

<抄 錄>

— 1979年 韓國 避妊普及 實態調查 —

高 甲 錫·咸 喜 順

1979年 韓國 避妊普及 實態調查는 家族計劃 研究院이 美國 Westinghouse Health System 의 研究資金 支援을 받아 同年 3月 21日부터 5月 21日까지 實施한 調查로써 調查目的은 첫 째 時系列的으로 全國의 避妊實踐 水準을 把握기 위한 것이고 둘째는 家族計劃 事業의 遂行單位인 市道別로 事業效果를 評價하기 위한 것이었으며 셋째는 標準化된 質問紙를 利用하여 國際적으로 避妊實踐現況을 比較토록 한 것이다.

標本設計는 多段階 集落 標本抽出方法을 利用하였으며 제주도를 除外한 10個市道(서울, 부산 包含)에서 각기 代表性있게 2,000 家口씩 總 20,018家口를 抽出하였다.

調查結果 標本家口 중에서 19,786家口가 調查되었으며 調查對象者인 15~49歲의 既婚婦人은 14,303名, 15~44歲의 有配偶 婦人은 11,987名이 面接을 完了하였다.

調查事項중 避妊實踐과 관련된 몇가지 分析 結果를 要約해 보면 다음과 같다.

1) 1979년 全國의 避妊實踐 水準은 55%로 1964年 9%에 비해 상당히 증가되었으며 地域別로 볼 때 都市에서 보다는 農村에서 더욱 크게 增加되었다.

2) 年齡別로 볼 때 35~39歲의 婦人이 71.9%로 가장 높은 實踐率을 보이고 있고 現存子女數別로 볼 때는 3名의 子女를 가진 婦人이 69.0%로 가장 높은 實踐率을 보이고 있다.

3) 方法別로 볼 때는 먹는 약이 7.2%, 콘돔 5.2%, IUD 9.6%, 정관 5.9%, 난관 14.5%, 기타 12.1%로 난관이 가장 많이 利用되고 있다.

4) 避妊의 프로그램 소스別로 볼 때 政府프로그램 利用者가 29.5%, 自費부담이 25.0%로 각기 반반씩의 비중을 차지하고 있다.

5) 市道別로 避妊實踐 水準을 보면 서울이 57.9%, 부산 50.2%, 경기 55.4%, 강원 55.9%, 충북 56.7%, 충남 55.8%, 전북 50.5%, 전남 50.7%, 경북 55.9%, 경남 49.5%이다.

6) 調查對象 婦人을 避妊과 관련된 제반 特性別로 分類하여, 現避妊 實踐, 現在妊娠, 非有配偶, 일시적 別居, 子女希望, 産後授乳, 不妊, 폐경 등에 해당된 婦人을 除外하고 남은, 자녀를 원치 않으면서도 피임을 하지 않고 있는 가임부인인 “妊娠危險婦人”이 19.5%

나 되었다.

7) 市道別로 이들의 分布를 比較해 보면 서울 8.6%, 부산 11.3%, 경기 13.3%, 강원 13.0%, 충북 14.3%, 충남 18.9%, 전북 18.6%, 전남 15.6%, 경북 11.7%, 경남 15.7%이다.

8) 먹는 약의 事實上의 求得處는 保健所가 52.7%, 약국이 42.0%이고 非使用者의 選好를 보면 보건소가 51.3%, 약국이 45.3%다.

9) 콘돔의 境遇 事實上의 求得處는 保健所가 40.0%, 약국 47.0%이나 非使用者의 選好는 보건소가 58.4%로 增加하고 있다.

10) IUD의 境遇 事實上의 求得處와 非使用者의 選好하는 供給處가 거의 일치되고 있어 受容性 測面에서 볼 때 가장 성공적으로 프로그램이 진행되고 있다.

11) 女性不妊의 境遇 84.0%가 病院을 利用하였고 15.5%가 保健所를 利用하였다. 그러나 非經驗者의 選好에서는 保健所가 2배 以上 增加하였다.

12) 男性不妊의 境遇 60.7%가 病院을 利用하였고 34.7%가 保健所를 利用하였으나 非使用者의 選好에서는 보건소가 41.5%로 增加하였다.

A BRIEF REPORT
ON
1979 KOREAN CONTRACEPTIVE PREVALENCE SURVEY

KAP SUK KOH · HEE SOON HAHM

1. Organization of the Korean National Family Planning Program

To understand the organization of the Korean national family planning program, it is helpful to review the administrative organization of the Korean government. The Republic of Korea is divided into 9 provinces and 2 metropolitan areas, each of which has its own central administration. The provinces are divided into urban Si (cities) and rural Gun (counties); in principle, areas with 50,000 or more population are classified as Si, although there are a few Guns with 50,000 or more population as well. The larger cities (Seoul, Pusan, Taegu, Kwangju, Taejon, Inchon) are subdivided into large administrative districts called Ku. The Ku and the smaller Si are further subdivided, but these smaller units have no bearing on the administration of the family planning program. The rural Gun(counties) are divided into townships known as Eup¹⁾ and Myon²⁾. They are identical in function, although the Eup tends to be larger than the Myon. As with the urban Si, the subdivisions of the Eup and Myon are not involved in family planning program administration.

Since its inception in 1962, the national family planning program has followed a deliberate policy of decentralization. By 1963 the government had established one health center in each Gun and Si. In the larger cities, health centers were established in each Ku; as increasing urbanization led to the creation of new Ku, new health centers were also set up.

* This paper is prepared by Kap Suk Koh and Hee Soon Hahm, Korean Institute for Family Planning, Seoul, Korea, for country presentation of Asia regional CPS workshop held in Pattaya, Thailand, February 1981.

1) Legal locality as administrative area with 20,000—50,000 pop.

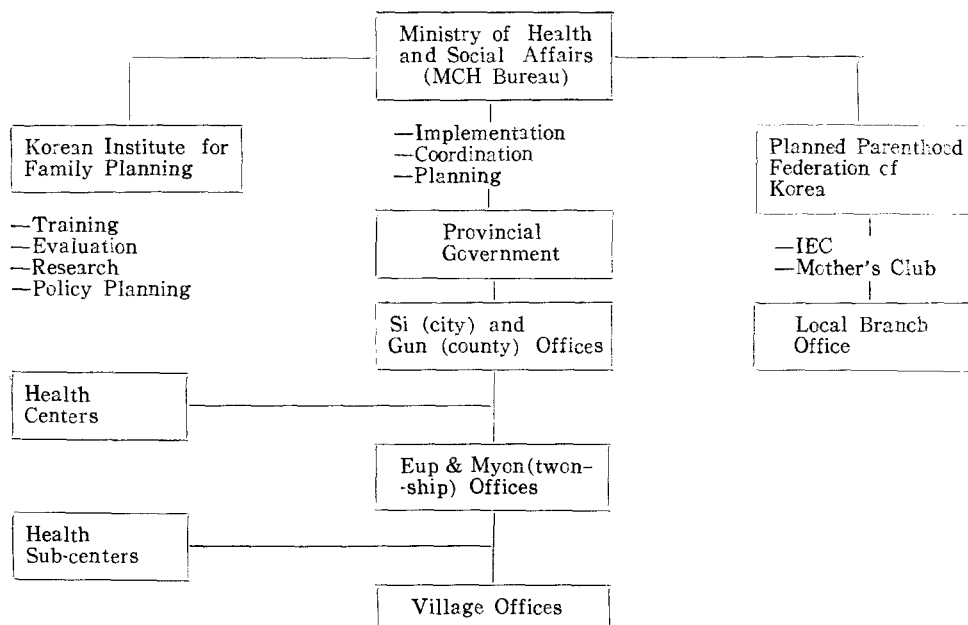
2) Legal locality as administrative area with less than 20,000 pop.

The health centers are ultimately responsible for the operation of the family planning program. Each health center is administered by its own director, who is responsible for the supervision of the field workers. In the rural Gun each field worker is assigned to her own Eup or Myon; larger Eup may have two fieldworkers. Fieldworkers dispense pills, condoms, and educational materials, refer potential IUD and sterilization acceptors to designated physicians, and supervise township workers.

The county health centers are under the control of their respective provincial governments; the provincial governors in turn report directly to the Ministry of Health and Social Affairs (Maternal and Child Health Bureau). Figure 1 illustrates this chain of command.

At the beginning of each calendar year the national family planning program decides how many new acceptors of each contraceptive method (condoms, pills, IUD, sterilization)³⁾ must be recruited during the coming year. Factors considered in the target setting include nationwide fertility goals, budget allocations, distribution of eligible women in regard to the potential acceptors by province, time trend of achievement by preferred method and proposed targets submitted by the provincial governments. The final target is set by the

Fig. 1. Partial organization of the Korean national family planning program



3) Targets for IUD and sterilization are enumerated as yearly new acceptors. Targets for pills and condoms are enumerated as monthly supplies dispensed.

Korean Institute for Family Planning in conjunction with the Ministry of Health and Social Affairs and the Economic Planning Board. These figures may be modified during the year in response to actual demand (upward where the demand is high, downward where the demand is low).

Once the numerical targets have been set at the national level, they are apportioned first among the provinces, and then again among the Si and Gun, so that each health center receives its own quota for each program method. The health center director assigns a portion of the targets to each fieldworker. The primary criterion used in the distribution of the targets is the size of the eligible population (married women ages 20-44) and prevalence by sub-area (Ku, Si, and Gun).

2. National Combined Surveys of Fertility, Family Planning and Follow Ups (Sample Survey Covering the whole Country)

They have carried out every two or three years, recently they have been carried out four times; in 1973, 1976, 1978 and 1979. In line with the initial stage of planning the 1979 Korean Contraceptive Survey (1979 KCPS), KIFP and MCH Bureau, Ministry of Health and Social Affairs closely affiliated in order to achieve the purpose of the survey. In designing stage of the survey KIFP as a producer and consumer of the research findings was advised from PPFK and academic society.

The KIFP collects service statistics and compiles reports of program achievement regularly. Detailed analysis of various special problems are as also done. A series of major surveys to measure the time trend of changes in fertility and fertility behavior have been carried out, the latest having been conducted as a part of the regional contraceptive prevalence survey is 1979 KCPS.

3. Survey Period

1979 KCPS can be classified into four stages such as survey design as a preparatory work, field operation, data processing and analysis of the survey result. The preparatory work including questionnaire and sampling design, and pilot test took about six months begun in September 1978.

Of course the recruitment and training of interviewers and supervisors were done between

preparatory work and field operation. For the field operation it took two months from March 28 through May 21, 1979. For the data process, editing and coding in central office(KIFP) were finished in one month and key punching was contracted out to a commercial bureau because this group was able to handle the large volume (60,000 cards) in a reasonably short time and at a reasonable cost. The service bureau returned the data tape to KIFP in one month. After the data file, cleaning of the data required one month in order to clean the data.

For the purpose of analysis, tabulations were produced and KIFP used SPSS to generate tables. It took about nine months to finish writing draft of report.

4. Background of the Survey

The national family planning program has been pushed by the strong support of the government since 1961 under the positive reaction of general public in Korea. In order to support the program, various research and evaluation activities on the program have been done and KAP, and fertility survey on national base were also conducted 11 times during last 20 years of program history.

According to the survey result, the total fertility rate has been declined from 6 to 3 due to increase of prevalence and induced abortion in the last 2 decades.

Such surveys have shown facts based on the urban-rural and all Korea and they could not give data based on regional area in terms of provincial data. The 1979 KCPS is the first attempt to give provincial data which are mostly required for the variety of province-based program approach.

5. Coverage

From each province or stratum a sample of 2,000 households was drawn (giving a nation sample of 20,000 households). The 20,000 households was drawn to provide a national survey population of single (never married) women between the ages 15 and 29 years. Given the focus of the 1979 KCPS on contraceptive usage, it was not felt that the measurement of the use at provincial levels was usefully given the large effort and cost required to cover this sub-population.

6. Purpose of the 1979 KCPS and Feed Back of the Findings

As mentioned earlier, the Korean national family planning program has been planned at the central level of concerned organization. Thus the function of implementation and evaluation of the program have been done at the central agencies by and large. A lack of the regional (provincial) data has made a difficulty of recruiting potential acceptors in spite of requiring the necessary data on eligible women particularly by provinces expecting a prevalence range from 50 to 60 percent. 1979 KCPS focused on the collection of prevalence data to get following facts;

- A. Effectiveness and efficiency by provincial level in order to make an optimum allocation of program resources.
- B. Quick feedback to the provincial government of differentials of prevalence, fertility and availability, etc.
- C. A comparison among those countries participating WHS sponsored survey will be possible.
- D. An impact of government program on fertility and prevalence should be measured.

The first feedback of the 1979 KCPS was done in "National Family Planning Evaluation Seminar" held in May, 1979. The participants were 71 represented various concerned organizations and academic societies such as USAID/Korea, UNFPA/Korea, Economic Planning Board in which budget bureau of central government is belonged, Ministry of Health and Social Affairs, Office of Labor and Provincial Government. The participants are working or decision making level at each organizations. In the seminar Kap Suk Koh presented "Contraceptive Prevalence Status by Province and Future direction of the Korean National Family Planning Program" in which differentials of the prevalence level and availability of the contraception (see tables attached) were pointed out. After the May seminar, KIFP made several times a feedback function through official channel and meetings to concerned agencies or persons for policy formulation.

7. Survey Procedure

—Sampling

As mentioned earlier, one of the main purposes of the 1979 KCPS was to collect data

on contraceptive use levels with knowledge and availability of contraception at a provincial and urban/rural level.

In the past, conventional surveys have been used to provide information on a national level. However, the Korean family planning has been developed to the point where management information at a national level is not adequate. For this reason the 1979 KCPS has expanded sample size to allow representative samples to be drawn on a sub-national or provincial level. It is important to note that each provincial sample is self weighting and appropriately stratified by each province's urban and rural proportion of the total population. As a consequence of the provincial level sample design the national sample is not representative so that each province must be weighted to generate representative estimates at a national sample.

In the first stage of sampling, Eup, Myun and Dong and a primary sampling unit were selected with probability of proportionate to size (PPS). In the second stage, Tong or Ri were drawn. These sampling frame was based on year-end count compiled by administrative unit by Central Census Bureau. Thus, census enumeration districts established in 1975 was not used in the 1979 KCPS because there were a lot of changes in EDs after 1975. In the third stage, households were selected (approximately 20,000 households).

In order to develop a sample frame each selected sample unit(562 Tong or Ri) had to have a complete or partial enumeration of the sub-selection units. KIFP recruited and trained 30 mappers to finalize the sample frame for the field operation.

—Field Operation

The field staff was recruited through advertisement placed in two Korean newspapers 60 interviewers and 15 supervisors. The training continued during the first two weeks before actual fieldwork. Interviewers worked in each team composed of 4 interviewers and 1 supervisor. This allowed intensive supervision by field and central office supervisors.

Doing a national survey of 20,000 households is a massive effort. Fieldwork started March 28, 1979 and was completed on May 21, 1979. There were 15 team of 4 or 5 interviewers and one supervisor. Teams travelled by public transport. In some area the Health Center provide vehicles for local travel but this was unusual. The work load per interviewer was 8 interviews per day. This is a fairly high interview rate by international standards but mapping (which simplified locating households) the ease of the travel in Korea, and the hard work of the interviewers made it possible. Completed questionnaire were reviewed by other team members and then by the supervisor.

—Supervision

Supervision of field operations is another area in which KIFP has considerable experience. All teams were directly supervised. The supervisor who worked with the each team was responsible for organizing and ensuring the quality of the work. This woman was also expected to notify the central office by telephone immediately if any problems arose or if the team changed areas. Most teams contacted the central office every two or three days. Also the central office could locate a team by calling the local health center. Upon arrival in an area, teams informed the Health Center of their arrival and where they were staying. Any messages sent from the central office were delivered to the team the same day. The high level of communication between the central office and the teams prevented problems and reinforced the need to do quality work. KIFP also had a team of roving supervisors who made surprise or planned visits with the teams. The information on the exact location of each team allowed the roving supervisors to plan trips which would cover several teams. Roving supervisors visited each team about 5 times during the course of fieldwork.

—Data Processing

Upon completion of field work it is necessary to put the completed interview schedules in machine readable format. This requires that all responses given a specific numeric value then keypunched. This process, frequently quite time consuming, made simpler in KCPS by pre-coding almost all responses and by not using transcription sheets for keypunching. On the interview schedule only two questions were open-ended. The remainder had logical response categories or categories developed in the pre-test. Pre-coding of responses greatly simplified the work of the interviewer and the coder.

When questionnaires were returned to the central office, they were logged in and then a small staff of editors and coders began working on them. This staff was augmented, upon completion of fieldwork, by selected interviewers, who reedited every questionnaire. Then completed questionnaires were coded. In the past, KIFP has coded responses on to separate transcription sheets. However, based on recommendations from Westinghouse and the use of a different keypunching organization KIFP coded the responses onto a specially designated area on the questionnaire. This system has advantages over transcription in that it reduces time paperwork and transcription error, and simplifies the correction process. The disadvantages are that we must move around a large volume of materials and it is a little slower in keypunching. This is the first time that KIFP has not used

transcription sheets. Editing and coding started and was completed in one month.

Key punching was contracted out to a commercial service bureau. This group was able to handle the large volume in a reasonably short time and at a reasonable cost. Also this group was able to work directly from the questionnaires which avoided the problems of transcription. The service bureau returned the data tape to KIFP on July 6, 1979.

The next stage in data processing was the cleaning of the data. Using MINITAB, KIFP machine edited the data. First a standard set of range checks was run. The errors found were corrected by re-viewing the original questionnaire. Once these errors had been resolved a series of logical consistency checks between variables were run. These were also corrected. The data tape was at this point basically clean. A few additional errors, missed by the the machine edit, were found by examing the marginal frequency distributions and preliminary cross tabulations.

For purposes of analysis tabulations were produced. KIFP used SPSS to generate tables. There were over 300 basic tables.

KIFP does not have in-house computer capabilities. It used a remote terminal and high speed printer connected to a computer at the Korean Institute for Science and Technology (KIST).

8. Findings

The 1964 survey indicated that 50.9 percent of the women have a knoweldge of at least one kind of contraceptive method, which increased to 99.6 percent as of 1979. This suggests the great achievement of IE&C activities. And the current use rate also increased from percent in 1964 to 55 percent in 1979. The gap of practice rate between rural and urban also decreased as Table 1 presented.

According to the Table 2 the current use rate is high among women of 35-39 age and of having 3 children. In urban area average of current users is 34.2, which is less 2.4 years than 36.6 of rural current users. The average number of living children are 2.7 in urban area and 3.8 in rural area, though the decrease of gap of current use rate. There is still, a wide gap in the perspective of program effect between rural and urban area. The oldening age of adoption in Korea is one of the important problems in family planning program when we consider that the average age of current users was 35.2 and the number of living children were 3.1, which indicated the aim of contraception lied in stopping

Table 1. Prevalence Rate: 1964-1979

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

live birth.

Table 3 showed the change of using rate of each method as the government changes the policies. The rate increased to 54.5 percent in 1979 from 44.2 percent in 1976 owing to the wide distribution of female sterilization by government. But the increase

Table 2. Contraceptive Practice Rate by Characteristics of Women: 1971-1979

Characteristics	1971	1973	1974	1976	1978	1979
Total	25%	36%	37%	44.2%	48.8%	54.5%
Age						
15-24	7	12	13	15.4	16.1	18.3
25-29	15	28	29	31.9	38.0	40.9
30-34	28	38	45	55.8	62.0	68.5
35-39	38	53	54	61.5	66.3	71.9
40-44	27	39	38	45.1	46.9	53.3
Number of Living Children						
0	4	4	16	4.6	6.9	7.0
1	6	14	17	18.2	16.5	20.7
2	20	35	47	44.0	50.7	58.2
3	29	46	54	59.0	65.2	69.0
4	34	46	57	60.4	62.4	68.9
5+	35	43	50	47.2	51.7	58.5

Table 3. Contraceptive Practice Rate by Residence and Method: 1976—1979

Method	1976			1978			1979		
	Urban	Rural	All Korea	Urban	Rural	All Korea	Urban	Rural	All Korea
Oral pill	8.0%	7.5%	7.8%	6.6%	6.5%	6.6%	6.4%	8.3%	7.2%
Condom	8.0	4.6	6.3	7.8	3.4	5.8	6.4	3.4	5.2
IUD	8.2	13.0	10.5	7.1	12.7	9.5	6.3	14.6	9.6
Vasectomy	5.1	3.2	4.2	6.7	4.1	5.6	7.1	4.0	5.9
Tubal ligation	5.6	2.4	4.1	13.8	7.2	10.9	16.2	12.0	14.5
Other	13.1	9.4	11.3	12.0	8.3	10.4	12.7	11.3	12.1
Total	48.0	40.2	44.2	54.0	42.2	48.8	55.1	53.6	54.5

of practice of female sterilization brought about the decrease of other methods practice. In urban area practice of female sterilization amounted to 16.2 percent, 12.1 percent of the other method users consisted of 0.7 percent of injection and foam tablet and 11.4 percent of ineffective methods as rhythm method and coitus interruptus. Government family planning program considers that the relatively high percent of ineffective method bringing the unwanted pregnancy and induced abortion.

Table 4 is contraception practice rate by financial source. The rate by government support increased 7.4 percent point from 22.1 percent in 1976 to 29.5 percent in 1979. On the other hand the rate of self-support also increased 2.9 percent point from 22.1

Table 4. Percent Distribution of Contraceptive Practice by Method of Contraception and Resource: 1976—1979

Method	1976			1978			1979		
	Gov't	Self	Total	Gov't	Self	Total	Gov't	Self	Total
Oral pill	4.7%	3.1%	7.8%	4.0%	2.6%	6.6%	3.7%	3.5%	7.2%
Condom	3.1	3.2	6.3	3.0	2.8	5.8	1.6	3.6	5.2
IUD	9.5	1.0	10.5	8.9	0.6	9.5	9.0	0.6	9.6
Vasectomy	3.7	0.5	4.2	5.3	0.3	5.6	5.4	0.5	5.9
Tubal ligation	1.1	3.0	4.1	7.0	3.9	10.9	9.8	4.7	14.5
Other	—	11.3	11.3	—	10.4	10.4	—	12.1	12.1
Total	22.1	22.1	44.2	28.2	20.6	48.8	29.5	25.0	54.5

Table 5. Age Distribution of Ever Married Women Interviewed by Province: 1979

Age	Seoul	Busan	Gyung gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyung buk	Gyung nam	All
15—19	0.4	0.5	0.7	0.2	0.5	0.2	0.4	0.6	0.3	0.4	0.4
20—24	9.3	9.5	9.6	9.0	8.4	7.2	8.1	7.7	8.9	9.4	9.0
25—29	21.7	21.4	16.9	14.8	14.7	15.6	13.4	13.4	16.3	17.2	17.7
30—34	22.2	20.3	16.9	15.3	17.0	19.5	18.8	16.4	18.8	18.4	19.1
35—39	20.3	19.9	20.7	22.2	21.1	19.7	17.7	23.0	20.9	19.8	20.5
40—44	16.4	16.3	19.7	21.8	21.3	21.5	23.5	20.5	20.5	18.1	19.1
45—49	9.7	12.1	15.7	16.1	17.0	16.3	17.9	18.3	14.2	16.7	14.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	1,553	1,554	1,506	1,382	1,382	1,290	1,402	1,331	1,432	1,514	14,586
Average	34.0	34.4	35.4	36.0	36.1	36.0	36.4	36.9	35.5	36.0	35.2

percent to 25.0 percent. In 1979 the practice rate of government-support and self-support was 54 : 46. But given the fact that the self-support involved such ineffective method at coitus interruptus or rhythm method, the really effective method use ratio of government support and self-support was 65 : 35. In Korea still the distribution through government program channels are much more important.

Table 6. Contraceptive Practice Rate of Currently Married Women 15—44 by Province: 1979

Age	Seoul	Busan	Gyung gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyung buk	Gyung nam
15—19	16.7	16.7	20.0	11.0	—	—	33.3	—	—	—
20—24	22.1	15.2	20.8	23.2	23.2	16.1	15.3	13.6	16.8	16.2
25—29	47.3	39.6	43.6	36.8	36.4	44.7	33.2	28.2	38.9	35.0
30—34	71.9	65.0	69.4	71.0	67.6	66.3	67.3	59.3	70.2	67.6
35—39	72.3	68.1	74.6	71.3	74.0	72.7	68.6	67.5	76.5	69.2
40—44	57.6	47.1	52.1	58.1	60.3	53.5	46.2	56.5	54.6	42.4
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.5
N	1,354	1,282	1,210	1,118	1,074	1,038	1,102	1,047	1,168	1,209
Standardized Rate	58.1	50.9	56.0	55.6	55.7	54.7	50.1	48.8	55.6	49.8

IUD and sterilization showed heavy reliance to government-support while many condoms and oral pills were distributed by private self-support(see Table 7-2). Especially in Seoul area 89 percent among condom users and 78 percent among oral pill users bought the contraceptive privately.

Tables 5 and 6 shows the differences of contraceptive prevalence rate by age and method among those provinces. Why this sort of differentials has been occurred? We need a further analysis from the 1979 KCPS results.

Table 7-1. Contraceptive Practice Rate of Currently Married Women 15-44 by Method: 1979

Method	Seoul	Busan	Gyung gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyung buk	Gyung nam
Oral pill	6.4	5.0	7.6	10.2	8.7	8.4	6.6	6.3	8.7	6.6
Condom	7.5	5.2	5.0	5.6	4.3	4.8	3.4	3.2	3.9	4.1
IUD	4.8	6.4	7.5	13.5	19.4	13.9	13.0	12.1	13.2	11.0
Tubal ligation	18.9	15.8	17.4	10.8	9.7	12.6	14.3	11.3	10.1	12.0
Vasectomy	9.8	5.9	6.1	3.0	5.1	4.7	3.0	4.6	3.6	3.9
Other	10.5	11.9	11.8	12.8	9.5	11.4	10.2	13.2	16.4	11.9
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.5
N	1,354	1,282	1,210	1,118	1,074	1,038	1,102	1,047	1,168	1,209

Table 7-2. Contraceptive Practice Rate of Currently Married Women 15-44 by Method and Source: 1979

Method	Seoul		Busan		Gyeonggi		Gangwon		Chngbuk		Chungnam		Jeonbuk		Jeonnam		Gyungbuk		Gyungnam	
	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self
Oral pill	21.4	5.0	1.4	3.6	4.0	3.6	7.4	2.8	6.9	1.8	5.2	3.2	4.2	2.4	4.2	0.8	4.9	3.8	4.1	2.5
Condom	0.8	6.7	1.2	4.0	2.0	3.0	3.9	1.7	2.5	1.8	2.2	2.6	1.4	2.0	1.4	1.2	1.8	2.1	1.4	2.7
IUD	3.9	0.9	5.5	0.9	7.3	0.2	13.1	0.4	18.9	0.5	13.4	0.5	12.4	0.6	12.4	—	12.4	0.8	9.6	1.2
Tubal ligation	11.6	7.3	11.0	4.8	12.6	4.8	8.5	2.3	7.6	2.1	10.0	2.6	6.4	7.9	6.4	3.2	7.5	2.6	8.9	3.1
Vasectomy	8.7	1.1	5.2	0.7	5.8	0.3	3.0	—	4.9	0.2	4.6	0.1	2.9	0.1	2.9	0.3	3.2	0.4	3.8	0.1
Other	—	10.5	—	11.9	—	11.8	—	12.8	—	9.5	—	11.4	—	10.2	—	13.2	—	16.4	—	11.9
Total	26.4	31.5	24.3	25.9	31.7	23.7	35.9	20.0	40.8	15.9	35.4	20.4	27.3	23.2	27.3	18.7	29.8	26.1	28.0	21.5
N	1,354	1,282	1,282	1,210	1,118	1,074	1,074	1,038	1,102	1,047	1,168	1,209								

Table 8. Contraceptive Practice Rate of Currently Married Women 15-44 by Province and Number of Living Children

Number of Living Children	Seoul		Busan		Gyung gi		Gang won		Chung buk		Chung nam		Jeon buk		Jeon nam		Gyung buk		Gyung nam	
	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self	Gov't	Self
0	7.8	6.7	9.0	5.4	4.3	6.8	5.7	5.5	6.1	5.9										
1	28.9	13.6	21.2	12.0	13.9	19.2	14.4	11.5	19.9	17.2										
2	68.0	55.9	55.7	58.2	50.3	56.5	41.0	38.7	54.7	49.0										
3	73.5	70.1	68.9	65.9	67.1	69.7	60.9	55.9	70.2	67.7										
4	71.3	60.4	69.2	71.3	67.3	70.8	67.7	69.2	74.0	60.7										
5+	54.3	50.0	65.3	64.0	69.9	57.8	53.7	58.3	58.2	54.2										
Total	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.5										
N	1,354	1,282	1,210	1,118	1,074	1,038	1,102	1,047	1,168	1,209										

Table 9. High Risk Women of Currently Married Women by Province: 1979

Women's Condition	Seoul	Busan	Gyung gi	Gang won	Chung buk	Chung nam	Jeon buk	Jeon nam	Gyung buk	Gyung nam
Number of Women	1,354	1,282	1,210	1,118	1,074	1,038	1,102	1,047	1,168	1,209
Currently Practice	57.9	50.2	55.4	55.9	56.7	55.8	50.5	50.7	55.9	49.5
Pregnant	7.9	10.3	8.3	6.9	8.5	4.5	7.8	9.0	7.9	8.2
Want additional children	10.0	9.4	9.8	11.6	9.6	12.0	12.8	13.3	12.1	13.3
Menopaus	0.8	0.5	0.6	0.4	0.2	0.4	0.3	0.3	0.3	0.5
Infecund	0.1	0.2	0.2	0.4	0.2	0.2	0.2	0.3	0.2	0.2
Temporary not cohabits	1.3	1.6	1.7	0.9	0.2	0.2	0.3	0.6	0.5	0.7
Post partum amenorrhea	7.5	10.0	7.7	10.6	11.0	9.2	9.4	10.2	8.3	10.8
*High risk	14.4	17.9	16.2	13.3	13.7	17.7	18.7	15.7	14.8	16.7
Target practice rate	72.3	60.2	71.6	69.2	70.4	73.5	69.2	66.4	70.7	66.2

Table 10-1. Wanted Place to Get Contraceptive by Available Place: 1979

Place	Oral pill		Condom		IUD		Tubal ligation		Vasectomy		Induced Abortion	
	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced
Hospital/Clinic	1.0	2.5	3.2	1.9	36.9	39.4	84.0	60.2	60.7	57.0	96.1	92.1
Health Center	52.7	51.3	40.0	54.8	57.1	58.8	15.5	39.3	34.7	41.5	2.3	7.2
Drug Store	42.0	45.3	47.0	41.0	—	0.8	—	—	—	—	—	—
Mobile Van	—	—	0.4	0.4	4.9	0.8	0.5	0.4	4.5	1.4	—	—
Other	4.3	0.9	9.4	1.9	1.1	0.3	—	—	0.1	—	1.5	0.5
N	5,984	7,671	3,667	7,442	4,360	8,915	1,843	11,256	841	11,482	6,685	7,086

Table 10-2. Knowledge about the Cost of Contraception: 1979

Cost	Oral pill		Condom		IUD		Tubal ligation		Vasectomy		Induced abortion	
	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced
Free	9.8	46.0	48.0	87.8	91.6	96.5	65.3	90.8	91.3	97.3	2.7	24.7
Charge	90.2	54.0	52.0	12.3	8.4	3.5	34.7	9.2	8.7	2.7	97.3	75.3
N	5,252	2,383	2,555	4,282	4,190	5,119	1,741	6,813	753	6,685	6,347	2,858

Table 10-3. Required Time to Get Clinical Service: 1979

Time	All Korea		Metropolitan City		Other City		Rural	
	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced	Experi- enced	Not Experi- enced
IUD								
-30 min.	57.5	59.1	67.7	67.0	76.5	76.4	40.8	41.8
30+ min.	42.6	40.9	32.3	33.1	23.4	23.6	56.3	58.2
N	4,189	8,112	1,061	2,607	982	2,163	2,147	3,343
Tubal ligation								
-30 min.	58.0	55.4	68.8	65.7	77.8	76.1	30.6	35.7
30+ min.	42.0	44.6	31.2	34.3	22.2	23.9	69.4	64.3
N	1,800	10,947	759	3,186	441	2,740	599	4,571
Vasectomy								
-30 min.	62.3	56.2	64.1	65.0	85.3	74.3	42.7	36.9
30+ min.	37.7	43.7	35.9	35.0	14.7	25.7	57.3	63.1
N	770	10,648	368	3,393	170	2,776	232	4,479
Induced Abortion								
-30 min.	62.0	53.7	76.1	71.6	78.8	80.0	33.3	30.8
30+ min.	38.0	46.3	23.8	28.4	21.2	20.0	66.7	69.2
N	6,505	6,750	2,428	1,884	1,807	1,583	2,270	3,282