

The Role of Women in Health Care in Korea

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To understand women's role in health care in Korea, one must understand the environment and life circumstances which shape their general role as women in this society. The world in which Korean women live is a world in which sex discrimination is not uncommon.

Korean women have traditionally been expected to play the roles of mother and home maker within the extended family system. However, in the past century, opportunities have gradually been opened for women to pursue not only primary, but also secondary and advanced education. More recently in parallel with the progress of industrialization over the past two decades, society's attitudes towards women's role have undergone a significant change. Modernization has produced a nuclearfamily system in which the woman has lost helpers who were available in the extended family system and who would look after her children and home if she decided to pursue a career. As a result, the women in modern Korean society has been put into a position where she has to assume two uncompromising roles-a societal role and the family role-and consequently faces constant conflict and frustration.

With this background in mind, this paper briefly describes women's traditional role and their agony (han) in Korea, and then raises issues associated with changing values of the family and its impact on the role of women with specific reference to health problems and health care in Korea.

I. The Role of Women's Role

Traditional Family Values and Women's Role

The family is the basic unit of society. Changes in the family reflect changes taking place in society.

Korea's traditional family is predominatly paternalistic within an extended family system.

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The family has always been an important reference group in all decision making.

The continuation of the family name through succession to the paternal role has been an absolute value in traditional society "family" as a collective body is valued as more important than its individual members. In such a society, raising many children was viewed as a virtue and the number of sons reflected the strength of the family. Thus, it has been the woman's duty and responsibility to bear and raise many children, particularly sons, and to devote herself sacrificially to the welfare of the family at the expense of her own personal growth. Furthermore, the male dominant traditional society introduced rules that made the woman's status all the more vulnerable even within the family. These rules included, for example, Virtue of Three Obediences, Women's Seven Evils, and Dishonor of Two Husbands. The first rule demanded that the woman was to be subject to her parents in her childhood, to her husband after marriage, and to her sons in her later years. The second rule stated that the woman was considered to have committed "evil" and was subject to divorce (regardless of her husband's opinion) if she dishonored her parents-in-law, failed to bear a son, was talkative, committed adultery, was jealous, had "bad" diseases, or stole. The third, based on Confucian teaching, required the widow to remain faithful to her deceased husband.

Under this system, the woman was thoroughly discriminated against from the time of birth throughout the rest of her life. Except for a small number of upper class women, she was excluded from any type of education.

To help you appreciate the struggles the woman had in traditional Korea, let me describe a few specific examples of how she was treated. The woman who had a son acquired power in the family, while she who failed to have a son became subject to divorce. The woman who delivered a son was given up to three weeks post-delivery recuperation, often 100 days in the family where the boy was an important "seed" to maintain the family, and she was given nutritious food. In contrast, one who delivered a girl was deemed to have lost "face" and therefore not deserving any of these recuperative benefits. She was expected to return to normal routine life in two or three days after delivery. Furthermore, all the family's physical or financial disasters were attributed to the daughter-in-law, as if she were the source of such misfortunes. Such a woman was mistreated the rest of her life if these events took place within three years her joined the family.

A woman was not given her first name, nor was she registered in the family records. She was referred to only in terms of her relationship to her husband or to her children (as whose wife or whose mother). Similarly, the status of the woman was determined by that of her husband or son. With this social context, women were trained over several centuries to submit themselves willingly to the virtues of the three obediences. Such consistent and prolonged indoctrination finally made the women of Korea accept their sacrifices for their husbands and sons "naturally".

II. Women's Role in Health Care Health Maintenance

In the Home

Women should explore issues in health not only because they themselves face many health problems, but also because it is they who are responsible for maintaining the health of the whole household. For example, the mother determines the nutritional state of her family by preparing the meals. She is also responsible for the maintenance of hygiene to avoid food poisoning or other pollution-related problems. Another key role is that of educator of health habits to both children and adults. The mother is also the first to notice any change in the health state of each family member, and she also has the strongest influence on each member's health behavior. It is she who has a clear grasp of the family health situation. She is the one who recognizes and decides whether or not a member is ill and in need of treatment. When a problem is recognized, it is, in most cases, the mother who decides what action will be taken to solve the problem. Despite their role as decision-maker in family health maintenance and care, women often neglect their own health needs.

The traditional roles of Korean women relating to health in home setting were four: 1) to bear a health son as "seed" to maintain the family, 2) to care for the health of the boy child, 3) to take good care of husband's health, and 4) to provide support and comfort to the family in time of death and dying.

In regard to the first role of bearing the "seed" of the family, she kept "Tae Kyo" which is holistic prenatal care for the baby in the womb. During pregnancy she was supposed to be very careful in eating, department, and in all her activities. She thought only good and pleasant things and avoided bad or sad "scenes or emotions" and behaved carefully in her daily relationships for the welfare of the baby. The second role was limited to only the physical aspect of health. The mother neglected the emotional and social needs of her child. Her satisfaction with the birth of a boy resulted in overprotection of the child which made him too dependant on his mother. The third role focussed on her husband's physical state especially on the kinds and quality of food he was given. The traditional Korean wife was very concerned with her husband's food. She also tried not to worry her husband and so left him alone. This lack of communication between husband and wife was a very common situation which caused all kinds of problems. In regard to the fourth role, the wife or daughter-in-law took care of any member of the family who was dying. She was there all the time taking care not only of the patient's physical needs but also helping, the dying family member and the whole family accept death peacefully by preparing many rituals.

Health Professionals

As of 1980, the total number of health professionals in Korea was 417,000. Among these, 87,000 (20.9%) were women.

As of 1982, the number of licensed medical personnel was 84,685 which includes 27,097 physicians, 3,268 Oriental Herb Doctors, 4,266 Dentists, 5,403 Midwives and 44,651 Nurses. Among these, the number of women were 55,985 (66.11%, Table 1). The total number of professional health personnel including pharmacists was 110,992. Among these, 69,449 (62.57%) were women. This proportion is higher than that for the total number professionals in Korea.

As Table 1 shows, women also play an important role in Health Centers and Health Sub Centers (ranging 44.51~43.84). Overall in the health care setting 77.55% of personnel are women (Table 1).

Table 1. Distribution of Medical Personnel(1982)

	Number of Licensed			Employed		
	Total	Male	Female	Total	Male	Female
Physicians	25,097	21,652	3,445(13.7%)	18,974	16,485	2,489(13.12%)
Oriental M.D.	3,268	3,178	90(2.75%)	2,905	2,791	114(3.92%)
Dentists	4,266	3,804	462(10.83%)	3,595	3,395	200(5.56%)
Midwives	5,403	—	5,403(100.00%)	2,093		2,098(100.00%)
Nurses	46,651	66	46,585(99.86%)	19,046	71	18,975(99.63%)
(Pharmacists)	((26,307))	((12,843))	((13,464)(51.18%))	((14,561))	((8,400))	((6,161))(42.31%)
Total	84,685 ((110,992))	28,700 ((31,543))	55,985(66.11%) (69,449) (62.57)	46,618 ((61,179))	22,742 ((31,142))	23,876(51.22%) ((30,037))(49.10%)

(()) Includes Pharmacists

Focusing on the nurse workforce, the total number of licensed nurses was 46,651. Among these 19,280 nurses were working inside Korea and 13,016 nurses abroad in countries such as the USA, Canada, West Germany, Liberia and Saudi Arabia; 8,537 nurses are retired, and 5,818 nurses are unemployed. Therefore the total number of employed nurse inside and outside Korea is 32,062. The employment rate is 84.7 per cent.

The roles of women in health care at home, in society and as health professionals are diverse and rich. They include caring, teaching, counseling, decision-making, supervising, coordinating, and the development and advancement of professional standards. In order to accomplish all these roles, we must face challenge with responsibility. We must affirm ourselves by actions supported by scientific knowledge. Almost 20 years ago, Dr. Helen Kim, prominent scholar and the president emerita of Ewha Womans University envisioned the role of women in the next half century as the superwoman. The woman who fulfills her role in life completely

III. Health Care and Women's Role: Future Directions

Future Directions

Many issues in women's health are related to women's position in society women's health

problems must be dealt with by trying to find solutions within their roles in health care. Some directions for women's health care in Korea are proposed.

1. Primary health care should be seen as mandatory, and as centering on mother and child care within a system that provides basic health care to all. Women should take an active role in all policy making concerning health care.

2. Women should be trained as women's health care takers. Women who understand women's health problems, who can visit freely and give consultations without cultural restrictions should be qualified as women's health specialists. Improved preparation in women's health promotion and maintenance, prevention and problem treatment and in consultation should be given to personnel including medical specialists in primary and other health care services including maternity care.

3. Services in a setting solely for women's health problems should be established at health centers and general hospitals. In such women's health clinics consultations would be accessible and counseling given health over the telephone by women specialists concerning women's physical and mental problems, including venereal disease, rape and other sex-related health problems.

4. An comprehensive approach should be made toward a family welfare system. Problem children, unmarried mothers, runaways, prostitutes, etc. should not be dealt with as temporary problems or individuals isolated from the family. The approach should be from a broad women's perspective taking into consideration the role and position of women within the whole family structure including middle-aged and aged women as well as women as the head of the household.

The government and voluntary welfare organizations including women's organizations should not stop at only pointing out the problems and issues. A family welfare system suited to the values Korean society must be developed.

5. Health education in the school curriculum should be strengthened. Subjects concerning health, such as personal hygiene, environmental health, and home nursing, etc., should be integrated into the school curriculum at the primary, junior and senior high school level. Opportunities for young women promotion should be increased, to learn about their own personal health problems and protection. The present school health nurse's role should be strengthened to contribute more effectively to health education.

6. Continuing education for women should be developed.

Programs in such health issues as nutrition, health administration, coping with stress, youth psychology, dealing with menopause, recreation, hobbies and physical fitness should be offered by existing educational facilities and by public and voluntary organizations so as to enhance awareness of and promotion of women's health.

7. Adequate facilities for child-care should be provided. A variety of services should be available locally to meet the differing needs of families. This also does not mean only special nurseries for the early education of the rich, working women, housewives and middle-aged women should be qualified and certified to look after children in a home

environment. Such programs would enable housewives to have employment and make use of an neglected force.

8. Pap smears should be regularly implemented as part of physical examinations.

9. Accurate health statistics should be collected by public health agencies. Positive action should be taken to encourage research concerning women's health.

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<국문요약>

한국 여성은 전통적으로 대가족제도 속에서 육아 및 가사활동에만 종사해왔다. 그러나 산업화 및 사회구조의 변화로 여성들도 교육의 기회를 갖게 되었으며 전통적인 역할 수행에 대한 가치변화와 함께 여성의 사회적 역할을 필요로 하게 되었다.

반면에 가족형태가 핵 가족화함으로써 가족내에서의 자녀양육을 비롯한 가정적 역할이 더욱 중요시되게 되었다.

오늘날 한국사회는 여성에게 현재의 사회구조와 핵가족속에서는 시간적으로 동시에 수행할 수 없는 두가지 상반된 역할을 강조하고 있는 것이다. 이러한 상반된 역할사이에서 여성은 갈등과 좌절감을 느끼게 되며 이중적인 부담속에서 생활하게 되었다.

본 원고에서는 전통적인 한국의 가족가치관을 살펴보고 건강관리 측면에서 여성의 역할을 살펴보고자 한다.

전통적 가족가치관과 여성

우리나라의 전통적 가족은 부계중심의 혈연계승을 중요시하는 가부장적 대가족제도라 할수 있다. 따라서 부계 계승을 통한 가족의 영속성과 家 중심사상에 기반을 둔 철저한 가족주의적 가치관이 전통적 사회를 지배하여 왔다. 그러므로 자연히 개인보다 가족집단이 우의적인 지위에 있을 뿐만아니라 모든 행동의 결정에도 중요한 준거집단이 되었다. 이러한 家의 영속 및 번영을 가장 효과적으로 수행하기 위해서는 많은 자녀를 필요로 했으며 부계중심 가족에서 자연히 남아 선호사상이 강할 수밖에 없었으며 이것은 조상에 대한 의무요 책임이라 생각했다.

이러한 가부장권의 확대에 반비례해서 가정내에서 여성의 지위와 역할은 축소되어갔다. 여성들의 절대적인 예속을 필요로 하여 삼중지도니 칠거지악이니 불경이부등의 도덕률을 만들었으며 여성들 스스로가 이러한 정절과 복종을 미덕으로 생각하도록 교육받은으로서 여성들 자신이 자기희생의 굴레속에서 인내와 복종의 생활을 운명처럼 받아들여지게 되었으며 남편과 자식을 위해서는 목숨까지도 희생하게끔 철저히 사회화되었던 것이다.

그러나 가족제도안에서의 남녀의 지위는 동위 항렬내에서만 해당되고 항렬을 달리할때는 삼중지도의 이론에 부합된다.

어머니로서의 존장권이 인정되어서 가정내에서의 여성의 중추적인 지위에 비하여 母의 권한은 절대적이었다.

상례와 제례에서 어머니와 아버지에 대한 의식에는 차이가 없으며 내의명부제도에 의해서 부인도 남편과 똑같은 대우를 받도록 되어있다. 이러한 존장권에 의한 母의 권리와 더불어 부부유별에 의해서 가사권의 독자적인 결정권도 인정되고 있었다.

건강관리 측면에서 여성의 역할

전통적으로 건강관리에 관련된 한국여성의 역할은

1. 씨받이로서의 역할로 생명을 잉태하도록 돕고 건강한 아이의 수태를 위해 태교에 힘썼으며
 2. 자녀의 의식주를 해결하는 가사역할만을 담당하는 전통적인 여성의 역할만을 수행하였으며 출산한 생명을 건강하게 자라도록 건강관리를 철저히 하였으나 체계적인 건강관리는 되지 못하였으며 특히 식생활에 유의하였으나 정서, 사회면은 도의시 한 과잉보호현상이었다.
 3. 결혼후에는 남편의 건강관리를 위해 철저히 하였으며 특히 식생활에 유의하였고 정서적으로 부담을 주지않도록 유념 하였다.
 4. 또한, 입증시 평안한 죽음을 맞도록 도왔다.
- 전통적으로 한국여성의 역할은 돕는 역할이었다.

<61페이지에서 계속>

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