

“Limiting Birth”: Birth Control in Colonial Korea (1910–1945)

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Abstract This article examines birth control as practice and discourse in 1920s and 1930s Korea under Japanese colonial rule and explores links with family planning and reproductive practices in post-1945 South Korea. The control of women’s reproduction held critical implications for meanings of domesticity, marriage, sexual relations, and new womanhood. While a woman-centered position did emerge regarding birth control, the parameters of the discourse, concerns of gynecology, and the material culture of birth control ultimately tied the bodies and health of women to their biological and social roles as mothers.

Abstract 본고는 식민지하 조선, 특히 1920, 30년대에 출현했던 산아제한의 이론과 실재를 살펴보고, 또 그것이 어떻게 1945년 이후 남한에서 실시된 가족 계획과 그와 관련된 재생산 문제에 연결되어 있는지 제시해보고자 합니다. 여성의 재생산 기능을 통제하는 것은 가정, 결혼, 성 관계, 그리고 새로운 여성 관이라는 측면에서 여러 가지 중대한 의미를 내포했습니다. 산아제한에 대한 여성주의적인 주장도 있었습니다. 그러나, 조선사회의 가부장제와 식민지 현실에 의해 형성된 이러한 담론과 부인 병리학에 대한 관심사항, 그리고 산아 제한의 물질적 실태는 결국 여성의 몸과 건강을 생리적이고 사회적인 어머니로서의 역할에 관련된 것으로만 제한시켰습니다.

Keywords Birth control · Eugenics · Population · Gynecology · Colonial Korea

Amidst an international context increasingly supportive of techniques to control fertility and manage populations, the Seoul Youth Association in Korea sponsored a debate on birth control in 1924. The Korean newspapers duly observed that birth control as a salient topic to be discussed publicly was unprecedented in Korea (*Tonga ilbo*, September 15, 1924). This event, plus articles introducing the famed

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American birth control advocate Margaret Sanger, her ideas, Malthusian theories of population, and global trends in birth control practices, marked a shift in attitudes towards notions of birth control.¹ Attempts to build national strength by increasing population growth soon gave way to Korean reformers' calls for *sana chehan* or *chojöl*, the limitation, management, or regulation of birth by the 1930s. Debated in the public arena but carried out in the privacy of the bedroom, birth control, or more precisely the practice of "limiting birth," held critical implications for family politics, gender roles, sexual activity, eugenics, and racial discourse in colonial Korea.²

Linda Gordon, in her social history of birth control in America, argues that birth control has "been primarily an issue of politics, not of technology" (Gordon 1990, xvi). What is more important to ask is why the technology developed when it did, her answer being the "social changes in the relations between sexes" brought about by feminist movements, at least for early twentieth century America (Gordon 1990, xvii). As histories of technology remind us, "technologies succeed or fail partly because of the political strategies employed by individual, group, and organizational 'actors' who have conflicting or complementary interest in particular outcomes" (Bray 2000, vii). The desire for specific types of technology by actors wielding organizational power along with the know-how of the technology itself allows for that technology to matter in the first place.

I agree with Gordon about the importance of politics, but I would also like to look at the material availability and accessibility as well as medical and scientific knowledge of reproductive technologies. This is in line with recent scholarship at the intersection of literary, social, and scientific discourses concerning the female body. In Chinese studies, Francesca Bray analyzes how the everyday technologies that shape material worlds form and transmit ideological traditions. Birth control and related fertility technologies, in Bray's framework then, are part of *gynotechnics*, "a technical system that produces ideas about women" and have implications for the "constructions of masculinity and of difference (Bray 1997, 4)." As it was women who physically gestated, delivered, and suckled babies, the control of their reproduction becomes revealed as a site where translating practices of biomedicine helped alter the social sphere of domesticity, marriage, and sexual relations and produced new meanings of womanhood.

It is in this sense that I begin an exploration of birth control in colonial Korea. First, after providing some historical context, I examine the debates surrounding birth control and assess the consumption or extent it was practiced, using major

¹ Some examples include "Sin malsösüjuüi (Neo-Malthusianism)," *Tonga ilbo*, October 24, 1924; "Sana munje wa pingon—tangyön han k'ün munje (Limiting birth and poverty—naturally a large problem)," *Tonga ilbo*, January 14, 1925; "Söyangsö yuhaeng hanün sana chehan e taehaya: kü ttüt kwa kü iyu (Limiting birth popular in the West: its meaning and the reasons behind it)," *Tonga ilbo*, April 11, 1927; "Sana chehan kwa sana changnyö (Limiting and encouraging birth)," *Chosön ilbo*, July 14, 1927; "Sana chehan munje: Tonggyöngsi üi sana chehanül pogo (Limiting birth: reporting on limiting birth in Tokyo)," *Chosön ilbo*, November 13, 1929.

² Korea became a Protectorate of Japan in 1905 and was later annexed into the Japanese empire in 1910. It remained a colony of Japan until its liberation at the end of World War II on August 15, 1945. I use the term "limiting birth" here as translation for *sana chehan*, which was more commonly used than *sana chojöl* (regulation) in discussing birth control in the Korean colonial context. When discussing birth control on more general terms, however, birth control as is will be used.

Korean-language popular publications and colonial government statistics.³ I focus on the 1920s and 1930s as earlier restrictions on publications and assembly were eased, giving way to an expanding print culture and social organizing, which provided the venue for and participants in birth-control-related discussion and activities.⁴ Furthermore, the discussions on "limiting birth" coincided with and were, thus, part of the transnational exchange of ideas, individuals, and markets surrounding birth control in the aftermath of the First World War. However, seeing this discourse as simply derivative of, or imposed by foreign models or imperial power, would neglect not only the specificity of the Korean context but also any mutual negotiations and tensions that may have surfaced. Asking why this discourse emerged when it did and analyzing the shape it took, we begin to see the significance it held for colonial Korea. This would also allow for productive comparisons with China, Japan, and colonial Taiwan which participated in similar circulations of ideas, medicinal products, and contraceptive devices, but in different degrees and circumstances. The main analysis ends in the late 1930s with Japan's escalating military aggressions on China after 1937, which heralded new restrictions and forms of mobilization that overwhelmingly shifted the tenor of discussions of birth control to suit imperial pro-natalist goals.

Second, I argue that the parameters of the discourse and the material culture of birth control overwhelmingly tied the bodies and health of women to their biological and social roles as mothers. This is not to deny the possibility that birth control was deployed for other purposes. In fact, its ability to accommodate different visions help account for its appeal. Thus, diverse groups of Korean reformers advocated on behalf of birth control.⁵ Nevertheless, as in the case of movements seemingly feminist in nature such as women's education and marriage reforms, advocacy of birth control, despite its liberatory potential for women, was on

³ As I am interested in the general understanding or discussion of birth control among urban educated Koreans, the bulk of my research come from major daily Korean-language newspapers and popular journals that targeted women's, literary, religious, and general interests. To broaden my perspective on the activities of physicians, I looked at the bulletins of the Chosŏn Medical Association and Chosŏn Welfare Society, as well as foreign medical missionary writings. Government statistics come from the statistical yearbook published annually by the Government-General of Korea.

⁴ In the early years of Japanese colonial rule, all private except religious organizations were abolished, and only a few publications such as the Korean language newspaper *Maeil Sinbo* (*The Daily News*) were granted permits to print. Korean discontent at Japanese rule in 1919 manifested in the large-scale demonstrations that spread throughout the country, collectively known as the March First Movement. This catalyzed a major shift in Japanese colonial policies often known as Cultural Rule, which replaced overt forms of repression with more subtle forms of control that allowed for the appearance of greater social, political, and economic participation while actually increasing police surveillance and suppression of what was deemed more dangerous elements, such as socialism. What ensued was what Michael Robinson calls a boom in publishing and social organizing on a wide array of issues and causes including birth control. For more, see Michael Robinson (1988).

⁵ Under colonial rule, Koreans had limited political participation. By reformers, I refer to a general group of educated, urban elite who commented on their society and visions for change in the print media and who usually occupied prominent positions such as educator, reporter, physician, entrepreneur, and labor or peasant organizer, among others. They varied the political spectrum but, on the whole, shared the belief that their efforts sought to improve or reform Korean society for the better.

the whole initiated and dominated by male reformers and physicians, often with contradictory results.

Finally, I explore links with post-1945 family planning programs and reproductive practices in South Korea. Confined by the authorities to what can be published and sold in public, shaped by Korea's patriarchal and colonial realities, and buttressed by the authority of science, the discourse and material culture of birth control during the colonial period contested the female body and female sexuality for colonial, nationalist, social reformist, patriarchal, professional, and feminist reasons. These tensions reemerged in the post-liberation period and help illuminate how birth control as reproductive practice contributed to constructions of womanhood defined by women's biological reproductive role in contemporary Korea.

1 Criminalizing Abortion, Censoring Birth Control

To argue that birth control in theory or in practice was new to twentieth century Korea would be inaccurate. The use of drugs, abortion, and infanticide were part of a larger repertoire in pre-modern China and Japan to limit the number of children in a household.⁶ Likewise, the seventeenth century Korean medical classic *Tongŭi pogam* included formulae for drugs to prevent conception and induce miscarriage or even permanent sterility, suggesting their usage in Chosŏn dynasty Korea.⁷ These prescriptions, however, were introduced for wives who found it difficult to maintain pregnancy, primarily for reasons of health and were overwhelmed by instructions that sought to enhance women's fertility, prevent miscarriage, ensure safe pregnancy and delivery, and encourage proper postnatal care. In addition, family and societal expectations encouraged marriage and the birthing of children, particularly sons, as the proper life course for women (Paek 2007). Furthermore, there did not appear to be in Korea the *mabiki* practice of "thinning" the population with infanticide as in Tokugawa Japan, nor a sizeable presence of abortion providers. Nevertheless, folk remedies to end and prevent pregnancies used during the colonial period indicate a tradition of birth control practices (Chōsen sōtokofu keimu sōkanfu 1915, 33). Whether pre-modern Koreans sought to control their reproduction to a large extent, thus, remains unclear.

The notion of a fetus' right to life did not exist in legal theory in pre-modern Korea. The Chosŏn dynasty's legal codes prohibited abortion, but only in terms of punishing action that result in a pregnant woman miscarrying her fetus. A woman who procured an abortion was not charged with a crime, but a person whose physical assault brought on a miscarriage was punishable (Sin 1991). Regulations on

⁶ See Bray (1997) and Lee and Feng (1999) on China. On Japan, see Hanley (1997), Terazawa (2001), and Callahan (2004).

⁷ Sin (1999) and Paek (2007) have noted that the *Tongŭi pogam* included contraceptive–abortive-related prescriptions, which I have confirmed. See the *Puin* (Wife) chapter of the *Chappŏng* (Miscellany Disease) section of the *Tongŭi pogam*. The Chosŏn dynasty lasted from 1392 until its colonization by Japan in 1910. For further discussion of the *Tongŭi pogam*, see H. Kim (2000) and Suh (2006).

abortion changed in Korea as it became incorporated in the Japanese empire. Meiji Japan had passed regulations that according to Sabine Frühstück "gradually criminalized abortion, infanticide, and eventually every other means of birth control," and upon which Korean penal codes were modeled.⁸ The colonial government, the Government-General of Korea (GGK), revised the Korean Criminal Code in 1912, making punishable any abortion or abortion-related activity and began to prosecute women themselves for procuring an abortion.⁹ Abortion was not allowed even in cases of rape. It was permissible when the life of the mother was at stake, but a diagnosis of her medical condition by a physician was required.¹⁰

The criminalization of abortion has been understood as part of strategies of Japanese authorities who sought population growth in the empire to extract the necessary human resources for imperial expansion.¹¹ Thus, the GGK initially sought passive means to increase the Korean population by restricting any threat to its growth (by applying prohibitions on abortion and infanticide in Korea), and active means (through pro-natalist policies and suppression of birth control) later, during wartime mobilization after 1937. Birth control societies and consultation offices, like those begun in Japan in 1922, did not exist in Korea despite calls for similar centers. Moreover, the colonial authorities preferred rural revitalization campaigns and emigration programs to relocate surplus labor to Manchuria rather than birth control to address the social problems of poverty in rural 1930s Korea (Samch'ölli 1936; So 2000).

Pro-natalist perspectives, however, do not suggest that birth control was wholly prohibited in Japan and its colonies. The Home Ministry's refusal to grant the famed birth control advocate Margaret Sanger entry to Japan in 1922 is often mistaken as evidence of the Japanese government's anti-birth control stance. Sanger was invited to give a lecture tour in Japan by the left-leaning journal *Kaizō* and hosted by her friend the Baroness Ishimoto Shidzue, a long-time birth control advocate.¹² But as Karen Lee Callahan has noted, there was no absolute censorship of birth control in Japan (Callahan 2004). Birth control was not specified in the law, and Sanger was eventually allowed entrance into Japan under the stipulation that she was not to

⁸ These regulations include the 1868 "Law Regulating the Sale of Drugs and the Practice of Abortion Techniques by Midwives," the 1899 "Midwife Regulations," and the 1880 addition of "crime of abortion" in criminal law which was later systematized in the Criminal Code in 1907. Significant regulations on birth control include the 1930 "Ordinance Regulating Harmful Contraceptive Devices" and its amendment in 1936. (Frühstück 2003, 120–121)

⁹ This was the application of Japan's 1907 Criminal Abortion Law (*Datai Zai*) in Korea. This law survived and carried over into contemporary South Korean legal system after liberation from Japanese colonial rule and through the ensuing US Military Occupation period. During the colonial period in Korea, women who procured abortions were imprisonable for as much as 1 year. See Norgren (2001) for discussion of the 1907 Criminal Abortion Law in Japan and Sin Tong'un (1991) for abortion-related legislation in colonial and post-liberation Korea.

¹⁰ Korean attorney Yang Yunsik discusses abortion-related legal matters during the colonial period in Sin yōsōng (1933).

¹¹ For more on pro-natalist policies in Japan which carried over into Korea, see Otsubo (2005), Hopper (2004), and Norgren (2001).

¹² For more on Ishimoto (later Katō) Shidzue, see Callahan (2004) and Hopper (2004).

speak on birth control in public.¹³ The furor in the press over the government's rejection of Sanger's application for an entry visa attest to the familiarity and general support of Japanese print media regarding birth control. Even before Sanger's visit, sexologists, socialists, feminists, and other social reformers had sought to popularize sexual knowledge in Japan, including pregnancy, abortion, and contraception (Frühstück 2003).

Furthermore, while advertisement restrictions were placed in Japan in 1914 on marketing products or substances that specified their contraceptive use, their sale and use were permitted (Callahan 2004). For Korea as a colony, this meant that while detailed descriptions of certain forms of contraceptive methods, such as medications and abortion, could not be published, contraception in knowledge and form could circulate. In Korea, the first "contraception"-related ad appeared in 1924 in the daily newspaper *Maeil sinbo* for a book that discussed contraceptive and even abortive methods (Sin 1999, 30). Condoms were one of the more frequently advertised items in newspapers, but they were described as preventives against sexually transmitted diseases, not as contraceptives. This ambiguity in publication censorship regarding birth control becomes more evident in what was permissible to print in editorials, articles, and fiction of popular newspapers and journals, as discussed below.

2 Emergence of the "Population Problem"

As previously mentioned, it has been argued that the Japanese colonial authorities sought population growth in Korea to extract human resources for their imperial goals. Korean reformers, on the other hand, desired population growth for national sovereignty. Regardless, the two converged in some of their basic notions regarding population. Hyön Sangyun, a Korean student studying in Japan, argued in 1917 that Malthusian theories of overpopulation did not apply to Korea (Hyön 1917). Population was the source of strength for the race (*chongjok* 種族). As the health of Koreans remained poor, quantity would have to make up for the lack of quality. As industry was yet to be developed, a larger population would fuel industrialization. The lazy character of the Korean people (in Hyön's eyes) needed the catalyst of increased competition that overpopulation would bring. Insufficient resources to support a growing population would be countered by emigration to Manchuria.

In the early 1920s, however, the notion of the "population problem" emerged in the Korean print media, sparked in part by its discussion in Japan. While Japanese imperialists saw population growth as a sign of national strength, other critics

¹³ Sanger apparently spoke on birth control on several occasions at the home of the Ishimotos and in lectures for the Kyoto Medical Association and other physicians and pharmacists' organizations. (Frühstück 2003, 132) After her visit to Japan, Sanger stopped over in Korea on her way to China, before heading on to India and Europe. A biographer of Margaret Sanger notes that Sanger spoke to the New Family Reform Association while she was in Korea (Gray 1979, 189). Sanger in her autobiography, however, narrates a similar account which she says took place in China (Sanger 1971, 347). It remains unclear whether Sanger spoke on birth control in Korea. She reports that she had a luncheon in Seoul with foreign missionaries and officials; however, she admits Korea was just a stepping-stone for her to the "Celestial Kingdom," China. I have not come across mention of Sanger's activities in Korea in Korean newspapers.

watched warily as a growing population increased competition for limited opportunities and resources in the metropole (Frühstück 2003). The devastating effects of the Great War were perceived by some in Europe as fulfilling the dismal Malthusian prediction of overpopulation. Japanese social reformers likewise worried that their population growth boded ill for class conflict and social strife. In Korea in 1921, the daily newspaper *Tonga ilbo* ran a serialized treatise, “A New Understanding of the Population Problem,” on its front pages (*Tonga ilbo*, August 16–22, 1921). These articles questioned the desirability of a large population and invoked notions of civilization that include healthy and well-educated citizens.

This front-page multi-issue headlined series signaled a growing discussion of neo-Malthusian theories, eugenics, vital statistics, and the international birth control movement in the Korean print media. Figures such as birth and death rates in cities and provinces and total population were announced periodically throughout the colonial period. There was a general acceptance that humans multiply naturally at a higher rate than do the world’s resources and that the resulting overpopulation was the cause of war and poverty. Keeping those with inferior traits from reproducing would prevent those traits from passing on to future generations. Neo-Malthusian arguments to employ artificial means to lower the birth rate then received new support, as several European countries and the US began tentatively to approve the use of contraceptives to prevent pregnancies.

Moreover, Koreans were aware of the growing interest in birth control in Japan. Physicians were alarmed by the damage multiple pregnancies brought upon women; feminists sought to improve women’s status and rights; labor activists perceived it as a method to alleviate the poverty of the working poor; and imperialists hoped to strengthen the Japanese empire or improve the Japanese race as a whole.¹⁴ Margaret Sanger’s visit to Japan in 1922 catalyzed birth-control-related activity as birth control societies started in Tokyo and Osaka and consultation centers opened in major cities (Frühstück 2003). Contraceptives were advertised and sold on the market. The stage was set for a new discussion of birth control in Korea.

3 Debating Birth Control in Korea, a Feminist Practice?

The liberalization of colonial publication regulations after 1919 provided a new context in which public discussion of birth control, its methods, and its advocacy was liminally tolerated. The newly formed daily newspapers, women’s magazines, and popular journals covered a variety of social issues pertinent to the times, including birth control. It was permissible to introduce methods of birth control, discuss their efficacy (usually the lack thereof), and explain conception in medical terms (and thereby also contraception). Some articles were surprisingly detailed such as the one by physician Chōng Sōkt’ae who, in 1930, wrote in the general interest journal *Pyōlgōngon* various “menus” for douching potions to prevent conception, but with the caveat that these brews have been used with little known evidence of their efficacy, thus, detracting from their potential appeal (Chōng 1930b). Water as a

¹⁴ The feminist and socialist positions are explained in more depth in Frühstück (2003). For more on the appeal of eugenics arguments in Japan, see Chung (2002) and Otsubo (2005).

douching agent was touted as relatively effective but associated with prostitutes, thus, making it less amenable to proper women. Methods labeled “scientific,” “medical,” or “academic,” such as the new Ogino (rhythm) method, could be explained.¹⁵ The monthly literary journal *Samch’ŏlli* even printed a photo of contraceptive devices from other countries.¹⁶

The discourse on birth control as it emerged in popular Korean print media shared many similarities with the discussion in Japan. Articles were written by social reformers and physicians, eugenic arguments existed from the start, and neo-Malthusian notions were prevalent. Writing in the early 1920s often summarized international trends and arguments for birth control. Discussion of birth control as it related to the Korean situation gained momentum as Korea entered the 1930s with the economic recession and intensifying rural devastation. Generally, advocacy of birth control was based on reasons such as alleviation of poverty, protection of maternal and infant health, eugenics, and its integral role in modern life. Informed by developments in the burgeoning fields of sexology, genetics, and eugenics, all acceptable within limits under the guise of “science,” proponents advocated birth control to allow a biologically natural sex drive be fulfilled, while applying theories of genetics and eugenics to produce babies with better health and quality.

The history of birth control in the West has been generally understood as feminist, focusing on women’s right to determine when and how many children to bear (Gordon 1976; McCann 1994). Likewise, a woman-centered position emerged in colonial Korea. One early voice appeared in 1925 in the women’s journal *Sin yŏsŏng*. The writer reflected on her impressions of the aforementioned 1924 debate on birth control (Kim 1925). Coming immediately after an article imploring urban women to be involved in the plights of rural women, particularly their lack of health due to their multiple pregnancies, the author’s support of birth control as a means of liberating female selves from the unproductive labor of bearing many children firmly set forth a platform for birth control in the interests of women.

Birth control, one editorial remarked, allowed women to avoid the pain and inconvenience of childbirth (*Chosŏn ilbo*, July 14, 1927). Another reported that parents lacked the time, energy, and resources to pursue other interests and enjoy life if burdened with too many children, the implication being that the practice of birth control would allow for personal fulfillment (*Tonga ilbo*, April 11, 1927). In a special feature on birth control in the journal *Samch’ŏlli* in 1930, writer Sŏ Ch’un argued that freedom to develop one’s self is the real reason why women in the West seek birth control. Sŏ recognized women as full members of society alongside (if not

¹⁵ The Ogino method refers to periodic abstinence, or the rhythm method, based on the theory of female ovulation as “proven” in scientific circles by Japanese physician Ogino Kyūsaku in 1924. Today, the method is also known as the Knaus–Ogino method, in recognition of Ogino and Austrian physician Hermann Knaus, who independently also concluded similar findings on female ovulation around the same time as Ogino. This method estimates periods of women’s fertility based on the length of previous menstrual cycles. Couples were to abstain accordingly to avoid pregnancy. It was later systematized and popularized by Catholics in the 1930s as an acceptable prevention of pregnancy. Ogino published his finding on the timing of female ovulation in Japanese and German medical journals in the 1920s and in English in 1934.

¹⁶ The implicit message was that the photo was to be merely educational, and not indicative, of what was used in Korea (MB 1931b, 59).

necessarily equal to) men, and that their participation was a requisite for societal development.¹⁷ Pak Hojin, an active member of the women's organization *Kūnuhoe*, pushed this position further, arguing for birth control in Korea to allow women to develop and display their talents and personalities as people (Pak 1930). To her, Korean women lived in a constant state of pregnancy, with short periods of recovery between deliveries, and childrearing sapping the energy and efforts of women.

In a 1932 survey, artist Chang Ch'ōnyōng admitted that while she had not thought of birth control before marriage, now that she had a daughter, she supported birth control (Tonggwang 1932). For her, it was not marriage that detracted her from her work, but caring for her baby that distracted and fatigued her so that she was not in the mood to make her art. Female reporter Yun Sōngsang went so far as to argue that women's desire for birth control was natural, even an instinct, if latent. She framed the rationale of protection of maternal health with birth control in terms of women's rights. As women were equal members of society as men, importance was to be placed on women's reproductive health (Yun 1930). Perhaps one of the most radical positions was purported by well-known literary figure and artist Na Hyesōk, who advocated birth control in "experimental" or "trial marriages" so as not to laden the relationship with children in case of failure (Na 1930).

These arguments for the rights to self-determination, sexual liberation, and development of one's talents resound with the image of the New Woman. While there is no definitive consensus on who or what the New Woman is or was, the term conventionally refers to the general emergence in the 1920s of young Korean women, educated in "modern" Western learning, who sought to use their new knowledge in expanding their space for social and professional activities, thus, rejecting older gender roles and Confucian moral system which confined women to the home and to the "wise mother, good wife" model taught in colonial schools. In this way, New Woman was associated with women's liberation, denoting a woman who knows and acts on her own will. As the New Woman project included closer scrutiny of women's clothing, fashion or fads, health, and bodily practices in addition to awakening her knowledge, language, and consciousness, women's reproduction, sexual activity, and the practice of birth control became implicated in the construction of, and debates surrounding, the New Woman. That birth control appeared often in women's journals and the women's section of daily newspapers suggests its prevalence as an issue for women. In fact, it is clear that birth control was part of the New Woman's vision for a more gender equal society.

Physician Yu Sanggyu succinctly made this point. Women's equality, economic independence, and suffrage were well-known components of their becoming useful members of civilization—civilization was to begin with one's body. For women, that meant ending their role as human incubator, calling forth voluntary motherhood which would allow women to choose not only who they marry but also when and how many children they bear. "Women must practice birth control," Yu argued, "so that they would have the time and freedom to develop other abilities besides producing babies" (Yu 1932). Even as far into the mid-1930s amidst an increasingly

¹⁷ Sō (1930). Sō studied in Japan, participated in the 1919 March first Korean independence movement, later worked for the GJK, and is labeled today as a pro-Japanese collaborator. He was also a reporter for the *Chosōn ilbo* after 1933.

militant society as Japan prepared for war in China, women writers such as Pak Killae disapproved of pro-natalist policies in Italy and Germany as treating women too much like “tools of reproduction.” Cho Hyöngyöng called for birth control partly for the sake of improving women’s status.¹⁸

But as scholars So Hyönsuk and Theodore Yoo have already observed, the prevailing discourse on birth control in colonial Korea was not about women’s self-determination or liberation. (So 2000 and Yoo 2005) Rather, it was about reproducing (or not) for the sake of society, the nation, or empire. Among Korean reformers, reducing the number of births was overwhelmingly deemed beneficial to colonial Korean society. Returning to the question why support for birth control emerged in Korea as it did in the 1920s and 1930s, I suggest that birth control was just one technique in an arsenal called upon to mold an idealized vision of society. The beauty of birth control then lay in its flexibility and ability to accommodate multiple agenda.

4 Parameters of the Debate

The international popularity of birth control and Japan’s incorporation of its colony into a broader global political economy of birth control ideas and goods do not sufficiently account for Korean reformers’ ready acceptance and advocacy of birth control. Unless foreign ideas and goods met some need or proved useful, they would not be included into the host country’s repertoire. Birth control appealed to Korean reformers because it promised a plan of action for the societal problems that worried them—rural poverty, abandonment of children, a population of perceived weak and inferior beings, unemployment, deterioration of national strength, etc. Thus, ideas on birth control were selectively integrated into the discourse.

While few articles explicitly opposed birth control, religious perspectives not surprisingly questioned the morality of birth control, viewing reproduction as a natural process or the will of God.¹⁹ In the journal *Sil saenghwal*, Pak Hwich’un argued that reproduction is the task bestowed by heavens on women and was, thus, not to be limited lightly.²⁰ Furthermore, he saw birth control and abortion as depriving society of the potential birth of future leaders, noting that many famous leaders in England originated from poor households, the assumed sector of the population to seek birth limitation. One Korean Catholic was vivid in his opposition, citing various experts

¹⁸ Pak and Cho (1936). Cho, however, restrict the improvement of women’s status in terms of allowing them more time to cultivate themselves to be better at their roles as mothers and wives. Both Pak and Cho are examples of educated Christian women in colonial Korea. Pak, educated at Ewha, the premier school for female education, was on the writing staff of women’s journal *Yöron* (女論) which aimed at “family improvement” through education. Cho who had studied abroad in Japan, was employed as a teacher at Ewha and one of the founders of *Yöron*.

¹⁹ Nam (1934). This alludes to the commandment in the Book of Genesis in the Bible after creation of the world when God tells man to “be fruitful and multiply.”

²⁰ Pak (1934). It is unclear whether the writer is Christian and he uses the term *ch’önjik* (天職) which could refer to the task designed by a Christian God, or the classical notion of Heavens based on Confucian understanding of the cosmos. Not among the more well-known popular journals, *Sil saenghwal* was a monthly journal, which ran from 1931 to 1941 and aimed to offer practical information for the general populace for purposes of encouraging industry, improving lifestyle, and promoting education. Its moderate, some even conservative, views fit nicely with the colonial project of lifestyle “improvement” or “regeneration” of the 1930s.

around the world on the physical harm of contraceptive devices on the female body, possibly bringing on women's disease, infertility, and even death (Nam 1934).

It is important to note, however, that not all Korean Christians were necessarily opposed to birth control. Christian women writers Pak Killae and Cho Hyōngyōng mentioned above were supportive of birth control. There was no one Christian position on birth control. For example, an article in the nationalist-leaning journal *Tonggwang* surveying Christian perspectives in the US admitted that while certain denominations may view the use of contraceptive devices as immoral, they agreed nevertheless on the need to limit birth but insisted on abstinence as the method (Tonggwang 1931b). Another article argued that if birth control meant the desecration of nature or God's will, then all technology and tools based on science would as well (Tonggwang 1931c).

Other arguments against birth control included fears of race suicide brought about by a reduction of the nation's population and the view that birth control was an insufficient or ineffective solution to poverty. The latter argument alludes to socialist arguments which target the capitalist organization of society, not overpopulation, as the source of social ills. Movements such as birth control which did not promote changes in the economic order were felt to distract from the revolutionary task at hand, although this socialist opposition to the birth control movement was more vocal in Japan than it was in Korea (Callahan 2004). Fears of race suicide generally spoke of anxieties of losing national strength due to lower birth rates and not the apprehension of being overrun by immigrants or lower-class sectors of society as seen in American and European race suicide discussions. Moreover, birth control as harbinger of race suicide was often countered by eugenics-oriented reasoning. Limiting the number of children would not prevent the birth of useful members of society but improve the race as a whole by preventing the birth of the talentless, inferior, or impoverished.

As expected, the colonial government discouraged birth control, and its views were manifested in the various Japanese language and colonial government-sponsored print media, such as the *Maeil sinbo* and the bulletin of the *Chōsen shakai jigyōkai* (Chosōn welfare society).²¹ The short story "Miscarriage," by depicting popular understanding and realities of birth control, is interesting for it suggests several things about birth control in the early 1930s.²² First, birth control was not limited to "loose" women or prostitutes. It was a critical issue for the middle-class family. The family portrayed is urban and nuclear, whose children attend school, father works as a "salary man," and mother stays home to manage the house and raise the children. They participate in the leisure culture of the city, riding the electric car, and watching movies in the theater. Yet, the wife's pregnancy is unexpected and unwanted.

²¹ The *Chōsen shakai jigyōkai* was a private organization of Japanese and Korean physicians, social workers, educators, and other reformers of the 1920s and 1930s, which was supportive of and essentially the mouthpiece of the colonial government's welfare policies. Its bulletin was published in Japanese. *Maeil sinbo*, printed in Korean, was the only daily newspaper allowed to print throughout the 1910s after Japanese colonization of Korea and served basically as an organ of the GGK, in contrast to the *Tonga ilbo* or *Chosōn ilbo*.

²² "Yusan [Miscarriage]" was serialized January 14–21, 1931 in *Maeil sinbo*. Written in Korean by Wi Chongch'ōl, the story features a middle-class couple whose relationship is tested by the wife's sixth pregnancy. I have to credit So Hyōnsuk (2000) for directing me to this short story.

Second, birth control was conflated with abortion.²³ The wife's body is already taxed from having five pregnancies and caring for a sick husband. The husband recently recovered and returned to work. For him, living an impoverished life brought about by having too many children is not the "sensible modern life." When his wife tells him she is pregnant, the husband urges her to follow what the articles in magazines suggest regarding "limiting birth." She is to go out and obtain the appropriate medications. He explains that the procedure is simple, best done early in the pregnancy, and assumes his wife's assent. Here, "limiting birth" ostensibly refers to abortion. Birth control (in this case, abortive) methods were easily accessed both discursively and materially in popular magazines and accepted as part of the pursuit of a "modern lifestyle."

Finally, printed in *Maeil sinbo*, an organ of the colonial government, the story presented the colonial government's official position on birth control. The wife has reservations on "limiting birth." She is upset with her husband for placing her in a precarious position, wondering why she follows her husband unquestioningly and why he should not take responsibility. Yet, as the fetus grows within her belly, she recognizes life. She tells her husband, "I know that there is a live child growing in my belly even if I cannot see it," and likens her husband's prescription as murdering a live child. Her husband initially thinks she is defiant, but fate plays its hand as the wife miscarries. The doctor cleans and retains the miscarried fetus, and now even the husband recognizes life. "Limiting birth" (here in the form of induced abortion), it appears, is not right.

Nevertheless, by the 1930s, birth control and limitation appear to have been generally accepted among intellectuals as a solution to pressing issues of the days. For example, in a survey on the problems and solutions for rural impoverishment arising from the economic panic, one respondent suggested birth control rather than prohibition of early marriage (Tonggwang 1931a).²⁴ His response indicates a general understanding of multiple children being the cause of or at least exacerbating poverty. Birth control would prevent large families in economically difficult times.

There also emerged within the ambiguous boundaries of colonial censorship, an incipient critique of colonial rule in the discourse on birth control. Contraception to alleviate poverty and protect maternal health was a common argument. But some writers reasoned that unless the state (i.e., colonial government) guaranteed the lives and health of its people, limiting the number of births would have little effect. In an editorial in the *Chosŏn ilbo*, the writer argued that the deterioration of maternal health was an issue of the lack of state resources and facilities, not multiple pregnancies (*Chosŏn ilbo*, December 14, 1933). Furthermore, neo-Malthusian theories of overpopulation and poverty were rejected as not applying to Korea's particular case. The writer continued that "people do not become poor because of the lack of food supply in the world. Statistics demonstrate that all the rice grown in Korea is enough to feed her people." Rather, it was the high rice prices created by the accumulation of rice by a few, suggesting that colonial economic policy was the

²³ Several writers sought to correct this perception by defining birth control as the prevention of pregnancy, not limiting birth by inducing abortions after conception.

²⁴ Postponing marriage, which should also postpone the conception of children, was part of a larger platform of moral suasion campaigns encouraged by the colonial government to alleviate rural poverty with lifestyle reformation. Other lifestyle changes recommended include abolition of alcohol and tobacco, colored (not white) clothing, short hairstyles, and economic frugality.

culprit. Yu Sanggyu was more direct in critiquing colonial economic policy for the impoverished state of many Koreans. Enough rice was being cultivated in Korea to sustain its population, he claimed. In the Japanese colonial system however, Korea was to produce the raw materials and foodstuffs for Japan's fledgling manufacturing industries. It was this very system that was the source of rural poverty. Yu writes, "If Chosŏn did not export rice, there would be no hunger (Yu 1932)."

In the end, nation-building concerns in Korea overwhelmed the discourse of birth control. Dominated by male intellectuals and physicians and operating within the confines of colonial rule, the debates rejected women's liberatory elements and focused on a neo-Malthusian connection between overpopulation and poverty, protection of maternal and children's health, and a medicalized eugenics position. Prohibiting the procreation of certain categories of "unfit" members of society (operating under the logic of inheritance) was all in the name of "improvement of the race." Limiting the number of children born would raise the level of the quality of the population by (1) assuring enough financial and emotional resources to raise educated, productive members of society and by (2) eliminating the number of useless, inferior children assumed to be born in large families.

By the mid-1930s, arguments for the protection of maternal health, women's freedom, proper care of children, and alleviation of poverty fell to the wayside as birth control increasingly became the means to put eugenic theories to improve the race into practice. In Korea, Yi Kapsu, a physician, who had graduated from Keijo (Seoul) Medical School, studied in Germany and Japan, and opened his own clinic, was at the forefront of this movement, writing prolifically in the print media. In 1933, Yi along with other social reformers established the Chosŏn Eugenics Association (*Chosŏn usaeng hyŏphoe*). According to its journal *Usaeng* (Eugenics), the rather illustrious membership roster included figures such as Yun Ch'ihŏ, Yŏ Ũnhŏng, and Kim Hwallan. Their membership lent respectability to eugenics, paraded as science.²⁵

At the same time, anxieties about slipping sexual mores amidst a growing urban culture, threatening stability and order in the family, upon which the social order and imperial system was based, also emerged in discussions of birth control. The print media often depicted the social pariah "mo-dan kkaru (Modern Girl)" as superficial, materialistic, non-productive, consumerist, duplicitous in her love affairs, and brash with birth control, thus, upsetting notions of proper female sexual behavior.²⁶ What appeared in newspapers more often than articles on birth control were reports of female criminal behavior, namely the illegal aborting and killing of their infants conceived out

²⁵ Yun Ch'ihŏ was a prominent Protestant literary figure and nationalist leader in colonial Korea. Moderate leftist Yŏ Ũnhŏng was an organizer of the Korea Provisional Government in Shanghai in the 1920s and emerged post-liberation as a major contender to lead the newly independent Korean nation before his untimely assassination in 1947. Kim Hwallan (Helen Kim), a champion of female education, was the first Korean president of Ewha Woman's University. Among the Association's initial 85 members, 25 graduated from medical school, including Yu Sanggyu mentioned above. Christian leaders formed a large part as well. In its by-laws, the Association states that it "aims to promote the happiness of society by improving the physiques and minds of future descendents through eugenic means." This was to be done by conducting surveys, researching eugenic theory and application, spreading eugenic knowledge among the populace, publishing a journal, and offering consultation on infant welfare and eugenic marriage. The organization was active until 1937, during which time it sponsored lectures, held roundtable discussions, and published three issues of its journal *Usaeng*. For more on the Chosŏn Eugenics Association, see Sin Yŏngjin (2006).

²⁶ One example of media portrayal of the Modern Girl can be found in Sŏng (1927).

of “unrighteous” (out of wedlock) relations. This went hand in hand with the contours of sex education in the 1930s, which signified lessons primarily on ethics and morality geared for female students, i.e., no premarital sex.²⁷ It was deemed more urgent for female rather than male students to receive such education. The fear of female sexual immorality if empowered with contraceptives contributed to the increasing erasure of birth control as important for women’s self-determination or sexual liberation.

5 Maternalist Agenda

What we observe then is that in this Korean colonial context, a “maternalist agenda” which prioritized women’s social and political contributions through their biological and social roles as mothers defined the parameters of the discussion.²⁸ Subordinating women’s identity, desires, and behavior to the demands of family and nation meant that their sexuality was to be dominated by their biological sexual function (Ko 2001). As a literary figure opined in 1925, women are producers and architects of the Korean nation as they are producers of humans; they are, in fact, mothers of the nation (Yi 1925).

One could argue that there was an element in the birth control discourse that separated sexuality from reproduction, in that physicians acknowledged sex as natural and pleasurable and that individuals with suspect genetic traits were to refrain only from having children, not from having sex. But sex was strictly restricted to the conjugal unit, at least for women. Female sexuality itself was not recognized. In a roundtable discussion of gynecologists in 1933, female sexual pleasure was discussed only in terms of it affecting her ability to conceive (Sin yōsōng 1933).²⁹ The first question asked was whether it was possible to determine medically whether one was a virgin or not. The physicians recounted with dismay patients with uterine pain or damage from masturbating with objects and felt pity for the women seduced and abandoned by men and who had little recourse for compensation for the loss of their innocence.

In this context, birth control in Korea contributed to the construction of a womanhood that restricted women to their biological and social functions as mothers and viewed reproduction as meeting the needs of family, society, and the nation. Women’s bodies were to function in this reproductive role, and failure to do so was tragic (in the case of infertility) or abominable (in the case of choice³⁰). Aside from eugenic concerns, limiting birth was not about avoiding pregnancy per se; it was about applying modern techniques and medical knowledge to the female body to create a new bourgeois ideal of a nuclear family with two or three children. As one writer Pae Sōngnyong stated, “Limiting birth is the avoidance of conception by women themselves through technological means (Pae 1930).”

²⁷ See the special section of *sōng kyoyuk* (sex education) in the November 1933 issue of the woman’s journal *Sin kajōng* and serialized article by Kim Yungyōng in the Christian-based journal *Chinsaeng* in 1929.

²⁸ The term “maternalist agenda” comes from Richardson (2003) who looks at new womanhood in nineteenth century Great Britain.

²⁹ Male sexual desire, however, was to be consummated, as seen in anxieties about depletion of male vigor reflected in advertisements for virility tonics and in cautions against the ill effects of withdrawal in discussion of contraceptive methods.

³⁰ By choice, I mean choosing to stay single or not to have children.

In a 1930 survey, well-known female figures, including writer Kim Wŏnju, artist Na Hyesŏk, physician Hŏ Yŏngsuk, and writer Hwang Sindŏk, were asked whether they practice birth control (Samch’ŏlli 1930). The women were also asked how many children they desired, thus linking, not severing, birth control from reproduction.³¹ *Sana chehan* meant the limitation of *tasan* or multiple children and raising well those children who were born. It was not about preventing childbirth (Yun 1930). Furthermore, birth control was to be practiced only among heterosexual, married couples. It was to ensure that mothers would be healthier and have the financial means to ensure the education, love, and protection their children need to grow to become productive members of society. Eugenic concerns were to guarantee a healthy and superior population of citizens.

6 Regulating “Irregularity”

That birth control had more to do with reproduction than not is further corroborated by the changing medical field of gynecology and medical advertisements of remedies for “women’s disease” and infertility. As previously mentioned, drugs taken to stimulate the onset of menstruation, operating like the morning after pills of today, circulated in colonial Korea. Anxieties about regulating one’s menstrual cycle and treating “women’s disease” in these ads could then easily be read as such.

Upon closer examination, however, I believe that the menstrual irregularity these products targeted may in fact be related to fears of infertility, not unwanted pregnancies. A medical tradition of regulating one’s menstrual cycle with medications had long been an important element in the maintenance of women’s health and fertility.³² This tradition became reformulated in the modern era with the burgeoning pharmaceutical industry. Pharmaceutical companies packaged older herbal recipes or incorporated new hormonal therapies to address a wide range of women’s ailments.

To give an example, “Obasumon,” a medical compound in which the main ingredient was female hormone extracted from animals, claimed to invigorate the blood and be highly effective for problems related to menstruation, infertility, frigidity, and nervous disorders.³³ The list of symptoms for which Obasumon was indicated included menstrual irregularity and early menopause. Here clearly, a woman seeking to address infertility would treat herself with medication that would also regulate her cycle and bring on her menstruation, indicating that menstrual flow was not antithetical to pregnancy. Other similar medications include “Obahorumon,” “Oophormin,” “The Pill of Fetal Nourishment and Menstrual Regulation” (胎養調經丸, *T’aeyang chogyŏnghwan*, a big hit among Korean women), “The Pill of Nourishment with One Hundred Ingredients” (百補丸, *Paekpohwan*, which was advertised as being a superior method

³¹ The ideal appeared to be two sons and one daughter, or one of each.

³² See Bray (1997) and Furth (1999). While these scholars discuss women’s health in a Chinese classical tradition, medicine in Korea shared much of the same knowledge and concerns, which I address in my forthcoming dissertation.

³³ The version of the ad used here is from *Yŏsŏng* 3(1), 31.

than “praying for a baby in a Buddhist temple,”³⁴) and “The Pill of Beautiful Spirit” (美神丸, Misinhwan). What these products shared in common was their professed efficacy to address generic symptoms of “women’s disease,” such as headache, lightheadedness, dizziness, back and abdominal pain, leucorrhea, and menstrual irregularity, which was often blamed for women’s infertility. Ads for “The Pill of Fetal Nourishment and Menstrual Regulation” and “The Pill of Beautiful Spirit,” in particular, printed illustrations of mother and child and photographs of the many babies conceived by women consumers who faithfully took these medications.³⁵

Although modern narratives castigated family customs that valued sons over daughters for the sake of lineage, the inability to conceive created real problems for women. In 1928, the scandalous murder trial of a 21-year-old married woman who stole and inadvertently killed a baby highlighted the real tragic plight of childlessness for women in colonial Korea (*Tonga ilbo*, May 25, 1928). Hyunah Yang’s analysis of jurisprudence during the colonial period argues that the changes in family law, which required every household to be based on the conjugal unit and have a biological male descendant to succeed family-headship whose rights were to include ancestor veneration on top of inheritance of property, institutionalized a family system even more patriarchal than in the Chosŏn Dynasty (Yang 1998). She notes that prior to this period, only one person in every generation of the main-lineage (not nuclear) family was needed for continuation of that lineage. This set up a social system which further demanded women produce sons.

A review of the burgeoning gynecology and pediatric fields suggests that women’s fertility and reduction of infant mortality were physicians’ overriding medical concerns, as many of their patients complained of infertility.³⁶ Infertility, as it was understood by female patients in colonial Korea, was not limited to the failure to conceive but included also the failure to maintain pregnancy, deliver a healthy child, or ensure his/her survival beyond infancy. For Korean reformers and physicians, women’s health and children’s welfare were significant as children were integral to the future of the nation, family, or other visions of community. Their interest in women’s health was configured by women’s biological reproductive capacity and informed by the then current development in the scientific fields of medicine. Articles concerning women’s health throughout the colonial period stressed hygienic practices while menstruating, carrying, and delivering; proper nutrition; and adequate exercise and rest to ensure their regularity.

These concerns informed the shape obstetrics and gynecology took in colonial Korea. Gynecological tracts in *Chosŏn ūibo*, the bulletin of the Chosŏn Medical Association, focused on women’s menstrual cycle (age of onset) and her infertility

³⁴ Hong (1972) discusses “The Pill of Fetal Nourishment and Menstrual Regulation” and “The Pill of Nourishment with One Hundred Ingredients.” English translations of these medications are taken from Suh (2006).

³⁵ The version analyzed for “The Pill of Beautiful Spirit” is from *Yŏsŏng* 3(8), 45. Multiple versions of “The Pill of Fetal Nourishment and Menstrual Regulation” with images of mothers and/or children were advertised throughout the 1910s in the *Maeil sinbo*.

³⁶ See gynecological tracts in *Chosŏn ūibo* in the 1930s. Korean physicians writing in the Christian-based journal *Nongmin saenghwal* (Farmer’s life) concur that gynecology served to protect women’s fertility, as women were valued in the homes of their husbands only insofar they bore children. *Nongmin saenghwal* 3, no. 6 (June 1931): 36–38; vol. 12, no. 7 (July 1940): 29–31; vol. 12, no. 8 (September 1940): 26–29.

but were comparatively silent on the mechanics or problems related to delivery itself.³⁷ Other gynecological tracts commented on the ever real danger of puerperal fevers and fistulas which could potentially develop with improper post-partum care.³⁸ Physicians writing for popular journals discussed delivery primarily in terms of the need for physicians to monitor pregnancy and to conduct the actual delivery itself in order to prevent potential complications that could lead to infertility. It comes to little surprise then that a medical concern with women’s fertility and not on birth control itself was reflected in the dominant discourse on “limiting birth.” Delaying childbirth and spacing her children for the sake of women’s health would help ensure her continued fertility and lessen infant morbidity.

On June 7, 1934, the Severance Medical Student Association sponsored a public lecture at the YMCA building on Chongno (*Tonga ilbo*, June 2, 1934). Targeting housewives, the lecture addressed common medical concerns of interest to housewives. Three physicians spoke on the topics of infant colic, women’s *taehajŭng* (leucorrhœa, a type of “woman’s disease”), and birth control seen through a medical perspective. That birth control was discussed in conjunction with pediatric concern and woman’s disease further ties birth control, at least in the medical community, to larger concerns with women’s fertility.

7 Practicing Birth Control in Colonial Korea

This, however, did not preclude women’s consumption of birth control. Answering what contraceptives were available, what kinds of knowledge Koreans possessed, and to what extent birth control was actually practiced during the colonial period is difficult. Sources indicate that some contraceptive methods were available and known to at least part of the Korean population. The methods then available can be roughly divided into devices that served as barriers (condom, pessary, sponges, and other suppositories); douching (water, spermicidal agents); abortion; medications; sterilization (via the new X-ray technology); breastfeeding; and types of sexual behavior (withdrawal, rhythm method).

But contraceptive methods were often presented unfavorably—condoms reduced sexual pleasure, intrauterine devices required medical supervision, and douching methods were inconvenient. Sterilization was declared more effective for men, but temporary at best for women and likely to invite psychological and physical problems. Withdrawal was thought to contribute to nervous disorders in men. Breastfeeding and the rhythm method created the least potential for physical harm and inconvenience, but these were not 100% reliable. In general, the burden of the responsibility for birth control lay on women, although sources indicate husbands were interested in practicing it themselves.

Nevertheless, it appears that educated women knew about and were ready to practice birth control. In 1933, writer Nam Kangch’un’s survey of Korean girl students

³⁷ An example is “Purimjŭng” (*Chosŏn ũibo* 1935). The delivery of children remained primarily a domestic affair, although obstetrics was gaining ground as a specialty. The use of midwives was not as common in Korea as it was in Japan for reasons beyond the scope of this paper.

³⁸ The common problem of prolapsed uterus is portrayed in Kang Kyŏngae’s well-known fiction “Chihach’on (Underground Village).”

studying in Japan indicates that many women were learning about birth control in Japan (Nam 1933). Although So Hyönsuk argues that because the survey was conducted in Japan, it fails to inform us of conditions in Korea, the mobility of people throughout the Japanese empire, the increase in communication made possible not only by postal and telegraph services but also by proficiency in the Japanese language, and the likelihood that these students would eventually return to Korea, all suggest the possibility that these students would either practice birth control themselves and/or serve as avenues for the spread of birth control information in Korea. What the survey noted was that while nearly all the students who responded desired children after marriage, the majority did not wish to have them in the first 5 years of marriage. When asked whether they knew the methods to avoid conceiving children, a significant number of these bourgeois (Nam's label) students answered in the affirmative and intended to discuss the matter of children with their prospective spouses before marriage. In contrast, only a much smaller proportion of vocational students surveyed knew contraceptive methods. Similar findings present themselves in the 1930 survey of well-known women (Samch'ölli 1930). Of the 14 women interviewed, half responded either ambiguously as to whether they practice birth control, or positively that they practice or would practice birth control.

Study abroad and vocational opportunities that higher education provided would allow educated women the financial and logistical means to secure these devices. Their consumption of publications, including Japanese journals, informed them of the latest medical and scientific developments in birth control technology. This included the Ogino or "periodic abstinence" method, as it was called in Korea. It was presented as a "scientific" or "academic" birth control method, easy to use, and proposed no harm to either the male or female body. Articles written by physicians and reformers on various topics such as women's health, sex education, and birth control explained in detail the woman's menstrual cycle, including ovulation.³⁹ While some articles framed their discussion around fertility and what days of a woman's cycle she was most likely to conceive, the articles also inserted that avoidance of these days would likewise prevent conception.⁴⁰ An article in the popular Korean woman's journal *Sin kajöng* recommended 'periodic abstinence' as an alternative to the use of drugs (Sin kajöng 1933). "Pregnancy calendars" which laid out the fertile and infertile days of one's menstrual cycle were distributed in 1927 in the *Shufu no tomo* (Housewife's Companion), a Japanese woman's journal available and popular in Korea. An oral interview reveals that female students who learned about the method during the colonial period practiced it (An 2001).

A Japanese gynecologist Ōta Tenrei developed an intrauterine device in 1930. Sabine Frühstück notes that his device, known as the Ōta-Ring (shortened form of *Ōta-shiki hinin ringu*) was tested by several hundred doctors based mainly in Taiwan and Korea (Frühstück 2003). It appeared to have faced many difficulties in being accepted in Japan for reasons of cost (expensive at 10 yen), inconvenience (required

³⁹ For example, Dr. Chöng Sökt'ae details the rhythm method in Chöng (1930a).

⁴⁰ These have similar precedents in the household manuals and medical texts of pre-modern Korea, which also explain that there are certain days of likely conception and how a woman could detect those days during her cycle. Sin Tongwön observes that these particular days correspond strikingly to what we know today as ovulation. Sin (1999).

close physician monitoring), ineffectiveness (many women conceived regardless), and harm (uterine infections and even infertility). The Ordinance Regulating Harmful Contraceptive Devices of 1930 was amended in 1936 to include this device. It remains unclear how accessible the Ōta-Ring was in colonial Korea as popular discussions on birth control do not mention this device, but the Ōta-Ring did resurface in Korea in the postwar period as a contraceptive method.⁴¹

Notwithstanding these circulations of birth control knowledge and devices, the fact that many women resorted to abortion, infanticide, and child abandonment highlights the inaccessibility of effective contraceptive methods for the majority of the population.⁴² Despite the threat of punishment for performing or procuring abortions throughout this period, police records and newspaper coverage of crimes indicate that abortions and intentional miscarriages occurred on a frequent basis.⁴³ This suggests that even without the wherewithal or access to contraceptives, women resorted to other means to restrict or "limit" births. Newspapers reported women falling from high precipices, ingesting large quantities of lye or soy sauce, or drowning newborns in the hopes of ending pregnancies or preventing future ones.

The exorbitant cost of and limited access to contraceptive devices further suggests that only those with disposable income to spare in a modern, urban consumer setting could acquire these devices. Condoms were 50–60 sen each, usually sold by Japanese pharmaceutical companies and advertised in major Korean newspapers. The "Dutch pessary"⁴⁴ was 1 yen and 50 sen, clearly a luxury item, considering that in 1931, the average female worker earned about 30 sen a day (Kim 2004). The pessary was not sold in stores in Korea but could be ordered from the journal *Samch'ŏlli* publishing offices or bought in Japan (MB 1931a). While diverse devices were advertised, distributed, and sold in Japan, except for condom, they were not readily available in Korea. Regulations against the manufacturing and importation of contraceptive devices persisted until the state-sponsored family planning programs of the 1960s (Pae 1999). Surgical procedures such as X-ray sterilization were even more expensive and simply out of reach for many. Thus, on the whole, knowledge about contraception or abortion was not common, and effective contraceptive methods were not accessible for the majority. Birth rate figures do not suggest a significant drop throughout this period (Kim 1981). Reformers concerned with the lack of information in Korea wondered if many physicians did not know anything about contraception, how could the average person know how to practice birth control?

⁴¹ Intrauterine devices, such as the Contraceptive Needle (*hinin pin*), were advertised and sold in Japan in the 1920s. Concerns about their safety and complaints about the lack of their effectiveness led to the 1930 regulation which banned most intrauterine devices. (Frühstück 2003)

⁴² Infanticide as a separate category within homicide began to be reported in 1938 in the annual statistical yearbook of the GGK, *Chōsen sōtokofu tokei nenpo*, showing figures that exceed abortion.

⁴³ What is ambiguous about colonial figures, however, is whether the defendants were women who procured abortions, persons who performed abortions, or others whose physical assault inadvertently induced a miscarriage. Attorney Yi Ch'anghwi, in a 1931 legal advice column in the journal *Samch'ŏlli*, interpreted these statistics to reflect criminal acts in attempts to erase unwanted pregnancies stemming from illegitimate relationships. He admits, however, that some cases were sought to protect the mother's health, alleviate poverty, and prevent offspring from rape. *Samch'ŏlli* (1931)

⁴⁴ The Dutch pessary introduced by Sanger in Japan, covered the cervix, acting as a barrier. It was argued to be quite effective when paired with a spermicidal agent. See Sin yōsōng (1933).

It was not until Japan entered a period of wartime mobilization in 1937 that a more pro-natalist agenda brought on a more serious prohibition of birth control. In Japan, the arrest of famed birth control advocate Ishimoto Shidzue in December 1937 precipitated the closure of birth control clinics.⁴⁵ In Korea, discussions of birth control in print media ceased, and the Department of Welfare within the colonial government aimed to increase the population resources by encouraging marriage and reproduction through marriage counseling centers and campaigns, offering more prenatal services and rewarding large families (An 2001). Circulation of condoms was restricted among the general populace.⁴⁶ Birth control as public discourse had to wait until the end of Japanese occupation to reappear.

8 Looking Beyond 1945

Dominated by male intellectuals and physicians, birth control did not emerge in colonial Korea as an organized movement with institutional support, presence of full-time advocates, or legislative activity. The colonial authority's restriction of much of the activity surrounding birth control, the lack of sufficient medical personnel or institutions that could facilitate distribution of knowledge or application, and Korean customs were constraining factors. Birth control consultation centers did not exist in colonial Korea, contraceptive devices had to be mail-ordered or acquired from abroad, and the rhythm method required a new physiological understanding of women's anatomy and menstrual cycle, inaccessible to the majority of Korean women.

Yet, Korean advocates saw in the concept and practice of "limiting birth" possibility for the reformation of Korean society. "Limiting birth" was argued to alleviate poverty, protect maternal and infant health, ensure the availability of resources to raise children properly, and practice the scientific rules of eugenics and genetics. A feminist position for birth control to "develop women's abilities" did emerge and was associated with the New Woman of the 1920s. Birth control was similar to another New Woman project, that of "improved clothing," which sought to change the style of Korean dress in order to allow women more mobility and freedom to follow pursuits outside domestic and child-rearing duties.⁴⁷ Just as limits to 'improvements' in clothing were imposed, however, so too were they imposed on

⁴⁵ According to Karen Lee Callahan, Ishimoto Shidzue's arrest was part of a general repression of left-wing activism, under which label birth control advocacy now belonged. Ishimoto was released 10 days after her arrest, and compelled to close her birth control clinics (Callahan 2004).

⁴⁶ Condoms, however, were distributed through the military sexual slavery system to the various Japanese military comfort women stations. See Kang (2002). Pro-natalist policies were contradicted by other policies as well such as the performance of abortions on pregnant comfort women and the recruitment of female labor in the fields and factories.

⁴⁷ Some suggestions for dress reform include less constriction of the chest for improved health by allowing better breathing and circulation; darker colors (over the conventional white) to eliminate the need for frequent laundering, a time-consuming task; less wide skirts to conserve on material; and shorter hemlines for ease of movement. See the exchange on "improved clothing" by well-known New Women and literary figures Kim Wŏnju and Na Hyesŏk. Kim Wŏnju, "Puin ūbok kaeryang e taehayŏ, han kaji ūgyŏn ūl tŭrinaida (Improving women's dress, offering an opinion)," *Tonga ilbo*, September 10–14, 1921, and Na Hyesŏk, "Kim Wŏnju hyŏngŭi ūgyŏn e taehayŏ, puin ūbok kaeryang munje (Regarding Kim Wŏnju's opinion, the problem of improving women's dress)," *Tonga ilbo*, September 28–October 1, 1921.

women's reproduction. Women's dress was altered slightly for reasons of mobility and health, but not to the point of revealing too much of the female body or changing the fundamental pieces and style of traditional dress. Likewise, there was increasing colonial suppression of birth control and Korean male reformers' anxieties about the sexual liberties of young, unmarried women rejected the woman's right to determine her own reproduction for her own private reasons.

Korean scholar Kim Sujin has noted that the new hemline for colonial Korean women, stuck somewhere between the ankles and knees can be read as a direct statement of women's place in the gender politics of 1920s Korea—women themselves were "improved," having applied the newer knowledge of hygiene, progress, modernity, etc., but they were not to be sexual beings or go beyond their gendered roles in service of the nation or the household (S. Kim 2000). Similarly, the debates surrounding birth control, authorized by science, modernity, and societal needs, contributed to the construction of a womanhood defined by women's biological and social function as mothers. Thus, "limiting birth" and related discussions on women's health and sexuality highlight how the female body was implicated in a larger intersection among colonialism, modernity, patriarchy, and nationalism. Moreover, the growing medical profession began to carve its territory and assert its authority over women's reproduction. It was physicians who could best protect women's fertility, and "limiting birth" was part of their arsenal. After 1937, Japan's escalation of war in mainland China and Southeast Asia heralded an intensifying suppression of birth control in the Japanese Empire. In Korea, slogans such as "Give birth and multiple" and "Five children per woman" became common (An 2001). Goals to increase the population were to be met by encouraging marriage, improving prenatal and infant welfare services (which failed to materialize to any real extent), increasing food rations to expectant mothers, and awarding mothers with more than ten children.⁴⁸ While educated women envisioned a new world for themselves, they soon found themselves confined by the strictures of nationalism and were ultimately "stuck" in the interstices of nationalism or colonialism and patriarchy.

Yet, despite the restrictions and limited reach of the debate, birth control practices and eugenic thought of this period did signal what was to come after Korea's liberation from Japanese colonial rule in 1945. Feminist reasons to "limit birth" struck a chord with many women who sought the means to control their reproduction, even at the peril of their own lives. A new system of medical education which produced new professions of physicians and midwives, and the reproductive technology which enabled the surgical termination of pregnancy brought forth an underground market of abortion providers, particularly during and in the aftermath of the devastations of the Korean War (1950–1953). The fact that many women's health-related articles detailed the fertile and infertile days of women's menstrual cycles suggests they were intended to inform women of their own accessible means to "limit births."

Both feminist perspectives and discussion of the Ogino method reemerged in the 1950s in women's journals even before the great family planning campaigns of the

⁴⁸ Conditions for the award included that all of the recipient's children were to be over the age of six and healthy, that none of her children died in infancy or childhood, and that her family was of good character (An 2001).

1960s (Pae 1999). An advisor in this campaign was Esther Koh (Ko Hwanggyōng) whose education, experience, and activities in girls' education and the social welfare of mothers in the colonial period garnered her positions in welfare work for women and children in the post-liberation period. In addition, Yi Kapsu of the Chosŏn Eugenics Association was appointed Vice Director of the first Ministry of Public Health after 1945, and was integral in efforts to introduce a eugenics bill in the 1960s and resurrect the Chosŏn Eugenics Association in 1946, renamed the Korean National Eugenics Association (*Hanguk minjok usaeng hyōphae*; Sin 2006). Although the eugenics bill failed, eugenic notions were incorporated into the Maternal and Infant Health Act of 1973, which effectively replaced the former colonial prohibitions against abortion.

This is not to argue for a seamless continuity from the colonial period into the present regarding birth control. The changed socio-political environment after liberation produced a new cadre of leaders who had the resources, desire, and organization to establish a family planning campaign which has been touted as one of the most successful in the world. Rather, this inquiry suggests that a key feature of reproductive practice in Korea today is the general acceptance that women's bodies are to function foremost in their reproductive and rearing capacities as mothers, often to meet national or communal goals. Protection of women's health and fertility is to be ensured by physicians, and infertility treatments remain popular today. The state continues to seek to mobilize women's wombs for state purposes—whether to reduce the population (as in the 1960s) or increase (today). Male fertility, on the other hand, is relatively marginalized. The medicalization of childbirth and childrearing, the patriarchal nature of birth control, and the management of health and population resound with the debates on birth control, the gynecological discourse, the materiality of reproductive technologies, and eugenic arguments of the colonial past.

Women then and now, however, have controlled their reproduction for considerations other than nation or empire. They ignored prohibitions and sought means to restrict the number of children they would have. They demanded fertility treatment, and reformulated traditions of pre- and post-natal care into contemporary birthing practices. These demands continue to shape the gynecological field. Recent fears of weakening national strength in correspondence with a diminishing birth rate inform the impetus of public and private initiatives to encourage reproduction, reversing the family planning measures of the last 50 years. Yet today, many families burdened by pressures of work, family, finances, and limiting opportunities opt to have one child, regardless of state initiatives. The gynecological and pediatric field continues to shift with this reality. The complex relations between gender and reproductive technologies in the present emerged from historical forms of the colonial past.

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