necessary knowledge and training to the leaders of SWAs at village, county, provincial, city and central levels. A total of 14,341 leaders received various degrees of training in 1977 and a further 14,930 in 1978.

The IPPF evaluation team reported in 1979 on the acceptance and respect which the SWAs, nearly half of them successors to the Mothers' Clubs, have won in their own villages. In one village for instance, in Chungbok province with 104 households containing 5,429 people, the SWA had set its objectives as: to be a good housewife and mother; to practice family planning; to make a comfortable living place (ie. the village); and to expand community property. The SWA's action plan for 1979:

- to mount a candy party for children to mark the International Year of the Child;
- to build a communal briquette (fuel) store;
- to build a community bus station;
- to continue repairs to the village fence;
- to provide new working clothes for members.

A day-care centre was set up twice a year to look after children at harvest time. In this as in other SWAs relatively large sums of money are accumulated in the community chest for improvements and loans. Lending schemes to help poor villagers to start up in income-generating enterprises are frequent.

An important duty for the local SWA leader is to maintain a Health Record Card for each family in the community, documenting family size and composition, the health history of each member (with children's inoculations, etc.) and the family planning status of the parents. Required pills and condoms are channelled to each SWA through the nearest health fieldworkers (numbering 1,700 in 1978) or health centre of sub-centre.

PPFK supervision of the family planning activities of the local SWAs is provided by the 138 Information Officers first appointed in 1976 in agreement with the MoHSA mainly to promote the vasectomy campaign and later known in the PPFK structure as County Supervisors. The government in 1979 agreed to the appointment of a further 64 supervisors to help in the development of family planning activities in SWAs in the cities.

Community Based Distribution

Of possibly critical importance for the national programme in the future is PPFK's experiment in CBD. Its importance arises from the fact that a large part of the population is unlikely to be prepared to pay the full economic cost of oral pills and condoms. From 1962 to 1976 the government sought to keep down the prices charged by pharmacies by distributing contraceptives at subsidised prices or free of charge to the indigent. The result was that pharmacies and manufacturers judged the profit margin insufficient to justify heavy investment in sales efforts. From the beginning of the fourth Plan in 1977 the government decided to cut back on provision of pills and condoms (whose distribution was in any case necessarily fragmentary) and to encourage the private sector to take over.

PPFK's CBD experiments appeared to offer an escape from this situation. From the end of 1975 three pilot projects were carried out in relatively small areas with markedly different characteristics - one rural, one urban and one dominated by a mining industry. Different types of distributor/motivator were chosen for three areas. A thorough benchmark survey in each area allowed results to be meticulously monitored.

In each area a steep increase in contraceptive practice was recorded, as well as a notable transfer from "inefficient" to effective methods. Although only orals and condoms were supplied by the CBD distributors, their motivational efforts resulted in big increased in acceptance of sterilisation and IUDs.

The recorded results of each pilot project, as well as a mass of information collected in surveys conducted mid-way and at the end of the first 29 months. are available in cyclostyled reports translated into English.

The outcome of this operation was the documented certitude that the localisation of motivation and distribution was highly effective.

Another outcome was the demonstration that the best results were produced in the area where Mothers' Clubs (transformed mid-way into SWAs, but with no change in personnel) provided the network for distribution.

In all three pilot areas pharmacies were knit into the projects. retailing at the subsidised prices. In the urban area they represented 65% of the distribution points, against the 35% represented by the voluntary women distributors. 60% of the rapidly increasing number of consumers preferred to patronise them.

In the rural and mining areas, where the volunteers outnumbered the pharmacies, 82% and 62% respectively of consumers preferred to deal with the CBD distributors.

PPFK decided therefore to prosecute the project in a larger area, depending basically on the SWA network, in order to explore the mechanisms that might best be used for supply and distribution and for management of the considerable sums of money involved, both at micro and macro levels.

The programme is designed to be financially self-supporting provided that the pills and condoms are supplied at subsidised prices. In the three pilot projects the prices charged by the CBD distributors and the co-operating pharmacies were roughly half those in normal commerce.

The IPPF evaluation, impressed by the potential of the programme, pointed to the large management and administrative resources which would be needed if the programme spread to a national scale. It suggested that thought be given to the type of governmental or other structure which might eventually be needed to conduct an operation on such a scale.

PPFK's ROLE IN THE 1977-81 PLAN

The widening scope of the government's population policy appeared to hold two implications for PPFK: 1) extension of its collaboration with government agencies, hitherto limited mainly to MoHSA and KIFP, in order to fulfill its obligation to provide IEC backing; and 2) the necessity to concentrate determinedly on family planning as the relevant government agencies embark on their respective shares in the other aspects of the population policy.

In its 3-Year Plan 1980-82, written in April 1978, PPFK saw its major tasks as being:

- To develop the family planning activities of the existing SWAs and to introduce them into the SWAs which, with UNFPA support, are being formed in Seoul, Pusan and other cities, particularly in the low income fringes.

- To establish family planning programmes in industrial and other enterprises, in co-operation with the Office of Labour Affairs and the Federation of Korean Trade Unions, particularly in order to reach young men and women not hitherto catered for. Similarly, to initiate programmes for members of agricultural extension organizations, agricultural and fishery co-operatives, day-care centres, the Korean National Council of Churches, etc.

- To provide services and family life education for out-of-school youth - a programme for which operational ideas appeared still to be at a formative stage.

- To provide improved service in the Federation's 15 clinics, 11 of which in Seoul, Pusan and the 9 provincial capitals were being completely rebuilt and re-equipped with financial aid from the World Bank to provide wider MCH care and high grade sterilization services. Particularly, to keep clinics open in the evening, to accommodate workers occupied during the daytime.

- To develop new channels of motivation and services with particular emphasis on integrated projects, such as the parasite control and nutrition projects being funded by JOICFP, and the day-care centre programme and joint projects for young city workers and agricultural extension programmes, funded by UNFPA.

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- To maintain the nationwide, multi-media IEC programme, but with concentration on developing specific messages and IEC packages for specific groups. The main target groups were identified as: the general public; residents in low-income urban areas; rural people; young and newly-wed couples; out-of-school youth; and non-family-planning organizations.

An illustration of PPFK's versatility and value to the national programme in developing new areas was its acceptance of the task of providing the required IEC back-up for the 120 MCH clinics being set up by the MoHSA with World Bank funding.

PPFK was due in 1979 to resume control over the 10 mobile units which were originally set up by the MoHSA in 1966 with the help of USAID to provide vasectomy, IUD insertion and other services to some 600 townships and villages, with some 800,000 fertile couples, beyond the reach of doctors. The MoHSA transferred these units to PPFK in 1967 but in 1970 they were placed under the control of the provincial governments. In addition to the services they provided to family planning acceptors, these units established an outstanding record for vasectomy and IUD training of doctors in private practice.

Commenting on the main tasks which PPFK had set for itself, the IPPF evaluation report pointed to the need to prepare young immigrants to the cities and their fringes for life on their own. The report saw the plight of these youngsters as offering PPFK scope for the development of programmes of sex education.

The report drew attention to the primary role assigned to sterilisation in the programmes of both the government and PPFK. It urged on PPFK the need to promote family planning methods as a means to space births, rather than simply to terminate fertility. It drew attention to the possible harmful effects on young couples particularly of early sterilisation.

The report commented on the care with which KPPF's IEC materials are tested before use, mobilising an impressive range of professional expertise, largely on a voluntary basis. But it pointed to the lack of evaluation of the actual effectiveness of the individual components of the IEC programme in terms of their specific objectives and not simply as reflected in acceptor figures. It suggested that PPFK might enlist the help of the universities in carrying out such evaluations if KIFP cannot do so.

Range of Activities

The detailed history of PPFK is confusing to follow because of the wide variety of activities and the constant shifting of emphases in response to new circumstances. But an idea of the magnitude of its task is provided by its annual reports to IPPF. In 1978, for instance, PPFK listed its main achievements as follows:

IEC:

Mass Media

Usage of mass media to promote family planning as a normal part of daily life and to press home the "Stop at Two" message:

- television: 1 home drama, 120 spot announcements, 41 feature programmes.
- Radio: 60 home dramas, 50 documentaries, 136 spot announcements, 300 sex education programmes for youth, 100 feature programmes, 33,304 railway spots (presumably transmitted in railway coaches).
- Newspapers: 40 advertisements, 218 feature articles.
- Magazines: 10 advertisements, 3 essays, 130 feature articles.
- Government publications: 125 feature articles.

PPFK branch activity:

- Television: 254 spots, 14 feature programmes.
- Radio: 1,152 spots, 115 feature programmes
- Newspapers: 354 advertisements, 209 feature articles.
- Magazines: 7 advertisements, 14 feature articles.
- Films and slide sets: 2,586 showings.

One mobile van was used throughout the year for the IEC programme. 11 telephone answering services were maintained by clinics to give family planning advice to callers.

Production of Materials

To provide accurate information in order to stimulate family planning practice and prevent dropouts, the following materials were produced:

1,055,000 copies of four different leaflets; 148,000 copies of 8 pamphlets; 100,000 copies of 2 posters; 200 sets of mini-charts for inter-personal and small group discussions; 75 16mm copies and 1 35mm copy of an

educational film; 2 slide sets in 300 copies; 1,500 cassette tapes; 50,000 copies per month of the magazine "Happy Home", originally produced to support the Mothers Clubs but, because of its success, developed into a magazine for wider circulation and also for sale.

Youth Programme

To provide pre-marriage family planning and sex education:

- 8 seminars for 103 students from departments of social work and sociology from 8 colleges and universities;
- 215 sessions of discussion groups for college students (28,275 participants)
- 691 sessions of group discussions for young workers in industries (99,696 participants).

Adult Education

Twelve lecturers were recruited to provide family planning information, particularly on vasectomy and tubal ligation:

- Armed Forces and the Homeland Reserve: 6,532 sessions with 1,352,081 participants and 12,516 vasectomy acceptors;
- Social and other organisations not concerned with family planning: 4,674 sessions with 653,462 participants.
- 18 organisations of various kinds provided 7,510 participants for lectures on how to introduce family planning to their memberships.

UNFPA Pilot Projects

From July 1978 the following pilot projects were undertaken with UNFPA funding:

- Programmes for mothers attending day care centres;
- Family Planning Newsletter for young workers;
- Promotion of family planning through agricultural extension workers;
- Development and testing of materials for the national programme;
- Training Saemaul Women's Association leaders in low income urban areas.

MEDICAL AND CLINICAL PROGRAMME

Objectives: To promote family planning practice by provision of MCH services in low income urban areas;

To play a central role in promoting new contraceptive methods through clinical studies.

The following figures were recorded by the 15 PPFK clinics in the 9 provinces and in Pusan and Seoul:

Maternal health service	- 23,969 cases
Child health service	6,928 "
Family planning services	82,324 "
Vasectomy	10,631 "
Female Sterilisation	5,991 "

The number of female sterilisations was lower than the target set in the work programme because of late arrival of necessary equipment.

By the end of 1978 12 of PPFK's 15 clinics were carrying out female sterilizations and had been extensively renovated to provide high performance settings. The personnel of all these clinics had been trained in sterilisation. 13 nurses and 20 fieldworkers were recruited for the programme.

TRAINING

Objectives: To improve the capability of family planning IEC workers;

To develop innovative IEC programmes through training of family planning workers;

To support the family planning programmes financed and conducted by industry and business for their 2 million workers by training their family planning programme personnel;

To enlist Youth Leaders in industry to convey the "Stop at Two" message.

Training sessions were attended by 137 Mothers Club supervisors, 22 family planning lecturers and 24 PPFK office staff, both from the headquarters and branches.

Training was provided to Saemaul Women's Association leaders as follows: 315 leaders at provincial or county level; 1,102 city leaders; 13,513 leaders at ri and dong level.

528 family planning programmers in industries attended 10 training courses.

66 Youth Leaders in industry took part in one workshop.

EVALUATION

- Monitoring of television and radio for programmes related to family planning, particularly for possible follow-up or response;
- Pre- and post-training questionnaires were collected from 7,320 Saemaul Women's Association leaders and analysed;
- KIFP carried out on contract a study intended to measure the effectiveness of PPFK's IEC programme. (The results of this were not known at this writing.)

STAFFING

To carry out its 1978 work programme PPFK employed a total of 331 full-time staff in the central and provincial offices (excluding the small staff employed in the CBD pilot projects). Of these, 196 were concerned with the I&E programme, 76 with the medical and clinical programme, 6 with training, 4 with evaluation and 49 with administration and general services. 80 of the staff worked in the national office.

VOLUNTEERS

A feature of PPFK's operation since its inception has been the keen participation of volunteers, at every level from university deans to mothers' club members. The Federation has succeeded in opening up fields of work which evidently give volunteers the necessary satisfaction of actual accomplishment. The staff are accustomed to look to volunteers for expertise and for knowledge of how to adjust programmes to community needs. Volunteers are available to serve on expert panels, to write articles for publication, to prepare material for TV and radio, to deliver lectures or to give talks to groups (such as the successful campaign of talks to the Homeland Reserve and the regular armed forces), to help in the GBD projects and out-reach from the clinics, as well as to serve on the policy committees at the centre and on the boards of directors at the centre and at each of the 10 branches. The lively approach of the volunteers provides invaluable feedback from the branches to the central policy-making bodies and ensures that policies emanating from the centre are applied with local sensitivity and knowledge.

BUDGET

In the six years up to and including budgeted 1980 PPFK's expenditure has almost quadrupled from \$1.2 millions to \$4.5 millions. IPPF's cash support has doubled, from \$606,000 in 1975 to a budgeted \$1,230,800 in 1980. IPPF supplied commodities to the value of \$37,000 in 1975, \$50,000 in 1976 and budgeted \$53,000 in 1979 and \$60,000 in 1980. But these supplies shot up to values of \$141,200 in 1977 and \$222,000 in 1978 as PPFK prepared its clinics to take part in the national programme's concentration on sterilization.

The big increase in PPFK expenditure in the past six years arose partly from heavy UNFPA funding for four years from 1974 for the IEC programmes. This averaged between \$250,000 and \$300,000 per year.

Equally large UNFPA funds were provided to the MoHSA for support of the national family planning programme and to the National Labour Office to promote family planning in industry.

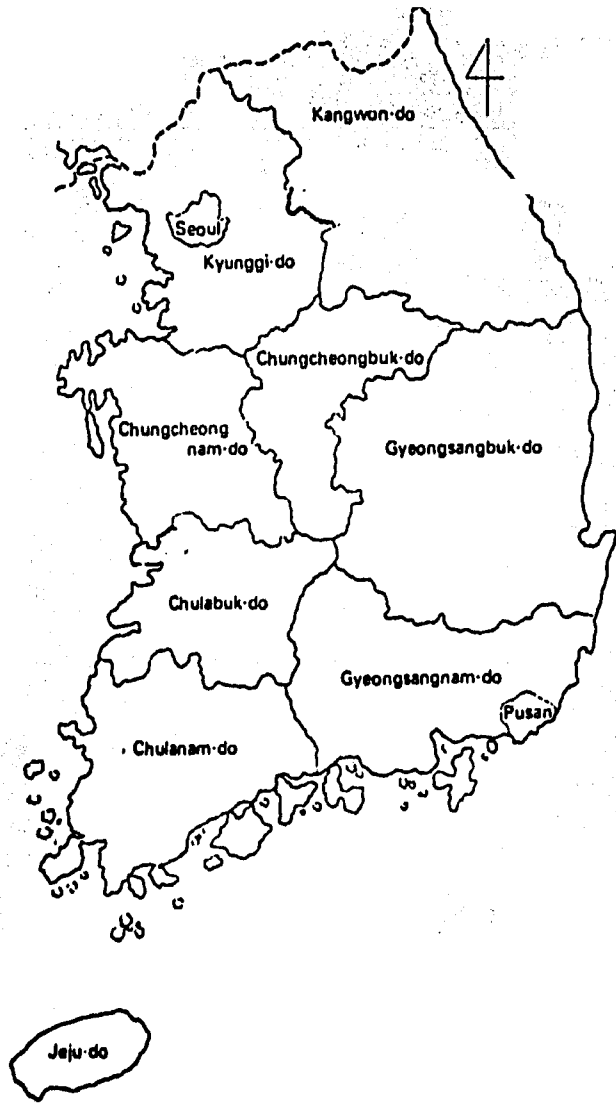
Up to 1974 PPFK had depended for foreign funding mainly on IPPF (totalling \$2,808,203 to the end of 1974) and the Population Council (totalling \$2,430,460).

In recent years the Korean government has made increasing contributions to PPFK's costs, and has far more than made up for the termination of UNFPA funding in 1977/78. The government bears the cost of much of the IEC programme and of the personnel required for supervision of the SWA programme. Its budgeted contribution in 1980 amounted to \$1.5 millions.

JOICFP and UNFPA provide funds for specific projects and IBRD is financing PPFK's operation of the 10 mobile clinics. The World Bank is also providing \$2.8 millions for the rebuilding of the PPFK clinics, an amount not included in the above budget figures.

PPFK are striving to make their clinic programme, budgeted at over \$1 million in 1980, financially self-supporting, through the fees paid by acceptors or by the government on their behalf. Re-built and re-equipped under the World Bank programme and provided with highly trained and motivated staff capable of providing comprehensive MCH care it is reckoned that they will maintain a high turnover and adequate income to pay for themselves.

But at the end of the 1970s PPFK faced a problem in holding on to its staff because of relatively high rates paid by the government and the attractions of private practice. The IPPF evaluation report noted that it had been demonstrated that the existence of PPFK's highly trained and notably well motivated staff had already attracted large-scale financial support from the government, UNFPA, the World Bank and other agencies. Maintenance of a staff of this quality would be a crucial factor in enabling PPFK to attract sufficient income in future to become self-supporting. The report recommended that PPFK should therefore be enabled to maintain adequate salary levels.



APPENDIX

Brief Notes on Some Organisations Collaborating in the Family Planning Programme

Korean Institute for Family Planning

Created in its present form at the end of 1971, the semi-autonomous KIFP is charged with research, evaluation and training in family planning. It monitors nationwide service statistics and conducts KAP surveys and applied research for programme assessment and improvement. It is responsible for training all government family planning workers, including the large corps of fieldworkers (see attached breakdown of training programmes in 1978/9). PPFK is represented on the Institute's board and takes part in the planning and conduct of its courses.

Korean Development Institute

This research body provides the secretariat for the Population Policy Co-ordinating Committee. The Institute is dedicated to research on economic and social issues and collaborates with the government in the formulation of socio-economic policies and plans. It assists the MoHSA in policy formulation by conducting studies of population trends and health economics.

Korean Educational Development Institute

With UNFPA support, this semi-autonomous institute has carried out a massive revision of school curricula and teaching materials at all levels in order to introduce population education into relevant subjects. It works under contract from a Central Office of Population Education in the Ministry of Education. The project has had technical assistance from the UNESCO Regional Office for Education in Asia. The new materials were being introduced through teacher training and pilot courses in the universities. They were not expected to be in use at the primary school level until 1982.

Korean Health Development Institute

Established in April 1976 to "conduct systematic, empirical research on problems related to public health, in order to facilitate the formulation of national policies and programmes in developing an effective system of national health care". One of its principal tasks is described in its founding law as

"to design and develop effective and low cost health care delivery systems as research/demonstration projects" providing for "prevention, diagnosis, treatment, rehabilitation and medical insurance." The institute's creation was stimulated by the desire to conduct the ambitious Maul Geon-gang Saup (Community Health Project) in which the government and US AID (with 75%) are investing \$6.7 millions. Begun in 1977, this comprehensive health care project will be carried out in three rural areas with a total population of 500,000. With the close involvement of the Saemaul Movement, the projects will seek to extend primary preventive and curative health care to every ri in these areas, maximising the use of existing resources, including private sector resources, and introducing innovative financial mechanisms and a community level decision making process. In justification of these rural projects KHDI quoted a 1975 survey which showed that "only 63% of rural people who are ill have access to medical facilities, while the rest receive no treatment whatsoever. Only 21% obtain their primary curative services from modern hospitals or clinics and 8% from health centres; while 21% obtain their services from herb doctors or traditional resources."

The Universities

Yonsei University, initially, and then Seoul National University were of primary importance in laying the bases for the decisions in 1961/2 to create a national family planning programme. Their continuing research has supported the programme since then and leading personalities of these and other universities have been crucial in the creation and management of PPFK which, as an agile voluntary association, has provided an excellent locale for applied research.

Institute of Reproductive Medicine and Population (Seoul University)

Founded in 1972, the institute has three divisions related to fertility and family planning: reproductive biology, clinical medicine related to reproduction and public health and related social sciences. The institute takes part in the WHO expanded programme of contraceptive research. Current projects include studies of IUD and oral contraceptives, early termination of pregnancy and reversibility of vasectomy. Depo-Provera (not a popular method in Korea)

may be studied in future when methodological problems of standardising data have been solved.

Korean Institute for Research in Behavioural Sciences

The institute identified the psychological correlates of birth control behaviour in a major study of 1970-71. A subsequent series of nine studies included findings on boy-preference as a factor in family planning practice in Korea.

KIFP TRAINING COURSES

Course	Trainees	Duration	1978 Achievement	1979 Planned	PPFK Contribution
Health Worker	Integrated health workers	1 - 2 weeks	2,335	900	✓
	City FP supervisors and senior workers	1 week	-	150	✓
	County FP supervisors and senior workers	2 weeks	-	110	✓
	Trainers of on-the-job training in health centres	2 weeks	-	40	✓
	Health worker for on-the-job training in model health centre	1 day	-	315	sometimes
Administrators	Vice mayor/vice county Chief/vice town and township chief	2 days	213	350	✓
	FP supervisors and senior workers	3 days	100	-	✓
	Health centre administrator	3 days	-	150	✓
Clinical Personnel	Physicians	3 days	150	250	-
	Paramedical personnel for IUD insertion	2 weeks	-	40	-
Lecturer	FP instructors	1 week	150	80	✓
Special Project Personnel	Industrial site physicians	3 days	40	80	✓
	OLA* FP counselors	3 days	150	100	✓
	Industrial site managers	3 days	40	-	✓
Others	Staff members of related organizations	2 days	50	300	✓
	College students and others	1 day	1,000	1,000	-

* Official Labour Office