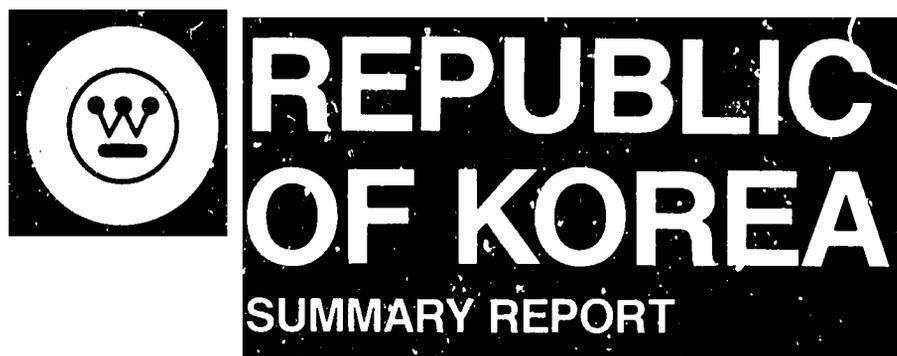


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CONTRACEPTIVE PREVALENCE SURVEY



WESTINGHOUSE HEALTH SYSTEMS
KOREAN INSTITUTE FOR FAMILY PLANNING

MAY 1979

This report contains a review of the major findings from the Korean Contraceptive Prevalence Survey conducted by the Korean Institute for Family Planning in March, April, and May 1979. The survey is part of an ongoing worldwide Contraceptive Prevalence Survey (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability, and use in order to provide an improved data base for evaluating family planning programs. The CPS project is being administered by Westinghouse Health Systems under technical support contracts with the Office of Population, Bureau of Development Support, U.S. Agency for International Development (Contracts No. AID-pha-C-1194 and No. AID/DSPE-C-005?).

Comments, requests for additional copies of this document, or questions concerning other Contraceptive Prevalence Surveys should be addressed to: Contraceptive Prevalence Survey Project, Westinghouse Health Systems, P.O. Box 866, Columbia, Maryland 21044, U.S.A. (Telex Number 57775).

Additional information on this survey or on family planning activities in Korea can be obtained from the full report (Kap Suk Koh, Hee Soon Hahn, and Jong Hwa Byun, *1979 Korea Contraceptive Prevalence Survey Report*, Korea Institute for Family Planning, Seoul, 1980) or by writing to the Korean Institute for Population and Health, 115 Nokbun-Dong, Sudaemun-Ku, Seoul 122, Republic of Korea.

**REPUBLIC OF KOREA
CONTRACEPTIVE PREVALENCE SURVEY
SUMMARY REPORT**

MAY 1979

**WESTINGHOUSE HEALTH SYSTEMS
KOREAN INSTITUTE FOR FAMILY PLANNING**

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INTRODUCTION

In 1979, the Korean Institute for Family Planning (KIFP) conducted a national survey, the Korean Contraceptive Prevalence Survey (KCPS). The KCPS collected information on knowledge, use, and availability of contraceptives as well as some other fertility and background data. Since 1961, when the government of the Republic of Korea issued a statement emphasizing the importance of a strong family planning program to achieve national development goals, eleven national KAP (knowledge, attitudes, and practice) and fertility surveys have been conducted. None of these surveys, however, provided data which could be analyzed at the provincial level. The KCPS was the first national survey designed to provide provincial governments with information which could be used to guide program development and resource allocation. It had three main objectives. The first was to generate information concerning the effectiveness and efficiency of family planning operations at the provincial level. The second was to provide provincial governments with information about differentials in fertility as well as in prevalence and effectiveness of contraceptive use. The third was to collect information to compare with surveys in Korea and other countries involved in the Contraceptive Prevalence Surveys (CPS) Project. The most important findings of the survey are summarized in this report.

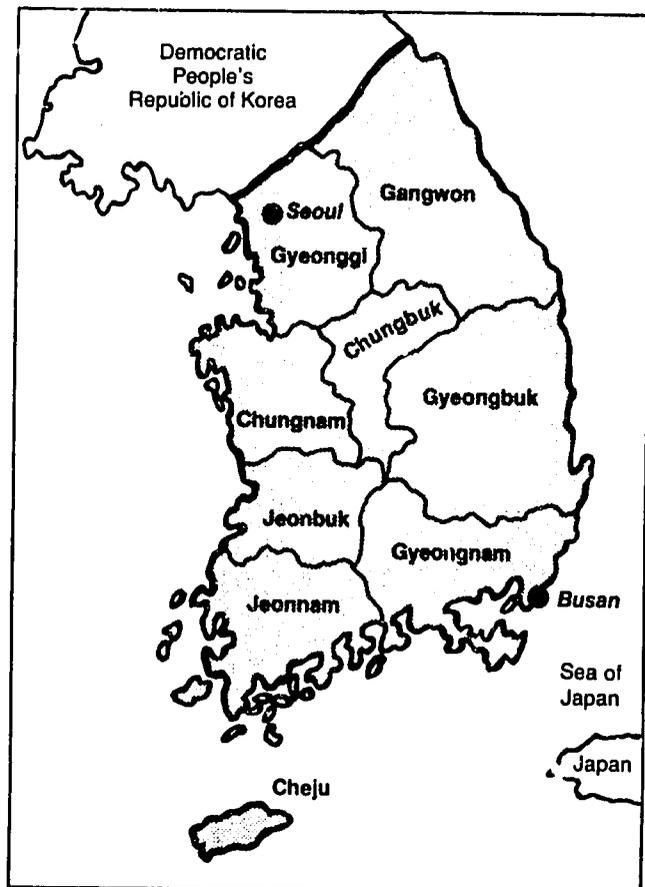
THE SETTING

The Republic of Korea (below referred to as Korea) is located in the southern half of the Korean peninsula which thrusts from the Northeast Asian Mainland in a southerly direction. It shares its only border, on the North, with the Democratic People's Republic of Korea. The southern tip of the peninsula is only 120 miles from the main island of Japan. Characterized by mountainous terrain in the north and the east and broad plains in the south, Korea is densely populated with most of its population concentrated in the southern section. In 1976, Korea was the thirteenth most densely populated country in the world with 880 inhabitants per square mile.¹ With only 38,025 square miles in land area, and in

1979, an estimated population of about 39,140,000,² its density was over 1,000 inhabitants per square mile. Administratively, Korea is divided into nine provinces and two metropolitan areas, Seoul and Busan (Figure 1).

After the end of the Korean War in 1953, the rate of socio-economic development in the country increased markedly. It intensified further in the early sixties when the first economic development plan was implemented. In the last two decades, the Korean economy has progressed rapidly in several sectors, especially mining and manufacturing.

FIGURE 1: The Provinces of the Republic of Korea



²U.S. Bureau of the Census, *World Population 1979. Recent Demographic Estimates for the Countries and Regions of the World*, Washington, D.C., 1980. The 1975-79 growth rate was estimated on the basis of the adjusted 1975 census population and assumed trends in fertility, mortality, and net migration.

¹United Nations, *UN Demographic Yearbook*, New York, 1977.

The rapid economic growth and increased industrialization of the economy has resulted in an increased migration to urban centers. The urban population has increased 4.9 percent per year between 1970 and 1975.¹ By 1976, almost half of the Korean population was living in urban areas.² Some changes in the make-up of the labor force were associated with these trends. The proportion of the labor force working in the agricultural sector had decreased from 51 percent in 1976³ to less than 40 percent in 1979.⁴ By the mid-seventies more than a third of Korean women were engaged in paid economic activities,⁵ the same proportion as the average for industrialized countries.

The gross national product (GNP) per capita has been increasing rapidly—at a rate of 7.9 percent between 1965 and 1970 and 7.8 percent in the seventies. By 1977, the yearly per capita GNP was \$980,⁶ which placed Korea in the low "middle income" group of countries.

The development of a very strong national education system resulted in 90 percent of the population being literate⁷ by 1977. Eighty seven percent of women aged 15-49 interviewed for the KCPS had completed at least primary education.

The government of Korea perceives limiting population growth as a necessary element of development and has been very supportive of the family planning program. This fact, together with the rapid socio-economic development experienced by Korea in the last two decades, helps explain the high contraceptive prevalence rate of 54.5 percent (almost six times the 1964 rate of 9 percent) among currently married Korean women aged 15-44,⁸ interviewed for the 1979 KCPS.

¹United Nations Population Division, quoted in George Thomas Kurian, *Book of World Rankings*, Facts on File Inc., New York, 1979, p. 28

²World Bank, *World Bank Atlas 1977*, Washington, D.C., 1978.

³International Labor Organization, quoted in George Thomas Kurian, *op. cit.* p. 215.

⁴Center for Social Analysis of the State University of N.Y. at Binghamton and Council on Foreign Relations, *Political Handbook for the World, 1979*, ed. Arthur S. Bank, McGraw-Hill Book Co., 1979.

⁵World Bank, quoted in George Thomas Kurian, *op. cit.*, p. 211.

⁶World Bank, *World Tables*, Johns Hopkins University Press, 1980.

⁷UNESCO, *Statistical Yearbook*, quoted in George Thomas Kurian, *op. cit.*, p. 309.

⁸The age range 15 to 44 is used for comparison purpose because surveys implemented prior to KCPS did not interview women 45 to 49 years old. For currently married women aged 15-49, the prevalence rate was 50.2.

FAMILY PLANNING POLICY AND PROGRAM

The government of the Republic of Korea first issued a policy statement strongly supporting family planning and emphasizing its importance for national development goals in 1961. Since then, the family planning program has been part of development planning. As a result of government support, laws barring the import of contraceptives were repealed, local manufacture of foam tablets and condoms became possible, and the Maternal and Child Health Law, legalizing abortion, was passed.

The Korean National Family Planning program is primarily implemented by three organizations working together: the Ministry of Health and Social Affairs (MOHSA); the Planned Parenthood Federation of Korea (PPFK); and the Korean Institute for Family Planning (KIFP). MOHSA is in charge of overall planning and coordination. It also has the responsibility, in cooperation with the Ministry of Home Affairs (which has jurisdiction over the nine provincial and two metropolitan governments) for the national network of health centers that provide a large proportion of family planning services. PPFK, a private, voluntary association established in 1961, also provides some family planning services, but its main responsibility is information, education, and communication. KIFP, a semi-governmental agency, founded in 1970, has three main responsibilities: training of the national program staff, research, and evaluation.

DEMOGRAPHIC TRENDS

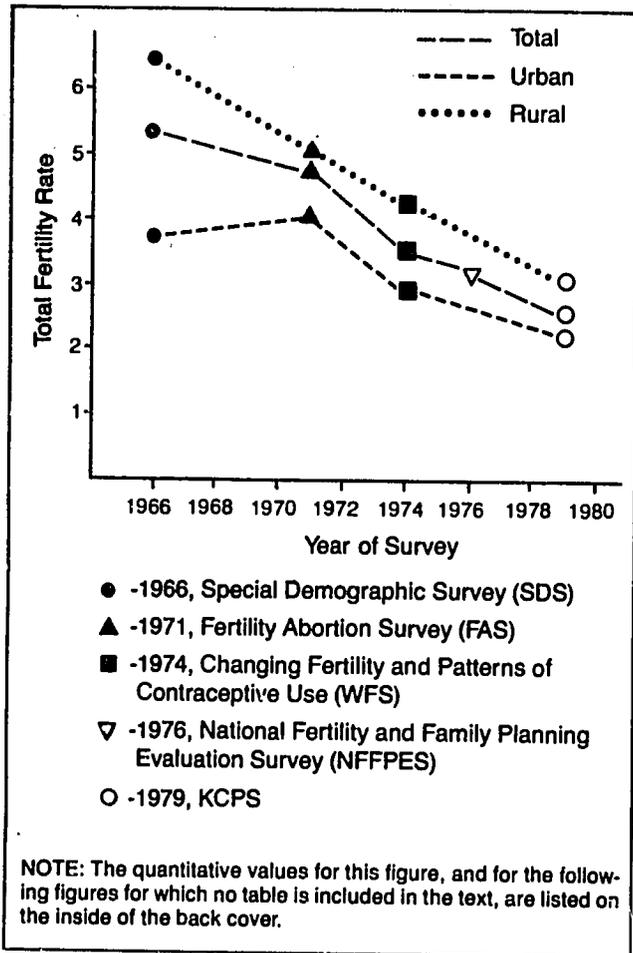
The population growth rate in Korea has declined steadily since the early sixties. According to census figures, the average annual growth rate was 2.9 percent during the period 1960-65. The rate had declined to 2.1 percent during the first half of the seventies and to 1.7 percent for the period between 1976 and 1979. Although comparatively low, this rate of growth would still produce a doubling of the Korean population in approximately 45 years.

Since the mid-sixties, a sharp decline in fertility has been observed in Korea. In 1966, the total fertility rate (estimate of the number of children a woman of child bearing age would have at the current age-specific fertility rates) was 5.4,⁹ it declined to 4.7 in 1971,¹⁰ 3.6 in

⁹E. H. Choe and J. S. Park, *Some Findings from the Special Demographic Survey*, KIFP, Seoul, 1966.

¹⁰H. S. Moon, et. al., *Fertility and Family Planning, An Interim Report on 1971 Fertility Abortion Survey*, Seoul, 1972.

FIGURE 2: Total Fertility Rates Estimated by Five Studies of Fertility in Korea, 1966-1979



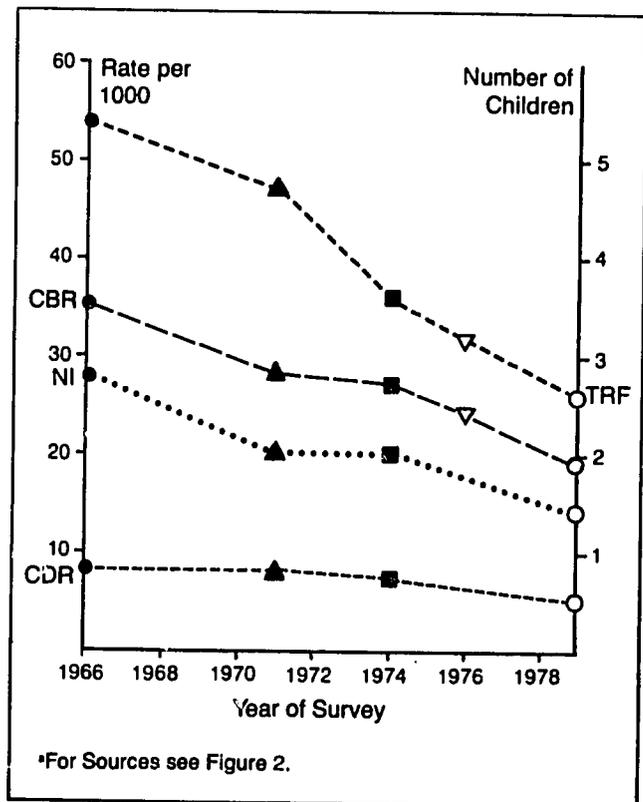
1974,¹ 3.2 in 1976,² and 2.6 in 1979 (KCPS). As shown in Figure 2, rural fertility declined more than urban fertility from 1966 to 1979. As a consequence, the significant urban/rural fertility differentials which were observed in 1966 had decreased considerably.

Data from other studies suggest that these declines cannot be accounted for by changes in the age structure, the proportion of unmarried women, mortality levels or breast feeding practices. Since 1966, the fertility rate for every age group had decreased, but it declined faster for the women 30 years of age and over: the general pattern, in 1979, seemed to be for Korean women to have two children between the ages 20 and 29 and possibly one child after age 30. The fact that age-specific fertility rates have declined for all age groups further

suggests that the fertility decline is due to a change in fertility behavior. In particular, the large reductions in age-specific fertility rates for the under 25 and over 30 age groups could be explained by two patterns of changing behavior among Koreans. The first change was increasing age at marriage, which led to a large reduction in fertility at the younger childbearing ages (mean age of first marriage for women increased from 20.5 during the period 1950-55, to 23.7 during the period 1970-75). The second behavioral change was a rapid increase in the use of contraception and induced abortion, facilitating a fertility decline among older women.³

In 1979, the estimated crude birth rate was 19 per 1,000 population, indicating a sharp decline since 1966 when it was 36 per 1,000. The crude death rate estimated to be seven per 1,000 population in 1970, was less than five per 1,000 in 1978⁴ (Figure 3). These recent declines

FIGURE 3: Crude Birth and Death Rates, Rates of Natural Increase (per 1000), and Total Fertility Rates (TFR), 1966-1979*



¹E. H. Choe and S. K. Kong, *Changing Fertility and Patterns of Contraceptive Use*, KIFP, Seoul, 1977.

²B. T. Park, et. al., *The 1976 National Fertility and Family Planning Evaluation Survey*, KIFP, Seoul, 1979.

³Committee on Population and Demography, *Estimation of Recent Trends in Fertility and Mortality in the Republic of Korea*, National Academy of Sciences, Washington, D.C., 1980, p. 7.

⁴Deaths are more likely to be overlooked than births and because the total number of cases is small, there are some statistical limitations to the KCPS data related to mortality.

in mortality appear to be mostly due to the declining infant mortality rate which was 58 per 1,000 live births in 1966, but had declined dramatically to 19 per 1,000 in 1979. This decline was due in part to better health conditions and to the fact that a higher proportion of births were carried out under medical supervision (56% in 1978 versus 22% in 1968). Even in 1978, the urban-rural differential in death rates was still large: 3.5 per 1,000 population in the urban areas and 6.0 per 1,000 in rural areas. This differential was due primarily to the much higher infant mortality (14.4 versus 26.6 per 1,000) and, to a lesser extent, to a higher death rate in the 15-64 age group in rural areas.

THE SURVEY

DESCRIPTION OF THE SURVEY

From March to May 1979, 19,768 households were visited and household data were collected on 92,744 individuals. Of these, 14,667 were ever married women aged 15-49. An individual questionnaire on contraceptive prevalence was administered to these women who constituted the KCPS sample.

In this summary, the characteristics of KCPS respondents will be described briefly. Variations at the provincial and the national levels and differentials by age and education will be discussed in the analysis of fertility as well as data on contraceptive knowledge, use, and availability. Non-use of contraceptives will also be examined in the context of exposure to the risk of pregnancy. Finally, the implications of the findings for policy and program will be considered.

The sample was designed so that each provincial subsample was self-weighting and stratified proportionally by the urban/rural population. Two thousand households were selected in each province. The national sample was comprised of ten strata, two of which (Seoul and Busan) were exclusively urban. In order to obtain a nationally representative sample, each provincial subsample was weighted. The weighted KCPS population was 14,585 (weighted figures will be used in this summary except for comparisons between provinces). The sample was found to be representative when it was compared with the 1975 Census population.

*There are eleven provinces in Korea; only one, Cheju Island, was not included in the survey because it is under intensive examination as part of a larger project to develop household delivery strategies for family planning services.

The interview schedule used for the survey was developed jointly by Westinghouse and KIFP staff. It consisted of two parts: a household questionnaire, which was administered to all sampled households regardless of whether it included an ever married woman aged 15-49, and an individual questionnaire, which was administered only to ever married women 15-49 years old living in the sample households.

CHARACTERISTICS OF THE KCPS RESPONDENTS

The KCPS respondents comprised all the ever married women aged 15-49 living in the sampled households. Background information such as age, education, employment, and residence (variables which are often examined in relation to fertility) were collected for each KCPS respondent.

Examination of the distribution of the respondents by age and by residence indicates that 58 percent of the sampled women lived in urban areas. The 25-34 age group had the largest proportion of urban residents. The rural population was on the average, older than its urban counterpart.

As can be expected, the large cities have a higher proportion of respondents who have completed high school (25.6%) and college (8.3%) than other cities (16.7% and 3.5% respectively) and rural areas (4.3% and 0.6% respectively). Overall, younger women were more likely to have a higher education; only 2.2 percent of women under 29 years of age had no schooling while 17.0 percent of women 30 years and over had not attended school.

In terms of economic activity, it seems that younger women were less likely to be involved in activities other than housework. Regional comparisons indicate that there were no regular patterns except in Seoul and in Busan where there were more clerical and service workers than elsewhere, and no agriculture workers.

Finally, 94.2 percent of the respondents were currently married, with most of the widowed (4.1%), separated (1.1%), and divorced (0.5%) women in the older age groups (35 and over).

FERTILITY OF RESPONDENTS

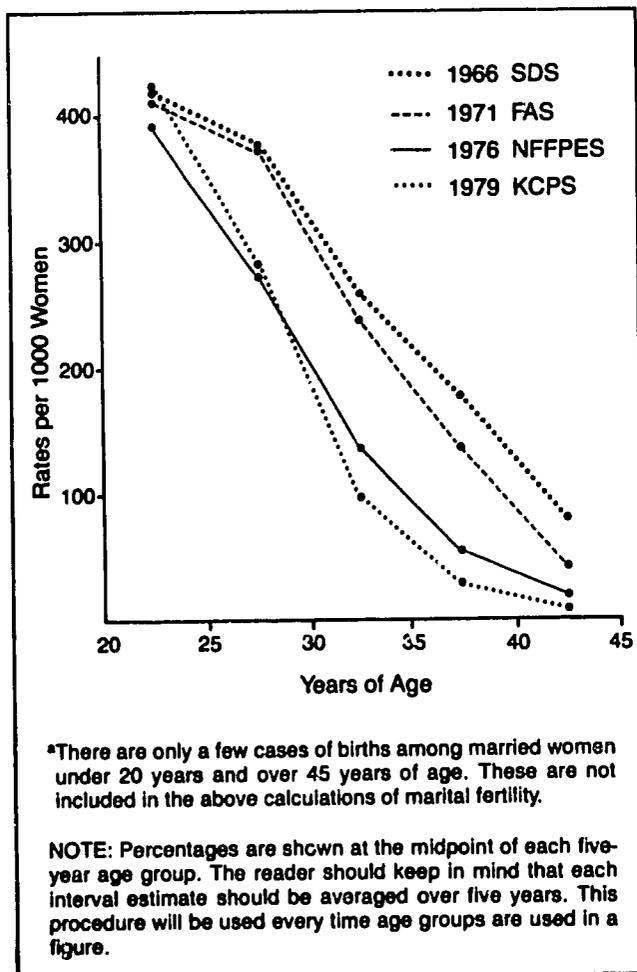
In this section, fertility is analyzed by age and residence. The analysis is carried out for ever married women. Differentials outlined in this section will be used later in the discussion of knowledge, use, and availability of contraceptives.

AGE-SPECIFIC FERTILITY

As shown in Figure 4, the marital fertility rate of every age group has declined since 1966. However, the extent of the decline varied: the age group which showed the greatest decline was the 30 to 35 group, followed by the 25-29 and the 35-39 groups. In 1979, according to KCPS data, the total fertility rate was 2.6, down from 5.4 in 1966 (See Figure 2). This finding shows that Korean women had a significantly lower completed fertility and that they completed their childbearing earlier than in the past; it also suggests that the total fertility rate will keep decreasing if this trend continues. Trends in age-specific marital fertility were congruent with those found for ever married women, except in the 15-19 and 20-24 age groups where age-specific fertility rates were lower. This could be explained in part by the high age at first marriage (23.7 years of age in 1979).

Urban-rural comparisons show that rural fertility is still higher than urban fertility. In 1979, the urban total fertility rate (2.4) was approaching *replacement level*, but the rural rate was still 3.1. However, the rural fertility rate

FIGURE 4: Trends in Age-Specific Marital Fertility Rates for Women 20-44*, 1966-1979



was declining faster, causing the rural-urban differential to decrease: the difference between the two rates was 2.8 in 1966, but only 0.7 in 1979. When making regional comparisons, the three provinces with the lowest total fertility rates and the lowest standardized¹ crude birth rates were the metropolitan provinces of Seoul and Busan and the province of Gyeonggi, which surrounds the city of Seoul, and has a large proportion of urban residents (45%).

PREGNANCIES, CHILDREN EVER-BORN, AND LIVING CHILDREN

The mean number of children ever born to the women in the survey was 3.3; an average of 3.1 children survived. These figures suggest that family size was not much influenced by infant mortality. The mean number of pregnancies per respondent was 4.6 suggesting that pregnancy wastage was more important than infant mortality in limiting fertility and, ultimately, complete family size. This difference between mean numbers of pregnancies and mean numbers of live births was larger in urban areas (1.5) than in rural areas (0.5) (Table 1).

Women with a higher educational level were likely to have been pregnant less often and, when pregnant, were more likely to have had their pregnancy terminated in an induced abortion, than women with a lower level of education.

TABLE 1: Mean Number of Pregnancies, Live Births, and Living Children by Educational Level—Ever Married Women 15-49

Education	Preg-nancies	Live Births	Living Children
All Women (N = 14,582)	4.6	3.3	3.1
No Schooling (n = 1,892)	5.9	5.0	4.5
Primary School (n = 6,942)	4.9	3.7	3.4
Middle School (n = 3,089)	4.0	2.5	2.4
High School (n = 2,093)	3.6	2.2	2.1
College + (n = 561)	3.4	2.0	2.0

¹Standardization was done based on the KCPS population age structure.

RESULTS OF LATEST PREGNANCY

A total of 2,937 pregnancy terminations occurred in 1978. Of those, 51.8 percent were normal deliveries, 43.3 percent were induced abortions, 4.6 percent were spontaneous abortions (miscarriages) and 0.4 percent were stillbirths. The proportion of induced abortion was higher in urban areas (45.4%) than in rural areas (39.8%). When pregnancy outcome is examined in the context of pregnancy intentions, it appears that 89.7 percent of desired pregnancies resulted in a birth and 3.6 percent by an induced abortion, while 88.8 percent of non-desired pregnancies were terminated by an induced abortion and only 8.4 percent by a normal delivery. The use of induced abortion was more prevalent among urban women who were more likely to use abortion to terminate both wanted and unwanted pregnancies (Table 2).

It is clear from these data that induced abortion was widely available throughout Korea in 1978 and was frequently used. They also indicate that, although the contraceptive prevalence rate was high, there were still a large number of unwanted pregnancies occurring. Further, they suggest that reproductive intentions influenced reproductive behavior (i.e., an unwanted pregnancy was much more likely to be terminated by an induced abortion than a wanted pregnancy). When comparing pregnancies that were terminated during the year 1978 with all last pregnancies, it seems that the likelihood of terminating an unwanted pregnancy by an abortion had been increasing; 75.0 percent of all latest unwanted pregnancies were terminated by an abortion while 88.5 percent of the unwanted pregnancies which were terminated in 1978 resulted in an abortion. Similar trends were observed in urban and rural areas.

KNOWLEDGE AND AVAILABILITY OF CONTRACEPTIVES

KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge of methods designed to delay or prevent pregnancy was examined for the following methods: pill, condom, intra-uterine device (IUD), vasectomy, female sterilization, injectables, vaginal methods, rhythm, withdrawal, and induced abortion. Knowledge of contraceptive methods was almost universal among currently married Korean women aged 15-49; combining prompted and unprompted knowledge,¹ only 0.6 percent did not know any methods. On the average, respondents mentioned 2.5 methods spontaneously and 6.8 when prompted. Combining prompted and unprompted responses, knowledge rates above 93 percent were observed for the pill, the IUD, female and male sterilization, and induced abortion. All of these methods were available through the government program.

¹A question was asked about knowledge of ways to prevent or delay pregnancy. Respondents who indicated they knew some ways to prevent pregnancy were then asked to name specific methods they knew. For those methods mentioned spontaneously, knowledge was classified as unprompted. The interviewer then asked about each method not yet mentioned, using the common or colloquial name of the method (but no description). Positive responses to this question were classified as prompted knowledge.

TABLE 2: Pregnancy Outcome (Percent) by Residence and by Pregnancy Intentions—Ever Married Women 15-49

	All Last Pregnancy Outcomes			1978 Last Pregnancy Outcomes		
	National	Urban	Rural	National	Urban	Rural
Wanted Pregnancies	(n = 7,213)	(n = 4,084)	(n = 3,128)	(n = 1,563)	(n = 978)	(n = 585)
Live Births	93.6	92.0	95.7	89.7	88.4	91.9
Induced Abortions	2.3	3.0	1.4	3.6	4.5	2.2
Other	4.1	5.0	2.9	6.7	7.1	5.9
Unwanted Pregnancies	(n = 6,700)	(n = 3,899)	(n = 2,801)	(n = 1,366)	(n = 862)	(n = 504)
Live Births	22.4	16.3	30.9	8.4	5.7	13.0
Induced Abortions	75.0	81.3	66.1	88.8	91.9	83.5
Other	2.5	2.4	3.0	2.8	2.4	3.5
All Pregnancies ^a	(n = 14,026)	(n = 8,045)	(n = 5,981)	(n = 2,937)	(n = 1,843)	(n = 1,094)
Live Births	59.5	55.2	65.2	51.7	49.7	55.3
Induced Abortions	37.0	41.0	31.8	43.3	45.4	39.8
Other	3.5	3.8	3.0	5.0	4.9	4.9

^aThis category includes "don't know"

The pill was the supply method known by the largest number of ever married women (96.3%) and was mentioned spontaneously by 67.9 percent. Induced abortion was the best known clinical method (96.6%) but was mentioned spontaneously much less often (21.9%) than most other methods, probably because it was not perceived as a family planning method by most women. Women were much less aware of traditional methods and rarely mentioned them spontaneously. The least known method were injectables which were known by 40.5 percent of respondents, but mentioned spontaneously by only 4.2 percent.

Korean women's knowledge of contraceptive methods has steadily increased since the initiation of the family planning program in 1962. Knowledge of all methods has increased but the greatest increases were for female sterilization and rhythm, and to a lesser extent the pill (Table 3).

Table 4 shows that age differentials for most modern methods were small. However, women 15 to 19 and 45 to 49 years of age appeared to have less knowledge of methods other than the pill and abortion than the other age groups. Similar levels of knowledge for the pill, female and male sterilization, and abortion were observed in urban and rural areas. Urban women were more likely to know about injectables, vaginal methods, and traditional methods than were their rural counterparts. Rural women, however, seemed more aware of the IUD; this may be because the IUD is provided exclusively by the

TABLE 3: Trends in Proportion of Women with Knowledge of Specific Contraceptive Methods—Currently Married Women 15-44.

Methods	1967 ^a	1976 ^a	1978 ^a	1979 ^b
Pill	39.5	94.9	96.0	97.4
Condom	58.3	81.2	79.2	86.0
IUD	75.4	94.1	95.0	95.8
Female Sterilization	10.7	81.8	92.0	96.2
Male Sterilization	50.8	88.7	92.1	95.3
Abortion	NA	NA	NA	97.3
Vaginal Methods	32.0	NA	63.5	57.2
Rhythm	14.2	67.5	54.3	63.2

^aJong Hwa Byun and Kap Suk Koh, 1978 Family Planning and Fertility Survey, (1978 FPFS), 1979, p. 223.
^bKCPS

government program which has concentrated its efforts in rural areas. Knowledge of all methods was higher for women with a higher educational level. However, differentials varied by method: there was little difference in knowledge of the pill, the IUD, and abortion by educa-

TABLE 4: Percent with Knowledge of Specific Contraceptive Methods by Age—Ever Married Women 15-49

Method	15-19 (n = 65)	20-24 (n = 1,306)	25-29 (n = 2,579)	30-34 (n = 2,786)	35-39 (n = 2,996)	40-44 (n = 2,781)	45-49 (n = 2,071)	Total (N = 14,585)
Pill	92.7	96.8	97.2	96.1	97.5	96.5	90.7	96.3
Condom	65.8	84.4	90.1	89.1	85.4	78.1	64.3	82.4
IUD	75.3	92.5	95.7	97.0	95.9	95.5	89.8	94.7
Female Sterilization	76.7	94.2	97.0	97.8	96.4	92.9	83.7	94.0
Male Sterilization	79.8	94.4	96.2	96.8	94.9	92.3	84.2	93.3
Abortion	91.2	96.4	97.1	97.6	97.4	96.6	93.4	96.6
Injectables	21.3	35.4	43.8	50.1	43.9	37.1	26.8	40.5
Vaginal Methods	61.0	68.3	67.6	63.4	51.4	38.6	26.1	52.1
Others ^a	51.1	69.0	73.6	74.0	68.6	58.6	40.7	64.6

^aIncludes rhythm, withdrawal and folk methods.

tional levels. The differentials were larger for less well known methods such as injectables, vaginal, and traditional methods (Table 5).

KNOWLEDGE OF SOURCES OF CONTRACEPTIVE METHODS

For a family planning program to be successful, it is important to know the extent to which women who know about a specific contraceptive method also are aware of a source of that method. The KCPS collected information on knowledge of sources of contraception for six methods: pill, condom, IUD, female and male sterilization, and abortion. These methods were all available through the government health network. The pill and the condom were also available through the commercial sales network (drugstores, pharmacies). Levels of

method knowledge and knowledge of a source for those methods were almost the same for all but the two male methods for which knowledge differences were slightly more marked. Ninety-three percent of the respondents knew of male sterilization, but only 84 percent knew a source for this method (Figure 5). The difference was smaller for the condom (82% and 76%). Knowledge of sources, as with knowledge of methods, increased with educational levels. Differences between knowledge of methods and knowledge of sources were larger, although not very large, for women with no schooling (Table 5).

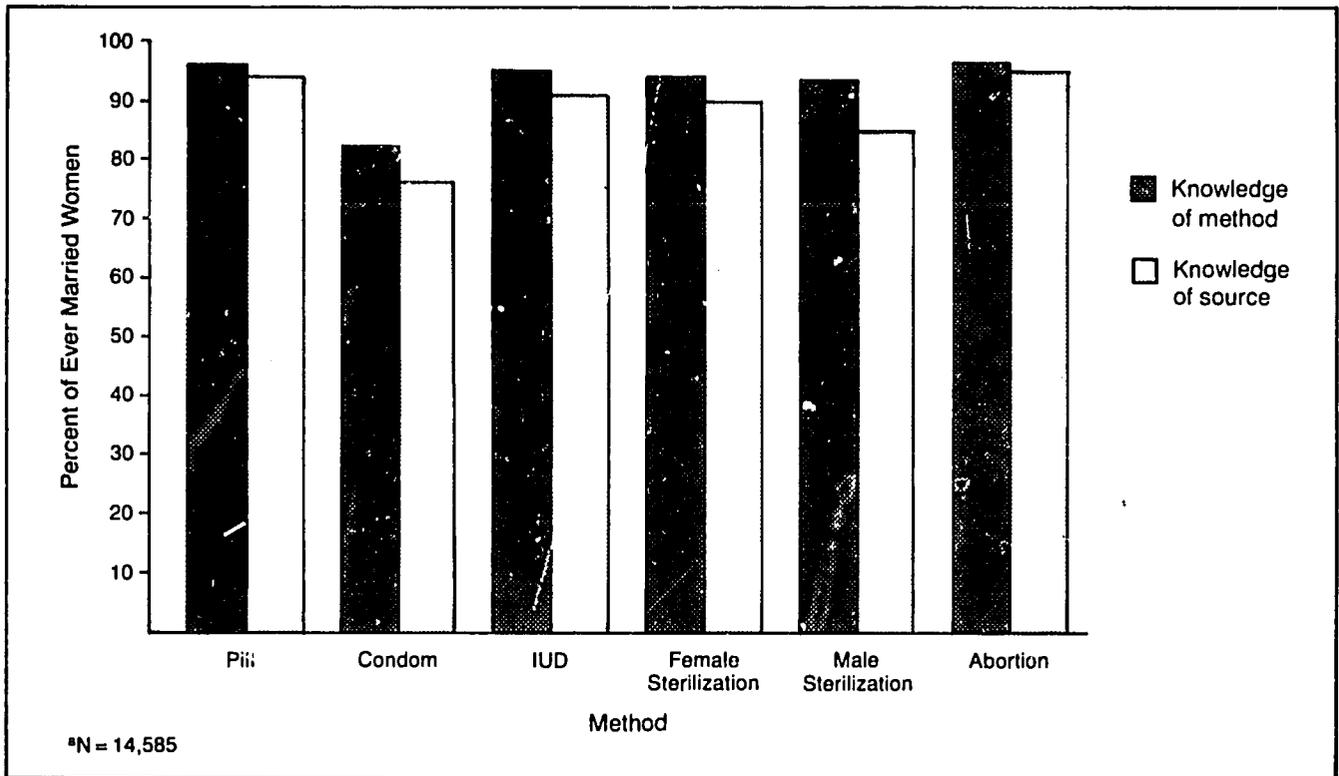
In summary, the geographical and educational contraceptive knowledge differentials were small, suggesting that family planning information and related educational activities have reached all segments of the Korean population.

TABLE 5: Percent with Knowledge of Method by Residence and by Educational Level — Ever Married Women 15-49

Knowledge of Method	Residence		Education				
	Urban (n = 8,429)	Rural (n = 6,153)	No School (n = 1,892)	Primary (n = 6,945)	Middle (n = 3,089)	High (n = 2,093)	College (n = 581)
Pill	96.5	96.0	91.1	96.2	98.2	98.3	97.6
Condom	84.5	79.5	63.7	79.4	89.3	94.8	96.8
IUD	94.0	95.6	89.3	95.2	95.9	95.9	96.2
Female Sterilization	94.7	93.0	84.9	93.8	97.2	97.3	98.5
Male Sterilization	94.3	91.9	83.7	92.8	96.7	97.6	98.8
Induced abortion	96.9	96.1	92.7	96.4	97.6	98.4	99.1
Injectables	43.5	36.4	24.4	37.5	47.0	51.4	55.9
Vaginal	60.9	40.0	22.0	43.8	65.0	78.0	88.4
Traditional methods	62.6	37.4	36.1	57.0	76.5	89.5	95.3
Knowledge of Source^a							
Pill	94.7	92.1	84.4	93.2	96.8	97.6	97.2
Condom	79.3	71.8	54.1	71.9	84.9	92.0	95.1
IUD	90.2	92.0	83.5	91.5	92.6	92.9	93.3
Female Sterilization	92.0	86.8	75.1	88.8	95.4	96.2	97.1
Male Sterilization	88.2	79.4	67.0	82.4	91.2	93.8	96.9
Abortion	95.2	92.6	87.4	94.0	96.6	97.9	97.8

^aInformation about sources of injectables and vaginal methods was not obtained. Source of method is irrelevant for traditional methods (rhythm and withdrawal).

FIGURE 5: Percent with Knowledge of Specific Contraceptive Methods and Knowledge of a Source for the Method—Ever Married Women 15-49*



CONTRACEPTIVE USE AND SOURCES OF SUPPLY

The KCPS collected data on past and current use of both modern and traditional methods of contraception. Current use (prevalence) was defined as the use of the method within the month preceding the date of the interview. Ever-use is discussed briefly prior to examining overall prevalence of contraceptive use. Finally, differentials in use according to selected background factors are presented.

EVER-USE OF CONTRACEPTIVE METHODS

The percentage of ever-users (including induced abortion ever-users) has been increasing steadily from 12 percent in 1964, to 55 percent in 1973,¹ and to 77 percent in 1979. The rate of ever-use varied by method, by residence, and by age. Among methods other than abortion, the highest ever-use was for the pill (41.1%), followed by the IUD (29.9%), the condom (25.3%), rhythm (19.4%), withdrawal (13.5%), and female sterilization (12.7%). The high ever-use of the pill, as com-

pared to the current use level, suggests that the pill was used as a temporary method with a high discontinuation rate and that many ever-users of the pill had adopted more permanent methods such as the IUD.

Regional comparisons indicate that the pill and IUD were more popular among rural women, while all the other methods had been more often used by women living in urban areas. The urban-rural differentials were particularly marked for the condom and abortion. This may reflect the fact that the government program which actively encouraged the use of the pill and of the IUD was more active in rural areas. Comparisons between age groups shows that the ever-use rate for any method increased for each consecutive age group from 15-19 to 35-39. Older women had a lower rate of ever-use than the 35-39 age group overall, and for each method, except the IUD. For women 25 years of age or younger, the pill was the most ever used method, while for women 25 years old or older abortion was most used.

PREVALENCE OF CONTRACEPTIVE USE

Among currently married women aged 15-49, 50.2 percent were currently using a contraceptive method, a high level of contraceptive use (prevalence) for an Asian country. Seventy-nine percent of current users utilized

¹Jong Hwa Byun and Kap Suk Koh, 1978 *Family Planning Fertility Survey*, KIFP, Seoul, 1979.

TABLE 6: Prevalence of Contraceptive Use for Each Age Group by Province^a—Currently Married Women 15-49

Prevalence	Seoul	Busan	Gyeonggi	Gangwon	Chungbuk	Chungnam	Jeonbuk	Jeonnam	Gyeongbuk	Gyeongnam
Currently Using	55.4	46.4	50.1	50.7	50.7	51.1	45.0	45.3	51.4	45.4
Standardized Prevalence Rate	53.9	46.0	51.0	50.8	50.9	49.6	45.5	44.6	50.7	46.1
Age										
15-19 (n = 66)	16.7	16.7	20.0	11.1	0.0	0.0	33.3	0.0	0.0	0.0
20-24 (n = 1,245)	22.1	15.2	20.8	23.2	23.2	16.1	15.3	13.6	16.8	16.2
25-29 (n = 2,368)	47.3	39.6	43.6	36.8	36.4	44.7	33.2	28.2	38.9	35.0
30-34 (n = 2,576)	71.9	65.0	69.4	71.0	67.6	66.3	67.3	59.3	70.2	67.8
35-39 (n = 2,777)	72.3	68.4	74.1	71.3	74.0	72.7	68.6	67.5	76.5	69.2
40-44 (n = 2,581)	57.3	47.1	52.1	57.9	60.3	53.5	46.2	56.5	54.5	42.4
45-49 (n = 1,874)	28.2	14.8	19.5	20.1	19.3	25.3	16.7	17.2	20.1	22.3

^aThe sample size for each province is listed on the inside of the back cover.

modern methods (pill, IUD, condom, female sterilization, and vasectomy). The IUD and female sterilization were the two most common currently used methods.

The KCPS data indicated, however, that levels of prevalence and method used varied by residence, age, education, and number of living children.

Geographical differences. The prevalence rate among currently married women was only slightly higher in urban than in rural areas (respectively, 52.1% and 47.7%). Contraceptive use also varied by province. The urban province of Seoul had the highest use rate, 55.4 percent (or 53.9% when standardized by age). The province of Gyeonggi, which surrounds Seoul and has a large urban population, had the second highest rate (50.1%). The lowest rates (around 45%) were observed in the four southern provinces, including the urban province of Busan, which had a surprisingly low rate of 46.4 percent or 46.0 percent standardized by age (Table 6).

In urban areas, female sterilization was the most frequently used method (29%). Almost the same proportions of users were using each of the other four modern methods. In rural areas, a different pattern was observed: the IUD was the preponderant method (28%), followed by female sterilization (21%) and the pill (15%) (Table 7). Male methods were used less commonly in rural areas. There was no substantial geographical difference in the use of the other methods. When examining use rate by method and by province, in the two urban provinces and in the province of Gyeonggi, female sterilization was the method most often used and vasectomy was used more frequently than in the other provinces. The IUD was the most popular

method in all the other provinces except Gyeongnam where both female sterilization and the IUD seemed to be equally popular.

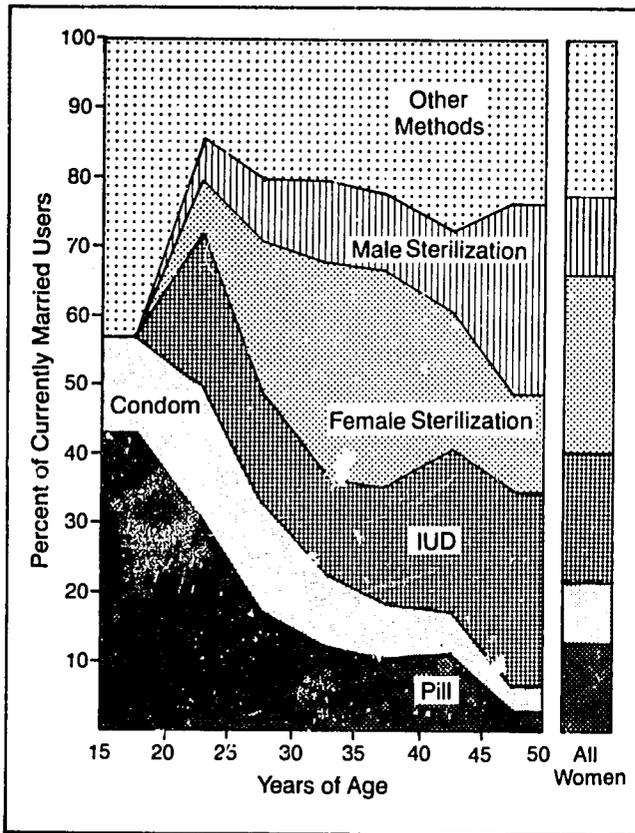
Age. Prevalence also varied by age. As would be expected, women in both the youngest (15-24 years) and the oldest (45-49 years) age groups were less likely to use contraception than women in the 25-44 age group. Although level of use was lower in every age group in rural areas, the age patterns of use were similar, with the exception of the 25-29 years rural age group in which the level of use was notably lower than for the other groups.

TABLE 7: Percent of Users Using Specific Contraceptive Methods by Residence—Currently Married Women 15-49

Method	Total	Residence	
		Urban	Rural
Pill	12.6	11.2	14.8
Condom	9.2	11.2	6.1
IUD	18.3	11.6	28.3
Female Sterilization	25.9	29.0	21.3
Male Sterilization	11.7	13.9	8.3
Injectables/Vaginals	1.3	1.5	0.9
Others ^a	21.0	20.2	19.6
Total	100.0	100.0	100.0
Total Users	(n = 6,949)	(n = 4,141)	(n = 2,769)

^aIncludes rhythm, withdrawal, and folk methods.

FIGURE 6: Percent of all Current Users Using a Specific Contraceptive Method by Age—Currently Married Women



Women under 25 years of age tended to use temporary methods, particularly the pill, the condom, and *other methods* (Figure 6). The IUD was used most often among women 35 and over and sterilization by women 30 and over. It is possible that the high proportion of women 40 years old and over who used the IUD were women who did not want any more children but were not ready to accept sterilization. The higher proportion of women aged 30 to 39 who used sterilization as compared with those in the 40 and over group, may indicate that younger women were more likely to accept sterilization than women 40 and over and, that there may be a trend towards earlier termination of childbearing.

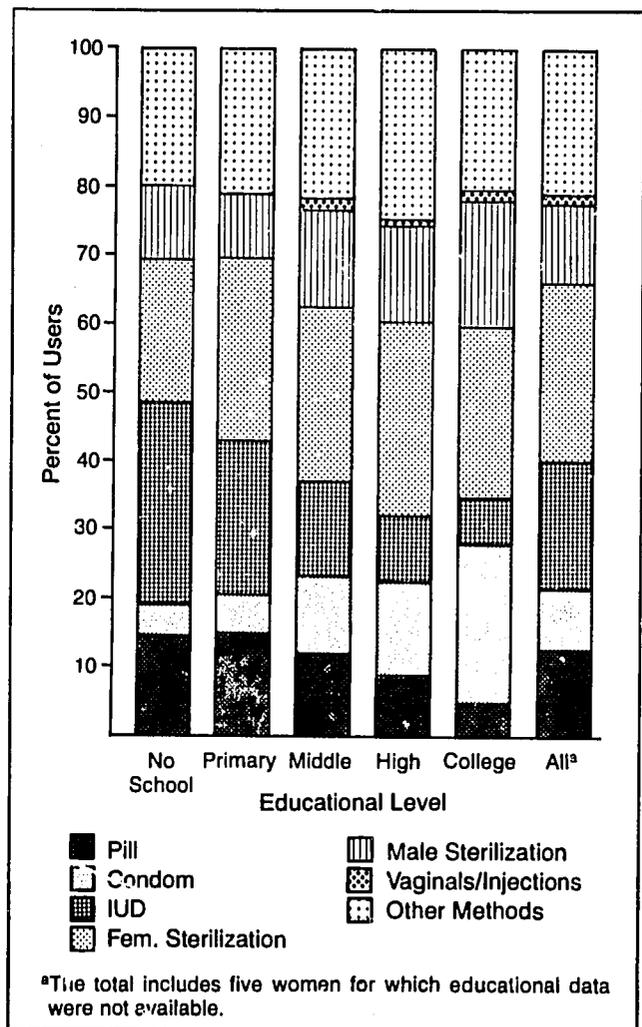
Educational Level. Contraceptive prevalence among currently married women increased with education from 38.8 percent for those with no schooling to 60.3 percent for those who had a college education (from 46.7% to 61.7% respectively when standardized by age). Level of use was slightly higher in urban areas for every educational group.

The kinds of contraceptive methods used also differed according to educational levels. Female sterilization was the predominant method for women of all educational

levels except those with no schooling, who used the IUD more often than any other method. The fact that women with more education were more likely to rely on male contraceptive methods such as the condom and vasectomy suggests that they shared contraceptive responsibility more often than less educated women (Figure 7). Similar patterns were observed in urban and rural areas.

Number of living children. Prevalence of use and type of method varied according to the number of living children a woman had. Women having no children or only one child were least likely to use contraception. The 20 percent of this group who practiced contraception were likely to use non-permanent methods such as the pill or the condom, suggesting that they had not completed their family but were spacing or delaying their next pregnancy. The highest rate of tubal ligation was observed for women who had two to four children; use of the IUD was most likely among women with five or more children.

FIGURE 7: Percent Using a Specific Method by Educational Level — Currently Married Women 15-49



*The total includes five women for which educational data were not available.

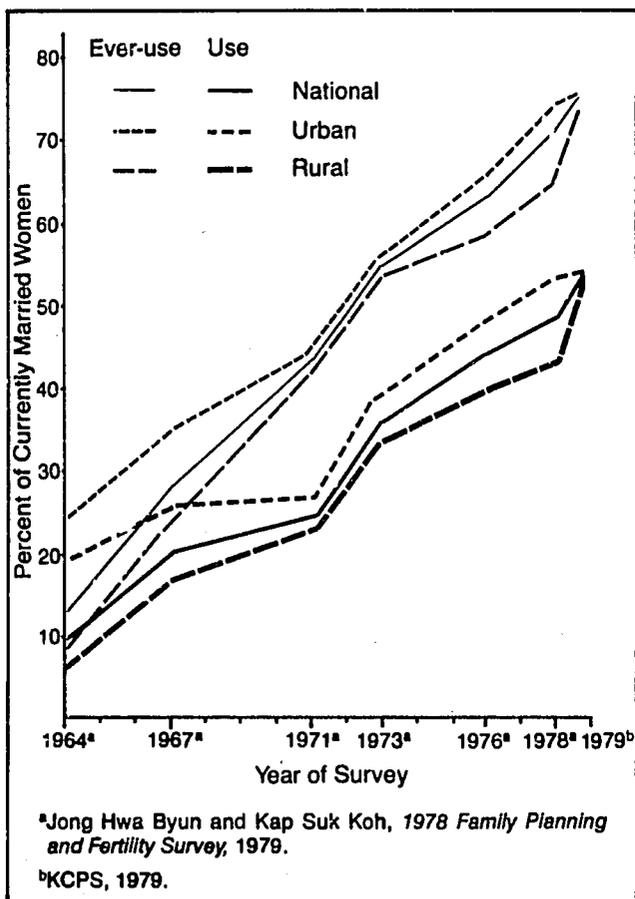
Different patterns of use become evident when comparing urban and rural respondents. In rural areas, more women with one child used the IUD than in urban area (about 32% versus 12%). Women with two to four children—i.e., women who are more likely to use more permanent methods—were using the IUD more often in rural areas than in urban areas, where they were more likely to use sterilization. This difference may be due in part to a greater availability of sterilization in urban areas.

In other words, the highest levels of contraceptive use were observed among women under 30 years of age with two living children, women aged 30-34 years with three living children, and women 35 years and older with four or more children. This pattern suggests that there is a trend toward a smaller family norm in Korea.

TIME TRENDS IN CONTRACEPTIVE USE

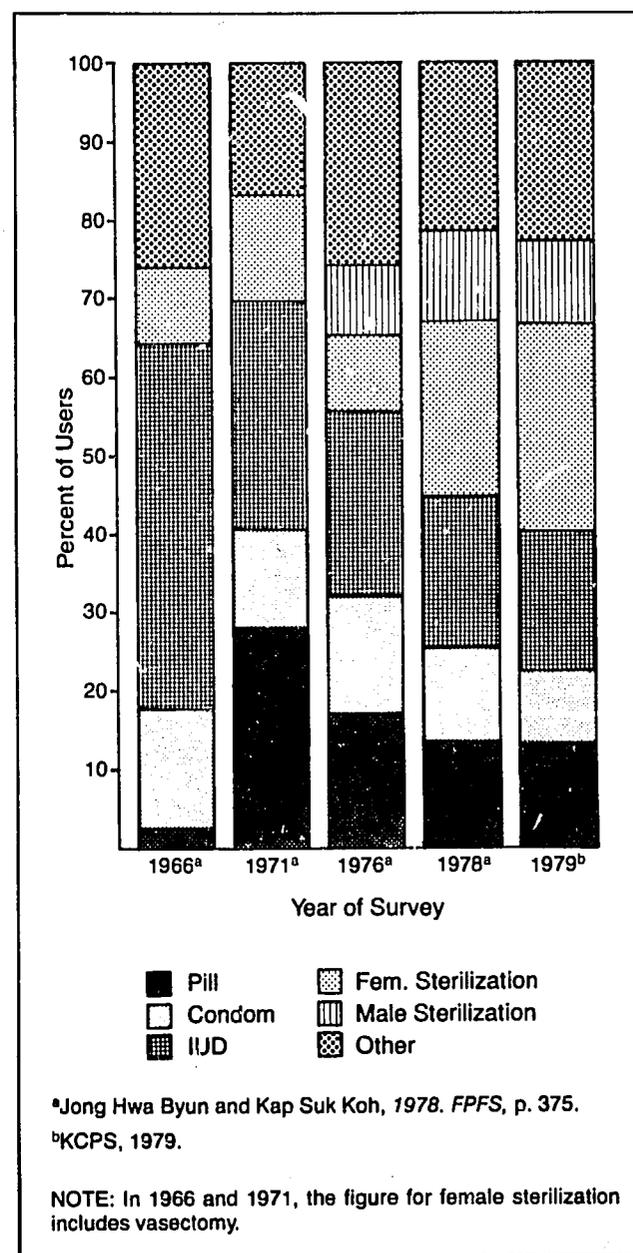
Korea has conducted several surveys over the last fifteen years, which allows the study of trends in contraceptive use. As shown in Figure 8, the levels of ever-use

FIGURE 8: Trends in Use and Ever-Use of Contraception by Residence, 1964-1979—Currently Married Women 15-44



and of current use of contraceptives have increased steadily for currently married women aged 15-44, particularly in rural areas. The urban/rural differentials which existed in the past have almost disappeared. Acceptance of female sterilization was the factor in the overall growth of prevalence rates. As Figure 9 shows, since 1973, when sterilization was not used for regulating fertility, the proportional use of the pill, the IUD, and the condom have decreased, while female sterilization has become more and more accepted. In 1976, nine percent of currently married users 15 to 44 years of age were sterilized as compared to 27 percent in 1979.

FIGURE 9: Trends in Use of Specific Contraceptive Methods, 1966-1979—Currently Married Women 15-44



SOURCE OF CONTRACEPTIVE METHODS

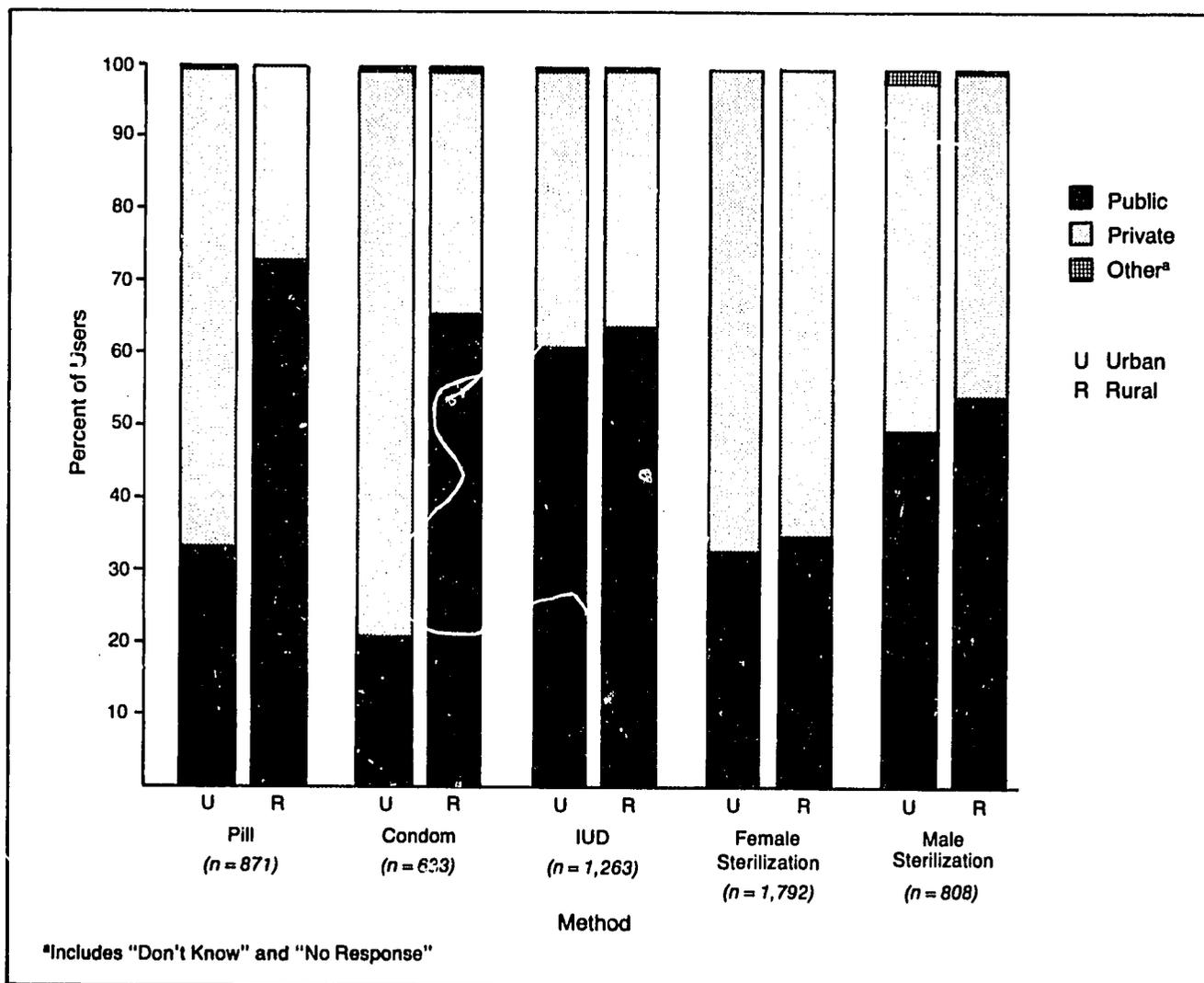
Availability of contraceptive products and services in a community is critical to the success of any family planning program. As mentioned above, the Government of Korea has expended much effort in making contraceptives not only known but also available. For methods requiring re-supply, the major sources of contraceptive methods were government health centers and drugstores; for clinical methods, the prime sources were private clinics and government hospitals and health centers. When comparing government sources (i.e., health centers, hospitals, mobile clinics, and home delivery) with private sources (i.e., drugstores and private clinics), urban/rural differences between the levels of use of different sources varied by type of method (Figure 10). Women using supply methods were more likely to obtain their method from a private source if they lived in an urban area and from a government source if they lived in

a rural area. For clinical methods the differentials between areas were small, with government sources used only slightly less often in urban areas than in rural areas. Overall, government sources were used by 39 percent and private sources by 61 percent of current users.

CONVENIENCE OF SOURCES OF CONTRACEPTIVE METHODS

There are several aspects associated with convenience of services: temporal proximity of the service outlet, means of transport, and time of the day when the service outlet is open. The KCPS analysis focused on the means of transport and the temporal proximity. Both condoms and pills could be obtained through home distribution (10.5% and 4.1% of ever-users respectively) but the majority of women had to travel to obtain their methods. Forty six percent of current users went to the

FIGURE 10: Sources of Contraceptive Methods Used by Current Users—Currently Married Women 15-49



source of supply or of services on foot. Users of pills or condoms were more likely to walk (respectively, 63% and 72%) than users of clinical methods (38%).

In Korea, less than 30 percent of pill ever-users and less than 20 percent of condom ever-users had to travel more than 30 minutes to a supply source. When comparing urban and rural areas, as would be expected, a larger proportion of urban women were closer to a supply source than women in rural areas. Only one sixth of the urban pill and condom ever-users had to travel more than 30 minutes to a supply source as compared to almost half of the rural ever-users. Clinical methods were less accessible than supply methods: about two-fifths of ever-users thought that their travel time to a source of any of these three methods would be 30 minutes or more. Here, again, travel time was longer in rural areas, where almost two-thirds of ever-users had to travel more than 30 minutes to get to their source. In urban areas, less than one third had to travel more than 30 minutes.

These findings indicate that in spite of government efforts, all contraceptive methods were more difficult to obtain in rural areas than in urban areas. They also suggest that travel time and convenience of walking to a source were not the only important factors in method selection as a larger number of women (54.3% of current users) used clinical methods than supply methods (20.5%), although they had to travel longer (but less frequently) to obtain them.

COST OF CONTRACEPTIVE METHODS

It has often been suggested that the cost of contraceptives may be a factor that deters a potential user of family planning. However, KCPS results do not indicate that this is a major factor in Korea. Overall, more never-users thought that methods were free than did users. Although there were some regional variations, the difference between users' and non-users' cost perceptions seemed to indicate that non-users were not well informed about cost of methods and that cost was not an important reason in non-use.

INDUCED ABORTION

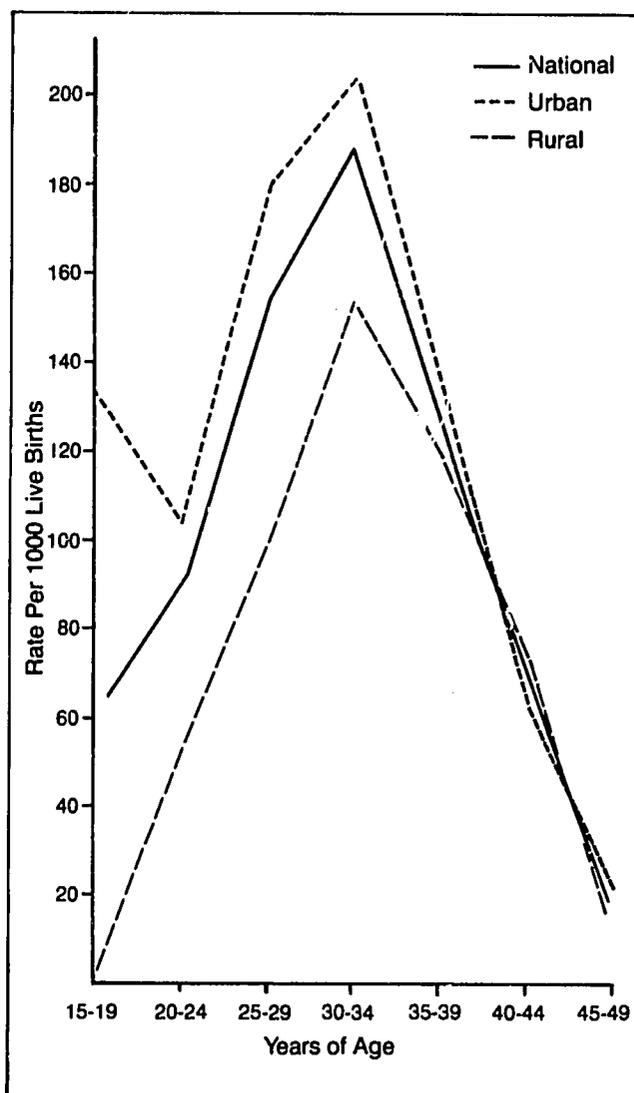
Induced abortion is generally not considered a family planning method, although it may be used as a means of fertility regulation. For many years, induced abortion has been commonly used in Korea to regulate fertility, and furthermore, its use has been increasing: in 1966,

24 percent of ever married women had had at least one abortion, 30 percent in 1974, and 46 percent in 1979. This implies that induced abortion has played and continued to play an important role in the Korean fertility decline. For this reason, prevalence of ever-use of induced abortion is examined separately in this section.

At the time the KCPS was carried out, the mean number of abortions for each ever married woman interviewed was 1.1 (1.4 in urban areas and 0.8 in rural areas). The age group 30-34 had the highest rate of induced abortions, and the 45-49 age group, the lowest. In the over 35 year age group, there was no urban/rural differential (Figure 11).

While induced abortion rates indicated that women in the 30-34 age group were undergoing abortion more frequently than other women, abortion ratios showed

FIGURE 11: Age-Specific Abortion Rates by Residence—Ever Married Women 15-49



that the older a woman, the more likely she was to end her pregnancy by an abortion. In the 45-49 age group, the ratio was 11 abortions for every birth. Abortion ratios were higher for urban women of all age groups, again indicating that abortion was more likely to be used in urban areas.

As was mentioned above, induced abortion has played an important role in reducing fertility in Korea. It is widely accepted as a legitimate method to prevent birth and most women (94%)—whether they have used abortion or not—knew a source. Private clinics were the most commonly mentioned source (91% of ever-users and 87% of never-users mentioned them). Government health facilities (hospital and health centers) were mentioned as a source of abortion by only 7.5 percent of ever-users.

Most ever married women thought induced abortion was not free, although, here again, never-users thought it was free more often than users. Perceived travel time for abortion was less than 30 minutes for 62 percent of abortion ever-users (77% of urban ever-users and 33% of rural ever-users). These data suggest that abortion was as easily available as clinical contraceptive methods, both in urban and in rural areas.

UNMET NEED FOR FAMILY PLANNING

Not all non-users are in need of family planning. For instance, women who are pregnant or wish to become pregnant are not in need of contraception. In this section we will examine reproductive intentions as they relate to the use of family planning methods, identify women who are at risk of an unwanted pregnancy and, finally, we will discuss the reasons for non-use among women at risk.

REPRODUCTIVE INTENTIONS

The proportion of women in each age group not wanting additional children is a good measure of the approximate age when desired family size is reached. Change in this measure over time also indicates changes in the age pattern of reproduction.

Between 1971 and 1979, the proportion of women not wanting any more children had increased in all age groups. In 1971, 57 percent of all ever married women aged 15-49 did not want any more children. In 1979, this percentage has increased to 79 percent, with more than 95 percent of women aged 35 and over not wanting any more children.

Desired family size—defined as the total number of living children plus the number of additional children desired by a respondent—can be used as an indicator of reproductive intentions. In Korea, the mean number of desired children dropped from 3.7 in 1973 to 3.4 in 1979. Further, younger women expressed the desire to have fewer children (2.3 in the 20-24 age group) than did the older women (3.0 in the age 30-34 age group), suggesting that fertility will continue to decline if current reproductive intentions are implemented.

For the older age group, the mean number of living children and the desired family size were the same, reflecting the fact that most women 35 years of age and older did not wish to have any additional children.

Both the declining desired family size and the increasing number of women not wanting any additional children show that a significant change in reproductive intentions has taken place in Korea. KCPS data further corroborates the notion that Korean women were using contraception and abortion to fulfill their reproductive intentions (Table 8). Also, women who wanted to postpone or space a pregnancy were more likely to be using family

TABLE 8: Percent Using Contraception by Desire for More Children and by Residence—Currently Married Women 15-49

	Urban	Rural	Total
All Women	(n = 7,862)	(n = 5,752)	(n = 13,614)
% using	52.0	47.7	50.2
% not using	48.0	52.3	49.8
Want Child			
Within One Year	(n = 1,418)	(n = 905)	(n = 2,322)
% using	9.8	6.8	8.6
% not using	90.2	93.2	91.4
Want Child Later	(n = 454)	(n = 248)	(n = 702)
% using	33.4	26.5	31.0
% not using	66.6	73.6	69.1
Want No More	(n = 5,994)	(n = 4,601)	(n = 10,595)
% using			
sterilization	29.6	17.8	24.5
% using other methods	34.1	39.2	36.3
% not using	36.3	43.0	39.2

NOTE: Percentages may not add to 100 due to rounding.

planning than women who wanted another child within the next year. These figures suggest that changing reproductive intentions were influencing contraceptive behavior and, consequently, reproductive behavior. This suggestion is further supported by the fact that most unwanted pregnancies were terminated by induced abortions. However, both the high incidence of abortions and the substantial percentage of women who indicated they wished to limit their family size (21.5% of ever married women) or space their births (2.0%) but who did not use contraception suggest that there was a continuing need for family planning services which was not being met.

UNMET NEED FOR FAMILY PLANNING SERVICES

Figure 12 shows that 23.5 percent of the women interviewed in KCPS were exposed to the risk of pregnancy (21.5% to unwanted pregnancy and 2% to unplanned pregnancy). This group of women, either currently married or in a stable union, not using contraception, and not desiring pregnancy now although fecund,¹ could be

¹The naturally sterile category included non-users whose age was more than 30, who had never been pregnant, and who identified themselves as sterile. Menopausal women were defined as women whose open pregnancy interval was more than five years, whose last menstruation occurred more than 60 days ago, and who identified themselves as menopausal. Women were defined as postpartum if they identified themselves as postpartum and had a birth in the last four months.

considered in need of family planning. Further, some of the women who were experiencing postpartum amenorrhoea or who thought that they were infecund or menopausal might also have been at risk. The large number of abortions performed in Korea (almost one for every live birth in 1978) is also an indicator of the need for family planning since most of the abortions were performed to terminate unwanted pregnancies, not for medical reasons. In this regard, it is important to remember that an analysis of unmet need in Korea does not have the same programmatic or demographic value as it would in other countries where the availability and use of abortion, to regulate fertility or as backup in case of method failure, is limited.

In 1979, women at risk were mostly thirty-five years of age or older (Figure 13). The KCPS showed that 95 percent of the women in this age group did not wish to have any more children. The demographic impact of the unmet need of this age group is less than if the high-risk women were mainly younger women who have a higher age-specific fertility.

It is important to note that rural areas have a higher proportion of women at risk (23.3%) than urban areas (16.7%). This is mainly due to the fact that a smaller proportion of women practiced contraception in rural areas. The highest percentages of women at risk were observed in the eastern province of Chungnam and the three southern provinces where observed prevalence rates were the lowest. It is also interesting to note that

FIGURE 12: Exposure to Risk^a of Pregnancy—Ever Married Women 15-49

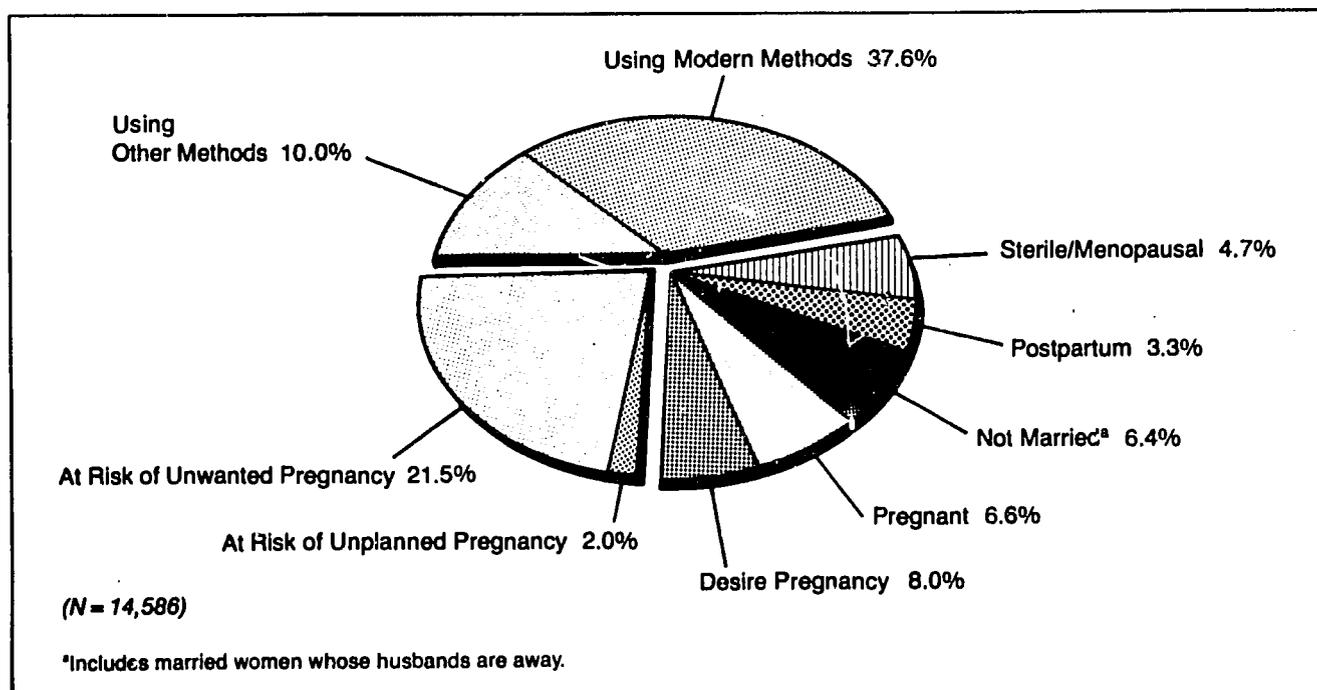


FIGURE 13: Percent Exposed to Risk of Pregnancy by Age—Ever Married Women 15-49

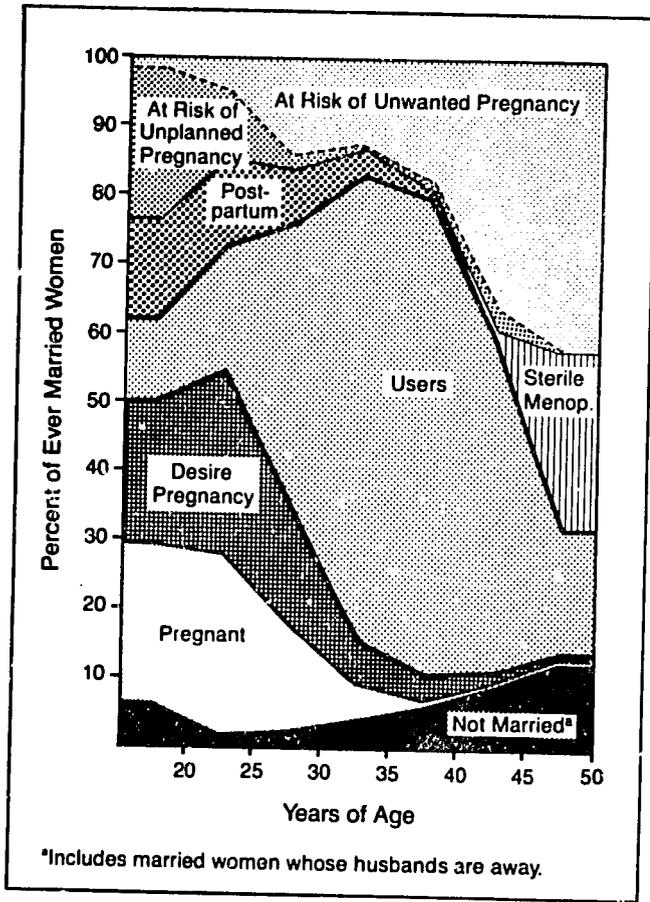
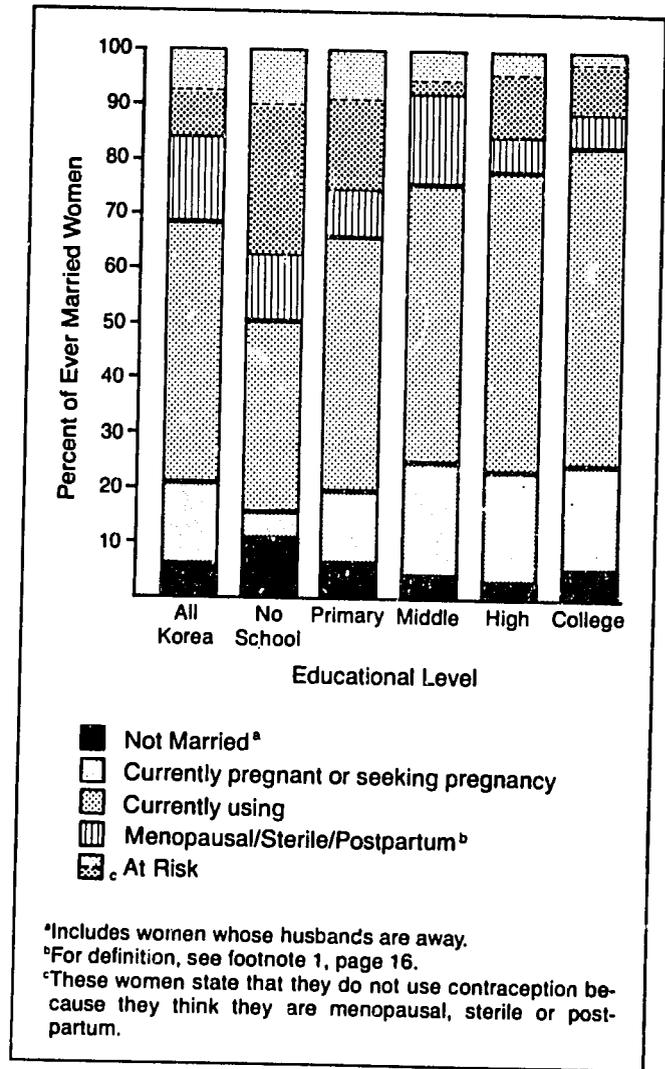


FIGURE 14: Percent Exposed to Risk of Pregnancy by Educational Level — Ever-Married Women 15-49



the higher the level of education, the less likely it was that a woman would be at risk (Figure 14). The proportion of women at risk varied from 37.1 percent for the group of women who did not have any schooling to 11.4 percent for women who had a college education. These findings suggest that the family planning program may want to design special programs to reach older, less educated women, particularly in rural areas.

It should be recalled that, although prevalence was high in 1979, a large proportion of currently married women still used relatively less effective methods such as rhythm, withdrawal, and traditional methods (21% of current users). The users of these methods—women of all age groups, educational levels, and geographical origins—could also be considered to be at risk.

REASONS FOR NON-USE AMONG WOMEN AT RISK

The non-users of contraceptive methods were asked about the primary reason why they were not practicing family planning. Of the women at risk, 66 percent indi-

cated that they did not think they were at risk of pregnancy. The others (only 34%) mentioned side effects (4%), health reasons (13%), run out of supplies (8%), and other reasons including religion (9%). These findings suggest that some women who perceived themselves as *not at risk* of pregnancy may in fact be at risk: when objective definitions derived from complementary data¹ were used to define menopausal, sterile, and postpartum women, a much smaller number were identified as being *not at risk* (Figure 14). This suggests that there was a need for educational programs to make women (especially those who were unaware that they might be at risk of unwanted pregnancy) aware of the options and services available.

¹For definitions, see footnote 1, p. 16.

CONCLUSION

Since the mid-sixties, fertility has declined sharply in Korea and the KCPS data suggest that this decline will continue if younger women fulfill their expressed desire to have smaller families. The KCPS found that almost all ever married women of all ages, educational levels, and geographical origins know at least one method of family planning. The mean number of methods mentioned spontaneously was 2.5. Knowledge was so prevalent that for some methods (the pill, the IUD, female and male sterilization), differentials between urban and rural populations or between groups of women with different educational levels were no longer evident.

In 1979, 50 percent of currently married women 15 to 49 years of age were using a method of contraception; of these, 79 percent were using a modern method. The most widely used method was female sterilization (26% of currently married users), followed by the IUD (18%), withdrawal and the pill (13% each) and male sterilization (12%). Female sterilization was used more frequently in urban areas (29%) than in rural areas (21%) where the IUD was the most popular method (28%). The rural users obtained their method more often from the government program outlet (57%), while private sources were used more frequently (61%) in urban areas.

Induced abortion has contributed significantly to Korea's fertility decline and, in 1979, was still easily available

and widely used. As a result, most unwanted pregnancies were terminated by induced abortion (89 percent).

The KCPS has documented the fact that almost one fourth of the respondents were at risk of an unplanned or unwanted pregnancy. These women were proportionally more numerous in the southern provinces, in rural areas, among less educated women, and among the 35 and older group. KCPS findings suggest that differences in knowledge or availability of methods do not explain the different levels of unmet needs. The efforts of the Korean family planning program have contributed to the almost universal knowledge of contraceptive methods and to the high levels of use. Particularly in rural areas, where the government program has been very active, knowledge and use of family planning has increased dramatically.

In spite of high levels of knowledge and prevalence, almost as many unwanted as wanted pregnancies still occurred. Education efforts should also concentrate on women who perceived themselves as not at risk but who, most probably, are exposed to pregnancy. Finally, many women still relied on traditional methods (21 percent of current users) which are less reliable. Some efforts should be directed to encouraging the use of modern methods and to stressing the advantage of contraception versus the use of abortion.

Further analysis of the KCPS data could help provincial governments to refine their programs and tailor them more precisely to local needs.

VALUES FOR FIGURES AND TABLES

FIGURE 2: TFR for Five Surveys by Residence

	SDS	FAS	WFS	NFFPES	KCPS
Urban	3.7	4.0	2.9	NA	2.4
Rural	6.5	5.2	4.3	NA	3.1
Total	5.4	4.7	3.6	3.2	2.6

FIGURE 3: CBR, CDR, TFR, and NI for Five Surveys

	SDS	FAS	WFS	NFFPES	KCPS
CBR	36	28	27	24	19
CDR	3	8	7	NA	5
TFR	5.4	4.7	3.6	3.2	2.6
NI	28	20	20	NA	14

FIGURE 4: Age-Specific MFR for Four Surveys

	20-24	25-29	30-34	35-39	40-44
SDS	417	376	259	177	79
FAS	412	374	237	125	41
NFFPES	391	272	136	54	20
KCPS	424	282	97	29	8

FIGURE 5: Knowledge of Methods and of Sources by Method

	Pill	Condom	IUD	F.Ster.	M.Ster.	Abortion
Know Method	96.3	82.4	94.7	94.0	93.3	96.6
Know Source	93.8	76.1	91.0	89.8	84.5	94.4

TABLE 6: Number of Currently Married Women by Providence

Seoul	1,479	Chungbuk	1,281	Jeonnam	1,250
Busan	1,439	Chungnam	1,226	Gyeongbuk	1,339
Gyeonggi	1,417	Jeonbuk	1,318	Gyeongnam	1,430
Gangwon	1,308				

FIGURE 8: Use of Specific Methods by Age

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Pill	42.9	30.7	17.0	12.6	10.8	11.0	3.5	12.6
Condom	14.3	19.1	15.7	9.7	7.3	8.2	2.7	9.2
IUD	0.0	22.0	15.8	14.1	17.5	23.7	28.7	18.3
F.Ster.	0.0	7.9	22.1	31.5	31.3	19.7	13.8	25.9
M.Ster.	0.0	5.4	9.2	12.0	10.7	11.5	27.6	11.7
Others	42.9	14.9	20.3	20.2	22.3	27.8	23.6	22.3
Total n	7	241	1046	1864	2036	1345	369	6908

FIGURE 7: Use of Specific Methods by Education

	Pill	Condom	IUD	F.Ster.	M.Ster.	Vaginal	Other	Total n
None	14.5	4.6	29.6	20.6	10.9	0.8	19.1	649
Primary	14.6	5.6	22.5	26.6	9.4	1.1	19.9	3,231
Middle	12.0	11.7	13.5	25.4	14.0	1.5	21.9	1,555
High	8.9	13.8	9.7	28.1	13.8	1.5	24.3	1,151
College	5.0	23.1	8.9	24.9	18.1	1.8	19.3	321
Total	12.6	9.2	18.3	25.9	11.7	1.3	21.0	6,909

FIGURE 9: Use and Ever-Use for Seven Surveys

	1964	1967	1971	1973	1976	1978	1979
National Use	9	20	25	36	44	49	55
Urban Use	19	26	27	39	48	54	55
Rural Use	6	17	23	34	40	43	54
National Ever-Use	12	28	44	55	63	69	76
Urban Ever-Use	24	35	45	56	66	74	76
Rural Ever-Use	8	24	43	54	59	65	75

FIGURE 9: Use of Specific Methods for Five Surveys

	Pill	Condom	IUD	F.Ster.	M.Ster.	Other	Total n
SDS	2.5	15.4	46.2	— 10.2 —	—	25.7	3,364
FAS	27.8	13.1	28.6	— 13.5 —	—	17.1	4,635
NFFPES	17.6	14.3	23.8	9.3	9.5	25.6	5,008
FPFS	13.5	11.9	19.5	22.3	11.4	21.4	3,116
KCPS	13.2	9.5	17.6	26.6	10.8	22.2	11,987

FIGURE 10: Source of Specific Methods by Residence

	Pill		Condom		IUD		F.Ster.		M.Ster.	
	Urb.	Rur.	Urb.	Rur.	Urb.	Rur.	Urb.	Rur.	Urb.	Rur.
Public	33.0	73.6	21.1	65.8	61.2	64.0	33.1	35.5	50.0	54.7
Private	66.9	26.4	78.4	33.5	38.6	35.8	66.9	64.5	48.2	45.1
Other	0.1	0.0	0.5	0.7	0.2	0.1	0.0	0.0	1.8	0.2

FIGURE 11: Age-Specific Abortion Rates by Residence

	15-19	20-24	25-29	30-34	35-39	40-44	45-49
National	61.5	88.0	154.7	187.7	126.8	69.0	15.9
Urban	133.3	106.5	181.7	205.9	130.1	65.9	16.2
Rural	0.0	55.3	98.7	154.7	122.6	72.3	15.7

FIGURE 13: Risk of Pregnancy by Age

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total n
Not Married	6.0	1.9	2.1	4.2	6.2	9.4	13.5	929
Pregnant	23.4	26.0	16.3	5.3	1.1	0.3	0.1	966
Want								
Pregnancy	21.3	26.7	17.4	6.4	3.9	1.9	0.5	1,171
User	11.3	18.5	40.7	67.0	68.6	46.8	18.0	6,949
Sterile/Menop.	0.0	0.0	0.1	0.2	1.0	3.2	25.9	664
Post Partum	15.1	12.3	7.5	3.1	0.9	0.3	0.0	484
Risk								
Unplanned	21.7	9.8	4.1	0.9	0.4	0.1	0.0	288
Risk								
Unwanted	1.3	4.8	11.8	12.9	17.9	36.0	42.0	3,135

FIGURE 14: Risk of Pregnancy by Education

	National	None	Primary	Middle	High	College
Not Married	6.4	10.9	8.6	4.4	4.4	5.8
Pregnant or Desirc						
Preg.	14.6	4.8	12.7	20.6	20.1	18.6
Users	47.6	34.6	46.7	50.6	55.1	58.1
Menop./Ster./						
P.Partum	7.8	12.5	8.1	6.6	5.5	6.0
Women at Risk	23.5	37.1	25.9	17.8	14.9	11.4
Total n	14,585	1,892	6,945	3,089	2,093	561