

“알맞게 낳아서 훌륭하게 기르자!”

(Let's Have the Proper Number of Children and Raise Them Well!): Family Planning and Nation-Building in South Korea, 1961–1968

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Abstract This paper looks at the formation of a South Korean national health network by focusing on the introduction of an ambitious National Family Planning (FP) Program under President Park Chung Hee (1961–1968). The program, influenced in part by the model of its neighbor, Taiwan (Taichung), saw two pilot studies carried out in Koyang (rural, beginning in 1963) and Sundong-gu (Seoul metropolitan area, 1964–1966), before being carried to rural areas nationwide. If the program began with numerous echoes of Japanese colonial practice, it was mobilized specifically in terms of the emerging “modern” South Korean story and the state’s relationship to the welfare of the individual family unit. Using a range of Korean and English-language sources, the paper illustrates how the FP effort took: (1) the Koyang study of the effects of mass communication in rural areas as a tentative blueprint for expanding its national agenda; (2) subsequently enlisted mobile transportation (1966) to expand the scope of its reach; and finally, mobilized “Mothers’ Clubs” (1968) to penetrate the very fabric of rural society, making women both the target as well as the primary means of distribution. Ultimately, this strategy of enlisting the active participation of South Korean women on behalf of the program asked rural women in particular to submit their bodies to the state’s scrutiny, even as they formed the core of the distribution network. In this respect, FP anticipated the mass mobilization of rural South Korea in the New Village movement of the 1970s and leaves behind an ambiguous legacy of state control that is only just beginning to be re-examined.

Keywords Family planning · Birth control · IUD · Population · Biomedicine · South Korea · Cold war

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1 “The Malleable Body”: Redefining the State’s Claim to the Body

In an editorial published in *The New York Times* in January 2006 following the admission of falsified images contained in the work of South Korean scientist Hwang Woo-Suk, Choe Sang-hun proposed that the “Hwang Affair” might be best characterized by an analogy between Dr. Hwang’s attempts to achieve rapid results in biotechnology and the rapid industrialization policies undertaken by East Asian nations such as South Korea and Taiwan from the mid-1960s to the late 1970s (Choe 2006). As Choe succinctly put it in the title, “Stem Cells Aren’t Cars or Chips,” suggesting that the degree of specialization required in undertaking sophisticated biological work involves more than simply modifying an existing technological system implemented by another nation or a competing research team.¹ Moreover, while Choe mentions this factor only briefly, the attempt to arrive at a shortcut had led to a number of questionable practices, including possible bioethics violations in requesting egg donations from a group of female graduate students.² In its broad outlines, Choe’s account depicts the scandal as one of contrast with a story already familiar to many, the recent, successful rise of the so-called “East Asian Tigers” within a relatively short span of time.

However, the Hwang affair needs to be treated as more than simply a recent development in South Korea; and moreover, it is worth examining the Republic of Korea (ROK) scientific regulatory institutions in terms of their origins under a culture of military government under President Park Chung-Hee (1961–1979). The institutional links between the Park government and its international partners also merit scrutiny here, as the strong state/strong family planning policy it would adopt in the early 1960s matches the model of a number of other East and Southeast Asian nations, including Taiwan, Japan, and Singapore, to name only a few.³ At the very least, the South Korean case provides us with a point of entry into a larger regional history, one that might consider how and why newly independent nations emerging in the early part of the Cold War enthusiastically embraced the rhetoric and practice of control offered by the prospect of Family Planning (Joint Communiqué 1965).

What might such a history look like, if outlined in its broadest terms? We would likely begin with the Occupation of Japan (1945–1952), during which American reformers and social planners undertook a survey of the Japanese population (Taeuber 1958; Balfour et al. 1950). The repatriation of Japanese civilian and military personnel based throughout Northeast (Manchuria, Korea) and Southeast Asia to the Japanese home islands then provided a rationale for a thorough revamping of the statistical system used to keep track of the population.⁴ This

¹ *Ibid.*

² Leem and Park 2008, pp. 9–26. See also Jeong 2006.

³ Japanese Organization for International Cooperation in Family Planning (JOICFP) 1977, Kenny 1965, and Kee and Lee 1973. While citing these individual cases to emphasize the common trend of Family Planning in East and SE Asia, it is equally important to recognize that these national programs ultimately assumed quite different forms: Japan tended to emphasize abortion, and Singapore had a slightly later start date (mid-1960’s) than both South Korea and Taiwan.

⁴ The family registry, or *koseki*, was often mobilized as a strategy for calling for statistical reform in both postwar Korean and Japan. Willard 1947, p. 666.

practice in turn would hold implications for the former colonial possessions of Korea and Taiwan, with the former undergoing a concurrent 3-year occupation of its own (United States Army Military Government in Korea, or USAMGIK, 1945–1948), prior to the establishment of an independent government in the southern half of the peninsula.

Continuing along these lines, the story of demography would also touch upon the establishment of new demographic centers in the United States at prominent universities—with two of the key sites appearing at Princeton and the University of Michigan—supported by generous funds from the Rockefeller and Ford Foundations (Cooper and Packard 1998). While these institutions dated to the 1930s, their impact in the postwar period would be significant, both in providing the basis for new population surveys during the occupation years, and by training a number of foreign graduate students to initiate demography as a new field of study in East Asia.⁵ Again, this is consistent with a growing American presence in the region, not only in military terms, but also in terms of “soft power,” specifically, an increased volume of scientific and technical exchange, with a wide variety of projects funded by the Foreign Operations Administration (FOA) and International Cooperation Administration (ICA), the predecessor agencies to United States Agency for International Development (USAID).⁶

2 Biomedicine and Family Planning in the Developmental State: South Korea

Moreover, if scholarship concerning the character of South Korean modernity has already begun to approach the task of analyzing the prominent role of the state as enforced through military conscription, little to date has appeared in English concerning the corresponding mobilization of biomedicine on behalf of the nation during and in the aftermath of the Korean War (1950–1953) (Moon 2005; Baldwin et al. 1974). The recipient of considerable medical and reconstruction aid from the United States and a wide range of international partners, South Korea began the period following the post-war by investing in its own hospitals and health centers, then located almost exclusively in the urban centers of Seoul, Taegu, and Pusan (Gault 1961). This work, along with the related task of rehabilitating the nation’s higher education facilities, occupied much of the decade of the 1950s, during which the government of President Rhee Syngman constructed a state based primarily upon a fiercely anti-Communist rhetoric, while also holding out the future possibility of reunification with its neighbor to the North.⁷

⁵ *Ibid.* See also Lee 2003.

⁶ Kim and Hwang 2000. See also Lee 2006; For a contemporary account of the Minnesota Project, see The Minnesotan 1956. These are just a few examples of American biomedical aid/exchange to the ROK following the Korean War.

⁷ Morris-Suzuki 2007. This work, concerning the curious decision of many Koreans to migrate to North Korea in the late 1950s, captures the political tensions of President Rhee’s South Korea, particularly in Chapters 5 and 11. As Morris-Suzuki notes, Rhee refused to recognize the North, meaning that reunification would take place only on his terms.

In contrast, the new government of Park Chung Hee, which assumed power following a military coup in May 1961, adopted a more pragmatic attitude toward change, reversing many of the policies set by Rhee. Prominent among these new measures was the adoption of Family Planning, or *kajok kyehoek*/가족계획, as rendered in Korean, with official approval coming in the fall of 1961 (Planned Parenthood Federation of Korea 1991). Although a number of citizen's groups had begun to advocate distribution of birth control technologies late in the preceding decade, Rhee had merely tolerated this activity, never granting it official sanction. In contrast, Park rapidly incorporated it within the government's plans for overhauling the state bureaucracy, mobilizing public health as part of a sweeping message calling for national economic growth. The rapid reduction of population growth, freeing up additional revenue for investment in other sectors—a trend labeled “demographic dividends”—was then tied directly to the welfare of the nation as a whole.⁸

The organizations responsible for overseeing much of this new activity included the new School of Public Health at Seoul National University (SNU), under the leadership of Dr. E. Hyock Kwon (권이혁); and the Department of Preventive Medicine and Public Health at the College of Medicine, Yonsei University, where this research was frequently headed by Dr. Jae Mo Yang (양재모) (Bang et al. 1963a). The latter institution, in particular, was critical to the formation of new ROK policy, thanks to the preliminary study it conducted beginning in the late 1963, the Koyang study, concerning the education of a rural population with regard to the new forms of birth control that would soon be available.⁹ With much of the South Korean population still residing in such areas, placing a severe strain on limited rural health care facilities, the Koyang study would shape subsequent policy in terms of attitudes toward mass communication, as well as the use of mobile transportation, to carry out the ambitions of the national FP program (Fig. 1).

More specifically, this article will argue that the Koyang study served as the critical precedent for subsequent mass mobilization campaigns in the South Korean rural sector, supporting direct state intervention in the lives of its citizens through the new means of public health and family planning. Such an approach, borrowing from the Knowledge, Attitude and Practice (KAP) surveys popularized by American social scientists and demographers, sought to effect change in rural areas through the combined force of education campaigns and the distribution of new forms of birth control technology, starting with the Lippes Loop in 1964.

Briefly stated, the KAP survey assumed that the lack of participation in these new forms of birth control did not reflect active resistance so much as a basic lack of knowledge on the part of potential recipients. Through education would come new knowledge, with consent to new technologies likely to follow. With this approach, the social scientists affiliated with the University of Michigan's Population Study

⁸ Connelly 2008. See Chapter Six, “Controlling Nations,” for Connelly's take on the South Korean program. Connelly perceives the programs in the Taiwan and South Korea as an effect of Cold War aid, but fails to recognize the extent to which biomedicine was embraced enthusiastically by local actors as a new means of exerting control over their own people.

⁹ *Ibid.* See also Ross and Bang 1966, pp. 8–12. Start dates for the Koyang study are generally reported as either March 1962 or Fall 1963, depending on whether one recognizes the planning stages of the collection of data as the startup; I am using 1963 as it coincided with the first publications.



Fig. 1 By 1968, the elements of a nation-wide Family Planning (FP) program were in place in South Korea. A famous 1965 poster issued by the Planned Parenthood Federation of Korea (PPFK), this image, urges South Korean families to “have the proper number of children and raise them well!” (The woman featured in the poster, a Family Planning representative, is pointing to the Lippes Loop, which was first widely distributed in South Korea in 1964. Planned Parenthood Federation of Korea, *PPKF 10-Year History*, Seoul: PPFK, 1976.)

Center (PSC) became in effect, advocates of change in rural areas, carrying out their consulting work in many parts of the developing world, including Taiwan and South Korea (Freedman 1998). In fact, the former case, with the government starting up a vigorous experimental campaign at Taichung in 1963, would become a celebrated model, with neighboring countries sending observers on a frequent basis. As in South Korea, a rapid decline in the birth rate would soon be associated with economic growth, although there was no demonstrable casual relationship between these two factors.¹⁰

Ultimately, the ROK state and PPFK specifically sought to exert control over the bodies and practices of rural South Korean women through the Family Planning campaigns.¹¹ In fact, with problems beginning to appear in the distribution network by the mid-1960s, the state decided to rely on these women increasingly as a new

¹⁰ While population rates declined in relation to education and improvements in economic conditions, there was no causal relationship indicating that a decline in population drove economic growth in South Korea. Rather, improvements in the economy and access to education likely led to different lifestyle choices.

¹¹ Bae 2003. Thanks to Seo Yeon Leem (SNU), Baik Youngkyung (Johns Hopkins) and Yeonbo Jeong (University of Minnesota) for introducing me to the recent literature of Korean feminism. Debate concerning the South Korean state’s ability, or lack thereof, to enroll women in its programs remains lively and vigorous.

means of disseminating information and materials; and by 1968, when Mothers' Clubs were officially enrolled as a major part of the effort, women had become both the primary target group as well as the chief mechanism for carrying out the ambitions of the national Family Planning campaign (Park et al. 1976).

3 "Seoul is Full": Achieving Consent Through Demography and Urbanization (1961–1966)¹²

If rural life represented the reality for the majority of South Koreans, a national drive toward urbanization provided the official rationale for the government's decision to sponsor the FP campaign and its related demographic efforts.¹³ With the transition to the Park government came the beginning of massive construction efforts in the urban area of Seoul, as well as the first low-rise apartments (Jeong 2005). The crowding taking place in urban centers, with job-seekers arriving at Seoul Station on a daily basis, motivated a renewed interest in demography, particularly from the standpoint of social planning, military conscription, and public health. The Sundong-gu Action Plan study (1964–1966), a 2-year study of southeastern Seoul conducted by Dr. E-Hyock Kwon of the SNU School of Public Health, prioritized the improvement of urban living conditions in its effort to investigate the most efficient means of disseminating new information about contraception.¹⁴ Many of the assumptions of the KAP approach advocated by social scientists associated with the University of Michigan's Population Studies Center and its head, Dr. Ronald Freedman, were embedded within Kwon's study, and its approach toward a new target group, with area residents to be subsequently labeled as "acceptors" when they agreed to adopt birth control on a trial basis.¹⁵

Specifically, Sundong-gu assumed that its target population would possess ready access to a reliable means of communication—at this point, meaning either print or radio—through which the government would disseminate its message concerning the availability of new technologies. If this scheme implicitly assumed basic literacy and a fairly homogenous population, it also assumed that receptivity to any new programs would likely correspond with prior education and achievement. Sundong-gu would therefore target a large section of southeastern Seoul, providing a new urban health center (see Fig. 2), which could serve as the focal point for a study of the community.

If KAP had assumed implicitly that its target audience would consist of urban elites, possessing a certain degree of education and a willingness to try new technologies on a trial basis, the South Korean case turned out to be quite different.

¹² "Seoul is Full" was a serial publication which appeared in South Korean newspapers in the mid-1960s, with the title evoking the economic climate of the period, as well as the frequent pattern of migration from rural to urban areas.

¹³ Lee and Barringer 1978. The emphasis on rural life in the New Village Movement of the 1970s indicates that the country remained largely rural as late as the early to mid-1980s.

¹⁴ Kwon and Kim 1966. See also Kwon 1974.

¹⁵ See the Ronald Freedman Papers 1961–2000. While the collection focuses primarily on Taiwan, there are numerous references to South Korea, particularly in the KAP sample surveys. Dr. Freedman was particularly concerned that the Korean program was more interested in quick results than statistical rigor in its research.



Fig. 2 The Sundong-gu public health center, created in 1964 to address the problems of living conditions in urban Seoul (*Seoul through Pictures 4: Seoul, To Rise Again (1961–1979)*)

Contrary to expectations, the embrace of new birth control technologies in South Korea would turn out to be most enthusiastic among rural women, those seeking to gain a measure of control over their lives. For this very reason, the Koyang study (Fig. 3), which began in the fall of 1963, would ultimately become more important than the coterminous Sundong-gu study (1964–1966). The Koyang study sought to establish a basis for comparing a region of southwestern Seoul (near today's Kimpo airport) with an equivalent rural community located 13 miles north of the city (Bang et al. 1963b). Ultimately, the Koyang study, with its emphasis on examining the dominant forms of communication in rural areas, was well-suited to carrying the national effort to the rest of the country during the remainder of the decade.

Initially modest in its ambitions, the Koyang study began prior to the distribution of the Lippes Loop (1964) and was designed specifically to assess awareness of new birth control alternatives prior to the beginning of a national distribution program.¹⁶ This scheme was scrapped almost immediately, however, when the decision to proceed with distribution took place shortly after the study had gotten underway. In effect, rather than a before and after comparative study between Seoul and a neighboring rural area, the Koyang study became instead a study of the effectiveness of various media in disseminating the government's new message.¹⁷ With the arrival of free contra-

¹⁶ *Ibid.*

¹⁷ *Ibid.*, pp. 99–100.

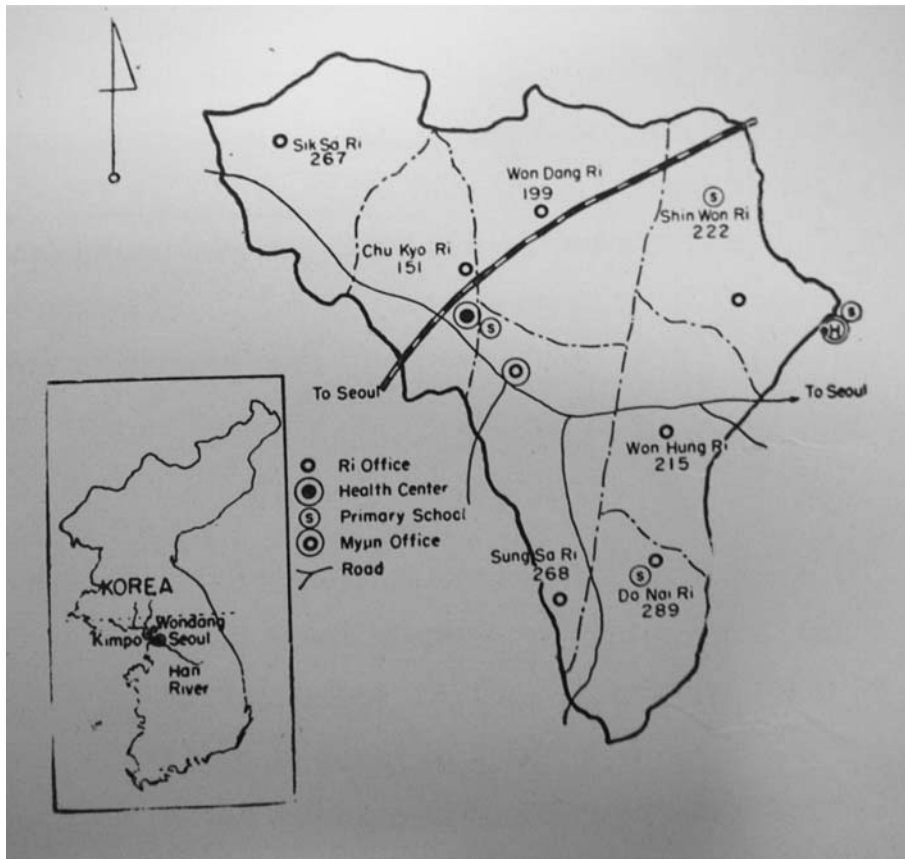


Fig. 3 The design of the Koyang study aimed to compare a rural community (Wondang Myun, Koyang) with a designated portion of southwest Seoul serving as the control. The designation "Ri Office" indicates the approximate center of each of the seven villages in the area. (*Yonsei Medical Journal*, 1963, no. 4)

ceptives for distribution, the FP program began broadcasting its first radio advertisements on a regular basis, aiming to heighten awareness and increase participation.

The government deemed this type of communication vital to getting its message out, as many of the target areas selected for intrauterine device (IUD) distribution—primarily, but not exclusively, the Loop—did not possess access to medical facilities. In this respect, the Koyang study was motivated by an examination of new techniques in mass communication as much as it was by public health concerns. That is, given the lack of a medical infrastructure, and the corresponding difficulty of accommodating patients in limited urban facilities, the study addressed the question of how best to bring medical care to rural communities. Using local infrastructure—schools and community centers as its baseline—the Koyang study recommended that an independent, de-centralized distribution network be built around existing resources, a project which could be carried out jointly by trained medical personnel and volunteer participants.

4 Mobilizing a Rural Network at Koyang (1963–1966)

Although the Koyang Demonstration Health Center did not possess the official mandate of the ROK government when it began its work in 1963—that honor would go to the Sundong-gu study, initiated by Seoul National University in 1964—it had something equally significant, financial support from American research foundations.¹⁸ A grant from the Population Council (PC), created by Rockefeller, assisted with the startup of the study, and held the promise of more to come in the near future. Moreover, the study's base at the Yonsei University College of Medicine further strengthened these institutional ties. Formerly a site of Christian education during the period of Japanese colonialism, Yonsei now stood as a bulwark of anti-Communist education in postwar South Korea.¹⁹ A 1957 agreement between Severance Union Hospital and Yonhi College had led to the formation of a single research institution with connections to Protestant churches of the U.S. eastern seaboard, as well as to foundations.²⁰

The head of the Koyang research program, Dr. Jae Mo Yang held an interest in a variety of public health concerns and had previously published on the problem of providing basic health care to rural residents.²¹ At Koyang, he was confronting a problem of immediate concern to the ROK government, namely, how to approach a rapidly expanding population with an extremely limited resource base. In 1960, the ROK had one of the highest population growth rates in the East Asian region, with the typical South Korean woman giving birth to slightly more than six children over the course of her reproductive years (Bang et al. 1963c). At the same time, use of birth control—whether in the form of foam tablets, contraceptive jelly, or condoms—remained very low, peaking in the range of only 10% to 20% of the eligible adult population.²² The Koyang study was therefore designed to confront this problem of awareness through a series of interviews and public education programs.

Along with a team of 20 individuals placed in charge of conducting interviews—ten midwives had been selected to interview female respondents, along with ten male sociology students, who were to interview male respondents—Dr. Yang began his inquiry hoping to capture a baseline portrait of a rural community prior to any intervention.²³ Koyang consisted of seven villages distributed over a fairly compact

¹⁸ At the time, Yonsei had already established a relationship with Washington University (St. Louis) to conduct a joint business program (an attempt to match the Minnesota Project) and would also receive funds from the Luce Foundation. See also Jerome Breunig 1964, pp. 76–81. Breunig, a Jesuit based at Sogang University in Seoul, explains that it was difficult to locate sources of funding, as Seoul National University had monopolized government funds, and Yonsei University had monopolized most of the remaining funds from external sources.

¹⁹ United Board for Christian Higher Education in Asia, Annual Report 1956–1957. See http://www.unitedboard.org/about_history.asp for a brief history of the board.

²⁰ See documents related to the Korean–American Foundation, *Syngman Rhee Papers*. Many of the Americans listed on the foundation's letterhead represented prominent New York families, including the Rockefellers.

²¹ This work focused on public health facilities on Cheju-do, the large island located near the southern tip of the peninsula. Yang 1960a. See also Yang 1960b, pp. 71–76.

²² *Ibid.*

²³ *Ibid.*, p. 82.

area, with a population of just under 9,000, with the majority of the residents engaging in some farming activity. As for education, the majority of both men and women had completed primary education, with some continuing on to middle school; but very few possessed any form of higher education. This was a population selected for its potential to put the test to the government's program, certainly at least in terms of the dominant assumptions of the KAP methodology.

The survey's findings matched many of the desired responses—both men and women sought a smaller family size of approximately three to five children, and neither possessed much background knowledge, or engaged in the practice of family planning—and one key finding provided an interesting opportunity for speculation.²⁴ Although mass media emerged as a major source of information, uptake of media messages was highly linked with education, meaning that an individual's group membership remained the most significant factor. An individual's participation in his or her local community, in other words, remained the most significant social factor in these rural settings. The FP program was going to need to learn how to reach out to such communities, both in terms of providing direct access to health care, and in terms of communicating its message to residents.

With widespread distribution of the Lippes Loop beginning in 1964, the national effort began in earnest, but it remained very much a work in progress, with studies such as the Koyang effort underscoring the need to maintain a flexible approach. As Dr. Yang had specifically noted the potential significance of local community participation, PPFK began exploring a means of exploiting this relationship, recognizing that rural residents were more likely to trust people from the same area, rather than a government official or an anonymous public service message. Moreover, in the short-term, the lack of health care facilities placed a severe strain on existing resources, with Dr. Yang among those calling for improved conditions in maternal and child health care (Yang et al. 1966, pp. 76–85). In this sense, the **FP** program was able to mobilize its own work through calling for an expanded agenda, as the welfare of Korean mothers and children drew sympathy both at home and from Western partners.

For example, in a 1966 publication, Dr. Yang noted that the typical rural birth was not attended by either a physician or a midwife. Only a straw mat or a paper sack served as the surface upon which the newborn was delivered.²⁵ There was no hospital. The individual overseeing the delivery, generally a member of the immediate family or a prominent woman in the village, used unsterilized scissors or a scythe to cut the umbilical cord. This kind of narrative description, while no doubt faithful to the material particulars of South Korean rural experience, was designed specifically to garner additional revenue, both from the ROK government and from potential donors abroad. By 1966, it was becoming evident that rural areas required greater access to professional care; and if it was not readily available, it would be brought to the rural community through mobile transportation (Kim et al. 1972, pp. 142–152).

The Koyang study provided the critical precedent in establishing this new style of rural health care, which began to take shape in 1966 with the arrival of the mobile

²⁴ *Ibid.*, p. 100.

²⁵ *Ibid.*, p. 79.

health teams. Using vans donated by external agencies—including USAID and its Swedish counterpart, the Swedish International Development Agency (SIDA)—the mobile teams were able to begin making site visits to rural communities on a monthly basis, distributing loops and providing simple surgical procedures when necessary.²⁶ With this final step, the FP program became a program truly national in scope, with Loop “acceptors” no longer limited to urban centers. At the same time, the government emphasized public health in general, with the arrival of U.S. Peace Corps volunteers (1966) providing an additional resource for education and instruction.²⁷ The Koyang study had successfully convinced South Korean government officials and planners that a loose, decentralized network utilizing mobile services could work if it relied upon the resources available in a given community.

5 Mobile Transportation and the Loop (1966–1968): Promoting “Acceptors”

If the arrival of the mobile teams provided ease of access to new technologies; however, it signified new social costs. The very conditions mobilized to encourage international assistance in the preceding period (1963–1966) would now come under close scrutiny. Under ideal circumstances, a loop insertion would be performed by a trained medical professional, either a doctor or nurse, in some sort of health care facility, if not at a hospital. The material exigencies of rural South Korea translated into a very different set of conditions, with loop insertions typically performed by a trainee, and the procedure frequently taking place in a school or community center, or sometimes even outdoors. A narrative account taken from the period captures this reality by describing the start of a typical workday for a mobile team:

About 30 women are standing under the overhanging eaves of the township office building. They have finished filling out the record forms and are waiting patiently for the FP mobile clinic to open for business. They have signed up for loops [Lippes loop]. One woman leans against the building. She has walked seven miles since daybreak. Two men are standing some distance from the women. They have signed up for vasectomies (Hartman 1966).

Under these adverse conditions, the primary agenda of the mobile teams became transparent as the basic approach was quantitative, focused on achieving target goals, rather than improving the quality of health care per se.²⁸ With the introduction of FP in 1961, the South Korean government had promoted its desired image as a modern nation. Consistent with this goal, FP would elide the use of prior methods or

²⁶ *Ibid.* These procedures would have included tubal ligation and vasectomy procedures.

²⁷ U.S. Peace Corps volunteers who began arriving in South Korea in 1966 were responsible for teaching English and for teaching the basics of Public Health. The Peace Corps magazine *Yobosayo* and the privately circulated *The Noodle* contain numerous references to the latter function. Thanks to Ken Kaliher for providing access to these resources. Ken Kaliher, *Private Papers*. See also Hapgood and Bennett 1968, pp. 98–122.

²⁸ The emphasis was on “acceptors,” initial users, with little attention to follow-up or longitudinal study.

customs. With respect to birth control, this meant that previous “acceptors”—particularly in terms of the use of herbal methods or induced abortion—were removed from statistical consideration, since the current goal was to document the growth of a “new market.”²⁹ Specifically, this meant that loop acceptance would be the top priority.

The loop’s place of prominence within a hierarchical “menu” of possible choices deserves consideration here, as it was not the only form of birth control made available. Publications from the period also cite the availability of condoms, contraceptive foam tablets, female sterilization, and vasectomy even as the loop remained the top priority. The key factors motivating the loop’s distribution no doubt included its donation by external partners, allowing the PPFK to pass it along free of charge to the recipient. In addition, there was some knowledge of a prior form of IUD, the Ota Loop, introduced by Japanese physicians during the late 1930s (Frühstück 2003). While the South Korean program hoped to displace these prior forms of birth control, it also recognized the utility of appealing to its target population with a similar but improved form of technology (Lee 1967).

The loop then became the primary object of the FP program for a nearly 4-year period (1964–1968), during which it was heavily promoted as a modern alternative to the social and economic problems of large families. Other items available within the menu were offered only after the loop had been presented as the first choice. Moreover, members of the target group, women who consented to insertion of the loop, were labeled as “acceptors,” and were carefully noted within a quantitative scheme indicating cumulative progress.³⁰ Equally important was the factor of retention, particularly as physical symptoms and other problems related to use of the loop began to emerge. FP workers began to realize that a certain percentage of their “acceptors” were dropping out within 1 to 2 years, meaning that their target estimates remained overly optimistic.

As part of this ambitious scheme, financial incentives also played a significant role, and the legacy of this practice remains a subject of enormous controversy.³¹ Simply put, FP workers were offered a small financial reward for each loop inserted, giving them additional motivation to achieve target numbers. This practice continued with the formation of Mothers’ Clubs in 1968 (Fig. 4), with a portion of the money received going toward maintaining the activities of the local group. Whether or not this practice led to unnecessary risks being placed on women to make them “acceptors” is uncertain, but certainly, the potential for abuse was present, a fact recognized by colleagues based outside of South Korea.³²

The combination of mobile transportation and an eager government led to rapid growth in the number of “acceptors.” It also had a tendency to mask the

²⁹ Connelly uses this language to discuss the international effort, and it is particularly relevant to Taiwan and South Korea.

³⁰ See Note 29, especially Connelly in Chapters 6 and 7.

³¹ Connelly notes that this was a concern almost from the beginning with regard to the South Korean program, see pp. 205–206. The Korean reports from the period downplay the role of financial incentives, claiming that the funds sustained further group activities.

³² *Ibid.* See also Frank Notestein Papers, Mudd Manuscript Library, Princeton University.



Fig. 4 This advertisement for oral contraceptives first appeared in an early 1970s edition of *가정의 벗* (“Happy Home”), a PPFK publication which began distribution in 1968 along with the introduction of Mothers’ Clubs

physical problems associated with use of the loop including internal bleeding, spontaneous rejection of the loop, infection, and extreme physical discomfort.³³ Although a certain percentage of rejection had been anticipated in the planning stages, the South Korean FP program was not prepared for the extent to which this development would affect their targets. Moreover, the mobile van approach, while it increased access to the distribution network, did not make sufficient provision for follow-up care, meaning that rural women who experienced symptoms such as those described above were often left with no choice but to endure further pain, discomfort, and risk of serious infection. In effect, the “acceptors,” once enrolled in the system, took on far greater significance as statistics than as individuals.

6 Mothers’ Clubs and the Transformation of South Korean Rural Society (1968–1972)

The failure to achieve target goals for loop insertion, coupled with an increasing number of complaints about this method, brought two major changes to the FP program in the late 1960s. First, an alternative to the loop was found in the birth control pill (먹는 피임 약), which would be offered to those who decided to

³³ The pill would soon replace the loop as the preferred method as of 1968. Kwon et al. 1968.

discontinue use of the loop. No longer would the loop maintain its dominance as the technology of choice; the pill would assume similar prominence in terms of setting targets for distribution in the coming decade.³⁴ More importantly, the public face of the entire program would change dramatically, with women assuming the primary role for organizing and distributing materials in many areas, particularly rural communities. If the usual forms of mass communication—television, radio, and print—were not reaching these areas effectively, hearing about the program from a prominent person in the village would likely produce greater results.

Rather than select a representative individual on an arbitrary basis, the PPFK hoped to utilize existing social networks, thereby penetrating the fabric of rural South Korean society. Accordingly, mothers' clubs were formed around the institution of the *gae*/*kae* ("money club"), a communal group formed as a kind of mutual assistance program (Park et al. 1976). Typically, members of such a group each contributed a certain amount of their household earnings toward a group fund, with each member permitted at designated intervals to draw upon the collective resources. Through this approach, for example, Korean immigrants have been able to purchase small businesses and homes in many countries, before repaying the loan to the group, allowing others to succeed in turn. In 1968, these local assistance groups furnished the basis for a new means of distributing birth control, with the emphasis on the oral contraceptive.

With a prominent local woman as the lead figure in each club, the PPFK now had a means of reaching people directly with its distribution scheme.³⁵ Mothers' club representatives were typically between the ages of 20 and 45, and usually had prior experience in bearing a child (Lee 1978). They were expected to possess a certain degree of education, and in those cases where such a figure could not be located, the minimal requirement was literacy. Representatives were provided with an incentive to distribute contraceptives and pamphlets, as they received a small fee in return for each new person enrolled in the program. While this created the potential for a conflict of interest, the money collected was designed to encourage a series of monthly meetings, with the funds supplying food and drink. Under the terms of this setup, the *kae* would meet as it normally would, with the added component of time devoted to family planning (Fig. 5).

At the same time, there was a conspicuously gendered ideological component to the new groups, as they reached places where even the mobile vans had not been able to travel, and provided FP with a long-term representative in each village. The women who assumed these new positions constituted, in effect, a challenge to the dominant male hierarchy; and reports of violence sometimes emerged in subsequent publications.³⁶ More common than reported incidents of violence, however, were men who simply refused to allow their wives to participate in monthly meetings, and similarly rejected

³⁴ *Ibid.*

³⁵ It is not clear whether these women held any official position prior to assuming the role as a Mothers' Club representative. Traditionally, village councils were exclusively male, and these bodies then had the power to appoint the local Mothers' Club representative: PPFK's claim is that it simply enrolled the leadership of the existing *kae* in each area, meaning that it did not seek to transform the local hierarchy.

³⁶ More common than violence, however, was the persistence of the dominance of a particular image of the South Korean mother. S. B. Lee notes that the primary image of the mother as caregiver did not change radically despite advances in education and economic circumstances.



Fig. 5 This image of a Family Planning worker, taken from an early 1970s edition of “Happy Home,” captures the representative type that FP was looking for, a modern woman willing to share her knowledge and experience with other village residents (가정의 벗)

the practice of birth control, regardless of the method recommended. If FP furnished a “modern” alternative that would permit control over family size, there was still a significant portion of South Korean society that did not yet wish to participate.

For PPFK, however, the new approach provided a neat solution to a number of related problems. No longer would there be a lengthy time interval between site visits, meaning that the organization, working through its proxy, could continue to monitor the health and well-being of participants. With the pill becoming available as of 1968, moreover, the program now had an alternative to the loop, especially in those cases where women wished to drop out altogether. That is, the pill was increasingly the option of choice, offered first to prospective clients, and particularly to those who sought to discontinue use of the loop.

By 1968, the FP program possessed the key elements for a truly national project: a “menu” of birth control products, several forms of communication, international partners who supplied the majority of the funding and materials, and a distribution scheme. In the following decade, the work of the program would be linked to the “New Village” (or *Sae Maul Undong*) movement, an ambitious scheme designed to transform rural society through the construction and the distribution of new agricultural and housing materials. Moreover, FP the program was successful to such an extent that it began to be written about frequently, mobilized as a model comparable to the Taiwanese case, particularly as indications of the nation’s rapid economic growth became increasingly visible by the late 1970s.

At the same time, the personal and social costs of this “success” were enormous, as South Korean feminists in particular have begun to argue in a growing body of literature.³⁷ If the program provided a unique opportunity for women to participate, particularly in rural spaces, it nonetheless remained a state-led effort, one taking place in a country deeply enmeshed in the conflict in Vietnam (Armstrong 2001). This was a country, moreover, that would soon witness a termination of the democratic process following a close 1971 election. President Park Chung Hee declared a state of emergency in the fall of 1972, suspending the South Korean Constitution for the remainder of his rule (1972–1979). Under these conditions, the Yusin state (1972–1979) made FP a critical part of its mobilization scheme, asking citizens to devote their lives to the welfare of the state and the economy in particular. So powerful was the message that the state would attempt to reduce the number of children desired by the family unit to one by the mid 1980s, before the return of democratic rule began to weaken the force of the message.³⁸

7 Historical Elision and Reproductive Technologies: the FP Legacy?

Since the end of military rule in 1992, South Koreans have enthusiastically embraced the conveniences of modern life. Family Planning continues to play a prominent role in contemporary South Korean affairs, even if not always in obvious ways. The Hwang Woo-Sook affair, which first came to public attention in the late 2005 with revelations of falsified images and coerced egg donations, remains one prominent example, as suggested at the outset of this article.³⁹ While the incident has much to offer in terms of a recent case study, the Hwang affair can and should be understood in terms of the historical development of reproductive technology use in South Korea. Indeed, it is hardly surprising in a nation which has often expected women to comply with the regulation of their reproduction.

This regulation of reproduction ultimately formed part of a pattern in which the Park government sought power to intervene in all aspects of family life by the early 1970s, through military conscription and FP lectures for males, and with the distribution of reproductive technologies and “scientific household” methods provided for females (Hong 2007). Although the FP program saw its appeal diminish by the mid- to late-1980s, its effects are still being felt, and in this respect, the South Korean case fits a model similar to that of other developing nations in the early stages of the Cold War, as fears of rapid population growth were mapped onto

³⁷ See Notes 1 and 11. The emergence of this new historiography is critical not only in Family Planning, but also in recent labor history, where Korean women supplied much of the hands-on labor in the so-called “free export zones” of SE Korea.

³⁸ As mentioned earlier, the state had reduced its recommendation for the desired number of children to one, as indicated by public campaigns in the mid- to late-1980s. See Lankov 2007. In one of the selections in the volume, Lankov documents the changes in South Korean FP campaigns from three (“Three Children, Three Years Apart, Stop at Age Thirty-Five”) to Two (“Daughter or Son, Don’t Distinguish, Have Two Only and Raise Them Well”) to One (“Even Two is a Lot”) by the 1980s.

³⁹ Allegations of egg donations by female graduate students in the lab first brought unwanted attention to Hwang’s group. See Note One.

emerging nations in Africa and East Asia. As part of the decolonization process, the United Nations and large private foundations had to re-invent the colonial language of the “civilizing mission” to provide their new allies with a range of incentives to adopt the new technologies and practices being offered. If South Korea ultimately emerged as one of the strongest supporters of these new practices, the relative “success” of the experiment, carried out by a strong state, has to be re-evaluated today in terms of its social costs. This paper initiates such an effort.

Indeed, these social costs are still being felt in the present moment, as South Korea’s scientific regulatory institutions and its biomedical infrastructure owe their origins at least in part to the program.⁴⁰ Moreover, the life sciences and biomedicine in the ROK continue to be influenced by FP; and South Korea has become one of world’s leading nations in terms of the social acceptance and prevalence of plastic surgery. This enthusiastic embrace of the potential to alter one’s body marks a new freedom in a nation where such power was long denied by a strong state. The same state, having assumed civilian form for almost two decades (1992–2008), now exerts much of its energy encouraging citizens to reproduce, with South Korea having one of the lowest fertility rates in the world.⁴¹

Rather than an aberration, FP represents a critical and formative part of post-World War II South Korean history, one that has been largely ignored in both popular culture and historical analysis.⁴² Critical both in terms of its place within the region and in terms of narrating its own national story, the South Korean Family Planning program created the conditions for a national mobilization that rapidly transformed beliefs and practices about the female body, asking women to put themselves in the care of the state.

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⁴⁰ Onishi 2005. Onishi points out in this article that insurance funds in some parts of South Korea now subsidize procedures (reversing a vasectomy) connected to the legacy of Family Planning. The Science and Technology Policy Institute (STePI), the main scientific planning body of the ROK, dates to the military government of the late 1980s (1987), and arguably, its institutional memory continues this legacy today.

⁴¹ *Ibid.*

⁴² In the 2006 South Korean film *잘 살아 보세!* (“Let’s Live Well!”), the FP program is utilized as the subject matter for a slapstick comedy.

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