

## **Achievements and Challenges of the Population Policy in Korea**

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### I. Introduction

Korea has completed the whole process of what is called “demographic transition” with her successful implementation of the national family planning program that started in 1962 and this has occurred simultaneously with rapid socioeconomic development. Between 1960 and 1988, the nation’s total fertility was reduced from 6.0 children per woman to 1.6, which was below replacement-level fertility.

Since the major demographic transition in Korea took place in the midst of the rapid socio-economic developments between 1960 and 1990, it is not easy to identify clearly which of the socio-economic determinants have been most influential in the rapid decrease in fertility levels over time. Many studies suggest that among the proximate determinants of fertility, family planning, induced abortion, and rising age at marriage all share substantial responsibility for the fertility decline in Korea during the past years, although socio-economic developments have also contributed to the fertility decline.

Nevertheless, no sooner were one set of problems overcome than new challenges of a totally different nature arose out of the resulting far below replacement level of fertility (TFR 1.75 children per woman) in Korea. The new problems being faced include an imbalance in the sex ratio at birth, a shrinking of the labor force, an increase in the proportion of the elderly population, a high prevalence of induced abortions and an increase in the sex-related problems of the youth and adolescents.

These demographic changes and other new concerns led the government to abolish the population control policy, and to adopt a new population policy in 1996 on which emphasizes population quality and welfare. The government action on policy shift reflected the 1994 ICPD Plan of Action which called for dropping demographic and family planning program targets in favor of a broader policy agenda that included a range of reproductive health needs, as well as a series of social and economic policy measures designed to empower women and to strengthen their rights (Robinson and Ross, 2007).

Despite of the government’s efforts to shift the population policy from population control to quality and welfare, Korean’s total fertility rate has continued to the lowest level of 1.08 children in

2005. This phenomenon indicates that the fertility decline has been affected by socio-economic factors to a great extent. Thus, the government announced to adopt the fertility encouragement policy and set up the five-year plan in response to low-fertility and population ageing (2006-2010) in 2005. Thus, the population policy in Korea that had been promoted since 1962 could be largely divided into three phases of the population control policy with emphasis on the national family planning programs (1962~1996), population quality and welfare improvement policy (1996~2004), and fertility encouragement policy (2006~) to briefly describe major phases and developmental processes of the population policy.

This paper aims to provide an overview of developments in Korea's population control policy in chronological order, changes in fertility and contraceptive behaviors on the past accomplishments, as well as a few socio-cultural and demographic problems that we encountered in the course of implementing the population policy in Korea, and to exchange its experience and knowledge on the population development programs with emphasis on family planning and reproductive health with other developing countries, which are implementing the national family planning programs for the population control policy.

## II. Developments of Population Control Policy in Korea

Since the inception of the national family planning program in 1962, the Government put family planning at the top of its national agenda, under the assumption that keeping vibrant economic growth required curbing fertility. Korea's family planning programs have been carried out via a nationwide health network and, more recently, as part of maternal and child health and health promotion programs under the Ministry of Health and Welfare. In its initial stage the main emphasis of the national family planning program was placed on providing contraceptive and information services through family planning workers at health centers and designated private physicians. The primary reason for adopting such a strategy stemmed from the need to focus on rural areas, because not only was the fertility level relatively high and contraceptives practically unheard of in rural areas, but over 70 percent of total population in 1960 resided there.

In addition, the Planned Parenthood Federation of Korea (PPFK) organized FP-Mothers' Clubs at the rural natural villages in 1968, 29,894 clubs with 749,819 members had been developed by the year of 1976. The main goals of the FP-Mothers' Club program, designed to improve the overall family planning program, were as follows; (1) to create a local voluntary movement of mothers to encourage contraceptive practice, (2) to aid family planning workers in finding new contraceptive users, (3) to serve as a channel for family planning information and contraceptive supplies, and (4) to encourage participation in community development activities.

At the beginning of the 1990s, two groups of experts opposed each other over the issue of whether or not to abolish population control policies. One group argued that continued fertility decline would reduce the economically active population and bring adverse socioeconomic consequences in the long run. They further argued that abolition of population-control policies would not lead to

changes in childbearing behavior and therefore fertility would not increase. The other argued that a small country such as Korea, with limited natural resources, would have to retain its population control policy. Otherwise, they argued, contraceptive prevalence would go down and fertility rates would go up, nullifying the achievements of the family planning program.

Against this backdrop, the government established a Population Policy Deliberation Committee in 1995, made up of experts and government officials, to review the population policy, focusing on past accomplishments and future prospects. In 1996, the government abolished fertility control policies and adopted a new population policy, formulated by the committee, with an emphasis on the quality and welfare of the Korean population. The objectives of the new population policy in 1996 were: (1) to keep the rates of fertility and mortality at levels required for sustainable socioeconomic development; (2) to promote family health and welfare; (3) to balance the sex ratio at birth; (4) to promote women's labor force participation and welfare; (5) to promote the health and welfare of the elderly population and (6) to achieve a balanced distribution of the population across the country. In line with this new policy, the activities of both government and non-governmental organizations have shifted to focus on the health and welfare of the Korean people.

Despite the abolition of the population control policy by the government in 1996, the total fertility rate continuously reduced 1.56 in 1997 to 1.08 in 2005, which was the lowest in the world, and decreased fertility in a short period of time and the rapid increase in the number of the elderly population due to changes in the population structure are expected to seriously affect the country's socioeconomic development in the future.

Recent studies have found that Korea's fertility decline is attributable to both a decrease in fertility among married women and an increase in people remaining unmarried. These trends are traceable to changes in people's views on marriage and the utility of children, to the high financial burden of child rearing and education, to Korea's economic slowdown, to employment instability, to women's increased participation in the labor market, to the spread of the nuclear family, and to rising divorce rates and family breakdown. These causes are common to many low-fertility countries, but Korea's fertility rate has declined particularly quickly. This is probably because the cultural preferences associated with the population-control policies of the past still run deep.

To this end, in 2004, the government established a Presidential Committee on Aging and Future Society, which has been working to develop policies in response to low fertility and population aging. In fact, the government has introduced measures opposite to the previous anti-natalist policy by emphasizing not only the development of fertility recovery measures for dealing with low fertility since the late 2004 but also on the government's support to free delivery, incentives to encourage births, and tax favors for nursing and education expenses as parts of the birth encouragement policy. In addition, the government enacted the 「Basic Act for Low Fertility and Aging Society」 in 2005 to establish the systematic foundation for low fertility. The government is also planning to establish the general measures for low fertility during the period of 2006~2010 at the level of the government administration.

### III. Changes in Induced Abortion

Before the 1950s when the prohibitive Korean Penal Code was strictly observed, few induced abortions were performed. Along with the development of the national family planning program in 1962, induced abortions started to increase gradually as a direct means of avoiding unwanted births and as a final resort of contraceptive failure. The high acceptance of induced abortion in Korea can be attributed to the following four categorical reasons. First, along with establishment of the small family size, women who fail to avoid an unwanted pregnancy due to not practicing or failure of contraception, have increasingly appealed to induced abortion. Second, women pursue induced abortion after fetal sex screening through modern medical technology, such as ultra-sonic diagnostic equipment, because of the coexistence of a strong son preference and a desire for smaller family size, in order to avoid children of unwanted sex. Third, the sensational and degenerate sex culture has become prevalent with industrialization and urbanization, bringing along a high incidence of premarital conception from premarital sexual activities of adolescents, most of which end in induced abortion. Fourth, the increased number of victims of sexual violence resorts to induced abortion for resulting unwanted pregnancies.

In spite of legal constraints, there have been no prosecutions of doctors performing induced abortions. The Maternal and Child Health Law, promulgated in 1973, set out the conditions under which abortions could be allowed within 28 weeks from the date of conception: 1) possibility of fetal impairment (eugenic grounds), 2) infectious diseases of the parents, 3) rape or incest, and 4) impairment of the mother's physical and mental health.

Since the inception of the population control policy in 1962, the proportion of women who have had at least one induced abortion among married women ages 15 ~ 44 increased from 7 percent in 1964 to 54 percent in 1991, thereafter falling to 39 percent in 2000 (Kim, et al. 2000). The survey data showed that 48 percent of the most recent abortions obtained by these women were performed for fertility termination reasons. In fact, induced abortion has been a very important factor in Korea's fertility transition in two ways: as a direct means of avoiding unwanted births and a final resort of failed contraceptive use.

A study conducted in 1970 indicated that the rise in the age at first marriage accounted for 38.6 percent of the reduction in fertility at that time, while induced abortion contributed 29.4 percent and contraception 31.9 percent. However, according to a 1985 survey, induced abortion accounted for 32.2 percent and contraception 50.3 percent of the fertility reduction (Han and Cho, 1987). With the continuous increase in the contraceptive practice rate of married women (80.0% in 2009), the fertility rate has been maintained at 1.6 ~ 1.7 per women since 1987 while the induced abortion experience rate has been declining since 1991. Notwithstanding these successes, there has been a high incidence

of induced abortions among married and unmarried women, as well as adolescents of reproductive age.

According to a 1990 survey conducted in a medium sized city in Korea, 33 percent of the total number of abortions that were performed in clinics were for unmarried women. Therefore, adolescent sexuality has emerged as a serious social problem, with socio-economic and information development. In addition, the very success of efforts to lower fertility has worsened the adverse consequence of the strongly rooted tradition of son preference. This has resulted in greater recourse to new techniques of pre-natal sex determination and the abortion of female fetuses, resulting in increasingly disproportionate male/female sex ratios.

In order to deal with the unfavorable consequences of rapid fertility decline such as an imbalance of sex ratio at birth, a high prevalence of induced abortions, adolescent sexual and reproductive health problems, etc., the government adopted a new population policy in 1996, which focused on the population's quality of life and welfare, and was incorporated with the major objectives of the ICPD-Program of Action and recommendations.

In spite of legal, social, and ethical constraints, as well as extensive contraceptive services and strong IE&C activities provided by the government program, the proportion of married women ages 15-44 experiencing induced abortion increased yearly from 39 percent in 1976 to 54 percent in 1991, and thereafter decreased to 39 percent in 2000. The proportion of induced abortion experience shows an increasing trend with advancing women's age.

According to 1997 survey data, 61.3 percent of women who accepted induced abortion have never used any kind of contraceptive method at the time of induced abortion. Even though the rest of the women used contraception at the time of abortion, their contraceptive methods were mostly ineffective temporary methods. This implies that the incidence of unwanted pregnancies should be reduced mainly through ensuring the use of effective contraceptive methods. In addition, post-abortion services such as counseling, education, provision of appropriate contraceptive methods, etc, should be provided for women who have experienced induced abortion.

As for pregnancy wastage, more than 33 percent of 2003 pregnancy outcomes are accounted for by pregnancy wastage, and most of the pregnancy wastage is due to induced abortions. Unsafe abortion, along with hemorrhage, obstetrical labor, infection, and pregnancy- induced hypertension, is one of the five main causes of maternal death. The fact that a large portion of the pregnancy wastage results from induced abortions points to the urgent need to come up with measures to reduce induced abortions. Since increase in number of pregnancy wastes became considerable with age, the wastage rate rose with age, and the wastage rate from induced abortion also increased with age, implying that the women of older ages with longer duration of exposure to unwanted pregnancies appealed more to induced abortion.

#### IV. Changes in Imbalance of Sex Ratio at Birth

One noteworthy feature of Korean society is that there are still women who resort to induced abortion, however small the proportion may be, to have a son rather than a daughter, through such sex pre-selection methods as amniocentesis. This may be one of the factors that have contributed to the unusually high sex ratio at birth, in particular, of the third and higher order birth (Cho, et al., 1994). The total fertility rate for 1995 hovered around 1.7 and since then virtually every couple has wanted to have at least more than one child, hence the sex ratio for first birth does not deviate much from the usual 105, but beginning with the second birth order, the ratio deviates greatly from the norm as more and more couples decide to abort, either because they "did not want the child", the fetus proved to be of the sex that they did not "favor," or both.

The imbalance of the sex-ratio at birth has been improved annually, from a peak of 116.5 in 1990 to 105.7 in 2012, but rather than being caused by alleviation of the male preference, this can be explained by the government's strict enforcement of the medical law; as an effort to prevent selective induced abortions from exacerbating the current sex imbalance, the government made a revision to the then existing medical law in October, 1996.

Under the revised law, those medical doctors who perform abortions for reasons of sex selection have their license immediately revoked, are subject to a fine of up to 10 million Won (U.S. dollars 8,400 equivalent) and/or imprisonment for up to three years. At the moment, 10 medical doctors are awaiting trial for violation of this induced abortion law. In addition, there has been a social movement for self-regulation of medical professionals for immoral medical services such as the performance of fetal sex determination procedures. Non-governmental organizations have also campaigned on the negative effect on the sex-imbalance and improvement in social status of women.

#### V. Evolution of the Fertility Encouragement Policy

The population policy to cope with low fertility rate shall concentrate on improving the systems to minimize the social, economic, and cultural problems according to the change of population structure such as rapid increase of the aged and fertility promotion policy to recover the low fertility rate. Thus, the fertility promotion policy aims to delay the time for population reduction due to the sharp drop of fertility rate to the maximum extent, and to maintain the population structure that can contribute to sustainable social and economic development.

According to the recent population estimate of the government based on low fertility rate (NSO, 2011), the population of Korea will reach the zenith, 52.2 million in 2030, from 49.4 million as of 2010. Then, the population will continue dropping so that it will be 48.1 Million in 2050. Meanwhile,

the ratio of aged population over 65 years old is expected to increase from 11.0 per cent in 2010 to 37.4 per cent in 2050 in a short period of time. Then, it is estimated that Korea will enter the phase as an aging society far more quickly than other advanced countries. As explained above, the negative effects of the aging of population due to low birth rate on the macro-economy induce the reduction of economically active population, labor input and saving ratio and weaken the capital and total factor productivity. In particular, Korea urgently requires counteractions and their implementation because of the unprecedented low fertility rate and aging progress in the initial stage expanding the social network.

According to the recent survey, the low fertility rate is caused by the increase of the single unmarried population and reduction of fertility rate among married women. These changes include the increasing preference to not marry early, changes in values surrounding marriage, reduction in the effective value of children, excessive burden of raising children including education costs, economic depression, employment instability, increasing preference or number of nuclear families, accelerated participation of women in society, and increasing number of divorce cases.

However, the causes of low fertility rate are similar to the causes frequently observed in a number of low fertility rate countries, but one of the causes of why Korea's fertility has dropped more significantly than those of other low fertility countries including France, Japan, and other advanced countries would be the deep-rooted customs related to the anti-natalist policy that had been implemented for a long time and those customs, combined with the trend in low fertility, have been recently expanding throughout the world.

As the Korean government recognized the severity of the issue of having a low fertility, the Aging and Future Society Committee, the advisory organization for the President, has dealt with the businesses including long-term and mid-term policies and implementation strategies related to low fertility rate and an aging society since 2004. The causes of low fertility in Korea include: (1) change of values on families, marriage, and children (2) increasing preference to marry late and delaying having children due to the economic depression (3) excessive burden of birth and child rearing expenses; and (4) difficulty in child rearing and while working at the same time.

In consideration of those causes, 15 ministries, including the Ministry of Health and Welfare have been recently establishing the detailed plans for implementation in five fields: (1) enhancement of social investment for cultivating future generation (2) implementation of infrastructure for rearing up children (3) settlement of a working environment that enables the coexistence of family and workplace (4) reinforcement of social responsibility on pregnancy and birth and (5) creation of birth- and family-friendly social culture.

The basic plan for responding the low fertility and population ageing to overcome the low fertility rate promoted by the Korean government refers to the extensive population policy for recovering the fertility rate to the proper level and improving the social and economic systems

according to the change of low fertility rate and population structure. Thus, what to be firstly considered is to set feasible long-term and mid-term goals to achieve the total fertility rate and suggest the implementation strategies and policies to achieve those goals. The Korean government announced that the basic goal of the general plan to overcome the low fertility rate problem would be the increase of total fertility rate to 1.6, the average level of OECD member countries, by the early part of 2020s.

The following six measures are being taken in an effort to increase Korea's TFR to 1.6 by the early part of 2020s; 1) Increase social investment to nurture future generations such as financial support for child bearing and child raising, 2) Expand the infrastructure of child care which includes expansion of public child care facilities and pre-schools, 3) Foster a working environment where mothers can reconcile, 4) family and job responsibilities such as paid child-care leave, 5) Increase social responsibility for healthy pregnancy and delivery which includes support for medical expenses related to pregnancy and delivery, 6) Foster a family-friendly social environment that encourages marriage and child bearing such as new population education at schools, and 7) Build an infrastructure in response to low-fertility which includes support for private-sector and local-government activities and program evaluation, etc.

For the legal support for Korea's future population policy, a Basic Law on Low-Fertility and Population Aging was enacted in May 2005. The major provisions of the law include: 1) Roles and functions of central and local government related to population policy, 2) Preparation of a "comprehensive basic plan for low-fertility and ageing society" every five years, 3) Establishment of a Committee on Low-Fertility and Population Aging, which is chaired by the President, and 4) Reporting of the annual plan and achievements of the population program to the National Assembly, etc. Belated though it may be compared with the response of other advanced societies such as Japan and France, Korea is responding to the problem of low fertility in earnest with the strong determination of high-ranking officials. Korea's experience with population policies will provide useful lessons for other countries facing the demographic problem of low fertility.

## VI. Conclusion: Lessons from the Korean Experience

The second population change characterized by low fertility rate and the aging of the population in Western societies may be caused by improvements in education, increasing participation of women in economic activities, increase in the number of singles and people who marry late, general delays in giving birth to children, increase in the number of families without children, expanding sexual relationships before marriage, increasing number of cohabitation and divorce and weakened relationships between marriage and birth. Such phenomena are observed in some Asian countries including Korea and Japan. The same policies against the low fertility demonstrate the substantial difference between Western societies and Asian societies because of the different values on social and cultural traditions, marriage, and child rearing. Thus, socio-economic, and cultural systems need to be improved a timely manner, along with the changes in population size and structure.

The present high rates of induced abortion among married women are matter of serious concern from the point of view of reproductive health. Furthermore, there is also a high incidence of induced abortion among unmarried women. Sustained efforts including IE&C activities are required to promote safe sex, eliminate unwanted pregnancies and induced abortions and prevent STI and HIV.

In addition, prevention of unwanted pregnancies must always be given the priority and women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education and family-planning services should be offered promptly to avoid induced abortions.

In conclusion, lessons from the Korean experience can be summarized as follows; 1) Those developing countries with proper level of fertility(TFR 2 or 3 per woman) should transform their population and family planning programs into reproductive health and rights. In other word, demographic and family planning target system should be eliminated to prevent possible low fertility in the immediate future. 2) There should also be continuous improvement of the social system and support policies that promote the social status of women with emphasis on their reproductive health and rights. 3) Family planning and reproductive health programs should not be underestimated, simply because population policy has been shifted from the fertility control policy to fertility encouragement policy in recent years. 4) Population problems do not go away, and they recur in different forms. Thus, there is a need for continued research and policy response.

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