

Women and Children's Health Care in Korea: Status and Strategies

Kyung Hye Lee, RN, PhD*

I. Introduction

The Korean peninsula is located at the eastern end of the Asian continent and extends southward among China, Russia, and Japan. Korea is roughly 1000km (600miles) long and 216km (135miles) wide at its narrowest point. The land area of Republic of Korea is 99,200 square km (38,301 square miles) and its population is 46.8 million.

Women's and children's health care can be defined as the policy a nation follows in nurturing both mothers and children in the pursuit of the long-term well-being of its manpower and society in general. It involves caring for mothers so they can safely deliver and nurture their newborn children, promoting high quality individual and family life, and protecting and maintaining mothers and children's health. The level of a nation's development may be determined by the level of its maternal and child health care as well as its maternal and infant mortality rate (Pang, 1996; Park, 1998).

In spite of Korea's commitment to a health insurance system for all Korean people by 1989, the rate of insurance coverage remain low. Furthermore, medical facilities and manpower are maldistributed between urban and rural areas.

Thus the major health concerns of government are 1) prevention and management of chronic degenerative disease and enhancement of health education, 2) stabilization of the health insurance system, and 3) optimization and equalization in the utilization of health services.

All mothers are necessarily women. Every society's health care for women parallels women's role and social position, and the quality of their health both directly and indirectly influences the public's health as a whole, because women are health managers and educators who give birth to, rear, and socially train the babies who become the future members of their nation (Park, 1998). A women's place in a society is a reflection of the culture of that society.

In Korea an understanding of the position of a woman must consider her role within the

* College of Nursing Science Ewha Womans University Seoul, Korea

family or on her place within the community and the country as a whole. After economic crisis known as International Monetary Fund (IMF), many Korean families have experienced decreased income and diminished economic status. Many fell-into-from middle class status into middle low or lower class(Cho and Pang, 1998; Seakea Il Bo, 98/5/14).

Because women's and children's health is important for the happiness of the whole of mankind, the International Declaration of Human Rights adopted by the UN in 1948 mentions that both mother and child have a right to receive special care and support. The 4th Women's Meeting, held in Beijing in 1995, emphasized women's rights, especially their reproductive rights and reproductive health rights (Cho, 1998).

When we discuss about women's health management, in most countries, maternal and child health care is carried out for married women and their children. But lately the ideology that every woman should marry and have children has broken down, and women are exerting their rights to decide for themselves as far as marriage, pregnancy, and contraception are concerned (Kim, 1996). It is now inappropriate to deal with women's reproductive rights and health only within the marriage system. Various social issues influence the health care of mother and child regardless of marriage. Increasing participation of women in labor activities; increasing number of unwed mothers.

This paper discusses the present condition of women's and children's health care in Korea in terms of maternal and infant health management and the level of women's health management.

II. Present Condition of Maternal and Child Healthcare

1. Maternal and Child Healthcare Measured by Social Indicators

1) Maternal mortality and causes of death

From 1992 to 1996, the rate of maternal death through pregnancy, delivery, and puerperal complications per 10,000 live birth cases decreased from 3.0 (Office of Statistics, 1993) to 2.0 (Han, Do, Park, & Lee, 1996). Death was caused by toxemia of pregnancy (33.4%), hemorrhage (22.2%), infection (35.4%), and miscarriage (7.45%), in most cases by postpartum infection and pregnancy induced hypertension.

2) Infant mortality and causes of death.

Infant mortality refers to the death of infants under 1 year old. In 1993 the rate was 9.9 deaths per 1,000 newborns. The mean weight of a newborn is 3.17 kg for girls and 3.2 kg for boys. The rate of birth for low birth weight babies (under 2.5 kg) is 6.0-6.4%. The rate of infant death occurring from complications related to premature birth of low birth weight is 33.3% and from congenital malformation, 56.1%, sudden death syndromes (16%) (Office of Statistics, 1998).

Most infant deaths happen within the first week: 40.9% occur within one day after birth, and 44.2% happen between two and seven days. In the past, infants died mainly from contagious diseases, such as measles or pertussis, or from tetanus, but now these infectious disease are reduced by mandatory vaccination for every child which is Korean government policy, in other hand death related to low birth weight and congenital malformation has increased.

3) Pregnant women's health management.

Pregnant women's health management takes place at medical clinics or general hospitals, health centers, and midwifery center. Health

care is delivered primarily at a health center, midwifery center, or doctor's office. The second system for delivering health care is private or general hospitals, and the third, university hospitals. The rate of prenatal care was 97.6% in 1994; at present it stands at 98%, which means that almost 100% of women undertake prenatal care. However, in most cases medical services are confined to such things as measuring weight and blood pressure and testing blood and urine; counseling and education are lacking. Ultrasound tests are also done rather formally.

In general, Korean women wish their babies to be healthy and smart, so they are making more and more of an effort to attend to prenatal care. Increasingly, they participate in physical exercises or Lamaze classes. Nearly all (99.7%) women deliver in a medical facility; delivery at home is rare. Among the medical facilities, general hospital, private hospital, and doctor's office are the most frequently used; deliveries at a health center (1.1%) or a midwifery center (0.3%) are gradually decreasing in frequency. One problem of hospital delivery is that it increases the likelihood of a Cesarean section. Delivery by Cesarean section increases the cost of the medical fee. Furthermore, the longer hospitalization associated with a Cesarean section obstructs breast-feeding and interferes with the early contact between mother and child, thus delaying the maternal attachment. But currently nurses educate mothers during postpartum stage to increase breastfeeding.

4) Contraception

Since 1962 the Korean government has encouraged contraception as part of family planning and government projects to restrain population growth. As a result the rate of contraception increased from 24.5% in 1970 to 79.4% in 1991. At present, although there is

not any governmental control and promotion of contraceptive devices, the rate of contraception is 80.5%, which is still high (Office of Statistics, 1997) because burden of educational fee for children, the rate of childbirth has decreased from 6.0 in 1960 to 2.1 in 1981 and 1.75 in 1993.

Abortion has also been used for family planning. The mean number of abortions in 1991 was 1.1 per woman, and 0.8 in 1994, which indicates that almost all women have had one or more abortion. The primary reason for abortion is that the child is unwanted or unplanned (58.4%). The next three reasons, child's age-gap (11.1%), bad health of the mother (9.7%), and abnormality of the fetus (5.1%) are relatively low. Korean married women used abortion as a family planning method.

5) Breastfeeding

The rate of breastfeeding gradually decreased from 50% in 1985 to 11.4% to 1991 in spite of a joint movement with UNICEF promoting the merits of mother's milk and encouraging breastfeeding. Because nurses starts newborn babies on bottle feeding in the hospital, these babies use to bottle feeding and they don't want breastfeeding. Most of the hospital in Korea they don't have rooming in system. Mother think it is hard to feed baby by breast because of nipple pain. Mothers reported that they did not breastfeed because they had an insufficient milk supply (42.5%) or the baby prefer formula milk (17.5%) (Lim, Hwang & Chang, 1991). These ideas are surely mistaken, as there is no better food for a baby than its mother's milk, and the supply should not be insufficient if the baby sucks his/her mother's milk, unless the mother is malnourished. Breastfeeding one's baby means the mother will bond better with her baby. This bonding is an important factor in

the formation of the baby's personality. Breastfeeding also helps involution of uterus and to control the mother's body weight.

To promote breastfeeding, we need the rooming-in system and to teach breastfeeding techniques. It is important to emphasize the nurse-midwife's role in meeting women's needs and help people increase their awareness of the nurse-midwife's role. Nurse-midwives and other professionals should actively provide educational programs to mothers and family members about breast feeding and parenting skills.

6) Infant vaccination.

Infant vaccination is the most reliable way of decreasing infant mortality, so the Korean government has pursued it as an important maternal and child health care project since the 1960s. Consequently, the rate of vaccination is high: 95.8% (Lim et al., 1991). Infants are basically given vaccinations against DPT, poliomyelitis, BCG, Hepatitis B, and MMR (measles, mumps and rubella). For older children, vaccinations against encephalitis are needed. As a result of the program the outbreak of contagious diseases is much lower than before.

7) Prevention of children's accidents.

Accidents are the most common causes of children's deaths. In age for children 1-4 years old, 51.5% of deaths are caused by physical injury or intoxication. In the case of physical injury to an infant or intoxication, accidents include injuries from falls, burns, and sucking or swallowing dangerous chemicals and medicines. These are mostly due to negligence of the caregiver. Older children suffer accidents at places such as roads, building sites, play facilities, or sometimes from playthings or toys that were misused or poorly manufactured. The infant mortality rate due to traffic accidents

(23.2%) has been increasing due to the increase in automobiles, so the use of a child seat and safety belt is now compulsory.

2. The Level of Women's Health

1) Women's lives and their clinicopathologic states

A human being's health needs involve not only the preservation of life but also the improvement of the quality of life while carrying out his/her occupations. Therefore, the actual life someone can live clear of disease, injury, or inconvenience is perhaps more important than the lifespan. A healthy life is an important indicator for measuring the quality of human life. The average span of a woman's life in Korea (77.4 years) is longer than that of a man (69.5 years), but the number of years in which a woman stays healthy, 49.9 years, is shorter than for a man, 50.7 years. Women suffer from continuous illnesses for 27.5 years throughout their lives, which is 18.8 years longer than is the case for men (Office of Statistics, 1994). As for women's clinicopathologic states, disease of the sexual organs is the most frequent, followed by obstetric cases related to childbirth. This means that women's reproductive health is very significant (Cho, 1998; Lee, 1997, 1998). According to Office of Statistics(1998), the five major causes of women's death are cerebrovascular disease, cancer, heart disease, accident, and hypertensive disease. Among cancer deaths, uterine or cervical cancer has highest rate (22.8%), indicating that diseases of the sexual organs are a major problem. According to the literature women's health problems are caused by changes in lifestyle and changes in diet. Some of the Korean people tend to change their life style which is influenced by western that is why. Women tend to eat a fattier diet, more women are smoking, and more

women are driving cars and hence getting less exercise than before. Women have multiple roles and hence more stress, but they don't know to how handle this extra stress.

2) Teenage pregnancy and unwed mothers

An unwed mother is a woman who has a pregnancy and delivery without being legally married. The number of unwed mothers has continuously increased, and 25% of them are teenagers (Han, 1998). The National Research of Women's Childbirth Power says that 3.4% of unmarried women aged from 18 to 34 years have experienced pregnancy. However, the percentage of unwed pregnant women who want an artificial abortion is higher (84.8%) than those who delivered a child (15.2%). Even those who gave birth may have done so because they missed a proper chance to have an abortion (31.6%) or because they had no money for an abortion (18.6%). A few gave birth to their babies because they wanted to maintain their relationship with the child's father (4.9%) or they had an attachment to the baby (24.6%). In the case of live births, 87.9% of unwed mothers put their babies up for adoption (Han, 1998).

3) Violence against women

There are many types of violence against women such as physical violence, sexual violence, or both. The types of violence are getting crueler, too. It has been reported that 60% of housewives in Seoul have been assaulted, 28.5% on a regular basis and 22% sporadically (Choi, Ko, Lee & Kim, 1996). Most victims regard domestic violence as a family affair or a shameful event, so they do not report it. Consequently, the actual frequency is thought to be much higher than these figures suggest. The results of physical violence are external wounds, fractures, and even death. The frequency of sexual violence is also growing,

which includes exposure of the sexual organs, sexual harassment, lewd phone calls, attempted rape, rape itself, and child sexual abuse. Rape is the most serious of these for the women. The problem is that Korean society is generous to men in terms of sexual ethics and responsibility, while demanding women's chastity and holding them responsible for men's behavior. So, many women suffer alone, fearing social prejudices even after they have been sexually abused. Physical problems occurring after rape include physical, mental, and social side effects such as laceration of the urinary and sexual organs, infection, pain, unwanted pregnancy, venereal disease, anxiety, depression, dread, damage of personality, fear of men, and frigidity after marriage (Campbell, 1986; Lee et al., 1998).

3. Behaviors Related to Women's Health

1) Substance abuse: smoking, alcohol, and drugs

There has been an increasing amount of substance abuse involving smoking, alcohol, and drugs. People are starting to smoke at a younger age (41% under 18 years old), especially women. Smoking is more harmful for women than men. Smoking damages the physiology of ovaries, which produce estrogen: reduced estrogen hastens menopause and causes rough skin and osteoporosis, hastening the aging process (Lee, 1996). Smoking is harmful for both the smoker and those who inhale the smoke (passive smoker). If a pregnant woman inhales the smoke, it has same effect as if she were smoking herself.

The rate of alcoholism increased from 17.8% among women in 1986 to 33.0% in 1992, and it may be even higher in 1999 (Yoo, 1993). As with smoking, alcoholism is rapidly increasing among young people. Female drinking problems start at an early age: 14 years old (Yoo, 1993).

If a female and male consume the same amount of alcohol, the blood level of alcohol in a female will be higher than in a male: Women lack the dehydrated digestive enzyme, so one third of unmetabolized alcohol goes into the blood stream of a woman (Greenwood, 1989). Alcohol damages the liver and causes hypertension and heart disease, more so in female hearts than in male hearts. Alcohol dependent females tend to have amenorrhea, ovary changes due to pathological problems, no ovulation, spontaneous abortion, premature or early menopause, and other problems. If a pregnant woman drinks alcoholic beverages, the alcohol can affect the fetus, causing fetal alcohol syndrome, including poor mental development and damage to the central nervous system. Clearly, alcohol can be more harmful for females than for males (Chesney and Ozer, 1995).

There is an increasing amount of drug abuse and misuse among young people, and this has become a social issue. Drugs are easily available for young people. For example, they can get glue (which they sniff), butane gas, and psychiatric drugs from the pharmacy and supermarket in Korea. Like their elders, young people misuse psychiatric drugs and narcotics for nontherapeutic purposes. Using drugs decreases a person's level of consciousness and activity level and is associated with increased alcohol consumption, more car accidents, more violent activities, and other things. It causes antisocial activities and unhealthy activities. Drugs taken by women can result in sterility: among pregnant women, drugs can lead to miscarriage, premature delivery, and deformed children (Greenwood, 1989, Lee, 1997).

Drug use often occurs among people with low self-esteem and is not related to sex, age, and social status. Drug abusers include people who have been physically or sexually abused, people who lack self-confidence, and people who are

irritable or depressed. They may have poor coping skills in marriage, or be going through menopause or other changes, or have chronic health problems. It is not uncommon for a drug abuser to live with another drug abuser.

Women who drink alcohol or abuse drugs tend to have more problems than men do. These habits influence pregnancy, delivery, and their general health. Therefore, it is very important to understand the problems of smoking, drinking, and drug abuse, and to try to remove environmental factors that contribute to these problems. We need to educate women to be aware of the problems and how to solve them (Fogel and Woods, 1995; Lee et al., 1998).

2) Eating habits and exercise.

Recently, eating has become a problem because young people like to be slim. This trend comes from the culture, which emphasizes youth, beauty, and slimness. Young women admire Miss Universe, models in beauty contests, fashion models, movie stars, and TV talent. Young women starve to death because they are afraid of getting fat: they are not really fat, but they think that they are fat. Even pregnant women who eat poorly have more fatal health problems, anemia, and complicated pregnancies (Fogel and Woods, 1995).

Being slim not only looks good but also helps get a job. That's why young women diet and have plastic surgery. However, diets and surgery can have complications that cause serious health problems. This social and cultural value has damaged women's health. Two examples of habitual food abuse are anorexia nervosa and bulimia nervosa. People who have anorexia nervosa have an appetite but eat little or no food. Conditions associated with anorexia nervosa include low body temperature, low enzyme production, poor appetite, empty stomach, loss of appetite, low heartbeat, low

blood pressure, no menstrual periods, decreased bone marrow function, and anemia. People with bulimia nervosa induce vomiting or take medication to induce diarrhea after eating well. This is frequent among teenagers. Like those with anorexia nervosa, these young people have a fear of obesity. First they overeat: which may be stimulated by loneliness, hunger, anger, irritability, low self-esteem, or interpersonal relationship problems. Then they induce vomiting or diarrhea, leading to electrolyte imbalance, which can result in dehydration or edema as well as irregular menstrual periods (The Boston women's health book collective, 1992).

III. Strategies for Promoting Women's and Children's Health

Women's health is very important for their families, for society, and for the nation because it is directly connected with their producing a generation of human beings who will become society's future resources. Women must be able to defend their own health for themselves, especially their reproductive health:

- 1) They should manage this systematically both before and after childbirth, taking steps to decrease maternal and infant mortality and to become good mothers who are able to rear their children safely and well.
- 2) Through regular medical examinations the occurrence of cancer, particularly uterine cancer and breast cancer, must be reduced.
- 3) Providing women with a correct knowledge of sex and sexual behavior can help as can a proper grasp of contraceptive methods. Educating them while they are young can help prevent pregnancy in unwed women.
- 4) Care must also be given to the sexually

abused and to those who are beaten in order to help them to be free from danger and to be able to live independent lives(Lee et al, 1998).

IV. Conclusion

Health care for women and children is an import national project. Today's society is complicated: there are single women who are happy to remain single, married women who do not want children, and married women without children even though they want them. To protect all these groups of women and children in institutions, the government should provide systematic help for the management of their health in addition to providing maternal and child health care. The Ministry of Gender Equality of the Korea and Women's NGO such as YWCA, Korean Sexual Violence Relief Center, Korean National Council of Women is making every effort to present active strategies for promoting women's health and to cooperate with the government and civil organizations as well as international organizations (Choi, 1998). Women's and children's health is worthy of investment: individuals, families, and the government should give it a high priority and try to maintain and promote both good health and a good quality of life for all.

References

- Campbell, J. C. (1986). A Survivor Group for Battered Women, Advanced Nursing Science, 8(2), 13-20.
- Chesney, M. A. and Ozer, E. M. (1995). Women and Health: in Search of a Paradigm, Women's Health Research on Gender, Behavior and Policy, I(1), 3-26.
- Cho, J. K. (1998). Improvement of the quality of life based on health promotion and

- strategies. Report from the Women's Health Promotion Center Opening Memorial Symposium : Women's Health and Human Rights. College of Nursing, Ewha Womans University, Seoul, Korea.
- Choi, Y. H. (1998). Issues on women's health. Report from the Women's Health Promotion Center Opening Symposium: Women's Health and Human Rights. College of Nursing, Ewha Womans University, Seoul, Korea.
- Choi, Y. S., Ko, M. S., Lee, K. E., & Kim, S. Y. (1996). Study on women's health for violence, sexual abuse, divorce cases. The Journal of Korean Women's Health Nursing Academic Society, 2(1), 92-107.
- Fogel, C. I., & Woods, N. F. (1995). Women's Health Care. Ca, Thousand Oaks: Sage Publication Inc.
- Greenwood, Sadjia (1989). Menopause naturally. revised edition, Vocano, Ca, Volcano Press.
- The Boston Women's health Book Collective (1992). The New Our Bodies Our Selves. New York: A Touchstone Book
- Han, I. R. (1998). Study on the incidence of the unmarried mother and trend of the welfare of the unmarried mother. The Third Korean Academic Maternal Child Health Report. The Korean Society Maternal and Child Health.
- Han, Y. J., Do, S. R., Park, J. H., & Lee, S. O. (1996). Study on mortality rate and cause of death. Korea Institute for Health and Social Affairs.
- Kim, E. S. (1996). Role of women: View of anthropology. Journal of the Korean and Maternal Child Health Establishment Memorial Academic Workshop Report, 77-83.
- Lee, K. H. (1996). Issue of women's health. Korean Journal of Nursing Query, 5(1), 39-58.
- Lee, K. H. (1997). Conceptual model for women's health. Journal of Korean Academy of Nursing, 27(4), 933-942.
- Lee, K. H. (1998). Identity of the women's health nursing. The Journal of Korean Women's Health Nursing Academic Society, 4(1), 29-37.
- Lee, K. H. et al. (1998). Text book of Women's Health Nursing. Seoul, Hyunmoonsa
- Lim, J. K., Hwang, N. M., Chang, D. H. (1991). Study on maternal and child health program evaluation in the urban area. Korea Institute for Health and Social Affairs.
- Office of Statistics (1994, 1997, 1999). Cause of death. Annual Statistics Report, National Statistical Office, Korean Institute for Health and Social Affairs.
- Office of Statistics (1994). Korean annual statistics report No 41. National Statistical Office, Korean Institute for Health and Social Affairs.
- Pang, S. (1996). Trend on the maternal and child health situation: History of the maternal and child situation and past. First Korean Maternal and Child Health and Memorial Academic Report. The Korean Society Maternal and Child Health, 17-76.
- Park, J. H. (1998). Promotion of maternal and child health and family planning. Development and promotion of the Korean maternal and child health, 26th Health Day, Memorial Symposium Report. Korean Public Health Association, 21-72.
- Yang, J. M. (1991). Study on the Korean family planning situation and problems. Journal of Preventive Medicine, 24(1), 70-85.
- Yoo, H. S. (1993). Study on youth depression impact on the alcohol. Unpublished master's thesis, Graduate School of Ewha Womans University, Seoul, Korea.

- 국문초록 -

주요개념 : 여성, 어린이, 건강상태, 전략

한국의 여성과 어린이 건강

- 실태와 전략 -

이 경 혜*

여성건강은 개인 뿐만 아니라 가족, 사회, 국가적으로 대단히 중요하다. 왜냐하면 미래사회의 자원인 인간을 출산하고 양육하는 것과 직접적으로 관련이 있기 때문이다. 여성은 스스로 자신의 몸을 지키고 건강행위를 위한 결정을 할 수 있어야 한다. 특히 출산과 관련하여 여성은 자신의 건강을 유지 증진 할 수 있는 능력이 있어야 한다. 한나라의 발전수준은 모자보건에의 수준으로 결정하며 영아 사망률과 모성사망률은 국가 발전의 수준을 대 표한다.

본 연구는 한국의 여성과 어린이 건강 실태를 살펴 보았다. 모성사망률과 영아사망률은 여성의 산전간호 수

진률의 증가와 영아 예방접종률의 증가로 점차 감소하고 있다. 그러나 모유수유률의 감소와 영아의 사고발생률이 증가하는 것은 자라나는 어린이의 건강을 위협한다. 어린이 사고는 환경과 돌보는 어른들의 부주의에 의해서 발생하는 경우가 대부분이므로 어린이 사고를 방지하고 모유수유률을 증가시키는 예방전략이 필요하다.

여성의 흡연, 음주, 약물의 사용이 증가하는 것과 여성폭력이 증가하는 것은 여성건강을 위협하는 중요한 요인이다. 또한 식습관 장애와 같은 잘못된 건강행위는 여성의 건강을 위협할 뿐 아니라 자녀출산에도 부정적인 영향을 미친다.

여성과 어린이의 건강을 유지 증진하기 위해서는 여성이 여성으로서의 인식을 가지고 건강관리기관을 찾고 건강관리를 할 수 있는 능력을 가져야 한다. 그러므로 간호사를 비롯한 의료인은 여성이 스스로 판단하고 결정하고 자가간호 할 수 있는 힘과 의지와 정보를 제공해야 한다. 이를 위해 여성건강전문간호사가 필요하다. 또한 국가와 사회단체(NGO)가 함께 여성건강이 국가적인 사업임을 인식하고 지원과 관심을 기우려야 한다.

* 이화여자대학교