Community-based Contraceptive Distribution: A Korean Success Story

An experimental project in Cheju, an island province of South Korea, tested the use of village-level canvassers to contact and motivate couples to accept contraception for family planning. When the project began in 1975, Cheju had the lowest use of contraceptives in all of Korea and higher fertility than the rest of the country. During the project, contraceptive use increased and fertility declined more rapidly in Cheju than elsewhere in the country. By the end of the project in 1980, fertility in rural Cheju, where the program was most successful, was lower than in the rest of rural South Korea.

The implications of this project are potentially valuable for family-planning programs in other countries. The fertility changes that occurred in Cheju during the time of the family-planning project suggest that more couples will practice family planning if barriers to the accessibility of contraceptives can be removed or overcome. These barriers include the costs of obtaining contraceptives, such administrative obstacles as complicated paperwork or long waiting periods, the need to travel long distances to receive service, the lack of information about family planning, and poor motivation to use contraceptives. By placing family-planning canvassers closer to the population in rural villages, the Cheju project was able to overcome many obstacles.

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More couples will practice family planning if barriers to the acceptance of contraceptives can be removed or overcome.
The Korean Population Policy and Program Evaluation Study

As in most developing countries with family-planning programs, the Republic of Korea has devoted much attention to meeting the people's needs for contraception. The effective national family-planning program that began in 1962 has contributed to the great progress made in reducing the national fertility rate.

Although the Korean program is generally acknowledged to be one of the strongest in the world, it had to overcome problems to make contraceptives broadly available. For example, in the 1970s the average Korean family-planning field worker served more than 10,000 people, in villages widely separated by rivers, mountains, and other geographic features. Contraceptive acceptors often lived quite far from supplies and services.

A rigid target system for various kinds of contraceptive methods may have discouraged some clients from accepting the method they preferred. Many formalities and official procedures also impeded access to contraceptive supplies.

The government decided to study whether making contraceptives more available would improve their acceptance. In 1975 the government established the Korean Population Policy and Program Evaluation Study in Cheju, where contraceptive use was far below the national average and fertility was above average.

The East-West Population Institute collaborated with the Korean government and several Korean research institutions to carry out the study, which concluded in 1980. Though eight years have passed since the project ended, its findings remain valuable to policymakers and family-planning program managers in other countries.

The family-planning project began by pretesting the methods that would be tried in Cheju in another typical rural county of Korea. This county was served by four doctors who provided clinical family planning services on contract with the health center. Project planners added to this structure by employing canvassers recruited from among the women in the villages.

The canvassers' job was to visit neighboring households, provide families with contraceptive pills and condoms, and maintain liaison between the village women and the township family-planning workers. Of several different systems of contact between the canvassers and village women in the pretest, the system that was most effective was for each canvasser to visit every household in her village and register all couples in the childbearing years.

This system worked better than such other systems as inviting all villagers to a group meeting or selecting a sample of village women to provide their neighbors with contraceptives. All of the new methods tested, however, resulted in greater acceptance of contraceptives.

Following pretesting, the project began to operate in Cheju. Located 85 kilometers off the southwest coast of the Korean mainland, Cheju island is Korea's smallest province. At the time of the family-planning project, it had a population of 420,000, two-thirds of whom lived in the rural areas.

The Cheju project made only a few modifications to the existing structure of the national family-planning program. The principal modification was the new delivery system for family-planning services, using the system of village-level women canvassers that had proved successful in the pretest.

Under the supervision of township-level family-planning field workers, the canvassers were placed in charge of contraceptive distribution in the villages in which they lived, and in nearby villages. Before the project began, each family-planning field worker in Cheju had been responsible for direct contact with between 10,000 and 25,000 people. The addition of some 365 canvassers meant that each canvasser was responsible for only 900 to 1300 people, about 150 of whom were at risk of becoming pregnant.

The canvassers were to contact every household, register couples who were in their childbearing years, and keep the registration lists up-to-date. After field operations began in 1976, canvassers visited people's homes to explain the contraceptive services available under the government program and to offer a three-month supply of either oral pills or condoms. With the endorsement of the supervising field worker, the canvasser could issue coupons entitling clients to free IUD insertion or sterilization from a medical clinic.

After finishing the initial round of home visits, canvassers maintained sufficient supplies of contraceptives to supply the village's needs. The canvassers operated out of their homes, which were marked with a small sign to designate them as agents of the national family-planning program.

The Korean family-planning program increased its budget allocation for Cheju Province and suspended its target system for...
contraceptive services. In effect, this system placed a ceiling on the number of procedures that any health center could perform because doctors could not be paid for services that exceeded the targets. In Cheju, suspending this system meant that there was never a shortage of funds to limit family-planning services from the clinics.

When the Cheju project ended in 1979, the extra budget assistance from the national government also ceased, but the provincial government decided to continue certain canvasser operations on a volunteer basis as part of the New Village Movement. This program, organized to improve rural life, enjoyed considerable prestige and financial support, and it proved possible to integrate the canvasser system into the family-planning activities of the New Village Movement.

two rural counties of Cheju, fertility declined 40.1 percent and 32.4 percent respectively.

The introduction of the community-based delivery system appears to have increased contraceptive acceptance in Cheju, thereby contributing to the rapid reductions in fertility. The Cheju project proved to be more cost-effective than the family-planning program for South Korea as a whole. Costs per couple-year of protection or per person accepting contraception were lower than in areas used for comparison. However, because so many additional people began to use contraceptives, the overall costs were considerably higher than elsewhere. A question for national programs in other countries is whether or not they can afford so large and intensive an investment in order to attain the favorable cost-effectiveness achieved in Cheju.

A key implication of the project is that target systems that promote use of certain kinds of contraception while discouraging other kinds may not be as effective as many family planning administrators have argued. The Cheju project demonstrates that a family planning program can be highly effective without a target system, as long as there is effective communication between the family planning field staff and the people they serve.

Perhaps the most important implication for other family planning programs is that increasing the number of community workers, or canvassers, in rural areas helps reduce a variety of barriers to the use of contraceptives.

### Results

The Cheju project worked well in reaching its objectives, particularly in the rural areas. During the project, the percentage of married women using contraception more than doubled. Among women in their thirties and forties, the gains were even greater (see chart). The gains in contraceptive use in rural Cheju during the project were far greater than for the rest of rural Korea.

At the beginning of the family-planning project, Cheju was far behind the rest of Korea in the transition from high to low fertility rates. Fertility rates dropped substantially throughout Korea during the time of the project, but the decline was even greater for Cheju Province.

In the rural parts of Cheju fertility fell more rapidly than in the rest of rural Korea. Fertility in rural Korea as a whole fell 28.7 percent between the two periods. In the

### Contraceptive Use in Cheju Province

Percentage of married women 15–49 years of age currently using contraceptives, by age: 1975 and 1980

![Contraceptive Use in Cheju Province](chart)

The proportion of married women using contraceptives increased, particularly for older age groups, during the years of the experimental project in Cheju, Korea.
Summary

THE Republic of Korea is widely believed to have one of the most successful family-planning programs in the world. Part of the reason for Korea's success is a willingness to try new programs that improve services to the population. One such new program—the Korean Population Policy and Program Evaluation Study—contains lessons that may be useful to other countries trying to encourage families to accept contraception.

The study, which was carried out in Jeju, an island province of South Korea, suggests that placing family-planning workers in rural villages, close to the population, can help overcome barriers to the availability of contraceptives and family-planning services. The project was able to: provide people with better information about family-planning services; change people's attitudes about family planning; reduce unnecessary procedures and waiting periods; and lower the costs to families of services.

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