

Overview on the Future Options and Directions of the Korean Population Control Policies

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I. Introduction

With a successfully implemented national family planning programme launched in 1962, the population of Korea has increased slowly from 25.0 million in 1960 to 42.8 million in 1990 while the annual growth rate has dropped from 3.0 percent to 1.0 percent respectively. The total fertility rate had declined from 6.0 per woman in 1960 to 1.6 in 1987, which was below replacement-level fertility.

In 1988 in Korea, the total fertility rate was about 1.6, the GNP was US \$4,030, 99.5 percent of female primary school students enrolled in middle schools and 92 percent of middle school students in high schools, infant and maternal mortality rates dropped to 12

per 1,000 and 9 per 10,000 live births respectively (1987), Medical Insurance System covered the whole population (by 1989), and life expectancy was 67 years for men and 73 for women. Mean age at first marriage of women increased from 21.6 years in 1960 to 25.1 in 1987. The proportion of married women aged 20-29 declined from 51 percent in 1970 to 44 percent in 1987.

Like Taiwan, Korea has also completed the demographic transition from high birth and death rates to low birth and death rates.

It is estimated that if current fertility level continues, Korea will achieve 'Zero Population Growth' in 2020, and the population will begin to decrease thereafter.

This demographic changes suggest that the future policy measures may have to be sought

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with careful deliberation in order to avoid the aging and the labor force problems that are bound to come as a consequence of the rapid change in the population structure. Therefore, this paper aims to review the recent demographic conditions and existing population control policies in Korea in an effort to formulate future policy directions and strategies.

II. Population Policies

1. Population Control Policies

The population policy in Korea has evolved in response to the rapid population growth rate of the early 1960s and focused on fertility reduction through effective family planning programmes. The demographic targets during the Sixth Five-Year Economic and Social Development Plan (1987-91) aims at reducing population growth rate of 1.3 percent in 1985 to 1.0 in 1991 considering the recent changes in socio-economic and demographic conditions in Korea, it is a matured time to reviewing and redirecting the current population control policies with emphasis on the fertility reduction.

2. Population Distribution Policies

Since 1962, the emigration programmes have been used to relieve population pressure in Korea. However, they are not expected to have a significant impact on population problems in the recent years.

Urban population in Korea had grown from 7.0 million in 1960 to 30.0 million in 1989, a fourfold increase. This has resulted in the proportion of urban population rised from

28 percent in 1960 to 71 percent in 1989. In recent years, the rate of population growth has been retarded, while the small and medium cities have accelerated growth, as a result of the varied policy measures taken by the government to curb population agglomeration in the large cities.

III. Family Planning Programmes

1. Programme Implementation

The Ministry of Health and Social Affairs (MOHSA) has been responsible for overall execution and implementation of the national family planning programme, while its Family Health Division executes all activities related to family planning and maternal and child health(FP/MCH). At the initial stage, the FP /MCH programme concentrated on contraceptive services through authorized private doctors with education and motivation activities through home visits by health workers stationed at health centres. All contraceptives are distributed free of charge by the government. The authorized private doctors who provide clinical methods(tubectomy, vasectomy and IUD) are paid service fees.

In 1970s, social support policy measures were initiated to encourage couples to accept small family norms. Incentives such as income tax exemption, priority for public housing allocation, various loans, and medical benefits for children were offered to sterilization acceptors with two or less children.

Family Law was amended in 1977 to improve the status of women, including inheritance and household headship.

Population education was also introduced

in late 1970s to primary, middle and high school text-books. The various training centres and social institutions have been providing assistance in population education and family planning since 1977. The information, education and communication (IEC) activities have been promoted by the Planned Parenthood Federation of Korea (PPFK), utilizing private and voluntary personnel and organizations.

2. Programme Performance

For the period 1962-89, a total of 17 million

acceptors had used contraceptive services from the national programme : 39 percent on IUD, 23 percent for sterilization, 22 percent on condom and 16 percent on pill.

When the programme began, IUD was the main method until 1976 when female sterilization was introduced. Since then, sterilization dominates the scene. For the period 1977-89, 41 percent of the acceptors adopted male and female sterilization, 31 percent IUD, 16 percent condom and 12 percent pill (see Table 1). In recent years, the popularity of sterilization dropped somewhat.

Table 1. Percent Distribution of Acceptors Utilizing Government Contraceptive Services : 1962-89

| Period | I.U.D. | Male & Female Sterilization | Condom | Oral Pill | (unit : thousand) | |
|-----------|--------|-----------------------------|--------|-----------|-------------------|----------|
| | | | | | % | No. |
| 1962 - 66 | 47.9 | 5.5 | 46.6 | — | 100.0 | 1,514.0 |
| 1967 - 71 | 52.3 | 3.1 | 27.2 | 17.4 | 100.0 | 2,795.0 |
| 1972 - 76 | 42.3 | 5.7 | 22.4 | 29.4 | 100.0 | 3,832.0 |
| 1977 - 81 | 33.2 | 33.9 | 13.9 | 19.0 | 100.0 | 3,216.6 |
| 1982 - 86 | 27.6 | 47.0 | 16.1 | 9.3 | 100.0 | 3,686.7 |
| 1987 - 89 | 37.1 | 36.3 | 21.6 | 5.0 | 100.0 | 1,967.6 |
| Total | 38.9 | 23.1 | 22.3 | 15.7 | 100.0 | 17,012.3 |

Source : Ministry of Health and Social Affairs, Monthly FP Program Service Statistics : 1982-89

While service statistics provide programme performance analysis as above, the 1988 National Fertility and Family Health Survey presents data to assess the impact of contraceptive use on fertility and quality of programme service statistics. Table 2 displays the trends of current contraceptive prevalence/practice rate : 1979-88. The current contra-

ceptive prevalence for married women aged 15-44 rose substantially from 55 percent in 1979 to 77 percent in 1988. The prevalence for the permanent method (sterilization) had increased sharply from 20 percent in 1979 to 48 percent in 1988 while the reversible methods did not vary their practice rates much. This phenomenon is made probably the

Table 2. Percentage of Married Women who were Currently Practicing Contraception by Their Selected Characteristic : 1979-88

(unit : %)

| Women's Characteristics | 1979 | 1982 | 1985 | 1988 |
|------------------------------|------|------|------|------|
| Prevalence/ Practice rate | 54.5 | 57.7 | 70.4 | 77.1 |
| Method : | | | | |
| Pill | 7.2 | 5.4 | 4.3 | 2.8 |
| Condom | 5.2 | 7.2 | 7.2 | 10.1 |
| I.U.D | 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 |
| Residence : | | | | |
| Urban | 55.1 | 58.7 | 71.5 | 77.7 |
| Rural | 53.6 | 55.7 | 67.7 | 75.5 |
| Age of wife : | | | | |
| 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 |
| Parity : | | | | |
| 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+ | 58.5 | 64.2 | 76.3 | 83.8 |

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

consequence of the programs emphasis on sterilization of the main method of contraception for lowering fertility.

The current practice rate does not vary much by residence. In 1988, more than 80

percent of married women aged 30-40 were current practicing contraception while more than 85 percent of married women aged 15-44, were currently practicing contraception when they had two or more children.

3. Problems Associated with Contraceptive Use

Though the family planning programme has been successful in reducing fertility, there are a few problems that prevent improvement of programme quality. The programme by way of target system has induced most contraceptive users to practice family planning for fertility termination rather than birth spacing. For example, the 1988 survey data show that 91 percent of contraceptive users practiced contraception for limiting births.

The number of women who have their first live births during first year of marriage has increased over the years. For example, 1988 KIPH study shows that between the cohort of women married in 1956-60 and that of 1981-85, the proportion having their first births during the first year of marriage increased from 25.2 to 66.5 percent. This quickened fertility tempo has negative effect on demographic impact and family development.

The reversible methods such as IUD, pill and condom have high discontinuation rates, implying insufficient supervision of workers to conduct follow-up services.

Evidence from the 1988 survey data indicates that preference for sons continues to be strong: 70 percent of couples with two sons are practicing sterilization compared with 38 percent having two daughters. The vital registration data show increased son preference: sex ratio of the third parity increased from 107 in 1981 to 140 in 1987. While for the fourth parity and above, the figures were 114 and 160 respectively. This implies that the parents with no sons or heirs would continue with next births until they have their

son, this raising the sex ratio. To overcome this problem, the medical law was amended in 1987 to seriously penalize the physicians who render any service relating to seriously penalize the physicians who render any service relating to biased selection.

Despite legal, social and ethical constraints as well as extensive contraceptive services available, the induced abortion experience rate of married women aged 15-44 increased from 30 in 1973 when the MCH law was enacted to 53 percent in 1988. To a larger extent, the induced abortion rate per married woman increased more than four times from 0.7 in 1963 to 2.9 in 1978 but then dropped to 1.6 in 1987 due to higher contraceptive use (especially sterilization). Although induced abortions had played a role in reducing fertility in the past, the recent situation that the younger age-group (20-29) were practicing less contraception but using more induced abortions, need serious attention.

IV. Population Projection

In 1988, Korea's population of 42 million was growing at the rate of 1.0 percent per year with its TFR of 1.6 which is below replacement-level fertility. Though the targets/goals of the family planning programme are achieved ahead of time, the past young age structure resulting from formerly higher fertility level has resulted such a continuing growth.

Table 3 displays the plausible population projections of Korea and Taiwan, based on the data from the report on "Fertility Control Experiences in the Republics of Korea and

Table 3. Population Projection for Korea and Taiwan : 1988–2020

| Year | | Total Population (millions) | Birth Rate (per 000) | Death Rate (per 000) | Rate of Population | | Percent of Pop. Aged | | | Elderly/ Children Ratio (%) |
|------|--------|-----------------------------------|----------------------------|----------------------------|----------------------------------|-----------------------|----------------------|-------|-----|--------------------------------------|
| | | | | | Natural Increase (per 000) | Growth Rate (%) | 0-14 | 15-64 | 65+ | |
| 1988 | Korea | 42.0 | 16.5 | 5.9 | 10.6 | 0.97 | 27 | 68 | 5 | 19 |
| | Taiwan | 19.8 | 17.2 | 5.1 | 12.1 | - | 28 | 66 | 6 | 21 |
| 1990 | Korea | 42.8 | 16.4 | 5.8 | 10.6 | 0.97 | 26 | 69 | 5 | 19 |
| | Taiwan | 20.3 | 16.7 | 5.5 | 11.2 | - | 27 | 67 | 6 | 22 |
| 2000 | Korea | 46.8 | 14.7 | 6.3 | 8.4 | 0.75 | 22 | 72 | 6 | 27 |
| | Taiwan | 22.1 | 13.4 | 6.3 | 7.1 | - | 21 | 71 | 8 | 38 |
| 2010 | Korea | 49.5 | 11.6 | 7.8 | 3.8 | 0.30 | 19 | 72 | 9 | 47 |
| | Taiwan | 23.4 | 12.0 | 7.2 | 4.8 | - | 18 | 72 | 10 | 56 |
| 2020 | Korea | 50.2 | 10.8 | 10.0 | 0.8 | -0.01 | 17 | 72 | 11 | 65 |
| | Taiwan | 24.1 | 10.1 | 8.7 | 1.4 | - | 16 | 70 | 14 | 88 |

Source : Table 8 (page 35) and Table Appendix 1 (pages 68–69) of "Comparative Study of Fertility Control Experiences in the Republic of Korea and the Republics of China", prepared by Korea Institute for Health and Social Affairs(KIHASA) and Taiwan Provincial Institute of Family Planning(IPIFP), Seoul, Korea : 1990

China"(see the report for assumptions and methodologies used). It shows that the population will stop growing at about the year 2020, about 32 year later with a total population of 50.2 million for Korea and 24.1 for Taiwan.

There is strong likelihood of further fertility decline below replacement level as a result of an increasing proportion of young women of childbearing age moves upwards in the education distribution, even if there were no changes in the fertility rates of women in each age-educational subgroup. Since there are considerable upward shifts in educational

distributions of Korea and Taiwan, there would be substantial fertility decline in these two countries. Conversely, the continuing strong son-preference in the two countries will likely increase the fertility

However, as Freedman mentioned that a baby boom could not be ruled out in view of the recent history of the West and continuing strong family ties in Korea and Taiwan. As the past dragon years in Taiwan have produced short-term baby booms, the future dargon years may repeat. These short-term baby booms will show down the decline of population growth.

The rapid decline in fertility and mortality in Korea and Taiwan will result in the aging of their population. The age compositions of Korean and Taiwan have undergone a sharp transformation, from early broad-based, youth-heavy population pyramid to a more barrel-shaped, top-heavy aging population.

One interesting indicator for showing the change in age structure is the elderly/children ratio which is the number of elderly (65 and over) per 100 children under age 15. The ratio for Korea has risen from 19 in 1988 to 65 (is 65 elderly per 100 children) in 2020. The figures for Taiwan are slightly higher : 21 to 88 respectively for the period 1988-2020. For Japan, this ratio has risen from 54 in 1987 to 143 in 2020, much higher than Korea and Taiwan since it had replacement-fertility in 1957 which is much earlier.

V. Future Policy Options and Directions

With the effective and efficient national family planning/MCH programme and rapid socio-economic advancement in the country, the contraceptive prevalence rate has risen from 9 percent in 1964 to 77 percent in 1988, with the corresponding TFR from 6.0 to 1.6 which is considerably below replacement-fertility rate. The trend will likely to continue because of the following fertility-reducing factors :

- increased high contraceptive prevalence with over 55 percent of married women (15-44) who are current contraceptive users of permanent and semi-permanent methods (48 percent sterilization and 7 percent IUD). Nearly all contraceptive users (91 percent in 1988) practiced contraception for fertility limitation rather than spacing ;
- increased use induced abortions among the women(20-29) who use less contraception to avert unwanted births ;
- increase mean age at first marriage which rose from 21.6 years to 25.1 in 1987. Proportion of marital disruptions and women /men remained single are on the increase ;
- improved status of Korean women. Besides marrying later, more young women have experienced fast rising levels of education, and participated actively in economic activities, as well as improved positions in the economy. This may encourage highly educated women to pursue career opportunities and other advancement instead of being married and bound by the traditional family system, including housekeeping, childcare, caring of the elderly, in addition to her regular occupation ;
- higher costs of childbearing and children's education have created considerable burdens to parents to bring up children ; and
- rising costs of food, consumer durables, energy consumption and housing have made couples more economically disadvantaged in raising larger families than those having smaller families ;

Thus, the main concerns of the population policy should be shifting from current quantitative family planning approach which focuses on rapid fertility reduction to qualitative family welfare approach which stresses on childspacing, child/family development and caring of the elderly. The current family planning/MCH programme can play a crucial role again.

Instead of accelerating fertility decline, it should be used to adjust and monitor fertility and population growth and trends, Therefore the following areas are suggested for careful considerations in the future policy options and direction of the current family planning /MCH programme.

1. The current programme management system which encompasses target setting, services, evaluation and supervision functions, has emphasized on sterilization for fertility limitation. This strategy should be changed and wide choice of reversible methods which are safe, convenient and affordable should be promoted more vigorously for birth spacing. The target system that has been very successful in achieving fertility decline needs to be modified so as to improve the quality of services and continuation of the reversible contraceptives. There is a need to improve contraceptive practice to reduce the prevalence of induced abortions, particularly among the younger women to terminate their unwanted pregnancies.

2. As the national family planning programme has achieved its primary objectives of fertility reduction and near universal contraceptive practice, the service function or/and some others programme functions should be gradually taken over by the private sector including organisations such as PPFK when the population growth rate drops to less than one percent. The government should continue to provide financial supports to the private sector to enhance access to free contraceptive services for the poor.

3. In view of the current status of family

planning programme and the medical insurance system covering the whole population from 1989, the free contraceptive services (including sterilization and reversible methods) should be shifted to a selfpaid system (or self reliant system), except the lowincome couples who would be provided free services. This will improve the programme and service quality as well as relieving the government's financial burden of the programme. The government revised the Medical Insurance Law in 1982 to provide contraceptive services including male and female sterilization and IUD. However, the 1988 survey data show that only 1.4 percent of the total married women practiced contraception through medical insurance benefits, due to the mass distribution on contraceptive services free of charge under the government program.

4. Although the government took an action in 1985 to intergrate three types of health workers (FP, MCH and TB) into multipurpose health workers who will provide all primary health services, family planning programme has been independently implemented without close coordination and cooperation with other health programmes. To have a successful integrated system, it is essential that organizational and functional integration within the public health programmes must be accomplished, with special efforts directed to :

- unifying the existing health programme network.
- re-establishing the role and functions of health workers.
- improving the workers' capabilities for integrated tasks through re-training pro-

Table 4. Changes in the Age Composition of Japan in Terms of Proportions, by Major Groups, Mean Age, Dependancy-Ratio and Elderly/Children Ratio

| Year | Age Composition(%) | | | Mean Age | Dependency Ratio(%) | | | Elderly/Children Ratio |
|------|--------------------|-------|-------|----------|---------------------|----------|---------|------------------------|
| | 0-14 | 15-64 | 64+ | | Total | Children | Old-age | |
| 1890 | 28.15 | 65.16 | 6.69 | 30.7 | 53.5 | 43.2 | 10.3 | 23.8 |
| 1910 | 33.89 | 60.68 | 5.43 | 28.0 | 64.8 | 55.8 | 8.9 | 16.0 |
| 1920 | 36.48 | 58.26 | 5.26 | 26.7 | 71.6 | 62.6 | 9.0 | 14.4 |
| 1925 | 36.70 | 58.24 | 5.06 | 26.5 | 71.7 | 63.0 | 8.7 | 13.8 |
| 1930 | 36.59 | 58.66 | 4.75 | 26.3 | 70.5 | 62.4 | 8.1 | 13.0 |
| 1935 | 36.89 | 58.46 | 4.66 | 26.3 | 71.1 | 63.1 | 8.0 | 12.6 |
| 1940 | 36.08 | 59.19 | 4.73 | 26.6 | 69.0 | 61.0 | 8.0 | 13.1 |
| 1947 | 35.30 | 59.90 | 4.79 | 26.7 | 66.9 | 58.9 | 8.0 | 13.6 |
| 1950 | 35.41 | 59.64 | 4.94 | 26.6 | 67.7 | 59.4 | 8.3 | 13.9 |
| 1955 | 33.44 | 61.24 | 5.29 | 27.6 | 63.3 | 54.6 | 8.7 | 15.9 |
| 1960 | 30.15 | 64.12 | 5.72 | 29.0 | 55.9 | 47.0 | 8.9 | 19.0 |
| 1965 | 25.73 | 67.98 | 6.29 | 30.3 | 47.1 | 37.9 | 9.2 | 24.4 |
| 1970 | 24.03 | 68.90 | 7.06 | 31.5 | 45.1 | 34.9 | 10.3 | 29.4 |
| 1975 | 24.32 | 67.72 | 7.92 | 32.5 | 47.6 | 35.9 | 11.7 | 32.6 |
| 1980 | 23.50 | 67.35 | 9.10 | 34.0 | 48.4 | 34.9 | 13.5 | 38.7 |
| 1985 | 21.51 | 68.18 | 10.30 | 35.7 | 46.7 | 31.6 | 15.1 | 47.9 |
| 1986 | 20.90 | 68.52 | 10.58 | 36.0 | 45.9 | 30.5 | 15.4 | 50.6 |
| 1987 | 20.24 | 68.86 | 10.90 | 36.4 | 45.2 | 29.4 | 15.8 | 53.8 |
| 1990 | 18.62 | 69.45 | 11.93 | 37.4 | 44.0 | 26.8 | 17.2 | 64.1 |
| 1995 | 17.55 | 68.33 | 14.12 | 38.7 | 46.3 | 25.7 | 20.7 | 80.4 |
| 2000 | 17.98 | 65.75 | 16.26 | 39.8 | 52.1 | 27.4 | 24.7 | 90.5 |
| 2005 | 18.74 | 63.23 | 18.02 | 40.6 | 58.1 | 29.6 | 28.5 | 96.2 |
| 2010 | 18.63 | 61.42 | 19.96 | 41.5 | 62.8 | 30.3 | 32.5 | 107.1 |
| 2015 | 17.56 | 59.89 | 22.54 | 42.4 | 67.0 | 29.3 | 37.6 | 128.3 |
| 2020 | 16.50 | 59.94 | 23.56 | 43.0 | 66.8 | 27.5 | 39.3 | 142.8 |
| 2025 | 16.40 | 60.24 | 23.37 | 43.3 | 66.0 | 27.2 | 38.8 | 142.5 |

Sources : For 1980–1985, Japan, Bureau of Statistics, Population Censuses ; For 1990–2025, Institute of Population Problems, Ministry of Health and Welfare, Population Projections for Japan 1985–2085 (Tokyo, 1987)

grammes.

o developing integrated management information system for monitoring and evaluating of programme performance as well as to retard the accelerating fertility decline.

5. The aging of population resulted from low fertility and low mortality as well longer life expectancy will imply a large shift of relative expenditures from education, and other social welfare provisions to health-care, support and welfare costs for the elderly. It also means that employment policy will have to shift from new job creation for young entrants, to development and retraining programmes for older workers.

Though the relatively young age structure in Korea will generate the older age structure of an eventually stationary population in about 30 years, its policy and programme implications must be seriously considered now, in order to avoid situations faced by the developed countries which have zero or negative population growth rates.

6. Along with rapid socio economic development in Korea, the traditional society is changing to a modern one. In recent years, the youth groups have problems relating to drug abuse and risktaking violent behaviours.

These problems may be due to the social factors such as lack of civic and humanity education, confusions and conflicts in adjusting to value changes, changes in family

structure and family ties due to fertility decline, and had mass media influences. In order to improve family welfare of the youth groups, the family planning/MCH programme needs to plan and implementing activities including IEC/motivation for them.

7. To retard the accelerating fertility decline in Korea, it is necessary to consider some significant measures of financial and other supports to families to assist them with their parental responsibilities and to facilitate their access to required services. These measures may include lowering the financial costs of child bearing and rearing, parental leave for childcare without career disadvantage, and adequate provision of reasonably good childcare/welfare services.

As Korea has completed the demographic transition, Korea should shift its role to accommodate these changes in policy direction. It should continue to assist in formulating new population policies, and monitoring fertility/population trends and family planning/development behaviour.

KIHASA should also continue to conduct, coordinate and collaborate with other institutes/agencies population/family research studies in the contexts of changing phenomena in socio-economic and demographic conditions in the future. This implies the scope and coverage of the population/family planning, research should be expanded from the current fertility-reduction oriented studies to family/social welfare aspects.

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