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Family Planning and Nation Building in South Korea, 1961 through the mid-1970s

Reconstructing Bodies

Biomedicine, Health, and Nation Building in South Korea since 1945

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Greeting the State (1966)? Distributing "New" Forms of Public Health

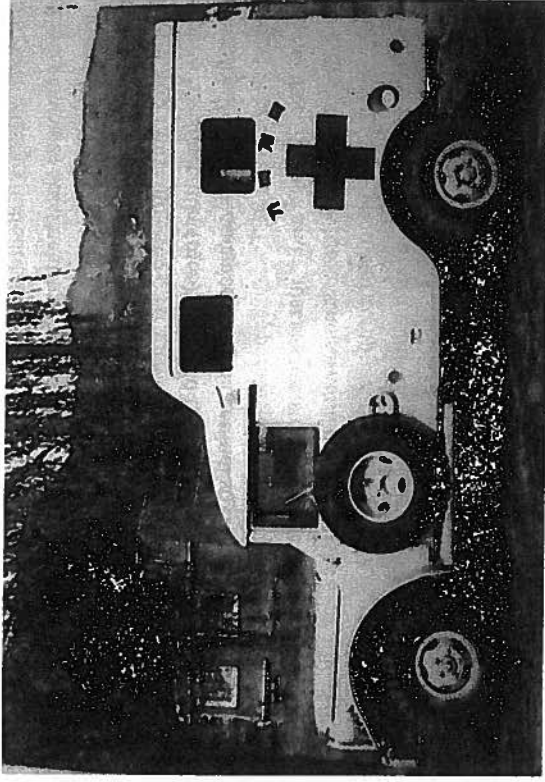
In 1966, the South Korean government began to sponsor mobile transportation as part of its national family planning (FP) effort, sending a series of vans to outlying areas to provide greater access to new birth control technologies and related services.¹ With echoes of previous efforts conducted first during the period of Japanese colonialism and later by a small subset of private interesters under President Syngman Rhee (1948–1960), this "new" FP mobilization had officially begun two years earlier in 1964, with the distribution of the Lippes loop marking its inception.² Although the loop represented a new form of technology that the Population Council, the international organization founded by John D. Rockefeller III (1906–1978) in 1952, was eager to promote, the conjoined problems of its distribution and a need for accompanying reproductive education remained major issues, particularly in developing countries with a significant rural population.³ In early accounts provided by observers during the South Korean mobile transportation campaign, these issues tend not to emerge explicitly, however, and published accounts often presented an idealized procession of eager, willing recipients:

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.⁴

It might not come as a surprise that this account originates with an American observer, Paul Hartman (1911–1968), who spent much of his time based in South Korea, working first for USAID (U.S. Agency for International Development) and subsequently for the Population Council, primarily in the field of health education.⁵ As on-the-ground coordinator for the Population Council's South Korea program, Hartman had a great deal invested in the success of this effort, both personally and professionally.⁶ This is not to discount his observations but rather to call attention to the smooth narrative with which he characterizes interactions among the van, the reproductive technologies to be delivered, and members of its target demographic, in this case, a small group of Korean villagers. In particular, Hartman emphasizes the enthusiasm of these participants, citing the great distance traveled by one woman while also noting the presence of two males who have volunteered to undergo a vasectomy, with males also constituting a key demographic as a major component of the FP mobilization.

The presence of these vans underscores a basic paradox underlying the South Korean effort: an attempt to accelerate the distribution of birth control technologies in a new nation essentially lacking a viable public health network outside of its major cities and also lacking a consistent and reliable means of delivery for reproductive education via mass communications. Like birth control itself, mobile vans had made an appearance on at least one previous occasion, with the American-Korean Foundation (AKF) employing a similar strategy during its relief efforts in the aftermath of the Korean War.⁷ The FP campaigns, while not strictly “new” in the forms of technology offered, would ultimately be characterized as “successful” precisely because of their ability to consolidate resources and strategies borrowed from previous campaigns—often to much better effect—bringing pedagogy and technology together for large sections of the country over the course of the program's first decade of operations. As this chapter argues, the FP campaigns were critical not only for the degree and extent of bodily intervention achieved by the program and its representatives but also for their strategic use of various media, employing mass communications at the level of technology (television, radio, print) and even on the ground, placing FP representatives and agents directly into rural villages through the use of Mother's Clubs.



U.S. Army van, used in mobile services for family planning (FP) beginning in 1966. The text (above the Red Cross symbol) indicates “Family Planning.” The program would also deploy a fleet of Volkswagens as part of its mobile transport effort to penetrate rural areas throughout South Korea, dramatically expanding the scope of health care.

Source: Mobile Service 1966, Courtesy of Rockefeller Archive Center.

To return to a point raised at the close of the preceding chapter, a general discomfort with the autopsy was extremely common in much of South Korea through at least the early to mid-1960s, corresponding to roughly the same time period as these mobilization efforts on behalf of FP. This suggests a conspicuous lack of fit between the program's aims and the existing practice of the population; in fact, the various parties involved—including representatives of Planned Parenthood Federation of Korea (PPFK) (Taehan Kajok Kyehoek Hyŏphoe), medical professionals, and a wide range of international partners—actively sought to enforce dramatic changes in the attitudes and behavior of South Koreans through the mechanism of public health, focusing specifically on mobilizing new reproductive and population policies. In brief, it was the FP campaigns, more than anything else, that brought a heightened awareness of public health concerns to South Korean villages and, more important, first introduced dramatic changes in attitudes toward the body, reproductive health, and any number of related forms of medical intervention.

These changes did not come easily, though, and much of the work of this chapter involves documenting the complex negotiations taking place among the state, the FP program, and citizens at a time of rapid social ferment. Although the earliest developments associated with the build-up and mobilization of the campaign—the distribution of the Lippes loop (1964), the use of mobile transportation (1966), followed by a change in emphasis to the birth control pill (1968)—coincided with the gradual strengthening of Park Chung Hee's hold over the ROK state apparatus, the FP campaigns ultimately had a much longer lifespan and impact as measured over the long term. By the early to mid-1970s, the activities of the *saemaul undong*, or the New Village movement, included FP as a major component situated within a broader campaign of rural revitalization, meaning that FP was actively promoted by the ROK state through at least the early to mid-1980s. Assuming a variety of different forms over its lifespan, family planning constituted a major part of South Korean social and cultural practice for more than two and a half decades (from 1964 through the mid-1980s), effectively bringing the ROK state and its emerging public health network directly into the domestic sphere; more specifically, the family and married life.

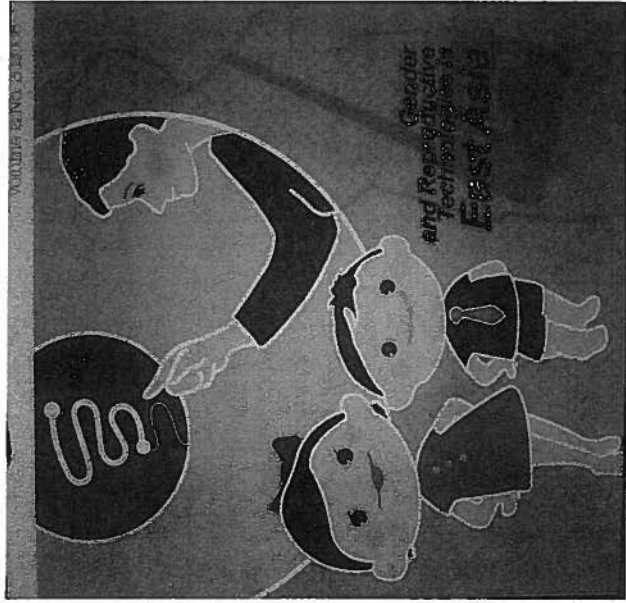
This campaign, or more properly series of campaigns, not only transformed domestic life but also brought with it a major overhaul of the governing bureaucracy, along with the South Korean academy, incorporating new models and approaches drawing from a wide variety of academic disciplines, especially the social sciences. More specifically, demography, a subject of intense interest to foreign visitors like Dr. Irene Taeuber as early as the late 1940s, began to take on a greater significance with the return of the first Korean graduate students to receive doctoral degrees in the field, now prepared to take up academic posts.⁸ In practice, this meant that the type of statistical models and surveys needed for population estimates, as well as the underlying types of social science used to conduct interviews throughout the FP campaigns, was itself very much a development in process, a hybrid of earlier practices compiled during the colonial period, combined with the new perspectives emerging from leading demographic centers, including frequent exchange with the University of Michigan's Population Studies Center (PSC), Princeton University's Office of Population Research (OPR), and the University of North Carolina's Carolina Population Center (CPC), among others.⁹

In public health, similarly, the effort would be led by an emerging set of South Korean elites, many of whom possessed prior Japanese higher education

and subsequent periods of American training, if not always taking a second terminal degree. Dr. Kwon E Hyock (1923–) of Seoul National University, holding a master's degree from the University of Minnesota via his participation in the Minnesota Project (1956), assumed leadership of a two-year pilot study conducted within the city limits of Seoul proper, labeled the Seongdong-gu (Sŏngdong-gu) Action Plan (1964–1966), a project that encompassed a large section of southeastern Seoul adjoining the northern banks of the Han River.¹⁰ Concerned with substandard housing and living conditions in a densely populated urban area, Dr. Kwon's task was to disseminate basic information about reproductive health and to explain options available to women. More important, this pilot study went on to form a major portion of the practice and ideas shaping the subsequent national FP campaign.

At the same time, the Seongdong-gu study also led to recognition that the distribution of new technologies and the FP message was not a simple matter, even with the dense concentration of urban residents in sites like Seoul and a cluster of other major cities. As much of South Korea remained tied to the village and agrarian life, these residents did not necessarily “meet” the state on any regular basis, with the possible exception of routinized transactions such as taxation and military conscription. In this respect, the FP mobilization comprised not just a population or quantitative scheme but also a means of conveying new infrastructure (public health, reproductive education), with the package including a strong dose of nation building, fueling a sense of nascent nationalism that had been interrupted by the intervention of the Korean War. The publicity materials and posters associated with the campaign came to rely heavily on visual appeals to the nation, particularly the social and economic welfare of the collective as imagined through the family unit.

In some cases, as with the earliest posters provided by PPFK, this nationalist appeal would be much more implicit, embedded within an implied collective “we,” one emphasizing the long-term benefits of the FP program as measured primarily by the health and welfare of South Korean children. For example, one of the first efforts to depict the face of the national campaign, circulated widely in 1965, depicts a female FP representative pointing to a Lippes loop (upper left), with two young children, a boy and a girl, an ideal pair in terms of both number and gender—although these concerns were not made explicit until much later—looking on in appreciation.¹¹ The accompanying text offers viewers encouragement to “have the appropriate number of children and raise them well!” (in Korean: “*Almatke naasŏ hullyunghage kirŭja!*”), a message



This 1965 poster introduced Family Planning to South Korea in the form of an FP representative explaining the Lippes loop and its proper use to two young children. The gender balance here explicitly challenges the traditional preference for sons, and the number of children, two, reinforces the goal of smaller families. English text not featured in the original poster.

SOURCE: PPFK.

placing an optimistic face on the future.¹² Although most of the FP program's major features are mobilized here—the technology, a female FP representative, and the desired end—members of the target demographic, young women in their reproductive years (defined by PPFK as in the age range of twenty to forty-four), are present only by implication, presumably included as members of the viewing audience.

Along with related materials supplied by PPFK, including posters and slogans, this particular image serves as a valuable introduction to the unique set of tensions embodied by the program, a national campaign situated within the interests of a set of competing actors, including South Korea and its international partners. The vast majority of the funding for the South Korean FP campaigns derived from abroad, including most prominently the Population

Council (Rockefeller) and SIDA (Sweden International Development Authority), with the latter group taking on an even greater role following the introduction of the birth control pill in 1968.¹³ Under these circumstances, many of the campaign's posters were designed in conjunction with these outside actors, composed first with an international audience in mind and then translated to meet the needs of a local audience.¹⁴ The priority of meeting national goals and targets frequently came into conflict with the abstract ideals of an international effort; these moments of tension, especially in terms of material practice, will serve to highlight the competing motivations and ambitions of the PPFK, the South Korean government, and those of its external partners.

Mobilizing a "New" FP Campaign (1961–1963)

Models and Precedents

It is precisely this brand of tension, introduced by the numerous differences between a set of enthusiastic, international actors and their ambitious local counterparts, that makes this period fascinating, with the early 1960s witnessing the start-up of comparable FP programs throughout much of East and Southeast Asia. Matthew Connelly, a historian at Columbia University, has even gone so far as to place this regional story within a much larger, international history of postwar family planning in his recent work *Fatal Misconception* (2007), attempting to narrate the Asian story as one of overzealous Cold War social science.¹⁵ Although Connelly's account remains a valuable contribution, it relies almost exclusively on the perspective of the Population Council and its American partners, looking at material practice only briefly and relying on a number of top-down assumptions. Similarly, accounts that prioritize the individual nation and its corresponding FP story tend to ignore the transnational circulation of ideas and medical practices among new nations, a highly relevant point for South Korea specifically, where the influence of Japan—both in terms of colonial practice, and now in terms of providing expertise through visiting consultants and scholars—and Taiwan would be marked.¹⁶

In fact, Taiwan's pilot project at Taichung (1963), established and conducted with the assistance of Dr. Ronald Freedman (1917–2007) of the University of Michigan, became widely known as the first and best model for international FP, with both American and Taiwanese scholars continuing to generate publications on this basis for the better part of the next decade.¹⁷ Along with Dr. John Y. Takeshita (1926–) and a rotating series of graduate

assistants from Michigan, Dr. Freedman built his career as a demographer around the Taiwan program, which, like the South Korean case, intersected heavily with existing policy initiatives, including those previously promoted by both the KMT and the Japanese.¹⁸ The extent to which this overlap was known to the Michigan team members in Taiwan remains speculative, but in the South Korean case there could be no mistaking the presence of these earlier forms of practice, both in terms of the technologies and local perceptions of these forms of intervention.¹⁹ The challenge in 1961, therefore, lay with providing a convincing rationale behind a national campaign, one that could successfully render the program effectively as “new” in terms of the reception of its aims and practice.

Although official announcement of the FP effort would not come until 1964, when the program would go national in scale, the origins of a nascent program nearly coincided with the arrival of a new government, resulting in the formation of the PPFK (Planned Parenthood Federation of Korea) in April 1961.²⁰ While there had been similar efforts conducted at the grassroots level throughout the second half of the 1950s, the government of Syngman Rhee had never offered its full endorsement, possibly because of religious objections, along with the simultaneous burden of conducting extensive reconstruction efforts.²¹ Affiliation with the international organization of the same name came later that year (June 1961), effectively linking the local group with its international partners, establishing the basis for the development of a large-scale effort.²² The intervening years (1961–1963) prior to the scaling up of the program were devoted to making contact with regional and international partners, including site visits to Taichung to evaluate the comparable program in Taiwan and providing preparatory training to local health care professionals, the corps of doctors, nurses, and trainees who performed much of the actual work underlying the effort.

This brief account should not suggest, however, that the creation of a national program was a simple matter; recall from the previous chapter that many South Koreans were neither aware of, nor were they necessarily willing to make use of, newer forms of health care available to them through biomedicine. In effect, the FP effort united these two related strands: first, requiring a vast overhaul of health infrastructure—including health care facilities and the training of new professionals—and second, finding an effective means to disseminate information about the provision and availability of these services. Moreover, there were not enough trained doctors and nurses

to mobilize a national campaign; when the widespread distribution of technologies began after 1964, the campaign turned frequently to its trainees and related categories of actors to perform many of the critical functions, such as the insertion of the Lipps loop.²³ This observation provides additional context to the mobile van image with which this chapter opened, bringing the technologies to rural areas but not without experiencing any number of related complications.

Even prior to the problem of accepting the technology as an issue, the very nature of an aggressive social science itself raised serious questions about whether such an ambitious campaign was worth attempting. The three-year period (1961–1964) leading up to the national mobilization reflects the care with which the effort came into being, with the establishment of a bureaucracy requiring the setup of individual branches at the city, provincial, and county levels.²⁴ Similarly, visits to Taichung in 1963 provided access to a rich source of data from a comparable site: a neighboring nation with reliable sources of population data dating to the late nineteenth century, a lingering Japanese presence from recent history, and a KMT government eager to implement rapid change. For Taichung specifically, the initial setup treated the entire city as an experimental context, with several different zones established—differentiated principally by the degree of media coverage and the types of information provided—to test the effectiveness of contrasting levels of media saturation.²⁵

Through its varied approach, Taichung offered a variety of options to South Korea, giving the ROK the opportunity to observe before actively undertaking its own program. The social science coming from American sources took a particularly aggressive stance in assuming that its target subjects *invariably wanted* to use at least some form of birth control if only these groups possessed awareness of its availability. The data collection tools documenting this phenomenon, known as the “KAP surveys” (for “Knowledge, Attitude, and Practice”), created explicit links among awareness, a set of existing beliefs, and the ability of the social scientist to transform these attitudes through education, resulting in the adoption of new forms of practice. Like the Taiwanese, the South Koreans adopted this type of research in the near future, but prior to 1964 a “national” campaign existed only on paper as a bureaucratic organization, first seeking a means to establish reliable communications links across the southern half of the peninsula.

This last remark suggests that there was already a baseline level of research activity; in fact, as noted earlier, there were numerous continuities with the

public health efforts of the late 1950s. As early as December 1963, the *Yonsei Medical Journal* (3.1) would publish the initial results of the Koyang study, a survey of attitudes toward family planning undertaken in a rural area close to the Seoul metropolitan area.²⁶ With research commencing in September 1962, this effort, headed by Dr. Jae-Mo Yang (1920–) of Yonsei University, along with his two collaborators, Sook Bang and Man Gap Lee, was likely the first attempt to evaluate the target demographic of the forthcoming national campaign.²⁷ As Dr. Yang had already conducted previous health surveys in the second half of the previous decade, he was familiar with the infrastructural problems of the South Korean health system and the skepticism directed toward it by a good portion of the population.

Dr. Yang's study—which extended well into the decade and also led to a number of follow-up efforts, typically based around village communities—represented the starting point of what became a vast social science industry, with senior figures leading new projects and junior Korean scholars using their affiliations to earn overseas doctoral degrees. This pattern suited the South Korean context well, as it ensured their international partners that the distribution of funds and reproductive technologies were overseen by a set of reliable counterparts on the ground, operating according to the same basic set of assumptions, with new actors playing a prominent role on their return home. Along with Dr. Kwon's Seungdong-gu study, the Koyang research provided a dual strategy of access to South Korean domestic life, concentrating on both the rural (Koyang) and urban (Seungdong-gu), as the ROK government sought to assess its ability to penetrate the home and intervene in the reproductive lives of citizens. As Dr. Yang knew from his previous work, the problem was rarely as simple as conveying the technology to the user but was in fact a far more complex one of conveying an appropriate message to village residents, who did not necessarily possess any incentives to change their behavior.

Pursuing "Demographic Dividends": Family Planning and Economic Incentives (1962–1964)

Yonsei University and the Koyang Study (1962):
From the Individual to Statistical Abstraction

In fact, this question of the individual was not a major issue, as the rhetoric and practice of the FP program was based almost entirely on a new conception of improving the economic fortunes of the country by establishing

control over the population as a set of abstract calculations. Even as the language of public health and improved living conditions figured prominently in the literature of the nascent program, its major goals were defined in statistical terms: Achieving a certain quota of distribution was likely to yield well-defined results in terms of a reduced population, with this development producing better economic circumstances. In one of the preliminary reports issued in conjunction with the Koyang study, this goal was made explicit to an international audience, with an anonymous contributor from the Population Council noting that the ROK "aims at a large increase in [its] gross national product."²⁸ This aim was achieved by halving the population increase rate within a period of about two decades (by 1980), a modest claim in retrospect, as the program actually achieved its results much earlier than this.

Although these aims were constructed largely in mathematical terms, the target demographic was rendered in slightly more concrete terms, with a loose conception of modernization theory framing the approach taken by the participating social scientists, whether South Korean or visiting from abroad. Dr. Yang and the members of his team chose their site for its proximity to Seoul, with Koyang based approximately thirteen miles north of Seoul and featuring an existing site for the training of medical students affiliated with Yonsei/Severance Hospital. Moreover, the rural character of the site held particular appeal, with such areas often having a higher birth rate and generally lacking prior exposure to the new birth control technologies coming onto the market. In other words, this was precisely the type of population to offer an ideal test case of the proposition that an informed population would readily adopt the new measures and begin the desired FP style of practice on learning of its availability. In terms of its proximity and design, this type of village area offered the potential to suit the expectations of the emerging social science.

The force of two conjoined issues, a lack of awareness and education, provided a rationale for much of the program's motivation, which assumed eager and willing participants on the receipt of appropriate information. According to this methodology, these willing subjects should adopt family planning measures, rapidly increasing the pool of those practicing some form of "modern" birth control.²⁹ Collectively, this newly enrolled cohort would then produce a smaller and healthier group of children, resulting in education and health care savings for the state, thereby leaving additional funds to invest in the infrastructure necessary to promote industrial and economic growth. According to this design, incremental increases in the size of the population

following the program's dictates later translated into significant gains for the state in terms of sources of revenue and future economic projections. These "demographic dividends," as the optimistic projections were characterized, informed the program's larger aims, even as they were not always made explicit in the encounter with the individual subject.

This encounter between state and citizen, whether taking place in the street, in the clinic, or at even closer quarters within the village and the home, proved to be incredibly problematic as the international proponents of family planning tended to adopt an implicit universalism, taking for granted the opportunity to establish face-to-face communication across a wide range of cultural contexts.³⁰ However, with South Korea representing only one case of the problem, this basic format envisioned a highly literate population with access to several different forms of media (print, radio, and television) and with a corresponding curiosity; in other words, a willingness to embrace change. As the Koyang study showed, the encounter with the village resident was a highly mediated one, shaped by previous encounters with health care and perhaps even with lingering memories of different governing regimes (Japan, USAMGIK). The distribution of birth control technologies, in other words, was not simply an issue of a technological object in isolation but rather an entire cultural package and the sets of values and aspirations associated with it.

When the Koyang study began in September 1962, this long-range perspective was lacking, and there remained a great deal of optimism concerning the possibility of interacting directly with villagers close to their home environment. Dr. Yang and his Yonsei team divided the community in terms of their experimental design, designating an experimental area and a control area so as to be able to compare results. Concerned with the question of interpersonal dynamics, they next selected from among a small group of graduate students—including Yonsei medical students and, in some cases, local midwives—before choosing two groups of ten males and ten females to interview exclusively villagers of the same gender. Essentially, the study was designed to keep intervention in village life to a minimum and to establish a baseline estimate, determining the extent to which the government's intention of starting a family planning program may have already penetrated this designated area outside of Seoul.³¹

After accounting for factors such as dropouts and slight differences between the two target populations, what the survey ultimately found was the value of interpersonal communication, a point of emphasis that became critical within

the national program by 1968. Specifically, the first publication emerging from the project noted that "personal communication between friends, relatives and neighbors is the commonest means of acquiring knowledge," especially in areas lacking access to new forms of mass communication.³² While this point was not an immediate cause for action, it did lead to two subsequent suggestions: namely, that any future program should focus on education aimed at small groups, precisely to take advantage of this close level of dialogue; and to target both males and females, enabling couples to share information at home and to make an informed decision together.³³ Though modest in its size and cost, the Koyang study proved highly influential in terms of the forthcoming national mobilization.

The Seongdong-gu Action Plan (1964–1966)

If the Koyang study provided the basis for much of the long-term strategy in terms of designing a new approach to disseminate information about the FP program, its counterpart, the Seongdong-gu study sponsored by Seoul National University, was equally significant: Here the urban residents of Seoul met the infrastructure of the state in the form of public health. In the case of Koyang, Yonsei had relatively little infrastructure to work with, creating its own temporary clinic as part of an outreach program, combining a blend of research and humanitarian motives. In the case of Seongdong-gu, the initial aims had much less to do with communication, focusing instead on broad themes of urban renewal, a coded vocabulary for slum removal and access to basic necessities such as clean water and reliable housing.³⁴ The rural problem of a high number of births—reaching an estimated six per woman during childbearing years as of 1960—remained a major theme, but here the emphasis was placed on reproductive pedagogy and improving relations between the state and potential client. How could the state provide adequate care and reproductive education as its cities continued to grow rapidly; more important, how might it persuade residents to make use of these facilities?

The Seongdong-gu section of Seoul encompassed a broad strip of the southeast, stretching from the traditional city center to reach the northern banks of the Han River. While the sections lying directly opposite, the southern banks of the Han River, came to represent some of the newest and wealthiest areas of Seoul within less than twenty-five years, the study's focus on the region at this time was motivated primarily by a rapidly growing population and the social problems typically associated with such urban spaces—sanitation,

disease, and housing. Moreover, the proximity of the Seoul National University main campus, based at Taehan-ro, provided for ease of access, like the Koyang study, permitting medical students and public health experts ready availability to a site close to their home base. With the national campaign starting in 1964, Seongdong-gu experienced the added pressure of conducting its activities more or less on a simultaneous basis, that is, setting up a clinic on site at the same time that distribution of the loop technology was just getting underway.

As a result, this project arguably took on a greater visibility than its counterpart in Koyang, situated within city limits where local residents had access to its facilities and services, which was, after all, precisely the point of constructing such a site. The project could accommodate the need for adjustments midcourse, if necessary, but there would be no turning back once committed or reverting to earlier forms of practice. In its material presence, Seongdong-gu placed its emphasis on the creation of infrastructure for the delivery of health services, a major point that continued through at least the first decade of the FP program. Although citizens still did not possess confidence in biomedicine, sometimes opting not to use the state's new resources in the form of hospitals or health centers—as limited as these sites were in the early 1960s—the state assumed the initiative to meet its citizens.³⁵ Over the course of its lifetime, before it was gradually absorbed within the broader rhetoric and practice of the rural revitalization campaigns of the 1970s, FP aggressively played the role of a major state actor in terms of the construction and the mobilization of such resources.

Together with Koyang, Seongdong-gu redefined the relationship between doctor and client, as the target demographic for FP was no longer an individual “patient” but instead an “acceptor,” one who consented to use of a (new) birth control technology or, in the case of males, voluntarily agreed to undergo a vasectomy.³⁶ This language embodied the new social science deriving from the University of Michigan/KAP surveys, in which the dominant assumption took the willing participation of subjects for granted, contingent on access to the latest information and an appropriate program of education. Although this model implied an artificial distinction between the “traditional” and the “modern,” placing these categories within a much larger body of midcentury literature on modernization, this was not a self-conscious or reflective gesture but instead one embodying the confidence of the program. Individual “acceptors” figured as significant only as measured in bulk, as the

entire program was gauged as a success based on a statistical approach that measured increases in the distribution of technological objects.

Tracking Intervention through Technology: The Lippes Loop and Defining a “Modern” Birth Control (1964–1968)

Although the focus of the national FP effort placed its emphasis on tracking the distribution of birth control technologies, not every object would count as valid, with the focus resting almost exclusively on new objects provided by international partner nations, with some provision for a limited number of objects of Korean manufacture. Although existing practices, including herbal remedies to prevent pregnancy and the practice of “spontaneous abortion,” were frequently noted in the course of KAP surveys, these practices served only as a baseline, a means against which to measure the spread of a desirable, “modern” forms of birth control.³⁷ The Lippes loop, the product of a great deal of research into the creation of an easily transportable form of IUD, thus became the single most important technology during the early stages of the FP program (from 1964 through 1968), with its distribution constituting the primary criterion for success. Beginning in 1964, PPPK carefully tracked the distribution of these devices, along with the corresponding number of “acceptors,” using survey data to make frequent adjustments to the campaigns as more data became available.

The aim of promoting distribution of the loop brought with it a number of problems, however, some of which we have already anticipated in the mobile van scene that opened this chapter. Designed for rapid insertion into the female body, the loop represented the most recent attempt to provide a safe, inexpensive means of preventing pregnancy. In fact, a limited number of Korean and Taiwanese women had prior exposure to IUDs in the form of the Ota ring, a prewar device created by a Japanese doctor; references to the object appeared beginning in the mid-1960s, experiencing a renewal of attention with the introduction of newer technologies.³⁸ Despite its compact design, however, the loop required a high degree of familiarity with its use, and the insertion procedure was by no means as simple as its creators would claim.³⁹ In basic terms, distribution of the loop was going to require not only the skills of survey workers who would gauge the attitudes of Korean women but also those of a corresponding pool of doctors, nurses, and trainees who would be there to provide counsel and to perform the necessary insertion procedure safely and effectively.

The Loop and Reproductive Education: Choosing from a "Menu"

Before turning to the activities of this second group, the professional caregivers, it is worth noting that the loop did not necessarily represent the most common item marked for distribution when the Seongdong-gu plan began, lagging behind condoms as the preferred choice at a rate of almost two to one.⁴⁰ In 1964, the IUD was initially placed among a range of options—condoms, foam tablets, jelly, and the loop—with the aim of establishing a baseline survey of market preferences.⁴¹ At this point, the loop possessed a formidable image, involving an uncomfortable insertion procedure and the possibility of long-term use, characterizing it with uncertainty. New visitors to sites associated with the project opted more frequently for the condom and other technologies associated with either a single or short-term use, even as the loop would come to represent a significant share of the items to be distributed. To revisit a point made earlier, abortion remained a constant, comprising the single largest share of the family planning techniques then available, and it was precisely against these trends that PPFK mobilized its new devices.⁴²

Preference for the loop began to change only with the added role of education and counseling, allowing it to catch and pass the condom within a period of two to three years. More specifically, potential "acceptors" were not pressured to opt for insertion immediately and were instead issued a coupon that could be redeemed for a follow-up visit leading to the actual insertion procedure. The measure of introducing an intermediate stage thereby allowed the Seongdong-gu team to track the pool of those interested and to determine what percentage of this pool would return for a subsequent visit. Moreover, this gesture rendered the loop as something new and novel, not necessarily as intimidating, but as a valuable service to be redeemed through the exchange of a coupon. Not surprisingly, the Seongdong-gu study found that a switch to the loop tended to correspond to those areas of the city receiving the greatest media saturation (exposure to advertisements, mail) and follow-up information sessions held in group settings. It required time and familiarity, in other words, allowing the individual "acceptor" a sufficient interval in which to make a personal decision.

With the city borders of Seoul forming the boundaries of the study, the focus on one region of the city would gradually expand to include eight additional subcenters, along with the original site at Seongdong-gu, over a period of about two to three years (from 1964 to 1967).⁴³ This incremental expansion in coverage allowed for a thorough test of the available techniques—mass

media, home visits, and group meetings—to gauge the program's ability to disseminate its message. Although this level of saturation did not prove practical on a nationwide basis for this period in the mid-1960s, it is safe to say that the majority of the urban residents were exposed to some form of FP, with direct mail and subsequent group meetings forming the core of the approach. In preparation for the anticipated increase in demand for the loop, PPFK began to train increasing numbers of its personnel about the insertion procedure and about what to anticipate in terms of likely questions and the side effects associated with its use.

The Loop Becomes a Problem (1964–1968)

The Lippes loop represented a major investment on the part of the Population Council and other interested parties, the latest in a series of technological improvements to intrauterine devices, which had a history going back to at least the first half of the twentieth century with the Grafenbourg ring.⁴⁴ Although such devices were generally effective in preventing pregnancy, the physical problems associated with their insertion and long-term use continued to present numerous problems, and the Lippes loop proved no exception. In its large form, the Lippes loop was expected to remain in the body for long periods of time, with an expected expulsion rate of slightly more than 12 percent and another 15 percent of subjects requesting medical removal.⁴⁵ Under optimal conditions, about 25 percent of its users could expect to experience problems with the device to a degree requiring its removal, and this estimate *does not* include the related physical discomfort and symptoms associated with "normal" use. In effect, South Korean women in the early 1960s were among those subjects serving as part of an unofficial clinical trial for the device throughout the developing world, a test case to evaluate its effectiveness and safety.⁴⁶

When South Korean women first began to "meet" the state through FP beginning in 1964, the loop stood at the center of this encounter, with advocates seeking to persuade as many women as possible to become "acceptors," affirming the statistical goals of the program. When a coupon "acceptor" returned to a health center or clinic for a follow-up consultation, only then was the insertion procedure undertaken, placing the loop within her body, where it would remain, ideally, for a lengthy period of time. The conditions under which this procedure was performed, however, varied widely according to the site; even with the additional training funded by the Population Council, the shortage of doctors and nurses meant that trainees or field workers quite

often oversaw this kind of work.⁴⁷ In spite of its design, moreover, crafted to permit ease of use, the loop did not necessarily lend itself to ready manipulation, meaning that discomfort frequently occurred both during the procedure itself and in subsequent use, especially when the device was not properly situated or, to borrow from the language of the program, there was a failure to achieve "skillful insertion."⁴⁸

In follow-up studies of IUD use, the Seongdong-gu group found that a cluster of factors—including bleeding, discomfort, and related complaints about the device—grouped under the broad rubric of "medical side effects"—came to constitute the single largest cluster of motivations contributing to the increasing termination rate for the device.⁴⁹ This problem threatened to become a practical, as well as a public relations, embarrassment, so much so that this same set of studies later stated that "minimizing the removal rate is the most important issue" in determining the long-term efficacy of the loop.⁵⁰ Although there was recognition that the skill of participating doctors and their enthusiasm in promoting the device could play a significant role, "acceptors" as subjects also began to receive some of the blame for problems, with their symptoms minimized in resulting accounts. In particular, younger women with a high level of education were singled out for "their sensitivity to the mildest side effects, and the weak physiological tolerance of the uterus to foreign material."⁵¹

Improving Training and Technology

Along with this issue, the related question of training also came into play, as those responsible for the insertion more often than not received a bare minimum of instruction prior to performing their first procedure. A Population Council memo devoted to this subject cites a "large number of individuals with special training . . . [as] essential to the development of a successful program of family planning."⁵² Having made this claim, the memo goes on to explain circumstances on the ground, with a curriculum "well-conceived and flexible enough to allow the number of hours of instruction to be varied from 12 to 64 to fit the needs and available time of each group."⁵³ Taking into account the contingencies of the time, the language sounds highly pragmatic and translates into a reality where many loop insertions were performed by an individual who had simply attended a brief training course. Granted, many of these individuals had prior training as midwives or as registered nurses, and in some cases both, but this memo underscores the program's heavy reliance on local personnel, placing a high degree of trust in their abilities.

This last statement holds for the dissemination of the training information as well, as the entire program was contingent on its pedagogy reaching from the national level down to the local village, grouped according to a network scheme that radiated from a central source. For FP, this source was the National Public Health Training Institute (Seoul), with Four Provincial Training Centers assuming a portion of the burden.⁵⁴ Another memo differs from the previous one in describing some of the feedback mechanisms, adding criticism and evaluation following each training session. At the same time, the emphasis remains clearly on timeliness and efficiency, permitting FP workers only a one- or two-week exposure through one of the training centers. In contrast to those performing the loop insertion, these FP workers were likely to be doing basic counseling and distributing information, but they still held a critical role in conveying the message to the public, especially with respect to unfamiliar procedures and technologies still largely untested.

If there remained questions about the difficulty of getting sufficient numbers of trained personnel into the field, the new forms of technology were equally at issue, especially their manufacture and reliability. At least officially, international partners provided the local FP representatives, the PPFK, with samples in quantities large enough to meet demand. In turn, the plan projected that South Korean manufacturers would later assume responsibility for their domestic production, meaning that the program would incorporate a useful dimension of industrial and technical learning. The reality was quite different, as a memo reveals that South Koreans began producing the loop on an independent basis as early as 1964, presumably as a cost-saving measure to avoid paying licensing fees.⁵⁵ Initially, this approach did not present problems, as the production fell under the domain of a plastics engineer, Mr. Han Bo Yoon, who oversaw the process from 1964 to 1967.⁵⁶ As demand grew, the Ministry of Health had to seek assistance from USAID, as it lost control over the local process in 1967 and had to acknowledge to its American partners that there "is no loop quality control system within the ministry."⁵⁷

This admission posed a problem not simply as a potential source of embarrassment between friendly nations but also in terms of negative perceptions it might create, especially during the trial stages of the program. A 1964 memo provides further context to the discussion in the preceding paragraphs, with the Ministry of Health taking the stance that the "loop was not patented and that Korea was free to make them if it could."⁵⁸ Following the start-up of production, Dr. Jae-Mo Yang and others expressed concerns that using loops of

both imported and domestic manufacture might compromise the validity of the preliminary FP studies, especially if there were significant differences in the end product.⁵⁹ In raising this issue, they soon learned that the medical advisers assigned to the program preferred to recommend the American loops, although they failed to cite specific criteria. Without offering speculation here, it is clear that the question of the technology raised the issue of its reliability, its source of manufacture, and its ease of use. Any of these factors, in isolation, or in combination, could potentially affect the perceptions of an "acceptor," leading an individual to discontinue its use or simply to refuse the device.

This observation brings us to perhaps the most important issue of all, the procedure for insertion, assuming the availability of trained personnel and access to the technology, both of which points were by no means a certainty, as we have just seen. Unlike the idealized accounts mobilized by PPFK and the state, this encounter, whether taking place in a clinic in Seoul or outdoors in a rural area with assistance from a mobile van, would have been new and largely unfamiliar to the vast majority of South Korean women. A 1967 manual distributed to FP workers precisely for this purpose provides a detailed set of instructions, attempting to translate the task in the form of a menu that can be followed along in both English and Korean-language versions.⁶⁰ This strategy seeks to reduce any ambiguity or uncertainty, accompanying the text with a set of detailed visual images, illustrating the placement of the plastic loop within the uterus. It is worth noting that the document begins with a "Worker's Creed," a pledge in which the target audience consents to "the task of stimulating as many eligible couples as possible to limit the number or spacing of their children through sterilization or use of the most effective contraceptives available."⁶¹

This creed is particularly important because it reinforces the agenda underlying the preceding statement concerning the aim of achieving a set of target figures. Specifically, the worker is asked to commit to the statement that "I will persuade as many as possible of the wives to try the loop method first even though I am fully aware that some 25% of them will not be able to tolerate or retain this device following insertion."⁶² Here we have a direct acknowledgment of the physical problems associated with use, and yet even this knowledge is followed by reassurance that "I will recommend the loop as first choice . . . [because] I have no way of determining who the unlucky acceptor might be."⁶³ In effect, the logic of the document stresses the 75 percent rate of acceptance by the majority of women, thereby minimizing the suffering of

one-quarter of the target group, displacing any responsibility on the part of the FP worker. In the end, the testing of the technology is what matters, and the creed closes with, "This is my job; securing as many new acceptors as possible and making sure that they become regular and satisfied users."⁶⁴

As for the account of the insertion procedure, it implies the presence of a stable environment—a doctor's office or a comparable clinic facility—and involves a brief gynecological inspection, followed by cleaning of the cervix and vagina and a series of measured steps to ensure that the insertion is performed properly. Although the document intends to provide reassurance with its careful pace, it offers at the same time a recognition that mistakes could occur at any number of points, leading to an improper insertion. On this point, the number of steps comprising a complete insertion procedure, from initial contact to visual confirmation of insertion, is thirteen: Seven steps precede the procedure, allowing for a lengthy period of familiarization, with the final six steps comprising the actual insertion.⁶⁵ To return once again to the opening vignette of this chapter, it is not difficult to contrast the idealized account offered here in training with the mundane realities of the mobile clinic, typically operating in an outdoor, rural setting under a hot sun. In practice, many of these steps were omitted, yielding to the impulse to service as many "acceptors" as possible in a short period of time.

A 1969 publication appearing under the auspices of the Yonsei research group tends to affirm the likelihood of these pressures affecting practice, as the article—ostensibly a look at some of the statistical problems to be addressed—offered a frank look at the material conditions typically associated with the act of giving birth.⁶⁶ In rural settings, the vast majority of South Korean women bore their children in the home, most commonly the residence of their mother-in-law, and very rarely in a hospital setting.⁶⁷ Rather than a doctor, a relative or friend was most typically the individual present to provide assistance, if there was anyone available at all. As for their surroundings, newborn Korean babies often came into the world on the floor, with perhaps a straw mat or the paper bag from a cement sack providing a minimum of cover. Finally, the umbilical cord was generally cut with unsterile scissors and sometimes a sickle, when possible. With these rudimentary conditions common for the act of giving birth late in the decade, even following nearly five to seven years of intense FP mobilization, the circumstances help us to imagine the type of encounter that FP workers or trainees faced on a regular basis, with only limited time at each rural site.

The recognition of a growing problem with the loop took place gradually within the two- to three-year (from 1964 to 1967) period following its introduction, meaning that the program underwent major changes by the late 1960s. As noted earlier, the loop had figured prominently within a "menu" scheme—sometimes referred to as a "cafeteria," permitting "acceptors" to select from a range of options—through which it had risen to achieve great popularity. By 1968, the loop retained this position, but other options now received equal, and sometimes even greater, publicity, with the birth control pill receiving the full weight of the FP program's sponsorship. Measured strictly in quantitative terms, the loop had achieved enormous success, with the ROK government and its partners distributing large quantities of the technology, tracking its use and associated problems, and also managing to follow those individuals who had dropped out of the program. In fact, this last group proved of great interest to social scientists and demographers, not only for evaluation purposes but also in terms of designing new programs to bring these subjects back within the boundaries of the FP campaign.⁶⁸

The subsequent labeling of this special group as "rejectors," those who chose to discontinue use of the loop based on their physical and psychological responses to the device, underscores a major issue for the program. If there were not enough personnel to meet the demand for proper insertion of the loop, or even basic health consultations, there were certainly not sufficient staff members to address the issue of follow-up care. FP was strictly quantitative in basing its approach at the front end, the entire goal being enrollment of the individual within the program, meaning the distribution and placement of technologies. The start of mobile van campaigns in 1966, with the intent of meeting increasing demand in rural areas, further emphasizes this point, as the vans were motivated primarily by distribution: These personnel did not necessarily expect to meet the "acceptors" in subsequent visits to the same location, which might not take place for at least several weeks, in any case. By the late 1960s, the problem of dropouts called attention to this issue, both in the form of conducting further studies and in designing supplemental forms of follow-up care.

The Male Role within Family Planning (1964–1968)?

The cluster of key issues associated with use of the loop—the need for careful insertion, follow-up care, and a number of personnel required to track those who opted out—were similar to those with respect to male reproduction, also a major part of FP but generally one receiving much less attention

in the literature.⁶⁹ In fact, South Korean males represented a significant part of the target demographic from the program's inception, incorporated within the decision-making process for the family unit and instructed to begin using condoms on a more regular basis. Although the vasectomy ultimately proved a far more complicated means of addressing the problem, it is nonetheless remarkable that a significant number of individuals consented to the procedure, typically after they had achieved a family size that they deemed to be sufficiently large. In fact, the Seondong-gu Action Plan later included at least one case study of males adopting the vasectomy in the Seoul region late in the decade (July 1969), offering a fascinating portrait of the program's efforts to provide sufficient incentives for such a procedure.⁷⁰ We will look at both of these approaches, the condom and the vasectomy, in turn.

The Condom (1964–early 1968)

For much of this same period during which the Lippes loop was popular for women, condoms were distributed regularly as an option within the FP menu, and here the issue appears to have been primarily one of locating a reliable supply, an issue that we have already seen with the loop. Local firms sought to gain entry into the market as early as 1965, particularly the Dongkuk Condom Factory, leading to a complex series of negotiations between Population Council representatives based in New York and their counterparts around the world. In brief, the Population Council was pleased to locate a domestic partner but had serious questions about the reliability of Korean manufacturers. In the short term, the firm had to offer evidence of its products and their reliability, even obtaining a translation of their (Japanese) certificate of quality.⁷¹ The Population Council also requested that additional testing be contracted out, a task to be performed in either England or the United States.⁷² Even with these reservations, though, the Council still hoped to do business with the Korean firm, encouraging that Dongkuk begin to receive "some of [the] business from India, Pakistan, and Turkey."⁷³

This last remark touches on the sensitivity of the product as critical to the perceptions of its end users. That is, Population Council representatives were concerned not only with reliability but also with how an object of domestic manufacture would be regarded by local users, to whom a condom manufactured abroad might easily appear to be a superior item. Shipping Dongkuk products abroad encouraged the firm in its business while allowing the Council to continue its work in South Korea unimpeded. This same issue emerged

three years later, in 1968, as SIDA (Sweden International Development Cooperation Agency) began to first get heavily involved with the distribution of the birth control pill, in addition to condoms. A Swedish government representative, Stig Ljunggren, clarified his position with the Population Council, noting a good impression of Dongkuk, "an ambitious firm [that] . . . sooner or later . . . might come in business."⁷⁴ The problem lay once again with the condoms: "I am, however, not interested, in buying their machineries, but their condoms, so I have to keep to the quality of these ones."⁷⁵

Ljunggren's remarks capture the tension surrounding a renewal of emphasis on the condom in the late 1960s, which would hold serious implications for the success or failure of the program. At least officially, the issue was not about commerce—that is, capturing a potential new market for condoms—but about ensuring the long-term viability of the FP program. As he put it later in the same document, Ljunggren observed that "I am sure I am right, when I say that quality is more important than price. A bad quality can spoil a whole programme."⁷⁶ Interestingly, he concluded in almost exactly the same fashion as the Population Council had previously in 1965, with a vague promise to purchase Dongkuk products in the future, offering them "as a gift from the Swedish Government to a developing country," the clear implication being a country other than South Korea.⁷⁷ Nearly four years into the FP program, the emergence of tensions like this indicated that a critical shift was taking place, with new international partners like Sweden joining the effort and with a growing awareness that the program was not functioning as effectively as it might.

Like the same, it is critical to note here that the issue of South Korean males and their patterns of behavior regarding reproductive choices rarely emerged in conjunction with condom use, as the FP program assumed that greater familiarity would be sufficient to produce regular use. With the vasectomy, however, the acceptor/user would figure prominently in any conversation, as this was clearly a decision with more serious and lasting consequences. What types of incentives might appeal to Korean males, persuading them to undergo the procedure? Moreover, how might such a procedure be mobilized as a complement to existing FP initiatives?

Vasectomy: The Surgical Option (namsŏng purim susul)

As we briefly met two of these volunteers in this chapter's opening scene, it is useful to return to the scene and ask what type of individual was likely to

opt for a vasectomy under these circumstances. Not surprisingly, the majority of those in this pool made the decision primarily on an economic basis, with their family size already placing a strain on their ability to provide and having heard about the procedure through either a friend, a family member, or a recommendation from a program representative. Roughly two-thirds of those interviewed were more than forty years old, with an average age of forty-two.⁷⁸ Building on this statistical portrait, the majority of these men had married in their early to mid-twenties, and by the time of the interview they had a family with an average size of four children, including on average of slightly more than two sons.⁷⁹ In a sense, these men had already achieved what they had hoped for and now sought a means of control, thereby limiting the number of their offspring.

Moreover, within the first decade of the FP program, there were significant numbers of these Korean men, the vast majority of them consenting to the procedure on a voluntary basis. In a 1971 assessment of the first decade of field operations, Dr. Jae-Mo Yang noted the quantitative success of the effort, which had set an annual quota aiming for 20,000 subjects for vasectomy beginning in the early 1960s.⁸⁰ Although these figures proved too ambitious for the early years, subsequent gains meant that the cumulative total approached nearly 200,000 subjects, despite the initial lag period.⁸¹ These figures were achieved under difficult conditions, with a conspicuous shortage of doctors and trained personnel, meaning that our two volunteers at a mobile clinic site were not at all unusual but, rather, fairly representative of the conditions for such a procedure. Like the loop, the invasive character of the vasectomy procedure was minimized in the program's publicity materials, with many individuals returning to work within two to three days of surgery.

What made this development possible was a combination of factors, including the careful use of imagery, new forms of social mobility becoming available to the Korean male, and normalization of the surgical procedure. Although posters for voluntary sterilization were not as prevalent as those for female birth control, they relied on a similar set of carefully crafted images, with a heavy reliance on visual materials that could be easily understood. In a famous example, a watermelon is displayed in its two forms, containing seeds on the left, and with its seeds removed, on the right.⁸²

The accompanying text is nearly rendered superfluous by the visual display, which establishes an analogy between the male reproductive organs and the seeds contained within the watermelon. While it is much more difficult to

reconstruct the context or reception of this imagery—precisely how and why South Korean males might have found this type of material persuasive—what remains is the group portrait taken from this time, with economic motives dominating and with a significant proportion of these men coming from new types of white-collar jobs, frequently working as clerks and lower-level staff members.⁸³

This basic portrait tends to hold true for many of the associated clinical studies conducted over the course of the second half of the 1960s, particularly those headed by Dr. Hui-Young Lee of the Department of Urology at Seoul National University Hospital.⁸⁴ Along with several colleagues, Dr. Lee published a number of clinical studies of the psychological and physical effects of vasectomy from a postsurgery standpoint, differentiating primarily between groups of private and subsidized patients.⁸⁵ This critical distinction underscores the role of the state and FP in promoting the procedure, as a significant proportion of male “acceptors” derived from this second group, comprising an estimated two-thirds of the total group. The rise in the acceptance rate, in other words, was made possible through a system in which subjects received their treatment essentially for free, with the surgery and follow-up covered by funds provided by government programs.

Although the eugenic implications of this practice remain clear within the broad aims of the program, this point was rarely made explicit, with the exception of occasional remarks, such as a telling observation in a PPFK official history that “vasectomy, which has been practiced on low income people since the beginning year of the program, will be continued.”⁸⁶ This emphasis on extending financial aid to reach all segments of society embraced other methods of birth control as well, with the free distribution of reproductive technologies. For vasectomy specifically, the logic was to create a stable pool of “permanent sterilization,” targeting approximately 3 percent of the population in their reproductive years, with the emphasis primarily on males.⁸⁷ In terms of the distinction between private patients and those receiving subsidies, the latter group also began to receive a small sum as compensation for recovery time and income lost from work, a practice that started in 1966.⁸⁸

The logic behind this financial gesture was to provide an additional form of incentive, with FP citing a figure of approximately US\$2.91 provided on average, a sum designated as equivalent to the wages lost due to the side effects of the surgery.⁸⁹ At the same time, this strategy also indicates the underlying tension associated with FP, with vasectomy specifically beginning to generate

a negative image among Korean men. Despite favorable quantitative measures, the program began to shift its emphasis in 1966 in conjunction with the data sets emerging from the nation's first Five Year Plan (from 1962 to 1966), seeking new means of spreading the message and increasing the receptivity of target populations. As noted, mobile transportation formed one critical part of this revised approach, reaching rural areas on a periodic basis, typically once every one to two months. The vans provided distribution of IUD technology and health consulting through participating trainees, with on-the-spot vasectomy consultation included as one of the services available.⁹⁰

FP maintained its core focus on female reproduction, a point receiving greater emphasis with the shift to oral contraceptives in the late 1960s. For its part, vasectomy continued to be promoted as a complementary form of male participation, with new forms of incentives provided in terms of housing policies for new apartments and early release from home reserve training (*yebigun*) by the early 1970s.⁹¹ Of these two policies, the latter measure continues to linger in the memory of many South Korean males, as FP counseling and lectures devoted to the vasectomy specifically formed an essential part of the process of decommissioning, preparing young soldiers prior to their return to the home and civilian life.⁹² This type of pedagogy continued until at least the mid- to late 1980s, meaning that the majority of South Korean men were exposed to the state's message for a period lasting more than a decade. While never completely successful, the vasectomy campaigns underscore the extent to which Korean males had to remain open to the possibility of bodily intervention, even while remaining suspicious of its side effects.

To summarize the frenzied activity of these early years from 1964 to 1968, the FP program had started as a top-down effort in 1964, with the two pilot studies conducted by Dr. Yang Jae-Mo of Yonsei and Dr. Kwon E-Hyock of Seoul National providing reassurance to international partners and targeting rural and urban areas, respectively. The ongoing problem of loop rejection (1964–1968), tied to both production issues and the significant discomfort associated with the technology, finally forced change by 1968, both in terms of the primary objects of focus and the approach to be taken toward distribution and pedagogy. With assistance from SIDA, the birth control pill now became the central focus of the entire program, augmenting the use of the loop, if not replacing it outright. Moreover, the message was no longer entrusted to conventional forms of media—print, radio, and television—with an increasing emphasis placed on word of mouth. In other words, PPFK was now going

to interact directly with the home, the apartment, and the village, sending its representatives to establish contact.

Mother's Clubs and New Approaches to Mass Media (1968–)

Mother's Clubs (ǫmoǫni hoe)

Although the FP program was generally regarded as a qualified success when the data began to accumulate in the mid- to late 1960s, many of the interested parties were concerned, especially with a significant turnover in loop acceptors by 1967. Even more troubling, while the vast majority of Koreans (88 percent) professed some knowledge of family planning, as measured in a 1966 KAP survey, fewer than one-third (27 percent) actually made the transition to putting the ideals of the program into practice.⁹³ In effect, many had learned of the program and approved of its basic principles, but they were unable or unwilling to adopt these practices in their daily lives. And, with respect to the loop, many women found the discomfort too much to endure, choosing to opt out, leaving the technology and the program behind after removal. If these women had figured primarily as “acceptors” in the first two to three years of the program (from 1964 to 1966), they now assumed an even more prominent role, the target of efforts designed to provide an alternative to the loop to retain a larger portion of the demographic.

In 1966, the possibility of including oral pills as an alternative to the loop first became a topic of discussion, although at this point it was not yet certain whether this meant a simple one-to-one substitution, with the pill now taking the place of prominence, or some other means of introducing the new item. In either case, the costs associated with making such a move were offset in part by a donation from SIDA, which had generously agreed to supply 1,300,000 oral pills to ensure a steady supply to the first 150,000 women anticipated for the project. As for delivery, the decision in 1967 to proceed with the pill as a major component of FP meant that the program would have the opportunity of pursuing a different media strategy, one that would penetrate further than previous FP campaigns. Beginning in 1968, this measure took concrete form with the mobilization of a network of Mother's Clubs (*ǫmoǫni hoe*) designed to place representatives in direct contact with women, reaching even to remote areas.⁹⁴

Like many practices borrowed by FP over the course of its program, the notion of mobilizing mothers as a specific group was not entirely new, and in fact similar groups conducted on an independent basis predated the 1968

start-up date.⁹⁵ The difference here lay in the comprehensive nature of the communication strategy, as well as the types of social science informing the campaign. FP had previously conducted its own door-to-door visits on a limited basis in selected areas, learning that follow-up visits and counseling tended to promote greater awareness and acceptance of new birth control technologies. The campaign was equally aware of the limited impact of radio and print advertisements, contingent on literacy and the ownership of appropriate technology (radio, TV) to receive updates. The Mother's Clubs combined the collective insights accumulated from several years of experience (from 1964 to 1968), placing a woman known to villagers in contact with those around her, effectively placing the campaign directly in the village in the form of a highly motivated individual.

The strategic use of existing social forms also promised to yield an effective campaign, as the Mother's Clubs would draw on the institution of a mutual exchange club, or *kye*, in which a group of Koreans formed a meeting group as a form of economic exchange. Each member contributed to a collective pool of funds, and then at regular intervals one or two members would be permitted to draw on the funds for their personal use, typically investment in a family business or some similar enterprise. This system of informal banking, regulated by the close-knit character of the community, translated well into other societies when Korean immigrants sought to establish their businesses abroad; here, too, the government could use the community to promote the birth control pill. Mother's Clubs would meet on a regular basis, organized around a prominent figure within the community, and while the gatherings were social in nature, birth control played a critical role in the setting.

The Mother's Clubs were an effective means of creating a far-reaching network, spanning the highest levels of the state to reach the most basic form of community, the village, and the ambitions driving the program required careful selection of members. The designated mothers typically required some basic level of education and literacy, having the skills necessary to maintain a reliable record of the distribution of birth control pills. The typical mother had already given birth to one or two children of her own, ranged in age from approximately her late twenties to early forties, and often had a husband who was himself an individual of some prominence in the village.⁹⁶ This is not to suggest that the clubs simply replicated the existing social hierarchy, but there certainly was some degree of overlap with existing social structures in

assembling elements of the new program. After all, a similar idea had motivated informal birth control campaigns nearly a decade earlier, and now the idea was being put to use in a much more ambitious program.

The ambitions of the program were matched by participating international partners, who were eager to witness—and presumably to exploit to commercial advantage at a later date—the development of a growing base of pharmaceutical consumers in South Korea, focusing in particular on the birth control pill and related reproductive technologies.⁹⁷ As noted previously, Sweden provided a supply of pills during the initial stages through its developmental agency, SIDA, recognizing that the ROK lacked a reliable supply of the drug at this point.⁹⁸ This issue of supply proved critical, not just in terms of getting the distribution off the ground but also in terms of creating the appropriate perception of value for the pill. If the Mother's Clubs provided the means for channeling the pill to villages, it was not necessarily the case that the pill had to be supplied entirely free to "acceptors."⁹⁹

In its literature, PPFK has characterized the distribution scheme as simply an attempt to create a "basic FP grass-roots channel" by mobilizing the "most active women" in villages to reach their immediate friends and neighbors.¹⁰⁰ These women distributed the birth control pills under their authority, while also housing a group forum for the discussion of issues and concerns relevant to this target demographic. In subsequent years, individual clubs undertook their own group projects, pooling their resources to promote community efforts of interest to members, even as FP remained the primary objective of the mobilization.¹⁰¹ At the national level, the effort was coordinated by a smaller subset of "Pill Administrators and Community Organizers" (PACO), with one individual overseeing activity within a designated county, thereby adding an additional layer of oversight. From 1968 onward, as the emphasis shifted away from the loop (from 1964 to 1968) to promotion of the pill, IUD acceptance and retention would remain a vital secondary goal, a the extent of interaction with the population was now much closer.

Mass Communications and ROK Social Science

Although the 1966 KAP survey had captured a population with high exposure to the FP message, with a much lower yield in terms of the transition to practice, the reluctance to use the technologies became much more difficult after 1968. Information about the pill was now readily available from a local community member, a woman known to villagers, in keeping with emerging social

science arguing that "acceptors" were much more likely to take seriously new information deriving from someone close to them. At the same time, media campaigns continued through print, radio, and television, targeted to reach large urban areas where new technologies made this style of promotion accessible. Also beginning in 1968, PPFK began to issue its own glossy publication aimed directly at women, *Happy Home* (*kajöng üi pöt*), a magazine designed specifically to promote the benefits of birth control and modern family living. Available to interested parties through the Mother's Clubs and placed strategically in FP clinics and doctor's offices, this publication took on the task of spreading the FP message. Moreover, the cover of each edition targeted specifically the *nongch'on* (rural residents) as a group, suggesting a regional and class element curiously absent from much of the scholarly literature.

If the primary aim of the clubs lay in the distribution of birth control, the actual means of delivery had to be more subtle, integrating the new technologies within the rhythms of daily life. The monthly meetings of an individual club, for example, might include a wide range of topics, including children's education, news and gossip from the community, and, by the early 1970s, the basic philosophy and motivations underlying the emerging New Village Movement.¹⁰² In this kind of informal setting, women felt more comfortable discussing family planning; as club membership was strictly voluntary, there was no forced participation. With PPFK offering a small stipend—the equivalent of US\$4.50—to underwrite the start-up and operating costs of the groups, Mother's Clubs soon began to expand the scope of their financial and collective activities, placing FP within a wider context of life improvement.

These group activities grew increasingly ambitious with time, building on the original conception of the *kye*, or mutual help association, to begin running the clubs on a limited self-sustaining financial basis. Within the village, a mother's club frequently conducted a rice-saving campaign or ran a village cooperative store, pooling its efforts to earn funds before ultimately returning the earnings to the community.¹⁰³ In agricultural areas, comprising much of rural South Korea, the clubs typically planted trees or leased their group labor out to local farmers, again using their earnings to improve the overall communal welfare. Some clubs even offered competition to local farmers through the purchase of a small lot of cattle or piglets, which were raised and sold by group members. The point is that FP had to fit within a larger scheme of village life if it was to be successful, and the Mother's Clubs, while officially

overseen by the PPFK, encouraged a great deal of individual initiative and experimentation within the framework of these expectations.

Statistics, Scrutiny, and Social Science: Reconstructing the Rural

If the diversity of these activities stands beyond question, their impact on village women and their daily lives raises a comparable set of issues. Even as the Mother's Clubs offered an opportunity to gather together on a regular basis to discuss issues of concern to women, the clubs fell within the scope of state-sponsored activities. Furthermore, the second five-year plan, which ran from 1967–1971, brought in additional funds from USAID (U.S. Agency for International Development) and other international partners for social science research, meaning that the degree of scrutiny was increasing by the late 1960s and early 1970s.¹⁰⁴ In effect, the Mother's Clubs found themselves working within the intersection of powerful interests, with their agendas informed by state interests and their activities observed closely by a number of external actors, although to what effect remains an excellent question.

According to the many of the surveys conducted, Mother's Clubs were able to perform a wide range of functions, meaning that their actions were largely self-directed, even within the constraints imposed by the FP program.¹⁰⁵ To begin, the degree of scrutiny could never capture the geographical diversity and specificity of the individual groups distributed throughout the southern half of the peninsula, a point emphasized in a 1974 report published by Seoul National University. The data collection process was severely limited by access to many of these villages, still restricted to a single bus route by the turn of the decade. The chief function performed by the clubs, given this degree of autonomy, had to do with challenges to family dynamics and the act of decision making, with women coming to play an increasingly prominent role in running their own domestic affairs.

In particular, Korean women were no longer consulting their husbands, parents, or in-laws as frequently as in the past, according to many of the new surveys, choosing to act on their own.¹⁰⁶ More specifically, these broad trends, translated in terms of FP, meant that husbands and wives were talking far more frequently about family issues and making reproductive decisions as a couple, rather than as part of an extended family. This change, even if incremental, represented a dramatic reversal for rural areas in particular, generally more conservative in character and less likely to talk openly. From the perspective of participating international partners, the most important

implication for these changing communication patterns had to do with gender, that is, the preference for sons both as the inheritor of the family line and as a means of support for the parents in old age.¹⁰⁷ The preference for sons had long been regarded as a major factor contributing to the popularity of spontaneous abortion and the phenomenon of multiple births, making it one of the major targets for FP in Asia.¹⁰⁸

Along with the opening of communication lines, the process of opting to use reproductive technologies was eased by newer promotional materials accompanying their distribution, designed specifically for a population living and working with agriculture. The birth control pill, for example, was strategically associated with the rhythms of the day, and women were asked to take it according to a schedule set not by a clock (a specific hour) but by the movement of the sun (alternatively, sunrise or sunset).¹⁰⁹ The economic advantages accumulating from a smaller family size were translated into bags of rice or a highly valued commodity, rather than an abstract set of figures. If it is easy to read these materials a bit more critically in the present, it is useful to recall their aims, translating the goals and ambitions of family planning to meet the needs of rural communities, previously perceived to be largely outside the call of the state.

From a strictly managerial standpoint, the approach taken by PPFK materials at this time reflects the recognition that individual units of the clubs were effectively conducting their affairs independently, with oversight from the outside contingent on the initiative and good will of group leaders. Although officially the entire country was covered by Mother's Clubs from 1968 onward, this claim was likely more of a bureaucratic convention than a material reality: "There is no evidence that all of the number of the mother's clubs were organized in the year."¹¹⁰ Likewise, although an external FP worker or PPFK representative might ideally attend a meeting during the early stages, this possibility, too, was increasingly unlikely with the rapid expansion of the system, which had to reach a target of 16,868 such groups.¹¹¹ Instead, the most frequent form of contact lay in monthly reports filed by group leaders, statistical portraits allowing national planners to capture a better picture of the realities of much of the country.

These reports formed a major part of the criteria by which individual groups were assessed, with "active" groups—as determined by the number of members, the frequency of their gatherings, and the visibility of group activities—being the goal. At the bureaucratic level, this type of connection between the

state and the individual ensured a secondary level of record keeping, an additional measure of reliability. This might sound like redundancy, although we should recall that South Korea was, by the early 1970s, deeply committed to the Vietnam War, acutely concerned about its security after President Nixon's announcement of the "Guam Doctrine" in 1969, and soon to witness the suspension of its constitution (1972).¹¹² Along with the issue of scrutiny, these new measures were essential to a state apparatus still finding its way with rural residents, especially those outside the call of the state. Family planning remained the priority, but it also became an effective tool with which to evaluate the degree of responsiveness to related civic appeals.

In this bureaucratic use, the statistics gathered by the state became one of the primary means for reading the activities and character of the population. Organized as a scheme penetrating to the village level, family planning called for a mobilization at the province (*to*), county (*kun*), and town levels (*myŏn*), calling for close reporting at each of these levels and gradually building an infrastructure that could provide public health oversight to the entire country. When the Mother's Clubs offered a potentially liberating space, they also brought the state along with them by introducing it to many places where it had little access. We should not read the organizational scheme too skeptically but recognize its role in a South Korea with a heavily militarized culture.

Still, it is equally difficult to characterize family planning as entirely a top-down program dictated exclusively by state interests, as the participants would run the majority of the daily operations, especially the community activities. Within the villages, Mother's Clubs faced passive, and sometimes active, opposition, as men wondered what the women were doing in their monthly meetings.¹¹³ Similarly, the commercial activities sponsored by Mother's Clubs offered a rare opportunity at empowerment, and the range of these activities expanded with the transition to a new decade.

The flexibility offered by the program ultimately has much to say about our primary concern here, the motivations explaining why South Korean women in particular, and men to a lesser extent, responded so enthusiastically to the state's call in the form of FP. The new types of bodily intervention, as uncomfortable as they might be, were perceived less as a form of interference than as a means of exerting control over one's life and family. The publicity campaigns and teaching strategies were careful to emphasize this point: FP was not a matter of a surgery, nor of the use of the loop, but of gaining a significant measure of personal autonomy. The transition from the extended family

to the nuclear family proved appealing to a population who had experienced liberation (1945), division (from 1945 to 1948), and a civil war (from 1950 to 1953) within a span of less than a decade. In contrast to Taiwan, where the goal of retaking the mainland was tied to a perceived need for more children, South Korea never publicly linked its population aims to the elusive goal of unification with North Korea, selecting economic growth as its major priority instead.

A second major factor was the role of "normalization," the means by which the new interventions were carefully packaged and mobilized. As we have seen, the PPFK was highly conscious of its approach and began to use the Mother's Clubs (1968) only when a problem with the loop developed. Similarly, the turn from the late 1960s to the early 1970s witnessed the move toward a massive mobilization campaign known as the New Village Movement, an ambitious scheme aiming at nothing less than a complete overhaul of rural South Korea. For FP, this transition did not mean a loss of cultural power but rather a new placement as a campaign situated within a call for a broader set of transformations. To practice FP under these circumstances was not so much to be in compliance with the state as to take advantage of the opportunity to change one's life and immediate material surroundings.

With these positive, conjoined themes of self-concept and personal autonomy, it should not be surprising that the memory of FP in much of the historiography and in South Korean popular culture is not nearly as dark as one might expect. Andrei Lankov has a piece in his volume *The Dawn of Modern Korea* (2007) that touches briefly on some of the popular slogans associated with the FP movement; although he refers to the "then new and still much disputed policy," his effort captures just a momentary snapshot of the program. It is critical to recall that the numbers desired by the state continued to increase the pressure on target demographics even through the early 1980s, when South Korea was approaching a fertility rate below that of the replacement rate. To be more specific, the initial posters and commercials did not specify a number, whereas later campaigns called for three (3-3-35), then two, and eventually reached the conclusion that "even two is many," indicating a preference for a single child. Covering a period of nearly two decades (1964 through the early 1980s), even this brief summary should reinforce the rigidity and bureaucratic character associated with the FP scheme, even as it now appears almost comical.

Indeed, that is precisely how the makers of the film "*Chal sara pose!*" ("Let's Live Well!") (2006) chose to portray the period of the early 1970s, as a comic interlude prior to the arrival of the more familiar present. If the film distances itself from these events through a series of humorous vignettes, placing a female FP representative as the central figure, I want to suggest that it nevertheless captures much of the tension associated with its subject matter, as the legacy of FP still invites a good deal of controversy in South Korea today, and a great deal more needs to be said in terms of its effects as a regional and class-based intervention strategy, targeting rural populations. Recent efforts to interview FP workers and midwives represent only the beginning of this process, recognizing that the campaigns were far from neutral or natural and heavily interventionist in character, in this sense, placing them in a comparative developmental context, resembling the campaigns conducted in Indonesia and Singapore, not just those of neighbors Taiwan and Japan.

5 Taking Samples for the Nation: Historicizing the Biological Sample in the South Korean Antiparasite Campaigns, 1969–1995

Equating Rice with Life

In one of the most remarkable visual images created for the South Korean antiparasite campaigns (*kisaengch'ung pangmyŏl*) from 1969 to 1995 in the post-Korean War era, a young boy in a striped shirt fends off an oversized, menacing worm, nearly as large as himself.¹ Holding a bowl of rice directly over his head, the boy desperately attempts to stave off his ravenous foe, which seeks to eat from the bowl, thereby depriving the young child of his daily allotment. The text placed below the image tells the viewer about a visceral connection between an individual's health and the need for constant vigilance in maintaining bodily integrity, invoking the claim, "My Health, My Responsibility."² Created at a time when South Korea remained extremely poor, less than two decades removed from the destructive experience of the Korean War, the poster serves as a palpable reminder of the poverty and associated social problems of the period, a time when reliable sources of housing remained scarce. Moreover, the image underscores what would become a central theme of the second decade of Park Chung Hee's rule (from 1969 through 1978), with the state sponsoring an extremely ambitious and aggressive series of public health initiatives designed to address the major sources of disease posing a threat to the nation.

Building Infrastructure through Previous Campaigns

The first two of these campaigns had an enormous impact in shaping the perceptions of South Koreans concerning their bodies and an appropriate role for the state in undertaking these new forms of public health intervention. Dating