

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

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I. Introduction

The principal aim of this paper is to review recent changes in socio-economic and demographic conditions, and existing population control policies and programs in Korea in an effort to formulate future policy directions and strategies. Major data sources drawn upon in this paper are the 1988 National Fertility and Family Health Survey conducted by KIPH, and the 1985 Population and Housing Census of NBOS, EPB.

It is widely recognized that the national family planning program in Korea has been carried out since 1962 as an integral part of a series of Five-Year Economic Development Plan and it has played an important role in lowering the nation's population growth rate during the last two and half decades. The population of Korea increased from 25.0 million in 1960 to 42.4 million in 1989, while population growth rate declined drastically from 3.0 percent per annum to 1.0 percent during the same period. The total fertility rate declined from 6.0 per woman to 1.6 during the period of 1960 through 1987. This demographic change was not only due to the vigorous family planning program, but also due to the impressive socio-economic development that took place over the period.

In accordance with the rapid decline of fertility in recent years, the government revised the demographic goals in the Sixth Five-Year Economic and Social Development Plan (1987~1991) in 1988 for a further reduction of the population growth rate to 0.96 percent by 1991.

The estimated 1987 population of 41.6 million is expected to reach 43.2 million by 1991, with

*Director, Planning and Coordination Division, KIPH.

**Senior Researcher, Korea Institute for Population and Health (KIPH).

the population stabilizing at around 50.2 million in 2020. In spite of the successful family planning program, Korea will face three major problems; increase of the aged population, rapid urbanization, and shortage of resources.¹⁾

First, the proportion of the population aged 65 and over will be increased from 4.6 percent in 1989 to 6.4 percent in 2000. The increase in number of the aged population will bring about new social problems.

Secondly, because of industrialization the proportion of urban population to the total population stood at 67 percent in 1985, and it will reach over 78 percent in 2000. The migration of the young people to the urban areas has resulted in the shortage of manpower in the rural region. Besides, the rapid population growth in the largest cities caused such problems as the shortage of housing, transportation, and employment. Therefore, since 1970's, the Government has been making efforts for the population distribution policies in the largest cities, and the balanced regional development.

Thirdly, even if the future demographic targets are to be attained as planned, the self sufficiency levels of food and energy will decline due to the population increase and tendency for higher consumption motivated by socio-economic development. For example, the self efficiency level of food is expected to decline from 61 percent in 1980 to 34 percent in 2000. Furthermore, the government's input for education, employment, health and medical services, and other related social developments for increased population will increase in the immediate future.

However, thanks to the successful implementation of the socio-economic development plans and population policies, the Korean people have been enjoying a better quality of life, and they are ready to meet the rising social needs and demands under a new democratic system. The Republic of Korea has to continue to pursue its population and development goals with greater emphasis on the social development issues as well as population quality. The pension system, which became effective in 1988, covers about 28 percent of total target population (15.4 million people) as of 1989 and medical insurance system covered the entire population starting July 1, 1989.²⁾

Considering these socio-economic developments and demographic changes, however, it is strongly urged that the current population control policy with emphasis on family planning and

1) KIPH, *Population Problems and Their Counter-Measures in Korea*, Dec. 1987.

2) Ministry of Health and Social Affairs (MOHSA), *Briefing Materials on 1989 Major Program Activities*, 1989.

its strategies are to be redirected and established under the full consideration of the anticipated changing phenomena in the immediate future. It is, in turn, a great matters of concern for us to examine carefully the matured time for shifting the past quantity and demographic oriented program approach into the qualitative and family welfare aspect one. Therefore, this paper aims to review the current status of population control policies established on the base of research findings, and to set the policy directions for the future.

II. Socio-Economic and Population Trends

1. Socio-Economic Changes

1) Economic Growth³⁾

Thanks to a series of successful implementations of economic development plans, the economy has grown at an average rate of 8.3 percent per annum and per capita GNP has jumped from 87 dollars in 1962 to 4,030 dollars in 1988. The population control policy in the past years has greatly contributed to the increase in per capita GNP. In recent years, the Government's policy has shifted from economic expansion to social development issues in order to meet the rising social needs and demands for an improved quality of life.

During the period of 1962~1988, the mining and manufacturing sector has led the overall expansion with 15 percent annual growth rate. The share of this sector in total GNP increased from 16 percent in 1962 to 32 percent in 1988, while the share of the agriculture, forestry and fishery sector decreased from 37 percent to 11 percent during the same period. Meanwhile, the share of the social overhead capital and services sector increased from 47 percent to 57 percent.

2) Employment⁴⁾

During the 1967 to 1988 period, the economically active population increased from 9.3 million to 17.3 million at a rate of 2.0 percent per annum, while the number of employed persons increased from 8.7 million to 16.9 million at a rate of 3.1 percent. It is expected that the total employment will grow at an annual rate of 2.3 percent or more for the 1988~1991 period.

However, the elasticity of employment to economic growth has been rapidly decreased in the 1980s due mainly to labor saving technology including automation. On the contrary, the structural

3) Bureau of Statistics, Economic Planning Board (BOS/EPB). *Major Statistics of Korean Economy*, 1988.

4) *op. cit.*

changes in the labor supply side, such as growing proportion of highly educated labor force and aged population, and increasing participation of female workers, are also inducing the structural unemployment. This transition of labor market in both sides of demand and supply seems likely to be accelerated in the future until the year 2000. This means that there still remains the pressure for creation of employment opportunities to absorb the growing labor force.

3) Education⁵⁾

The total number of students including colleges increased from 7.0 million in 1967 to 11.1 million in 1988. Of the total number of students, the proportion of elementary school students decreased from 76.5 percent in 1967 to 43.3 percent in 1988, while that of middle and high school students increased from 19.2 percent to 43.4 percent during the same period. This indicates that the increase in secondary school students is attributed to the increase of enrollment rates, while the decrease in the number of elementary school students resulted from the fertility decline due mainly to the family planning program since 1962.

However, the population influx from rural to urban has created overcrowded classrooms in urban cities, while the school facilities in the rural area have been under-utilized since the 1979s. The government has extended the compulsory education from 6 years to 9 years beginning from the remote rural areas in 1985.

4) National Pension System⁶⁾

In addition to the existing pension system for public servants, military personnel, and private school teachers, the Government launched the national pension system from January 1988, and the estimated number of the insured were about 5.5 million (28 % of the total target population) as of 1989. All employees working in a firm with 10 or more workers should be compulsorily insured, while the self-employed could be voluntarily insured. Both groups require the participant to within the age bracket of 18~60.

5) Health Status⁷⁾

The infant mortality rapidly declined from 62 per 1,000 live births in 1960 to 12 in 1987, and the maternity mortality rate also decreased from 9 per 10,000 live births to 3 during the same period. Significant decreases in the prevalence of tuberculosis, parasitic diseases and various

5) *op. cit.*

6) MOHSA, *op. cit.*

7) BOS/EPB, Recent Changes in Vital Statistics and New Population Projection for Korea, *Journal of Population Association of Korea(JPAK)*, Vol.11, No.2, 1988. pp. 77~121.

communicable diseases have been also observed.

Despite all these improvements, the general consensus is that the population problems in Korea still remain the major factors that stand in the way of further improvement of the nation's health status. The aging population is another area of concern to meet the increasing demand of medical care for the elderly.

6) Medical Insurance System⁸⁾

Since the adoption of the national medical insurance system in 1977, currently 68.0 percent of the population are insured as of December 1988. In addition, those in the lowest income group, accounting for 10.4 percent of the population, benefit from medical protection and aid programs. As a result, 78.4 percent of the total population received medical care benefit as of 1988. Medical insurance programs were extensively enforced in rural areas in 1988 and the Government extended the regional medical insurance to the rest of the self-employed starting July 1989. This drive eventually enabled the entire population to benefit from medical security by 1989.

7) Status of Women⁹⁾

Rapid expansion in employment opportunities through industrial growth and fertility reduction have enabled women to participate more actively in social and economic activities than was in the past. In 1987, 45 percent of female population aged 14 years old and over participated in the labor force.

Educational opportunities for women have also been broadened. As of 1988, 99.5 percent of the total primary school female graduates were enrolled in middle school, 92 percent of middle school female graduates in high school, and 45 percent of academic high school female graduates in college. As the economic development continues, women's work participation will be accelerated and inevitably will lead to the fertility decline.

2. Population Policies

1) Population Control Policies

Since population policy in Korea evolved primarily in response to problems caused by the high population growth rate in the late 1950s and early 1960s, it has historically focused on the

8) MOHSA, *op. cit.*

9) BOS/EPB, *op. cit.*

reduction of fertility through family planning programs. The national family planning program has been carried out as an integral part of the economic development plans since 1962. The content of the national family planning program has been determined primarily by the demographic goals included in the Nation's Five-Year Economic Development Plan(See chapter III).

In addition to the family planning programs, the emigration programs have been conducted as a potential avenue to relieve population pressure in Korea since 1962. The Korea Overseas Development Corporation(KODC), established in 1965 has been the responsible agency for the promotion and management of emigration. Since the legislation of the Emigration Law in 1962, a total of 709,961 persons emigrated to the foreign countries during the period of 1962~1988. The total number of emigrants during the corresponding period consist of 55.3 percent for personal invitations, 16.7 percent for private adoptions, 15.1 percent for cross-cultural marriages, and the rest of 12.9 percent for employment contracts and investments. These figures show that the government emigration efforts have accounted for less than 12.9 percent. In recent years, the number of emigrants through investments and return-emigrants to Korea have been sharply increasing, in accordance with security of the socio-economic and political conditions of the nation(See table 1 and 2). However, the emigration program alone is not expected to have a

Table 1. Number of Emigrants by Categories, 1962-88.

(Unit:Person)						
Year	Invitation	Marriage	Employment	Investment	Others	Total
'62~'88	392,940	107,107	76,597	14,850	118,467	709,961
(%)	(55.3)	(15.1)	(10.8)	(2.1)	(16.7)	(100.0)
'62~'81	248,647	75,836	59,402	4,075	64,927	452,887
'82~'88	144,293	31,271	17,195	10,775	53,540	257,074
1982	18,993	5,442	1,926	29	6,434	32,824
1983	16,270	3,627	1,662	19	7,255	28,833
1984	21,470	4,185	1,975	61	7,924	35,615
1985	19,085	4,811	3,224	545	8,837	36,502
1986	25,977	4,333	2,557	2,310	8,680	43,857
1987	22,571	4,427	2,905	3,644	7,947	41,494
1988	19,927	4,446	2,946	4,167	6,463	37,949

Source: Emigration Division, Ministry of Foreign Affairs and Children's Welfare Division, Ministry of Health & Social Affairs, 1988.

Table 2. Number of Return-Emigrants to Korea, 1982~88

Year	Total No. of Emigrants(1)	No. of Returned Emigrants(2)	Ratio (2/1)
1982	32,824	1,346	4.1
1983	28,833	1,426	4.9
1984	35,615	1,669	4.7
1985	36,502	2,290	6.3
1986	43,857	2,584	5.9
1987	41,494	3,301	8.0
1988	37,949	4,734	12.5
Total	257,074	17,350	6.8

Source: Emigration Division, Ministry of Foreign Affairs, 1988.

significant impact on population problems, since the emigration is heavily influenced by the policies of the recipient countries.

2) Population Distribution Policy

During the last 29 years, the structural shifts towards non-agricultural sectors have produced rural to urban migration. Between 1960 and 1989, urban population grew almost fourfold, from 7.0 million to 30.0 million. Consequently, the proportion of urban population increased from 28 percent in 1960 to 71 percent in 1989. It is anticipated that by the year 2000 about 78 percent of Korean people will be living in cities. In 1988, Seoul city encompasses 24 percent of the total population and the capital region share 41 percent of the total population. During the same period, the urban population has been almost quadrupled with an annual growth rate of 5.3 percent and the rural population has decreased in absolute number with the rate of minus 1 percent.

Recent migration indicates that about 24 percent of the population in Korea relocated in 1988 and about 14 percent of these migrants moved from the rural to the urban areas. The most important reasons for the migration have to do with housing, employment and transportation. The urbanization pattern in the late 1970s and 1980s was found in the accelerated population growth rate in the small and medium cities.

The policy measures introduced by the government since 1970s to cope with the problems of the population agglomeration in the large cities can be summarized as follow; 1) provision of tax exemption to those industrial facilities that move out of Seoul city, 2) establishment of satellite cities around the large cities, 3) upgrading and expansion of educational facilities in non-urban areas, 4) relocation of government offices and government run institutions out of Seoul, 5) levying the special residence tax in large cities, and 6) financial, fiscal and other incentives to rural residents. In addition, restrictions on zoning have been imposed on the Seoul and other large cities, and the Ten-Year National Land Development Plan(1982~91) has been implemented for the promotion of growth poles throughout the country. In recent year, the tempo of population growth rate of Seoul has been steadily slowed down, while the population growth in the small and medium cities has been accelerated.

3. Population Trends.

1) Population Size¹⁰⁾

Between 1955 and 1960, the population increased from 21.5 to 25.0 million, at 2.9 percent per annum. This high growth rate was attributed to high birth rate due to the post-Korean war baby boom and reduced death rates caused by improved public health measures and better medical facilities. The annual rate of population growth has declined steadily since reaching a peak around 1960. For the period 1960~1966, 2.5 percent; for 1966~1970, 2.2 percent; for 1970~1975, 1.8 percent; for 1975~1980, 1.7 percent; and for 1980~1985, 1.5 percent. The estimated population of the Republic of Korea for 1989 totaled 42.4 million and the population growth rate was 0.97 percent. The population density increased 254 per square kilometer in 1960 to 428 in 1989. The urban/rural ratio was 28:72 in 1960; and 71:29 in 1989.

2) Population Structure

The number of population under age 14 and age 60 and above comprised 45.1 percent of the total population in 1960. Therefore, the number of dependent people made up almost half the population. In 1970 the dependent population was almost the same, but the number of children under 14 decreased sharply from 42.3 percent of the total population in 1960 to

10) BOS/EPB, Recent Changes in Vital Statistics and New Population Projection for Korea, *Journal of Population Association of Korea(JPAK)*, Vol. 11, No. 2, 1988, pp. 77~121

26.5 percent in 1989 while the number of persons at 60 and above increased from 2.9 percent to 4.6 percent during the same period.

3) Average Age at Marriage

The fertility decline among younger women is believed to be associated with the rising age at marriage. Mean age at first marriage for women rose from 21.6 in 1960, 24.1 in 1980, 24.7 in 1985, and 25.1 in 1987. Along with the increase in the age at first marriage for female, the proportion of the married women among the total female population aged 20~29 decreased from 51 percent in 1970 to 44 percent in 1987.

4) Fertility and Mortality

The total fertility rate has declined by 73 percent from 6.0 to 1.6 between 1960 and 1987. The rate of decline applied to all age categories. The decline for those in their twenties is due mainly to a rise in the age at marriage, while for those between 30~34, the 85 percent decline was mainly due to contraceptive use and induced abortion. The change in fertility level for those in the 25~29 age category has been relatively slow, 49 percent decline during the same period. Basically, socio-economic developments have contributed to the fertility decline by changing attitudes toward the small family norm and family planning. But the gap between fertility in urban and rural areas still remains large; a national sample survey in 1988 showed that the total fertility rate in urban areas was 1.52 but 1.96 in rural areas. The high birth rates which began in the mid-1950s lasted until 1960, were followed by a rapid and continuing decline. The CBR decr-

Table 3. Changes in Age Specific Fertility Rates, 1960~1987

Age	1960	1971	1974	1976	1982	1984	1987
15~19	37	6	11	10	12	7	3
20~24	283	188	159	147	161	162	104
25~29	330	341	276	275	245	187	168
30~34	257	234	164	142	94	52	39
35~39	196	120	74	49	23	8	6
40~44	80	41	29	18	3	1	3
45~49	14	3	3	1	—	—	—
TFR	6.0	4.7	3.6	3.2	2.7	2.1	1.6

Source: KIPH, 1988 *National Fertility and Family Health Surveys Report*, 1989.

eased from 43.0 in 1960 to 16.5 in 1989, at 62 percent during the last 29 years.

The crude death rate (CDR) increased from 20 to 30 during 1945~55 was attributable mainly to famines, epidemic and casualties of the Korean War. During and after the war, various new medicines, including antibiotics, became widely available throughout the country. The result was a marked fall in the CDR from 33.0 in 1949 to 14.6 in 1955. This was reduced further to 14.0 per thousand population in 1960 and 5.8 in 1989. The decline in mortality was partly affected the decrease in the rate of infant mortality from 61 per thousand live births in 1960 to 12 in 1987.

The life expectancy at birth has increased from 51.1 to 63.6 years for male and from 53.7 to 70.8 years for female during the 1986~85 period.

III. Family Planning Programs and Anticipated Problems

1. Program Operation

The Ministry of Health and Social Affairs (MOHSA) has been responsible for the overall execution and implementation of the national family planning program. Within MOHSA, the Family Health Division control all activities relating to family planning and maternal and child health. At the provincial, city and county levels, the Family Health Section has been established for the implementation of the programs. At the township level, two or three health workers are assigned to each health sub-centers to provide FP ad MCH sevices and motivation to the eligible women.

From the initial stage of the program, the main emphasis was placed on the contraception services through the authorized private physicians, and the education and motivation activities through home visits by health workers who are working at health centers. All kinds of effective contraception have been distributed by the government free of charge. The government pays contraceptive service fees to the physicians on a per case basis, US \$70 per female sterilization procedure, \$62 per vasectomy, and \$8 per IUD insertion. Nominal service fees of \$0.30 per pack of six condoms and per cycle of oral pill are being charged the acceptors for contraception managment purposes. The program target system has been instituted for the efficient management of national family planning program.

Currently a total of 4,514 regular government health workers and 236 male information officers are employed by the program. There are also a total of 2,995 family planning

authorized private physicians throughout the country. The health workers distribute oral pills and condoms themselves, and refer clinical method acceptors to the authorized physicians, who have been trained and authorized by the government. These physicians provide contraceptive services at their own facilities and are reimbursed by the government.

2. Beyond Programs and IE&C Activities

In the mid 1970s, the social support policy measures were initiated to encourage people to accept small family norms. For example, since 1976, income tax is exempted up to two children and those who undergo sterilization with one or two children have priorities in allotting public housing and various loans and, benefits of free medical services for their children and monetary incentives for low-income acceptors.

The government revised the Family Law in 1977 to improve the status of women by introducing new clauses related to inheritance and household headship. In 1982 the government revised laws and regulations in which 24 of the 30 professions traditionally closed to women were opened up. Starting 1983, married government employees were given family allowances for their parents if they were in fact supporting their parents. In addition, population education content was included in the primary, middle, and high school textbooks during the period of 1977~1979. At the same time the governmental and vocational training centers and other social institutions have been active in population education and family planning since 1977.

The IE&C component of the national family planning has been carried out in a form of civil movement by PPFK which is in an advantageous position to utilize the private organizations and voluntary personnel. Massive communication networks and mass media have played a important role in disseminating family planning information. From the beginning stage of the program, a great amount of IE&C efforts has been placed on the formation of small family norm and the abolition of the son preference value. Accordingly, family planning slogan have been changed in accordance with the fertility decline. The first slogan for the early 1960s when the nation's fertility was quite high was "Have few children and bring them up well". In 1971, a slogan reflecting growing concern over son preference and emphasizing having two children was introduced, this was "Stop at two regardless of sex". In 1984, slogans emphasizing the advantages of having one child were introduced such as "Even two are too many", and "Have one child with happiness and love".

Considering the low fertility and high family planning practice rates in Korea, how to shift the

strategies and contents of IE&C programs is one of emerging issues that the program faces.

3. Program Achievements and Contraceptive Use

During the period of 1962 through 1988, a total of 16.4 million acceptors have received contraceptive services under the government program. The annual number of acceptors in

Table 4. Government Contraceptive Services:1962~1988 (Unit:Thousand)

Period	IUD	Sterilization	Condom	Oral Pill	Total
1962~66	725.6 (47.9)	82.3 (5.5)	706.1 (46.6)	—	1,514.0 (100.0)
1967~71	1,460.8 (52.3)	87.1 (3.1)	759.8 (27.2)	487.7 (17.4)	2,795.4 (100.0)
1972~76	1,619.2 (42.3)	219.5 (5.7)	859.1 (22.4)	1,134.2 (29.6)	3,832.0 (100.0)
1977~81	1,067.0 (33.2)	1,089.9 (33.9)	447.5 (13.9)	612.2 (19.0)	3,216.6 (100.0)
1982~86	1,017.9 (27.6)	1,732.6 (47.0)	591.8 (16.1)	344.4 (9.3)	3,686.7 (100.0)
1987~88	494.4 (35.9)	531.6 (38.7)	281.9 (20.5)	68.6 (5.0)	1,376.5 (100.1)
Total	6,384.9 (38.9)	3,743.0 (22.8)	3,646.2 (22.2)	2,647.1 (16.1)	16,421.2 (100.0)
1982	199.1	286.7	101.6	113.0	700.4
1983	213.1	427.0	127.3	82.4	849.8
1984	195.4	378.7	129.7	59.2	763.0
1985	176.9	327.7	124.9	44.0	673.5
1986	233.4	312.5	108.3	45.8	700.0
1987	242.5	294.9	144.1	39.3	720.8
1988	251.9	236.7	137.8	29.3	655.7
1989*	245.0	157.0	140.0	30.0	572.0

*1989 Planned Program Targets

Source: Ministry of Health & Social Affairs, *Monthly FP Program Service Statistics*, 1982~1989.

Table 5. Contraceptive Practice Rate Trends, 1979~1988

(Unit: %)

Women's Characteristics	1979	1982	1985	1988
Contraceptive Practice Rate	54.5	57.7	70.4	77.1
By Method:				
Oral Pill	7.2	5.4	4.3	2.8
Condom	5.2	7.2	7.2	10.1
IUD	9.6	6.7	7.4	6.7
Tubectomy	14.5	23.0	31.6	37.2
Vasectomy	5.9	5.1	8.9	11.0
Others	12.1	10.3	11.0	9.3
By Region:				
Urban	55.1	58.7	71.5	77.7
Rural	53.6	55.7	67.7	75.5
By Women's Age:				
15~24	18.3	22.3	35.8	44.4
25~29	40.9	44.4	60.8	65.4
30~34	68.5	71.6	84.2	86.8
35~39	71.9	79.9	87.2	89.6
40~44	53.3	62.5	69.6	81.6
By Number of Children:				
0	7.0	11.0	13.8	21.0
1	20.7	24.3	44.7	58.1
2	58.7	66.7	82.5	89.3
3	69.0	76.4	84.5	90.5
4	68.9	70.8	80.1	87.6
5 or More	58.5	64.2	76.3	83.8
Ideal Number of Children	2.7	2.5	2.0	2.0
Number of Living Children	2.7	2.7	2.2	2.1

Source: KIPH, 1988 National Fertility and Family Health Survey Report, 1989.

equivalent to about 12 percent of the total married women aged 15~44 each year. From the beginning of the program, the IUD was the principal method until 1976, at which time female sterilization was introduced in the national program. Considering the popularity of female sterilization since 1976, the government has emphasized female sterilization. Of the total number of 8.3 million acceptors for the period of 1977~88, the proportion of each contraceptive method acceptors consisted of 41 percent for sterilization, 31 percent for IUD, 16 percent for condom, and the rest of 12 percent for oral pill acceptors. However, the number of new sterilization acceptors in recent years fell steadily due to the plateau level of sterilization.

Thanks to the innovative population control policies since 1982, the contraceptive practice rate for married women aged 15~44 sharply increased from 54.5 percent in 1982 to 77.1 percent in 1988 by 22.6 percentage points. Comparing the practice rates by contraceptive method, the sterilization practice rate increased drastically from 20.4 percent in 1979 to 48.2 percent in 1988, while the practice rates for reversible methods did not change much during the same period. These phenomena is attributed to the government's strategy on contraceptive distribution with emphasis on sterilization services since 1976. The practice rate also varied by age of women and by number of their children. As shown in the table 7, the highest contraceptive use occurred in the 35~39 age group and among those with three children. The number of living children of married women went down slightly from 2.2 in 1985 to 2.1 in 1988, while their ideal number of children stayed at two during the same period.

4. Problems in Contraceptive Acceptance and Use Effectiveness

In spite of the success of the national family planning program in Korea, there have been a number of problems to be solved for improving program quality and use effectiveness.

First, most of contraceptive users in Korea practice family planning to terminate fertility after they have had as many children as they want, rather than to space births. The 1988 survey data shows that 91 percent of the contraceptive users practiced contraception for fertility termination. This trend has been accelerated by the fertility control oriented family planning program and contraceptive policy with emphasis on sterilization. The late start of contraceptive use results in a higher fertility and induced abortion rates due to unwanted pregnancies.

Second, the number of women who have their first live birth during the first year of marriage has increased. Of the married women during the marriage cohort of 1981 through 1985,

66.5 percent had their first births during the first year of marriage. This rate was 41.3 percentage points higher than that of the 1956~1960 marriage cohort women. This fastened fertility tempo has been one of factors to swallow the demographic effectiveness of the prolonged age at marriage.¹¹⁾

Third, the IUD and oral pill discontinuation rates have been unusually high. The discontinuation rate for IUD for twelve months of use has maintained about 47 percent during 1976 through 1985. Furthermore, the discontinuation rate for oral pill for twelve months of use increased from 66 percent in 1976 to 72 percent in 1985.¹²⁾ The inflexible program target system, sterilization oriented contraceptive distribution, and inadequate follow-up services for reversible method acceptors are thought to be partly blamed for the high discontinuation rates.

Fourth, son preference value in Korean has exerted a substantial influence on family planning practice, particularly sterilization acceptance. 1988 survey data shows that 69.5 percent of couples with sons are practicing sterilization, only 38.2 percent of those women with two daughters are practicing sterilization. In addition, the son preference value has affected on the changes in sex ratio.

According to the vital registration data, the sex ratio of third birth increased from 107.3 in 1981 to 139.7 in 1987, and a similar trend is observed among the fourth of above births; 113.6 vs. 160.2 during the same period.¹³⁾ This means that those parents with no male heir are willing to go on to the next higher parity and to have son by utilizing modern medical technology, resulting in the increase ultimate sex ratio.

In order to overcome this problem, the government revised the Medical Law in 1987, in which those physicians who provides the medical services for identifying the fetal sex, had the physician's licence cancelled.

Lastly, in spite of legal, social, and ethical constraints, as well as extensive contraceptive services through the government program, the induced abortion experience rate of married women aged 15~44 increased from 30 percent in 1973 when the MCH Law was enacted to 52 percent in 1988. However, the total induced abortion rate per married woman increased more than four times from 0.7 in 1963 to 2.9 in 1978, but it fell down to 1.6 in 1987 due to the high practice

11) KIPH, *Fertility Changes in Korea*, May 1987.

12) *op. cit.*

13) BOS/EPB, Recent Changes in Vital Statistics and New Population Projection for Korea, *Journal of Population Association of Korea(JPAK)*, Vol.11, No.2, Nov. 1988, pp. 77~121

rate of contraception, particularly sterilization. Although the fertility decline in the past years has been greatly affected by the extensive application of induced abortion, more attention should be paid to the young age groups in the 20s who are in the low contraceptive use and high induced abortion rates.

Table 6. Trends in Induced Abortion Rates for Currently Married Women, 1963~1987

Age	1963	1973	1978	1981	1984	1987
20~24	16	86	70	74	91	108
25~29	29	75	156	158	146	197
30~34	58	137	148	146	115	72
35~39	40	88	156	106	40	28
40~44	—	22	54	48	20	7
T.A.R.	0.7	2.1	2.9	2.7	2.1	1.6

Source: KIPH, 1988 *National Fertility and Family Health Survey Report*, 1989.

IV. Population Prospects and Socio-Economic Constraints

1. Population Prospects

The demographic targets during the Sixth Five-Year Economic and Social Development Plan (1987~1991) were set for a further reduction in the population growth rate from 1.25 percent in 1985 to 1.0 percent in 1993. These population goals were made assuming that the total fertility rate (TFR) will decline from 2.0 in 1985 to 1.75 in 1995.

However recent survey data showed that the demographic targets were already achieved earlier than the period planned. The government, therefore, revised its demographic goals in the Sixth Five-Year Plan for maintaining the population growth rate at the level of 0.96 percent during the plan period. The estimated 1987 population of 41.6 million is expected to increase by 32.9 percent and reach 43.2 million by 1991, and the population will stabilize at around 50.2 million by the year 2020.

The aged had been supported by the family in traditional Korean society where the family composed of many generations. As the society underwent industrialization and urbanization,

the family also transformed into new shape of small size and nuclear family. in preparation for aging of population, the government has planned to expand the number of welfare institutions for them which includes free nursing and paying nursing homes, sanitariums, and welfare centers.

In addition, the government put in force a national pension system for retired employees

Table 7. Population Projection and Demographic Goals in the Sixth Five-Year Plan:1987~1991

Year	Population(000)	CBR	CDR	CMR	PGR
1987	41,575	16.5	6.0	0.9	9.6
1988	41,975	16.5	5.9	0.9	9.7
1989	42,380	16.4	5.8	0.9	9.7
1990	42,793	16.4	5.8	0.9	9.7
1991	43,207	16.3	5.8	0.9	9.6
1995	44,870	15.9	5.9	0.9	9.1
2000	46,828	14.7	6.3	0.9	7.6
2020	50,193	10.8	10.0	0.8	0.0

Source: BOS/EPB, Recent Changes in Vital Statistics and New Population Projection for Korea, *Journal of Population Association of Korea(JPAK)*, Vol. 11, No. 2, Nov. 1988, pp. 77~121.

Table 8. Changes in Population Structure:1960~2020

Year	Total Pop.	Age Composition (%)				Dependency Ratio(%)
		0~14	15~64	65 +	Total	
1960	24,989	42.9	53.8	3.3	100.0	85.9
1985	40,806	30.1	65.6	4.3	100.0	52.5
1989	42,380	26.5	68.9	4.6	100.0	44.1
2000	46,828	21.6	72.0	6.4	100.0	38.9
2020	50,193	16.4	72.1	11.5	100.0	38.7

Source: BOS/EPB, *Population Census Data*(1975~1985)

BOS/EPB, *op. cit.*

by 1988 and the medical insurance programs to cover the entire population by 1989.

Due to a continuing decline in fertility, the proportion of population aged less than 14 will decline gradually from 28.2 percent in 1987 to 21.6 percent in 2000, while the population aged 65 or more will increase from 4.4 percent to 6.4 percent during the same period. Accordingly, the dependency ratio will gradually decline from 48.4 percent to 38.9 percent in direct proportion to the decline in the population aged under 15. (See table 8)

2. Socio-Economic Constraints¹⁴⁾

1) Food Demand and Supply

It is estimated that the total demand for food as well as feed grains will increase from 11.7 million M/T in 1980 to 18.6 million M/T in the year 2000, the demand for pulses from 809 thousand M/T to 1.8 million M/T, the demand for vegetables from 7.3 million M/T to 10.6 million M/T, the demand for fruits from 848 thousand M/T to 3.9 million M/T, and the demand for livestock products from 1.1 million M/T to 4.6 million M/T during the same period. On the other hand, the arable land for producing this is expected to decrease from 3.0 million hectare in 1980 to 2.1 million hectare in 2000, and its utilization is also from 127.5 percent to 117.1 percent in the same period. Although increase in the yield of crops is expected due to the improvement of technology, our food production will not meet the need for feeding the mass population. As a result, the self sufficiency level of food production will decrease from 48 percent in 1985 to 34 percent in the year 2000.

Considering the world food situation in the immediate future, there are two options left for providing enough food to the population: expanding the food production or reducing the population growth. The first option is limited because of decreasing arable land, and of costly developing technology for food production.

2) Energy Demand and Supply

Rapid economic growth during the 29 years was accompanied with a parallel increase in energy consumption, and large part of the required energy sources were filled with imported energy sources due to limited endogenous energy sources. With regard to structural changes in

14) KIPH, *Population Problems and Their Counter-Measures in Korea*, Dec. 1987.

energy sector, during 1962~1985, the total energy consumption increased at a rate of 7.7 percent to reach 57 million tons of oil equivalent. By source, oil registered a most rapid increase rate of 14.9 percent per annum enlarging its part 6.8 percent to 62.3 percent in 1979, and then moderated to 49.1 percent in 1985 thanks to vigorous pursuit of diversification of energy sources from oil to other alternative energy sources since the oil crisis in the 1970s.

According to a forecast on energy demand for the period of 1987~2001, the total primary energy demand is expected to increase at a rate of 5.8 percent per annum. Despite the increasing penetration of LNG and nuclear energy, oil is expected to remain the principal energy sources accounting for 43.6 percent of the total energy demand. Moreover, there exist various uneasy factors for stable supply of required energy sources to support a sustained economic growth in the future: population growth, urbanization, motorization, and pursuit for comforts and conveniences as a result of improvement in living standards.

3) Housing Demand and Supply

Despite the addition of new housing units constituting almost half of the present total stock of housing, continuing population growth and urbanization caused the housing shortage from 17.5 percent in 1960 to 30.3 percent in 1985. The housing shortage was particularly severe in urban areas, especially in the largest cities. The total housing requirements for the period of 1985 to 2000 equal to the sum of accumulated needs in 1985 and future requirements. It is estimated that total housing requirements will be 8.1 million units. In other words, the average annual housing requirement will be about 540,000 units over the next 15 years. However, annual housing production in recent years was about 280,000 units. In order to meet increased demand, the first priority of housing policies has to be given to increase the supply of housing units. At the same time, reducing population and household growth is a key element in eliminating housing shortage without increasing housing investment.

4) Environment

During the past years, the rapid economic growth and population increase have resulted in the increase of pollution. In particular, the rapid urbanization and the concentration of population in the large cities have caused environmental pollution exceeding acceptable levels. Furthermore, growth of heavy-chemical industry of environmental consumption type, have worsened the condition of our living environment.

The government's efforts for protecting against environmental pollution, have been strengthened since the mid 1970s by establishing the Office of Environment and the Korea Institute for

Environmental Protection. However, the pollutant increase rate of air pollution, waste water, and solid wastes will increase in parallel with growth of population, industry, and economy in the future. This means that some fundamental counter measures for environmental protection should be sought out, and the population and environmental planning should be closely linked for regional development planning in consideration of environmental capacity.

V. Future Policy Directions and Conclusion

The driving way of the national family planning program since 1962 has been the utilization of a large corps of family planning workers to motivate clients through home visits, and private physicians to provide clinical contraceptive services with free of charge by the government support.

This type of family planning strategies have certainly played an important role in both the reduction of fertility rate and an wide spread use of contraceptives. In other words, the contraceptive practice rate in Korea has been increased from 9 percent in 1964 to 77 percent in 1988 while the total fertility rate has reached below the replacement level by declining from 6.0 to 1.6 during the same period.

Examining the factors contributed to the reduction of fertility rate in Korea, it was largely attributed to the vigorous implementation of national family planning programs with strong political commitments to the program, wide spread use of induced abortion, rise in age at marriage, and changing attitude and norms toward smaller family based on the rapid socio-economic development.

The current demographic goals during the Sixth Five-Year Economic and Social Development Plan period (1987~1991) have been set for a further reduction of the population growth rate to around 0.96 percent by 1991. This population goal was set under the assumption that 1.7 level of the total fertility is to be maintained constantly after 1987. If this assumption is to be achieved, the population size will be stable at around 50.2 million in 2020. However, this demographic goal is to be achieved earlier than that planned, since the fertility assumption used for the population projection is some higher than the actual fertility level (TFR 1.6 in 1987), and the rapid socio-economic changes will continue to affect on the fertility decline in the immediate future. These demographic and socio-economic conditions suggest that the future directions of the population control policies in Korea have

to shift from the current quantitative approach being focused on the reduction of fertility to the qualitative approach for eliminating the problems regarding the contraceptive acceptance and use effectiveness. At this point, the following areas must be carefully considered for redirecting and establishing the future family planning programs.

1. Improvement of Program Management System

Although the program target system which has focused on program quantity has generally been successful in achieving fertility reduction goals, the existing target system should be flexibly applied in local area to permit greater choice of contraceptive methods. Also, the target system has to be shifted from a downward type to an upward type (free target system) to improve the quality of services and continuation rates of reversible contraceptive methods. In addition, the current management system including target allocation, evaluation, and supervision functions, which has been focused on the distribution of sterilization should be changed in an effort to induce the young age groups in the 20s to resort to reversible methods for birth spacing.

2. Gradual Shift of the Government Program to Private Sector

Since the primary objectives of the national family planning programs have been already achieved in terms of fertility reduction and increase of contraceptive practice rate, the functions of the government program execution and implementation have to be gradually delegated to the private organizations such as PPFK by that time when the population growth rate falls down to 0.8 percent level. Even if the private organizations take over the programs, the government should continue the financial supports for free contraceptive services for low income groups and other program costs including maintenance of private organizations.

3. Integration of Family Planning with Public Health Programs

In spite of the government action taken in 1982 to merge the three types of health workers (FP, MCH, and TB) into multi-purpose health workers providing all the primary health services, the family planning program has been independently implemented without close connection or coordination with other health programs. To ensure its integration

success, organizational and functional integration within public health programs must be accomplished. Accordingly, the integration effort must be directed toward; 1) unifying the existing health program network, 2) re-establishing role and function of health workers under the integration scheme, 3) improving the health workers' quality through the retraining programs, 4) developing a unified report and reporting system, and 5) establishing a unique program management system for dealing with the integration approach.

4. Shift of the Contraceptive Distribution with Free of Charge

Since the inception of the national family planning program in 1962, all contraceptive services including sterilization have been distributed with free of charge by the government support. In order to charge a certain portion of contraceptive fee to the acceptors, the government revised the Medical Insurance Law in 1982 to provide medical insurance benefits to those who want contraceptive services including male and female sterilization, and IUD. This scheme was prepared for a gradual shift in responsibility for contraceptive service fees from the free of charge by the government support to the self-paid by the total married women practiced contraception through the medical insurance benefits. These low achievements have been mainly attributed to the mass distribution of contraceptive services with free of charge under the government program. Considering the current status of family planning, and the medical insurance system covering the entire population from 1989, the contraceptive distribution with free of charge should be shifted to the self-paid system, except the low-income groups. It is expected that this scheme will contribute to the improvement of program quality as well as the reduction of the government's financial burden for the program.

5. Extension of Family Planning Program in Its Scope

In inverse proportion of the rapid socio-economic developments in Korea, the youth problems, related to their health since 1970s have been encountered as the society changed from traditional to modern industrial society. The drug abuse and risk-taking behaviours of youth have increasingly become a social problem in recent years. Some of the social factors accelerating the adolescent problems are as follows; 1) lack of humanity education, 2) confusions and conflicts in value orientation, 3) changes in family structure due to the fertility

decline and nuclearization, and 4) unrestrained mass media. Therefore, the family planning program which has been focused on the married couples for the contraceptive services, should extend its scope to the family welfare aspect of adolescent, aging, and kinship problems.

6. Revision of IEC and Beyond Program Strategies

As the tempo of the fertility decline has been faster than that of getting rid of the boy preference value since 1962, the intensity of the son-preference value has become stronger in recent years. These phenomena have resulted in the increase in ultimate sex ratio, especially among the third of above births. Therefore, the existing IE&C and social support policies to place great emphasis on the fertility reduction should be focused on the improvements of women's status and equality of the sexes for maintaining a balanced sex ratio. Especially, IE&C activities should be strengthened to solve problems in contraceptive acceptance and use effectiveness, and special activities for adolescents must be intensified.

7. Overall Evaluation of Individual Program Activities

The national family planning program has involved a wide range of day-to-day operations which constitute a complicated system of program activities, involving many separate agencies, geographical areas, skills, and problems. However, in the absence of a planning process oriented towards identifying program components and evaluating their results and costs, there has been little attention to the managerial evaluation of individual sub-programs or projects. Especially, the current socio-economic and demographic conditions in Korea imply that future family planning program will not sustain itself without the systematic coordination with family and social welfare programs, and the on-going individual program activities should meet the anticipated changes in the immediate future. In view of this, overall diagnosis on the individual program activities should be implemented, in line with the future policy directions and strategies.

In a situation such as Korea where natural resources are scarce and the arable lands are severely limited, even if the population growth rate gets down to the planned level, the population growth would continue to threaten the nation's stability and to exert a heavier

burden for the socio-economic development. However, it is a time to come up with a new directions and strategies of the family planning program, since the contraceptive practice rate and fertility rate in Korea have already reached the plateau level. In other words, Korea has reached a point where her population control policy measures should be switched from quantity to quality oriented policies in an effort to increase the program efficiency and quality.

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Appendix 1. New Population Projection, 1987~2020

Year	Total Pop. (000)	CBR (‰)	CDR (‰)	PGR (%)
1987	41,575	16.53	5.98	0.96
1988	41,975	16.51	5.93	0.97
1989	42,380	16.45	5.81	0.97
1990	42,793	16.39	5.80	0.97
1991	43,207	16.31	5.79	0.96
1992	43,623	16.23	5.79	0.96
1993	44,040	16.14	5.80	0.95
1994	44,456	16.02	5.83	0.93
1995	44,870	15.88	5.87	0.91
1996	45,281	15.71	5.95	0.89
1997	45,684	15.49	6.02	0.86
1998	46,078	15.24	6.09	0.83
1999	46,461	14.96	6.22	0.79
2000	46,828	14.66	6.31	0.75
2005	48,407	13.03	6.93	0.53
2010	49,486	11.60	7.76	0.30
2015	50,025	10.79	8.85	0.11
2020	50,193	10.75	10.02	-0.01

Source: BOS/EPB, Recent Changes in Vital Statistics and New Population Projection for Korea, *Journal of Population Association of Korea(JPAK)*, Vol. 11, No. 2, Nov. 1988, pp. 77~121.

Appendix 2. Chages in Population Composition, 1987~2020

(Unit: %)

Year	Total Pop.	0~14	15~64	65+	Dep. Ratio
1987	41,575	28.16	67.41	4.44	48.36
1988	41,975	27.28	68.18	4.54	46.67
1989	42,380	26.52	68.85	4.64	45.25
1990	42,793	25.87	69.40	4.73	44.10
1991	43,207	25.33	69.84	4.83	43.18
1992	43,623	24.85	70.20	4.95	42.44
1993	44,040	24.40	70.53	5.07	41.78
1994	44,456	23.94	70.87	5.20	41.11
1995	44,870	23.44	71.22	5.34	40.41
1996	45,281	22.89	71.61	5.50	39.65
1997	45,684	22.39	71.93	5.69	39.03
1998	46,078	22.00	72.11	5.89	38.68
1999	46,461	21.76	72.13	6.11	38.65
2000	46,828	21.64	72.02	6.35	38.86
2005	48,407	20.82	71.56	7.62	39.74
2010	49,486	19.45	71.90	8.66	39.09
2015	50,025	17.76	72.44	9.80	38.04
2020	50,193	16.46	72.09	11.45	38.72

Source: *op. cit.*

우리나라 人口抑制政策의 現況과 展望

趙南勳*
徐文姬**

本稿는 韓國人口保健研究院이 1988년에 실시한 全國出産力 및 家族保健實態調査結果를 토대로 1962년부터 人口抑制政策의 일환으로 추진하여온 家族計劃事業의 實態를 종합적으로 分析하여 向後 政策方向을 提示하는데 目的을 두었다.

周知하는바와 같이 政府家族計劃事業은 初期부터 弘報教育을 전담하는 家族計劃要員과 避妊施術서비스를 提供하는 指定醫師(一般開業醫)를 근간으로 하여 政府의 保健所組織綱을 통해 推進되어 왔으나 同事業이 政府各部處의 共同參與와 一線行政에서의 最優先事業으로 부각된 것은 政府의 第5次 經濟社會發展5個年計劃이 着手된 1982年以來라고 할 수 있다. 즉 政府는 上記 5個年計劃을 수립하는 과정에서 보다 強力한 人口抑制政策이 필요하다는 것을 인지하고 종래에 추진해온 家族計劃事業을 활성화하기 위한 方案으로서 事業管理促進制度의 改善, 少子女規範 및 避妊實踐을 유도하기 위한 社會支援施策의 強化, 各部處間의 協調體制의 確立등을 골자로 하는 49個 人口抑制施策을 수립하여 1982년부터 강력히 推進하게 되었다.

이와같은 政府의 施策에 따라 1982~1988年 期間中 政府支援에 의한 避妊施術 受容者의 數는 무려 378万名(不妊手術 227万名, 子宮內裝置 151万名)에 이르고 있으며 이들 避妊受容 婦人中 거의 90%가 2子女以下 受容者라는 點을 감안할때 1980年代에 이룩된 政府家族計劃事業은 비단 量的인 측면에서 뿐 아니라 事業의 人口學的 效果도 매우 지대하다고 評價될 수 있다. <表-5>에서와 같이 15~44歲 婦人의 避妊實踐率은 1982年の 70.4%에서 1988년에 77.1%로 증가되었고, 方法別로 보면 同期間中 不妊手術은 40.5%에서 48.2%로, 콘돔은 7.2%에서 10.2%로 각각 增加된 반면 子宮內裝置를 포함한 其他方法의 實踐率은 오히려 감소되는 추세를 보이고 있다. 한편 婦人의 現存子女數別 實踐率은 子女數가 2名 또는 그 以上인 경우가 거의 90% 以上의 높은 實踐率을 보이고 있는 반면에 子女數가 없거나 1名만의 婦人의 避妊實踐率은 각각 21.0%, 58.1%로서 向後的 避妊普及對象을 당연히 이들 20代 젊은 婦人層에 집중되어야 할 것이다. 이들 集團은 追加子女를 희망하거나 斷産

*韓國人口保健研究院 企劃調整室長.

**韓國人口保健研究院 責任研究員.

을 원해도 不妊受容을 주저하는 集團으로 예상될 뿐 아니라 全體婦人中 48.2%가 不妊受容 婦人이라는 點을 감안할때 콘돔을 포함한 一時的인 避妊方法의 普及에 力點을 두어야 할 것이다.

특히 避妊實踐率의 增大에 따라 婦人の 人工妊娠中絶率도 크게 감소는 되고 있으나 人工妊娠中絶의 대부분이 20代 婦人層에서 발생되고 있기 때문에 願치않는 妊娠이나 人工妊娠中絶을 豫防하기 위해서는 이들 婦人層에 대한 一時的인 避妊方法의 普及이 매우 중요한 것이다. 따라서 콘돔과 같은 方法을 政府事業에서 除外한다는 일부 主張은 잘못된 것이며, 政府事業에서 除外되는 避妊方法의 實踐率은 이들 方法에 대한 一線要員의 啓蒙教育이 不在하여 계속 減少될 것이라는 點을 인지해야 할 것이다.

1980年代의 人口抑制政策에 관한 政府의 강력한 意志와 社會經濟的 發展에 힘입어 우리나라 婦人1人當 合計出産率은 1984年の 2.1名에서 1987년에는 1.6名으로 減少되어 政府가 당초 婦人の 合計出産率을 1995년까지 1.75名水準으로 低下시키고 人口增加率을 1993년까지 1%水準으로 抑制한다는 第6次計劃期間中の 人口目標은 이미 早期達成된 것으로 評價되고 있다. 이와같은 最近의 人口動態率 變動에 따라 經濟企劃院(調查統計局)에서 작성한 새로운 人口推計에 의하면 우리나라의 人口는 2020년에 約 5,019万名線에서 成長이 停止될 것으로 展望된다. 그러나 이와같은 人口推計는 1985年以來 婦人の 合計出産率이 1.7名水準이 지속된다는 前提下에 이룩된 것이나 이미 1.6水準으로 도달되었기 때문에 人口成長의 停止年度가 오히려 앞당겨 질 수도 있다.

그러나 새로운 人口推計대로 人口가 成長한다고 할 지라도 向後의 人口成長이 住宅, 食量, 雇傭等 社會經濟的 發展에 미치는 人口의 압박요인은 더욱 악화될 것으로 전망되기 때문에 人口成長의 停止年度가 빠르면 빠를수록 유리하다는 理論도 있을 수 있겠으나 人口成長의 停止以後에 올 수 있는 否定的 結果도 충분히 검토되어야 할 것이다.

結論的으로 우리나라의 出産率(TFR)은 이미 人口代置水準 以下에 도달되었기 때문에 家族計劃事業의 基本目標도 出産低下보다는 기존의 事業이 지니고 있는 斷産爲主의 避妊實踐, 높은 避妊中斷率, 높은 人工妊娠中絶率, 男兒選好에 의한 性比의 不均衡등을 해소할 수 있도록 事業의 質的인 측면에 力點을 두어야 할 것이며, 避妊施術費의 점증적인 有料化, 民間主導型 家族計劃事業을 위한 基盤造成, 家族計劃事業과 其他 保健事業과의 실질적인 統合運營을 위한 組織 및 機能의 再編等 家族計劃事業의 管理運營方式이 現今의 社會, 經濟, 人口學的 與件에 부합 되도록 改善되어야 할 시기라고 본다. 특히 家族計劃은 人口抑制策으로서 뿐 아니라 우리가 追求하고 있는 家庭 및 社會 福祉를 실현하기 위한 基本手段인 것이므로 同事業은 社會開發次元에서 강력히 推進해 나가야 할 것이다.