

Policies and Programmes Utilizing Health and Auxiliary Personnel in the Delivery of Family Planning Services

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INTRODUCTION

In Korea it is recognized that high rates of population growth have a negative impact on the health status and economic development of the nation. Consequently, a national family planning program has been an integral part of the government administrative structure since 1962. The program employs almost 3,570 field-workers and information officers and has service delivery points in virtually every township in the nation. In past years the program concentrated most heavily on the rural areas of Korea

because the private availability of family planning was much less in the country side than in the city. More recently, as the nation has urbanized, program inputs into the cities, especially low income areas, has increased. The national program offers most medically approved methods of birth control including condoms, pills, IUD's, male and female sterilization and abortion free of charge or at nonimimal cost.

OVERVIEW OF POPULATION

Present and projected demographic situation in Korea is shown in the following tables.

Table 1. Demographic Situation

Unit: thousand persons

	1974	1975	1976	1977	1978
Natural Increase Rate(per 100 persons)	1.8	1.7	1.77	1.75	1.75
Population	34,692	35,281	35,860	36,436	37,019
Fecund Women	8,573	8,719	9,146	9,408	9,674
Married Fecund Women	4,350	4,617	4,770	4,951	5,082

Source: Ministry of Health and Social Affairs: Yearbook of Public Health and Social Statistics, 1977 and others

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STATISTICAL OVERVIEW OF FAMILY PLANNING SERVICES

The Ministry of Health and Social Affairs is responsible for the overall execution and implementation of the family planning program at the national level. Within the Ministry of

Table 2. Projected Population for 1990

	Population			Age Distribution(%)			
	Both Sexes	Male	Female	Both Sexes	Male	Female	Sex Ratio
0—4	4,829,164	2,463,878	2,365,286	11.08	11.38	10.79	104.17
5—9	4,696,068	2,406,270	2,289,798	10.78	11.12	10.44	105.09
10—14	4,409,699	2,259,408	2,150,291	10.12	10.44	9.81	105.07
15—19	3,992,022	2,031,142	1,960,880	9.16	9.38	8.94	103.58
20—24	3,881,516	1,970,422	1,911,094	8.91	9.10	8.72	103.10
25—29	3,748,211	1,867,896	1,880,315	8.60	8.63	8.58	99.34
30—34	3,488,300	1,734,116	1,754,184	8.01	8.01	8.00	98.86
35—39	3,020,843	1,513,211	1,507,632	6.93	6.99	6.88	100.37
40—44	2,535,409	1,280,674	1,254,735	5.82	5.92	5.72	102.07
45—49	2,187,899	1,105,216	1,082,683	5.02	5.11	4.94	102.08
50—54	1,902,357	944,781	957,576	4.37	4.36	4.37	98.66
55—59	1,561,083	741,271	819,812	3.58	3.42	3.74	90.42
60—64	1,191,885	534,720	657,165	2.74	2.47	3.00	81.37
65—69	854,864	362,335	492,529	1.96	1.67	2.25	73.57
70—74	569,496	225,450	344,046	1.31	1.04	1.57	65.53
75—79	335,522	120,900	214,622	0.77	0.56	0.98	56.33
80+	370,323	86,095	284,228	0.85	0.04	1.30	30.29
Total	43,574,661	21,647,785	21,926,876	100.00	100.00	100.00	98.73

Source: Kwon, T.H. et al.: The Population of Korea: The Population and Development Studies Center, S.N.U., 1975, p. 107

Table3. Estimated or Projected Rates of Population Growth, Fertility and Mortality, 1965-90
(per thousand)

	1965—70	1970—75	1975—80	1980—90	1985—90
Annual Growth Rate	19	17.0	16.6	15.8	14.2
Crude Birth Rate	32	20.1	27.7	26.3	24.2
Crude Death Rate	13	12.1	11.1	10.5	10.0
Total Fertility Rate	4.63	4.23	3.82	3.42	3.01
Gross Reproduction Rate	2.26	2.06	1.87	1.67	1.47
Net Reproduction Rate	1.77	1.68	1.58	1.45	1.31

Source: Same as Table 2 p. 104

Health and Social Affairs, the Family Planning Section is part of the Maternal and Child Health Bureau. The section controls all activities relating to family planning.

At the provincial level, the public health section of the public health and social affairs

bureau is responsible for the overall control of family planning activities including the operation of the mobile van unit which provides family planning services to the remote and isolated areas of the province. At the city and county level, health centers provide family

planning services. The health centers are under the administrative and technical control of the provincial government through city or county offices.

At the township level, a field worker is assigned to each health sub-center to provide contraceptive services and motivation to the eligible population. At the village level, the leader of the Saemaul Women's Association serves the role of family planning field worker and as a grass roots level organizer(KIFP: National Family Planning Program in Korea, 1978).

As shown on the top left-hand of the Figure 1 the Korean Institute for Family Planning plays an important role. It is responsible for conducting research, and for evaluation of the family planning program including training. The Planned Parenthood Federation of Korea portrayed on the right-hand of the table is respons-

ible for implementing family planning information, education and communication activities in support of the Ministry of Health and Social Affairs. PPFK operates their branches at the provincial level and places information officers at the city or county levels. These officers are also responsible for the operation of Mothers Clubs in the area of family planning program implementation. Following tables show some statistical aspects of family planning.

Table 4. Authorized Clinics

Number of Clinics	2,125
Services Provided	
IUD	1,677
Male Sterilization	981
Female Sterilization	928

Source: KIFP, Family Planning Evaluation Seminar, 1978.

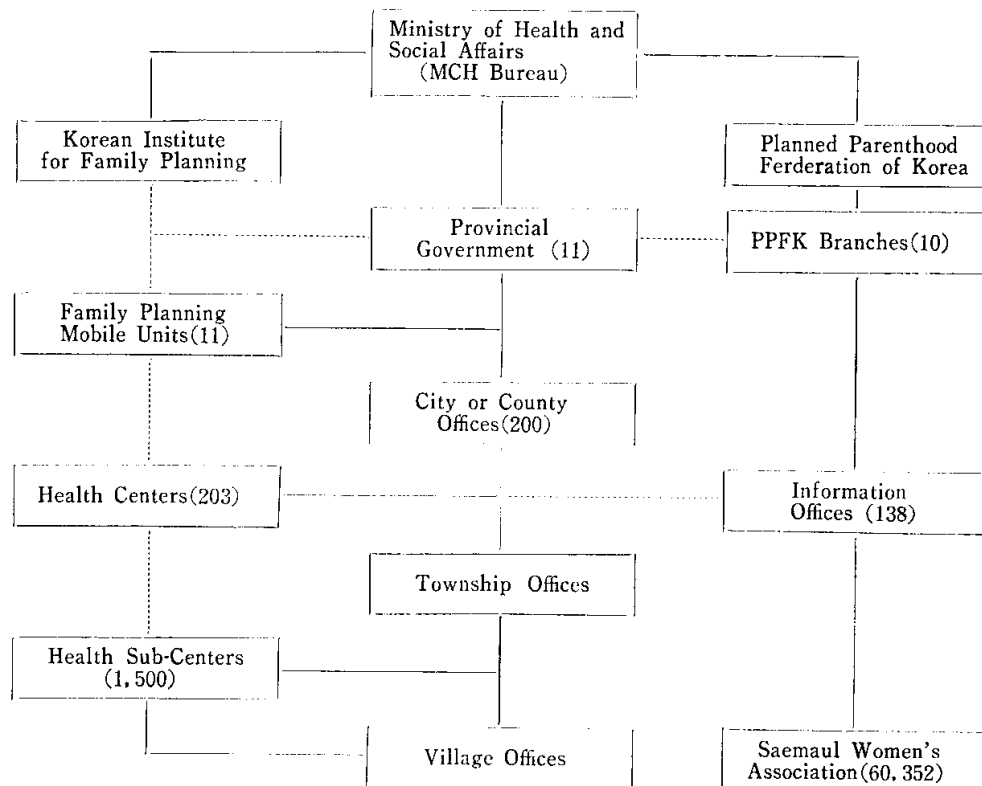


Fig. 1. Organizational Network

— Line of Authority

..... Line of Liaison

Table 5. Program Targets and Achievement, 1976-78

Method	1976		1977		1978*	
	Target	Achievement	Target	Achievement	Target	Achievement
IUD	310,000	297,872	290,000	281,568	250,000	209,676
Female sterilization	35,720	35,545	181,427	181,427	195,500	150,661
Pill*	250,000	203,402	200,000	178,783	130,000	132,958
Condom*	150,000	158,070	100,000	103,107	100,000	127,345
Vasectomy	50,900	44,881	54,400	53,735	60,000	29,979
Induced abortion ^b	8,690	8,482	23,000	22,032	50,000	44,752
Total current activity index ^c	805,310	748,252	848,400	820,652	785,500	995,371

*Average monthly users.

^bMenstrual regulation.

^cIndex is sum of current year sterilization and IUD acceptors plus condom pill users. It is neither a measure of new acceptors plus condom pill users. It is neither a measure of new acceptors nor of all users but a rough measure of total current program activity.

Source: Korean Institute for Family Planning (KIFP), 1977 Nation Family Planning Program Evaluation Report, June 1978.

* 1978 Achievement January through September 1978.

Table 6. Contraceptive Practice Rates by Method

Methods	Government-Support	Self-Support	Total
IUD	10%	1%	11%
Sterilization	5	3	8
Oral Pill	4	3	7
Condom	3	3	6
Other Methods	—	12	12
Total	22	22	44

Source: KIFP, 1976 National Fertility and Family Planning Evaluation Survey, 1977.

STATISTICAL OVERVIEW OF PERSONNEL IN FAMILY PLANNING SERVICES

Followings are number of physicians, nurses, aid-nurses, midwives and technicians as of 1976 and family planning workers and other workers as of 1978 (Ministry of Health and Social Affairs: Major Statistics of Health and Social Affairs, 1978)

Number of physicians licenced

(including herb doctor 2,855) 20,703

Number of nurses licenced

26,949

Number of aid-nurses licenced 37,953

Number of midwives licenced 4,023

Number of technicians licenced 4,712

Number of family planning workers 3,567

Number of maternal and child health workers 993

Number of tuberculosis workers 2,113

Persons served by each physician, nurse, aid-nurse and midwife in 1976 are as follows:

Persons served by each physician 1,732

Persons served by each nurse 1,331

Persons served by each aid-nurse 945

Persons served by each midwife 8,903

Recent figures show approximately 80 percent of all physicians and medical facilities are concentrated in urban areas. Only 48 percent of the total population reside in urban areas. To further aggravate the maldistribution problem, Seoul alone has 53.4 percent of all physicians and 37.8 percent of medical facilities, but only 20 percent of the total population. However this figure is different in family planning field, in other words family planning workers

Table 7 shows break-down of family planning workers.

Table 7. Family Planning Workers

Types of Worker	Number of Workers
Regular Government Workers	2,624
Provincial supervisor	23
H.C. worker	913
Township worker	1,688
Special project workers	943
Mobile clinic worker	11
F.P. center worker	60
PPFK information officer	138
Industrial site worker	734

Source: KIFP, Service Statistics, 1977.

are distributed based on population and administrative unit.

Policies Relating to Use of Health and Auxiliary Personnel in Family Planning

In 1961, the government of the Republic of Korea issued a statement indicating the importance of a strong family planning program to the achievement of human development and national goals, and in the following year the establishment and operation of a national program under the direction of the Ministry of Health and Social Affairs was included as a component of the First Five Year Economic Development Plan (1962~1966). In 1963, the Prime Minister issued the "Family Planning Encouragement Plan" to promote the program as a priority government project, specifying actions to be taken by the various Ministries. As a result, laws barring the import of contraceptives were repealed and local manufacture of foam tablets, condoms, and later, loops was made possible. Since that time the government has taken policy action on many occasions to improve human development through the family planning program, most recently through an

executive order in 1973 directing all Ministries to cooperate in family planning promotion and through the enactment of the Maternal and Child Health Law Legalizing induced abortion in the same year (Republic of Korea: Human Development in Korea, 1974).

In 1973, the Maternal and Child Health Law was revised to allow nurse and mid-wife insertion of IUD upon completion of a period of required training.

On the other hand, in order to sustain strong and continuous interest among high-ranking policy makers and to implement comprehensive population policies related to national development, the Population Policy Coordinating Committee was established in 1976 under the chairmanship of the Deputy Prime Minister. The committee is a ministerial-level committee whose policies are carried out through interministerial cooperation.

Programmes Utilizing Health and Auxiliary Personnel

Most services are provided through the government network of health centers and designated private practitioners. This system was established at the beginning of the program by adding family planning fieldworkers to the staffs of the already existing county level health center.

This system has concentrated on the delivery of family planning services in rural areas. Because of the explosive urbanization of the last decade, however, the facilities in the cities are no longer adequate to fill the growing needs there so the urban service network is now being expanded.

Direct assistance to families to help them in human development depends on the family planning fieldworkers. There is currently a total of about 3,500 family planning fieldworkers throughout the country working under the 203

county health centers, an average of one worker for every 1,200 eligible couples in rural areas and one for every 4,000 in urban areas.

The fieldworkers distribute oral pills and condoms themselves, and refer IUD and sterilization acceptors to the designated physicians who have been trained and authorized by the government. These physicians provide the services at their own facilities and are reimbursed by the government on a per case basis. IUDs, vasectomies, tubal ligations and condoms are provided to the clients free of charge. Pills are distributed for a very modest service fee. Mobile units were introduced in 1966 to help delivery services in the remote areas which it was difficult for fieldworkers to cover adequately.

A pilot community-based distribution (CBD) project has been conducted by the Planned Parenthood Federation of Korea (PPFK) since 1975 in three experimental areas. The pilot project has proved successful in meeting the potential demand for contraceptives and in exploring the possibility of transforming the program of free services provided by the government into a self-supporting program within the commercial sector. The PPFK plans to expand the CBD project to other areas in 1978.

As an example, training of IUD para-medical personnel will be described. Insertion training was conducted for licensed nurses and mid-wives among family planning workers, and IUD insertion by such nurses and mid-wives has been permitted in accordance with the MCH Law. IUD insertion training presently is 60 days in duration. The first 14 days are devoted to theoretical lectures on general knowledge and insertion techniques of the intra-uterine contraception. Then, students spend the next 46 days on practical exercises (the present curriculum provides for 28 days at hospitals and 18 days at health centers, focussing on the techniques need-

ed in obstetrics and gynecology departments and for other techniques needed). A total of 220 para-medical personnel have been trained in Korea during the period from 1974 to 1976. A guideline of specific job descriptions for field activities is distributed to every trainee working in the program. The main purpose of the guideline is to illustrate the problems concerned with IUD insertion and the availability of technical guidance by designated IUD physicians in various areas (Kong et al., 1976).

THE FUTURE

At present, there are over 1,500 government-designated clinics allowed to perform IUD insertions, but most of these are located in the urban area. In rural area, family planning workers conduct IUD insertions. In order to expand the current contraceptive services, nurses, and aid-nurses could be made use of. First, the para-medicals who are qualified as nurses and mid-wives in the township and counties should be given training on IUD insertions. Second, a total 848 mid-wives should be trained in the techniques of IUD insertions. This year, the KIFP is to train 30 mid-wives who are practising at the township and the county levels. Third, as a long-range program for training on the IUD insertion, studies have to be made of the possibilities of including the IUD insertion programs in the curricula of the medical and nursing colleges in the country. Fourth, the distribution of laparoscope in the rural area should be facilitated.

Effort should be made to integrate the national family planning program with other development programs for a better effectiveness. The following are some of the development program with which the national family planning program is to be integrated eventually.

- (1) New village movement
- (2) Public health project, including the maternal and child health project
- (3) Family planning projects for those in the industrial sites, and
- (4) Family planning programs at general hospitals.

CONCLUSION

Role of health and auxiliary personnel in the delivery of family planning services has become great concern to everyone recent years. In Korea the effective utilization of them is one of important tasks. The improvement and maximization of effectiveness of contraceptive services by the best utilization of these personnel in the area where it critically suffers from the shortage of professional medical personnel is highly desired.

In addition to the better training and service system for health and auxiliary personnel continuous legal, educational and social supports are to be provided.

＞ 國文抄錄 ＜

家族計劃事業을 위한 保健 및 其他 要員活用
政策 및 計劃

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家族計劃事業을 실시하는데 있어서 保健 및 其他要員의 比重과 役割이지 대한 관심사로 등장하고 있는 사실은 周知되어 있는 일이다. 이들에 대한 效率的活用이 우리나라에서도 重要課題의 하나로 되어있다. 醫療專門家가 없는 地域에서 이들을 最大限으로 活用하여 避妊事業의 效率를 期한다는 것은 바람직한 일이다.

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