

Intimate Mediators: Field Workers in the National Family Planning Program, South Korea, 1960–1980s*

Youngju LEE[†]

1. Introduction

In 1964, the South Korean government implemented a more rigorous family planning program through the mass distribution of the Lippes loop, one of the intrauterine devices (IUD). To facilitate the implementation of this program in rural areas, the government employed 1,473 field workers for each village (*eup* and *myeon*, 읍과 면) in rural areas, who were referred to as *gajokgyehoek gyemongwon* (家族計劃啓蒙員, 가족계획 계몽원).¹ Initially, the field workers were tasked with disseminating contraceptive knowledge and devices to those who expressed willingness to use them. However, these workers soon realized that their role was not merely such messengers or suppliers. Prior to even contacting such couples, many of them encountered an elderly generation who found the very idea of limiting the number of children repugnant and still exerted a strong influence over couples' intimate lives. The case of Don-yup Kim, a field worker of Soan-myeon in Wando-gun, Jeollanam-do, is illustrative. Prior to her visit to a village located five hours away by ferry, Kim selected Bok-sun's mother with "six daughters" as the family planning "target"

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[†] Jeonbuk National University, The Korean Research Institute of Science, Technology and Civilization, youngju.lee.1026@gmail.com

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¹ Korea Institute for Health and Social Affairs, *Thirty Years of Population Policy* 인구정책 30년 (Seoul: Korea Institute for Health and Social Affairs, 1991), 74–5.

based on a list. However, when she opened the gate of the family's house and asked, "Is Bok-sun's mother there?" repeatedly, it was Bok-sun's grandmother who appeared after a long time. Kim described the embarrassing encounter, as follows.

Only after I called repeatedly did the door creaked open. An old lady poked her head in the doorway and said, "Hm, you are from the health center!" She went on to retort. "Who can tell us not to have children when we want to?" I was truly dumbfounded.²

To respond to the elderly woman's disapproval, instead of introducing himself as a field worker for family planning, Kim introduced herself as a person who came to "vaccinate" her "grandchildren and make them healthy." This introduction made the grandmother relax and come out onto the floor to greet Kim. With the permission of the grandmother, Kim stayed until Bok-sun's mother arrived and finally was able to convince her to use oral contraceptives.³

This paper focuses on family planning (hereafter FP) workers such as Don-yup Kim, who confronted ordinary people, established intimate relationships with them, and devised their own strategies for implementing the national family planning program (hereafter FPP) in South Korea between the 1960s and 1980s. At the same time, this paper considers FP workers as one of the actor groups involved in the FPP with their own motivations. This perspective is aligned with recent studies of the various actors involved in family planning programs around the world in the second half of the 20th century. Instead of viewing family planning programs as a coercive, top-down initiative of the United States or individual national governments that intervened in the fertility of individuals, a growing body of literature recognizes them as a global population control movement in which various groups engaged with their motivations and goals. This recognition has prompted attention to various actors in the West who provided material, technological, and intellectual resources to the movement. These include the U.S. government, population organizations, scientists and physicians, public health experts, demographers, and bureaucrats.⁴ More recently, historians have begun to examine the transnational networks of diverse local actors in Asia, who had previously been considered passive targets or recipients of population control programs. They have shed light on local activists, public health experts, and physicians, who had been often identified with the

² Don-yup Kim "Until Convincing Bok-sun's Mom 복순엄마를 설득하기까지," *News of Family Planning for Field Workers* 20, 1976. 1. 30, 5.

³ Ibid.

⁴ To name a few studies, Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, MA: Harvard University Press, 2008); Michael E. Latham, *The Right Kind of Revolution: Modernization, Development, and U.S. Foreign Policy from the Cold War to the Present* (Ithaca: Cornell University Press, 2010); Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014).

government, exploring their motivations and the ways in which they engaged in the FPP.⁵ In a similar vein, Korean women, who had been viewed as passive recipients, or victims of Western or government-led initiatives to reduce population growth, have been reexamined.⁶

Despite the recent attention to these diverse, local actors, there is a paucity of historical analysis that focuses on FP field workers. This does not indicate the absence of literature on the field workers. In contrast, during the period of greatest activity of the FPP in the 1970s and 1980s, experts produced a plethora of reports and studies on the workers.⁷ However, this paper takes a different perspective by attempting to analyze the field workers as a historical actor group, not to evaluate the fieldworkers as a tool for the reduction of population growth. Indeed, this instrumental perspective on fieldworkers appears in the recent studies on the FPP by historians. Despite their frequent mention of field workers in historical literature,

⁵ Aya Homei, “Between the West and Asia: ‘Humanistic’ Japanese Family Planning in the Cold War,” *East Asian Science, Technology and Society: An International Journal* 10:4 (2016), 445–67; Junho Jung and Ock-joo Kim, “‘It All Started from Worms’: Korea-Japan Parasite Control Cooperation and Asian Network, 1960s–1980s ‘모든 것은 기생충에서 시작되었다’: 1960-80년대 한일 기생충 협력 사업과 아시아 네트워크,” *Korean Journal of Medical History* 의사학 27:1 (2018), 49–87; Seungmann Park, “Technological History of Laparoscopy: Transfer, Spread, and Influence of Laparoscopy in 1970–80s South Korea 복강경의 기술사: 1970-80년대 한국의 복강경 기술 도입과 보급, 영향,” (Ph.D. dissertation, Yonsei University, 2021); Seungmann Park, “The Desire for Advanced Technology and the Reversal of Appropriateness: The Technological Competition between Laparoscopic Sterilization and Mini-Laparotomy in 1960–80s South Korea 선진 기술을 향한 열망과 적정성의 역전: 1960–80년대 한국의 복강경-미니랩 기술 경쟁,” *Korean Journal of Medical History* 의사학 31:1 (2022), 263–96.

⁶ Eun-kyung Bae, *Human Reproduction in Modern Korea* 현대 한국의 인간 재생산, (Seoul: Siganyōhaeng, 2012); Youngju Lee, “The Landscape of Contraceptive Technology and Female Users in South Korea, 1950–1990 한국 피임 기술의 풍경과 여성 사용자들, 1950–1990,” *Journal of Science & Technology Studies 과학기술학연구* 24:1 (2024), 1–34.

⁷ For a few sample among the enormous literature on FP workers from the 1970s, see Yoon-Kook Kim, “A Study on Family Planning Field workers in Korea and Their Work Performance 우리나라 가족계획요원과 사업실적에 관한 조사연구,” *Korean Journal of Public Health* 공중보건잡지 8:2 (1971), 232–40; Kwang-ok Lee, “Study on Needed Professional Knowledge and Understanding of Family Planning Workers in Kyonggi-Do, Korea 경기도 가족계획 요원의 가족계획사업 수행에 필요한 지식이해에 관한 조사연구,” *Journal of Korean Academy of Nursing 간호학회지* 2:1 (1971), 159–74; Yeon-Pan Kim, “A Study on Activities and Performances of Family Planning Workers in Rural Areas 우리나라 일부 농촌지역 가족계획요원의 업무활동 및 사업실적에 관한 조사,” *Korean Journal of Public Health* 공중보건잡지 9:2 (1972), 367–72. For the literature produced by the Korea Institute for Family Planning (KIFP, predecessor of the Korea Institute for Health and Social Affairs, or KIHSA), see Kyung-sik Cho and Eung-ik Kim, “A Survey of Family Planning Workers in 1971 1971년도가족계획 요원업무실태” (March 1972); Si-min Byun et al., “Research on Measuring Family Planning Worker Effort and Effectiveness 가족계획요원의 노력투입 및 효과측정에 관한 조사연구” (1974); Jae-jun Kim et al., “A Study of a Standardized Training Model for Family Planning Workers Theory, Practice, Evaluation: The Basic Training Course for Family Planning Workers in Eup and Myeon (Interim Report) 가족계획요원 훈련표준모형연구 이론, 실제, 평가: 가족계획 읍 면 계몽원 기초훈련과정 (중간보고)” (July 1977).

historians have often been depicted as a manifestation of the government's will at a micro level. However, as the aforementioned local actors—including states, health experts, and physicians—FP workers engaged in the FPP with their own motivations. By revealing their motivations and the ways in which they engaged in the program and people, this paper portrays them as an active local actor group in the global movement for population control.

At the same time, this paper argues that these field workers played the role of mediator in the FPP, which aimed reduction of population growth through disseminating contraceptive technology. In a brief introduction for the interview with Sun-hui Baek, historian Hyunsoog So notes that field workers were “practitioners who played a crucial role in deciding minute-by-minute details of the program and carrying it out in practice” rather than “merely faithful servants of state policy.”⁸ The initial role of the FP workers that the government and experts had considered was to serve as intermediaries, disseminating contraceptive knowledge and technology to couples who were willing to use contraceptives. However, as evidenced by Kim's case, the dynamics of these interactions extended beyond mere intermediations. They were compelled to address circumstances that the government had not anticipated, including parents-in-law who opposed family planning, women who were uninterested in contraception, and skepticism of specific contraceptive technologies. In response, they devised a range of strategies to surmount these challenges. In this regard, they can be considered mediators, which distinguish from intermediaries by the fact that they produced a different outcome than the one intended by those who assigned the role to them.⁹ Bruno Latour notes that mediators “transform, translate, distort, and modify the meaning or the elements they are supposed to carry,” while an intermediary “transports meaning or force without transformation.”¹⁰ By focusing on differences in the role and knowledge between the government anticipated and they devised, this paper situates the FP workers as medicators.

⁸ Young-mi Kim, Eun-kyung Bae, and Hyunsoog So eds., *Oral Historical Material Collection 2. For Genuine Farmers' Cooperative; A Devotion to Family Planning* 구술자료선 2. 진정한 농민의 협동조합을 위하여; 가족계획에 헌신하다 (Gwacheon: National Institute of Korean History, 2005), 229-242.

⁹ For a discussion of mediators in the history of technology, see Ruth Oldenziel, Adri Albert de la Bruhèze, and Onno de Wit, “Europe's Mediation Junction: Technology and Consumer Society in the 20th Century,” *History and Technology: An International Journal* 21:1 (2006), 107-39; Andrew J. Hogan, “Set Adrift in the Prenatal Diagnostic Marketplace: Analyzing the Role of Users and Mediators in the History of a Medical Technology,” *Technology and Culture* 54:1 (2013), 62-89; Liesbeth Bervoets, “‘Consultation Required!': Women Coproducing the Modern Kitchen in the Netherlands, 1920 to 1970,” in Ruth Oldenziel and Karin Zachmann eds., *Cold War Kitchen: Americanization, Technology, and European Users* (Cambridge, MA: MIT Press, 2008), 209-32.

¹⁰ Bruno Latour, *Reassembling the Social: An Introduction to Actor-Network-Theory* (Oxford: Oxford University Press, 2005), 37-39.

This paper relies on oral histories and interviews with FP field workers. Interviews with women that I conducted in 2021 are also cited. Other important sources are *News of Family Planning for Field Workers* (hereafter *News of Family Planning*), a publication of the KIFP (The Korean Institute for Family Planning, 국립가족계획연구소), and the magazine *Happy Home*, a publication of PPFK (Planned Parenthood Federation of Korea, 대한가족계획협회). Both periodicals were published with the intention of promoting the FPP. However, they also provided spaces for the voices and experiences of field workers, which were rarely heard elsewhere. This paper also examines training materials for the workers that illustrate the messages, and knowledge about FP that the government sought to supply. Newspapers, magazines, government documents, reports, and statistics are cited to understand the contexts surrounding the actors.

The following section examines the motivations of FP workers for entering the new profession of the FP workers. The subsequent sections investigate the ways in which they mediated potential users and actual usage of a specific contraceptive by breaking down the barriers; distrust of young single women who attempted to intervene in their intimate lives; antipathy or indifference toward family planning; concerns about the side effects of new contraceptives; and reluctance of women to reveal their bodies in front of male physicians.

New and Alternative Occupations for Educated Women

In 1961, the Supreme Council for National Reconstruction, installed by the military coup forces of Park Chung Hee, announced a proposal which included the FPP as part of the First Five-Year Plan for Economic Development. To implement the program, the government set up FP counseling offices in health centers across the country to disseminate contraceptive knowledge and devices. Each office was staffed by one to two field workers, referred to as *gajokgyehoek jidowon* (家族計劃指導員) (hereafter FP instructor), whose responsibility was to provide so-called conventional contraceptive methods, including spermicidal jelly and condoms, to visitors. In March 1962, 100 instructors were appointed at 100 family planning offices, and in 1963, additional hires were made, resulting in a total of two instructors per office in 183 health centers.¹¹ In 1964, when the government initiated a program to distribute the Lippes Loop on a mass scale, it deployed a different group of field workers, referred to as *gajokgyehoek gyemongwon* (啓蒙員) (hereafter FP village worker). In that year, 1,473 village field workers were appointed in every village in

¹¹ Publication Commission on the 50-years of Korean Population Policy, *50-years of Korean Population Policy: From Antinatalist to Pronatalist* 한국 인구정책 50년: 출산억제에서 출산장려로 (Ministry of Health and Welfare, Korea Institute for Health and Social Affairs, 2016), 53.

rural areas across the country. Their task was to travel from village to village, distributing contraceptives and convincing people to use contraceptive methods.¹² There was another group of *gajokgyehoek gyemongwon* employed by PPFK, working in the major cities of seven regions, including Seoul, Busan, Daegu, and Cheongju, where PPFK-affiliated clinics were established.¹³ All these field workers were commonly referred to as FP field workers (*yowon*, 要員).

The decision to deploy the FP village workers was largely influenced by the findings of the pilot study program for the FPP, referred to as the Goyang study.¹⁴ From 1962 to 1963, the initial phase of the study was conducted in the Goyang region, encompassing approximately 1,000 couples.¹⁵ The survey revealed that about half of the couples were willing to practice contraception. Lack of knowledge was identified as the primary barrier to their contraception. Therefore, the leaders of the program, Professor Jae-mo Yang and his colleagues, posited that there was a significant desire for contraception among the rural population and that field workers should be deployed to communicate closely with willing couples to convey relevant knowledge and methods.¹⁶ The introduction of the village field workers in each village in rural areas was a direct response to this suggestion.

In contrast to the requirement for FP instructors, which stipulated that applicants must be nurses or midwives, the qualifications for these village field workers were defined as “midwife or high school graduate.”¹⁷ While the village field workers were encouraged to be placed in their birthplace if possible, but this directive was not consistently followed. Among the first 1,473 village field workers of 1964, only 55

¹² Korea Institute for Health and Social Affairs, *Population Policy for Thirty Years*, 74–5.

¹³ While the clinic’s primary objective was to provide contraceptive services, it also offered a range of other relevant medical services at relatively low prices. The family planning clinic of PPFK expanded into PPFK clinics in 1969. PPFK, *The History of PPFK for the Thirty Years* 가협 30년사 (PPFK, 1991), 126–7.

¹⁴ Spurgeon M. Keeny, “Korea and Taiwan: Two National Programs,” *Studies in Family Planning* 1:6 (1965), 1–6. The detailed influences of a series of pilot study projects related to the FPP, including Goyang study, See John P. DiMoia, “‘알맞게 낳아서 훌륭하게 기르자!’ ‘Let’s Have the Proper Number of Children and Raise Them Well!’: Family Planning and Nation-Building in South Korea, 1961–1968,” *East Asian Science, Technology and Society: An International Journal* 2:3 (2008), 361–79.

¹⁵ This was the second phase of a pilot study project to measure the acceptance and effectiveness of intrauterine device procedures. The study was conducted from October 1964 to October 1966 and included residents of six neighborhoods in Goyang City (including Wondang-myeon), four neighborhoods in Gimpo-gun and seven neighborhoods in Gwangju-gun. PPFK, *The History of PPFK for the Thirty years*, 122.

¹⁶ Sook Bang, Man Gap Lee, and Jae Mo Yang, “A Survey of Fertility and Attitude toward Family Planning in Rural Korea,” *Yonsei Medical Journal* 4:1 (1963), 77–102.

¹⁷ Midwifery and nursing certificates were in principle required for family planning instructors, but this requirement was not fully complied with. However, compared to village workers, the proportion of instructors with medical certificates was much higher. Kyung-sik Cho and Eung-ik Kim, op. cit. (note 7), 11.

were male. More than half of the field workers were under the age of 25.¹⁸ Including this initial recruitment, during the entire FPP period, majority of the FP field workers were women, particularly young women. As medical qualifications were not a prerequisite for the employment, a significant proportion of the field workers lacked medical certifications. This was identified by experts as a factor contributing their concerns about the limited capabilities of FP workers.¹⁹

Nevertheless, it is worth noting that the basic qualification of a high school diploma represented a relatively high level of educational attainment at that time, particularly for women. As compulsory elementary school education was introduced in 1954, by 1955, 90% of the eligible population was enrolled in elementary schools.²⁰ However, the rate of increase in secondary school enrollment had been slower, with fewer girls than boys. In the early 1960s, the proportion of students enrolled in middle school was approximately 30%, while the figure for high school was below 20%. The ratio of girls to boys only reached one girl per boy in the 1980s for middle school and one girl per boy in high school in the 1990s.²¹ In this regard, a considerable number of female FP workers who had completed secondary school were women who had attained a high level of education, which was relatively uncommon among women at the time.

The FP field worker was one of the few occupations available to such women with a decent level of education. Immediately following liberation, it was anticipated that only impoverished women would engage in paid labor.²² However, the Korean War and subsequent urbanization led to the establishment of a market economy in cities, thereby dismantling the traditional attitude toward women's economic activities. Young women began to consider potential benefits of having a job before marriage, as it could enhance their quality of life. Moreover, parents of daughters began to

¹⁸ Keeny, op. cit. (note 14), 2.

¹⁹ In 1966, the Medical Assistants Act created a nurse aide license to assist in nursing practice, increasing the proportion of FP workers with medical licenses. Following the measure, incumbent FP workers could obtain the license after receiving short-term training at the KIFP, while other field workers could take a selection test and receive differential FP training based on their grades and obtain a nurse aid license without an examination. Other methods included training at a nursing school or nursing assistant institute for a certain period (the period varied according to revisions to the law) and obtaining the license after practicing at hospitals and public health centers. Kum-bok Hwang, "Nurse-aides Training in Korea 간호보조원 양성제도의 어제와 오늘," *The Korean Nurse* 대한간호 16:5 (1977), 74–6.

²⁰ Sun Go, "Determinants of Enrollment in Elementary and Secondary Education: Evidence from Census Data, 1960–1990 센서스 자료를 이용한 초·중·고 취학결정요인 분석, 1960–1990," *The Journal of Korean Education 한국교육연구* 39:4 (2012), 83–104.

²¹ Jiyoung Kim and Sun Go, "The Expansion of Women's Elementary and Secondary Education in Korea, 1960–1990 한국 여성 초중등교육의 확대, 1960–1990," *Review of Economic History 경제사학* 47:1 (2023), 61–88.

²² San-hwa Lee, "A Study on Discourse of Career Women in YEOWON 『여원』에 나타난 신흥 중산계급 직업여성 담론 연구," *Feminism and Korean Literature 여성문학연구* 19 (2008), 371–402.

view such employment opportunities in a more positive light, recognizing the benefits of their daughters earning an income.²³

However, employment opportunities for educated women were restricted. While the number of women entering the workforce increased since the mid-1960s, the female labor market continued to exhibit economic and educational hierarchy. Women with less education from lower socioeconomic backgrounds were employed in the manufacturing sector, where they were paid low wages in relatively harsh working conditions. Conversely, women from the middle and upper classes, who could afford secondary education, were employed in clerical or professional jobs requiring specialized skills. Bank tellers, secretaries, nurses, and educators were among the most popular careers for educated women during this period.²⁴ However, special education or certification was a prerequisite for entry into these popular professions. Since 1953, only those who meet certain qualifications, such as a diploma from a teacher training institution (later a college of education), have been eligible to become a teacher.²⁵ In 1962, the Medical Act was amended to require nurses to graduate from a nursing school designated by the Ministry of Health and pass a national examination in order to obtain a license.²⁶ To become a bank teller, one was typically required to graduate from a commercial high school.²⁷

Consequently, for the women who had not obtained the requisite certificates from vocation schools or relevant colleges, the prospect of gainful employment was severely limited. The case of Sun-hui Baek, who later became an FP worker of PPFK, exemplifies this situation. Born in 1935, Baek completed her secondary education at Jinmyeong Girls' High School in 1955 and subsequently sought employment. Despite her family's relative affluence, she, who was raised by a stepmother, aspired to earn "pocket money" that would allow her "to shape her clothes and buy clothes." But like many of her classmates, the range of potential career paths was restricted. She recalled that "probably ten or eight" of graduates of high school "just stayed at home and then got married," despite their aspirations for gainful employment.²⁸

The case of Im-ja Kang, who began working as a village FP worker in 1964, also illustrates that the field worker was one of the few options available to women who

²³ Mee-sun Kim, "A Study on the Post-war 'Female Economy' in the 1950s Reflected in Dressmaking Shops 양장점을 통해 본 1950년대 전후(戰後) '여성의 경제(female economy)'" (Ph.D. dissertation, Ewha Womans University, 2021), 69.

²⁴ San-hwa Lee, op. cit.

²⁵ Since 1953, general college graduates have been able to become elementary and secondary teachers after completing a certain number of years or a separate teaching program. Hong-sun An, "Post-Liberation Teacher Education System 해방 이후 교사양성제도," *Proceeding of The Korean Association of Educational Ideas 한국교육사상연구회 학술논문집* (2016), 65.

²⁶ Mija Shin, Ggond-me Yi, Jimi Kim, Seunghui An, Yunsuk Kang, Ikhwa Kang, Munsil Kim, Huija Mun, *The History of Nursing 간호의 역사* (Seoul: Korean Nursing Association, 2013), 273.

²⁷ Mee-sun Kim, op. cit., 69.

²⁸ *A Devotion to Family Planning*, 227, 265–5.

graduated from non-vocational high schools and did not possess specific medical licenses. Following her graduation from Soongeui Girls' High School in Seoul, Kang returned to her hometown of Paengseong-myeon, Pyeongtaek, Gyeonggi-do, where she commenced her career in 1962 as an instructor for women (부녀지도원) in Paengseong-myeon.²⁹ In the spring of 1964, following training from the Gyeonggi-do government, she began working as a village FP worker in the same myeon.³⁰

Indeed, the profession of FP worker was not regarded as an enviable one. In particular, the village FP workers frequently expressed discontent about the insecure employment status, which was determined on a yearly basis.³¹ Furthermore, salaries were regarded as inadequate. In 1962, the monthly remuneration for FP family workers was approximately 3,000 won. In 1963, the monthly wage for a "low-ranking salaried worker" was between 4,000 and 5,000 won.³² These low remuneration levels remained largely unchanged until the mid-1970s. According to a survey conducted in September 1974, the average monthly wage for field workers was 25,797 won. 47.6% of the respondents indicated that their earnings were between 20,000 and 25,000 won, while 12.1% reported earnings in excess of 30,000 won.³³ This figure was below the average monthly wage in the manufacturing industry, which had the lowest average monthly wage by industry in the same year, at 30,843 won, and well below the worker's average wage of 35,738 won.³⁴

It is important to note, however, that the motivation of the considerable portion of field workers, was not primarily financial. This is supported by the results of a 1973 survey on FP workers. The results were analyzed based on 477 valid responses from village workers and instructors who had underwent training at the KIFP. Among the respondents, the majority at 78% were single women. In response to the inquiry regarding their motivation for assuming the role of an FP worker, a small number of

²⁹ The instructor for women (*bunyeojidowon*) was a distinctive administrative position from an FP instructor.

³⁰ "A Life (8) Family Planning Worker 어느 生活(8) 가족계획 계몽원," *Kyunghyang Shinmun*, 1968. 2. 26.

³¹ "Urgent Issue, Working Conditions of Field Workers 시급히 고려돼야 요원들의 작업환경," *News of Family Planning for Field Workers* 7, 1974. 12. 15., 1.

³² Seungmann Park (2021), op. cit., (note 5), 192.

³³ Nam-jo Kang and Junggeun Cha, *A Survey on Health Workers 보건요원실태조사보고* (KIFP, 1975), 28.

³⁴ "Average monthly wage for workers is 35,000 won 勤勞者 月平均賃金 3萬 5千圓," *Dong-A Ilbo*, 17 February 1975. The newspaper article cites a survey, published by the Ministry of Labor in 1975. The highest wage by industry in that survey was 69,662 won in the financial and insurance industry. Hospitals that transferred clients for contraception through an FP worker often gave the worker a commission, as they received a government subsidy per procedure. This unreported income likely resulted in some workers earning significantly more than what was officially recorded. Interview of Jeong-sun Jang, File name: OH_04_005_장정순_11 in "Folder of Project 2004 Oral History Collection 2004년도 구술자료수집사업" (Gwacheon: National Institute of Korean History, 2004), 36; *A Devotion to Family Planning*, 296.

respondents with nurse or midwife qualifications indicated that their motivation was “financial.” The majority answered that their motivation was “to participate in social activities rather than being involved in household chores.”³⁵ In other words, for single women with at least a high school education at the time, but no special certification or vocational training, FP work allowed them to secure some income and job experience.

Furthermore, FP workers permitted married women with financial motivation to retain their job. Until the 1980s, with the exception of teachers, civil servants, and some professionals, most female employees were compelled to relinquish their positions upon marriage. In the early 1970s, marriage resignation was common in most service-sector roles, including those of bus conductors and clerks, as well as in office-based positions such as secretaries, bank clerks, and operators. By 1976, the discriminatory practice of marital retirement was officially abolished in the banking sector. However, it persisted in numerous other industries.³⁶ The situation was similar in the nursing profession, which was “considered an exclusively female profession.” In 1979, *The Dong-A Ilbo* reported that “many hospitals did not want married women,” which resulted in the retirement of nurses upon their marriage.³⁷ It was not until the mid-1980s, when the economy was experiencing growth and wages were increasing, that married women were recruited to replace single women and low-wage male labor.³⁸

In this context, due to their affinity with married women, who constituted the primary target of the FPP, FP workers were one of the few occupations that were uniquely favorable to married women. This affinity was important because the subject of contraception, in which FP workers would engage extensively, was an intimate one. Vice versa, as will be discussed in more detail later, it posed challenges for single FP workers when they interacted the potential users of contraceptives. In the 1975 survey of 342 FP workers, 50% of respondents were single, 45.9% were married, and 3.5% were widowed.³⁹

One such married FP worker was aforementioned Sun-hui Baek. After spending several years in teaching roles, including a teacher and tutor, Baek resigned from her position as a tutor upon her marriage. Subsequently, her husband’s business failed, rendering her financially challenged. In 1965, she became pregnant with her first

³⁵ Kap-seok Go and Mun-sik Hong, *Findings from a Survey of Family Planning Workers’ Perceptions of the Working Environment* 가족계획요원이 생각하고 있는 사업환경에 관한 조사소견 (KIFP, 1974).

³⁶ Kyung-ah Shin, “A Work-Family Dilemma and the Change of its Discourse 산업화 이후 일-가족 문제의 담론적 지형과 변화,” *Journal of Korean Women’s Studies* 한국여성학 23:2 (2007), 5-45.

³⁷ “Resignment in Most Jobs...Vacation Guarantee Still Far away, Bank Clerk 2 months Nurse barely 1 Month 他職種 경우 대부분 辭表...休暇 보장 아직 멀어, 은행 2개월看護員 겨우 1개월,” *Dong-A Ilbo*, 1979. 10. 13.

³⁸ Kyung-ah Shin, op. cit., 15–6, 21–2.

³⁹ Nam-jo Kang and Junggeun Cha, op. cit. (note 33), 13.

child, which prompted her to resume tutoring. The task of tutoring at home with a baby was challenging, so in 1966, when her baby turned one year old, Baek began working as a FP worker for PPFK. She later changed affiliations and positions, from the village FP workers of PPFK to a secretary (간사) of a health center, until 1989, but remained closely involved in the FPP.⁴⁰

Jeong-sun Jang, a friend of Baek, was another married woman who commenced employment as an FP worker for PPFK, circa 1972. She graduated from Sookmyung Girls' High School, where Jang had the opportunity to meet Baek.⁴¹ Jang married at the age of thirty-three and gave birth to two children.⁴² Following the birth of her children, Jang experienced an increase in vaginal discharge (냉), which prompted her to visit a PPFK affiliated clinic where her friend Baek was employed. The nurse at the clinic, aware of her challenging relationship with her mother-in-law and sister-in-law, advised her to have a job. However, Jang was "without any license and anything." Nevertheless, she was soon invited to participate in a fertility research study as a surveyor through her connection with the PPFK clinic. The position offered minimal remuneration, but she accepted it. When a vacancy arose for an FP worker, she applied for the job and was subsequently hired. She later relocated to the PPFK clinic in Cheongnyang-ri and worked as a secretary in charge of training field workers.⁴³

Some nurses who were compelled to depart from their posts in hospitals due to their marital status also discerned a novel opportunity within the FPP, particularly in the role of FP instructors at health centers. In comparison to village FP workers, FP instructors enjoyed a relatively stable status as full-time civil servants, as they were required to possess medical qualification. One of such cases was Sun-rye Kim, who commenced her career as an FP instructor in 1964. She graduated from a nursing high school affiliated with Chungnam National University in 1958 and began working at Chungnam National University Hospital. She worked in the delivery

⁴⁰ Despite the absence of certification, she was fortunate to obtain a position as a teacher at the remote branch school of Byeokje Elementary School through the assistance of her friend's brother. However, she was compelled to leave her position after two years due to the lack of requisite certification. She later engaged in tutoring of children preparing for the middle school entrance exams until she reached the age of 29. *A Devotion to Family Planning*, 232, 260, 264–5.

⁴¹ Baek and Jang attended Jinmyeong Girls' High School and Sookmyung Girls' High School respectively, but they met and became friends at the Central Education Center (중부훈육소), a provisional high school during the Korean War, integrating students from Sookmyung Girls' High School, Jinmyeong Girl's High School, and Dongduk Girl's High School. *A Devotion to Family Planning*, 248; Interview of Jeong-sun Jang, 21.

⁴² The birth year of Jang and the details of her life prior to her career of an FP worker are not known from her interview because they were deleted for some reason. However, given that Jang met Sun-hui Baek in high school, one can assume that Jang was born in the 1930s, similar to Baek. Interview of Jeong-sun Jang, 2.

⁴³ *Ibid.*, 55–7.

room as well, so she was soon able to obtain a midwifery license.⁴⁴ But in 1964, upon her marriage, she was compelled to leave the university hospital and was thus forced to seek employment elsewhere. Subsequently, she took an exam to recruit FP workers in Jeollanam-do, passed, and became a senior FP instructor at the Gwangju Health Center.⁴⁵

It should be noted that the FPP also gave opportunities to young, single graduates of nursing schools and colleges. Ok-gi Yi (born in 1939) was one of the nurse-FP field workers. After graduating from Daegu Nursing College in 1965 and obtaining a nurse's license, Yi began her career as a civil servant and field worker to manage venereal diseases (VD) in Daegu. She was soon transferred to the Dong-gu Office, where she worked as an FP worker for a year.⁴⁶ Byeong-suk Choi (born in 1940) was another nurse-FP worker. She graduated from a higher technical school of nursing in 1962 and began her career as a nursing teacher at Myeongdong Elementary School in Eumseong-gun, Chungcheongbuk-do.⁴⁷ During the occupation, accepting the recommendation of a director of a health center, she became a village FP worker. She thought "it would be fun." After five years of working as an FP worker in Eumseong-gun, she moved to Seoul and spent three years at Seoul Central City Hospital. She subsequently returned to the FP field, assuming the role of an FP instructor at the Gwanak-gu Health Center in Seoul. She continued her work even after getting married at the age of thirty-one. In 1977, when she was interviewed by

⁴⁴ The amended Medical Service Act in 1962 established the prerequisite for obtaining a midwifery license as holding a nurse's license and practicing midwifery for one year at a medical institution approved by the Minister of Health and Social Affairs. Foreign midwifery license holders recognized by the Minister of Health and Social Affairs could also obtain a Korean midwifery license.

⁴⁵ Interview of Sun-rye Kim, File name: OH_16_012_김순례_11 in "Midwives' Experiences and Childbirth Culture: Gwangju and Jeonnam Midwives in the 1950s-1990s, 2016 Oral History Collection Project 조산사의 체험과 출산문화: 1950-1990년대 광주전남 조산사 2016년도 구술자료수집사업" (Gwacheon: National Institute of Korean History, 2004), 36.

⁴⁶ After accidentally assisting in a birth while working as a family planning worker, Yi decided to become a midwife, so she quit her job as a family planning worker, trained as a midwife at Ilshin Hospital, and became a midwife. *Oral History Collection 24. From Sanpa to Midwife: Changes in Korean Birthing Culture* 구술사료선집 24. 산파에서 조산사로: 한국 출산 문화의 변화 (Gwacheon: National Institute of Korean History, 2017), 361.

⁴⁷ Higher technical school of nursing was a three-year nursing education institution that existed from 1957 to 1976 as a successor to nursing high school that emerged shortly after liberation. Students were admitted after graduating from three years of middle school. In 1962, the Education Act was revised, and only those nursing high schools that met the standards for university procedures were upgraded to nursing schools, which are junior colleges. Mija Shin et al. (2013), *op. cit.*, 277.

the magazine *Sunday Seoul*, she was introduced as “a woman who has been advocating family planning for 15 years.”⁴⁸

Midwives was another medical practitioner groups who joined to FP workers. In contrast to nurses, midwifery was one of the most prominent female professions for married women while still fulfilling their roles as wives and mothers at home—since the colonial era.⁴⁹ However, in the 1960s, midwives, particularly in urban areas, perceived a crisis in their job prospect and many of them became FP workers.

The experience of wife-FP worker Yeong-sun Heo illustrates the ways in which midwives were engaged in the FPP. Heo (born in 1934) had previously worked as a teacher before obtaining her midwifery license. Upon recognizing that she was unable to raise a baby while working at school, she redirected her attention to her neighbor midwife, the professional who “had a lot of [children] born and made a lot of money.” Despite lacking any delivery training in a school or hospital, Heo achieved the midwife license because the pathways to achieving midwife license was relatively open until 1962 when the Medical Service Act was amended.⁵⁰ Based on her own experience of deliveries and “memorizing” the famous physician Seok-hwan Kim’s *Midwifery* “from beginning to end,” she passed the midwifery qualification exam in 1953.⁵¹ After attaining her qualifications, Heo trained and worked in a hospital for two years and, in 1955, opened her Yeong-sun Heo midwifery clinic in Bulgwang-dong, Seoul. Her midwifery clinic, through which she assisted “three or four deliveries a day,” enabled her to “cover all her living expenses.”⁵² However, by the mid-1960s, the situation was evolving. Heo observed that following the implementation of the FPP, the number of deliveries was declining. She recalled that “around 1967, there were no more[delivery] cases” and she assisted “only ten or twenty cases a month.” Her colleagues also experienced a similar transition and thus found an alternative role for the FP worker in health centers. In accordance with their recommendation, in 1967, Heo assumed the position of FP instructor. While working at the health center during the day, she continued to work as a midwife in the evening.⁵³

⁴⁸ “South Korea Is Full, Population and Family Planning 5: A Woman Who Has Been Advocating for Family Planning for 15 years 대한민국은 만원이다, 인구와 가족계획5: 15년째 가족계획 외치고 다니는 女人,” *Sunday Seoul* 선데이서울, 1977. 12. 26., 37–9.

⁴⁹ Im-ha Lee, “Training of Midwife as Female Professional in 1950s in Korea 1950년대 여성 전문 인력으로서의 조산사의 양성,” *Society and History* 사회와 역사 111 (2016), 185–218.

⁵⁰ By that time, individuals could obtain a midwife license by passing the qualification exam or by completing the designated curriculum. *Ibid.*, 189–91.

⁵¹ *From Sampa to Midwife*, (note 46), 285–6.

⁵² Including Heo, midwives travelled for delivery assistance with a sign displayed in their residences. It was not until the Medical Service Act was revised in 1973 that midwives were permitted to establish their medical facility of maternity clinics. However, they were still obliged to collaborate with a supervising physician. *Ibid.*, 35.

⁵³ *Ibid.*, 288–9.

Removing Social Barriers

(1) Establishing Intimacy

A number of sources indicate that the knowledge or training for FP workers were not sufficient and even absent. For instance, when Sun-hui Baek first commenced her role as an FP worker in 1966, she was dispatched for door-to-door visits without any training. She was compelled to rely only on pamphlets and soon recognized a limitation, which prompted her to request training from the clinic and subsequently completed a one-week education program.⁵⁴ By the 1970s, at least, FP workers received training related to contraceptive counseling. In a critique of the KIFP's seminar on field worker training in 1971, Kyung-kyoon Chung, who worked for the KIFP, observed that the current curriculum placed undue emphasis on contraceptive counseling, with a corresponding lack of "structural and practical content." The first official, comprehensive textbook for training FP workers was published in 1973. Furthermore, even such training was not adequately provided to the FP workers. He noted that some workers "worked for years without any training and then came late to get training."⁵⁵

Most importantly, FP workers considered the training still insufficient to manage the issues they would confront in reality. In 1973, FP workers were expected to undergo a week-long training program every two years at the KIFP, but many of them expressed discontent. As FP worker Yeong-suk Yoo states, it was "too infrequent and too short in duration."⁵⁶ Mi-hwa Yi, an FP worker at the Gayagok-myeon in Nonsan-gun, Chungcheongnam-do, also complained, stating that "those who should have learned a lot of knowledge about contraceptive methods and their side effects remain dumb because they have just appointed without any training."⁵⁷ In response to these concerns, the KIFP pleaded that "it is stipulated that only those with seniority from the date of recruitment are prioritized for training," which demonstrates that the training was not evenly distributed.⁵⁸

⁵⁴ *A Devotion to Family Planning*, 266–7, 345.

⁵⁵ *The Proceedings of National Family Planning Evaluation Seminar 1971* 1971년도 가족계획사업평가 세미나 보고서 (KIFP, December 1971), 48.

⁵⁶ Yeong-suk Yoo, "Too Far, Too Short, 1-Week Training Every 2 Years 너무 멀고 너무 짧다, 2년 1회 1주 교육" *News of Family Planning for Field Workers* 7, 1974. 12. 15, 7.

⁵⁷ Mi-hwa Yi, "Podium: With the Release of Basic Training 발언대: 기초교육 발령과 함께," *News of Family Planning for Field Workers* 12, 1975. 5. 15., 7.

⁵⁸ "Response to the Podium: On Basic Education for Field Workers 발언대 대답: 요원 기초교육에 관해," *News of Family Planning for Field Workers* 13, 1975. 6. 15., 7.

Under these circumstances, a significant number of young and single FP workers were compelled to navigate the people's hostility toward their abilities that "what would an unmarried woman know?"⁵⁹ The field workers frequently encountered people who hardly responded to the approaches of a "fledgling."⁶⁰ Du-ja Choi, who worked as an FP instructor at Busan's first family planning center, described the situation in which "the ladies didn't count on" young and single FP workers like her. To mitigate the distrust toward single FP workers, she proposed the strategy of "lying about being married."⁶¹ Sun-kyu Jeong, a village FP worker in Gyeonggi-do, also expressed frustration that the married women were "reluctant to confide in the FP workers like their sisters and daughters, to talk about their problems."⁶²

In September 1975, at a roundtable discussion at the KIFP, field workers discussed the difficulties of working as a young and unmarried FP worker. They observed that it is challenging for them to talk with "married women who were almost the same age as their mothers about sex matters." Eui-sun Hwang (age 21, Geumma-myeon, Hongseong-gun, Chungcheongnam-do) articulated her concerns that the age gap between herself and the women, which was "almost like the one between a daughter and her mother," led to a feeling of discomfort. The women "seem to have no respect" for her. Ok-ja Ku (age 23, college graduate, nurse, senior instructor, Hwaseong-gun Health Center, Gyeonggi-do) expressed her concern about the same problem, saying, "People told me 'How can I talk about the topic with a girl like a daughter.'"⁶³ Duk-ja Kwon (age 21, nurse, Yucheon-myeon, Yecheon-gun, Gyeongsangbuk-do) noted a similar situation, stating, "Wives would avoid counseling with young workers, and so would men." Some workers developed their own strategies to overcome this issue. Hyo-ryeon Kim (age 20, Mokpo Health Center, Jeollanam-do) explained her method in urban areas where she was not recognized. "I style my hair to look older and dress more maturely than my age as possible." She added that this strategy encouraged wives to "open up and share everything they want to talk about."⁶⁴

In rural areas, however, where such camouflage was ineffective, young, unmarried FP workers were compelled to devise different strategies. One such case is Im-ja

⁵⁹ "A Life (8) Family Planning Worker," op. cit., (note 8).

⁶⁰ Yeong-im Choi, "After a Difficult Start, I Have Time to Laugh 어려웠던 첫 출발 이젠 웃을 여유도," *News of Family Planning for Field Workers* 3, 1974. 8. 15., 3.

⁶¹ Du-ja Choi, "My Legs Are Swollen, and My Lips Are Popped. 다리는 붓고 입술은 터져서," *News of Family Planning for Field Workers* 24, 1976. 5. 31., 5.

⁶² Sun-kyu Jeong, "The Ways I Got Close to Mothers 나는 어머니들과 이렇게 친했다," *News of Family Planning for Field Workers* 25, 1976. 6. 20., 5.

⁶³ Given that only Ok-ja Ku's education, college graduate, was written on the *News*, other participants were likely graduates of secondary school.

⁶⁴ "Roundtable 2: A Lively Exchange of Ideas and Stories 지상좌담회2: 이런 얘기 저런 얘기 즐거운 화답 속에," *News of Family Planning for Field Workers* 18, 1975. 11. 15., 4, 5, 8; "Roundtable 3: A Lively Exchange of Ideas and Stories 지상좌담회3: 이런 얘기 저런 얘기 즐거운 화답 속에," *News of Family Planning for Field Workers* 19, 1975. 12. 20., 4, 5.

Kang who commenced her work as FP worker in 1964. Prior to explaining the contraceptive methods, she confronted the question of “what would an unmarried woman know?” By assisting them with their chores or farming, she sought to bridge the gap between herself and the women. She then proceeded to persuade them to use contraceptives.⁶⁵

The experiences of other workers indicate that the Im-ja Kang’s approach, walking through the everyday lives of potential users, was a common strategy among the village FP workers for establishing rapport. Jeong-suk Kang, an FP village worker in Songsan-myeon, Hwaseong-gun, Gyeonggi-do, whose experience was introduced in 1973 through an article in the magazine *Happy Home* is illustrative. The article describes how, even in the early 1970s, when the elderly generation’s hostility toward family planning were relatively relaxed, FP workers would still attempt to establish intimacy with women in a manner similar to Im-ja Kang. Kang would engage in conversation about the weather in front of the house, then proceed to enter the kitchen, pull out a rice cooker, and do other kitchen chores until she “became friendly” the woman. In this point, she would reveal her identity as an FP worker.⁶⁶

In 1976, Sun-kyu Jeong, a village FP worker in Seowoon-myeon, Anseong-gun, Gyeonggi-do, introduced comparable strategies as her own ways to foster intimacy in *News of Family Planning*. She would remain in people’s houses even in the absence of a target mother. While awaiting the mother, she would change diapers and “wipe the hands and feet” of crying babies, and sweep the floor. Once she had completed “such things” and established a rapport with the mothers, she would proceed to explain “the necessity of family planning and various contraceptive methods available.” During the farming season, she would visit the fields to contact mothers working there. Upon encountering a pregnant woman who was on her way to deliver a lunch basket for the mothers, she had the pregnant woman carry her bag instead of the basket, placed the basket on her own head, and proceeded to the field with the woman. Upon her arrival at the field, the women working there greeted her, remarking that “Oh, a girl from a *myeon* office is able to carry the basket on her head!” She then sat with the more favorable women and ate lunch, during which she educated them about family planning.⁶⁷

(2) Mobilizing Medical Resource

Medical resources were an important source of FP workers to establish intimacy. In South Korea, by the late 1970s, population in rural areas suffered from a complete

⁶⁵ “A Life (8) Family Planning Worker,” op. cit., (note 8).

⁶⁶ “A Day of a Single Field Worker 어느 처녀 계몽원의 하루,” *Happy Home*, August 1973, 8.

⁶⁷ Sun-kyu Jeong (1976), op. cit.

absence of doctors and shortage of medical facilities.⁶⁸ In 1975, the majority of medical facilities and personnel were in urban areas with 84% of medical facilities and 81% of medical workers situated in cities.⁶⁹ Even in urban areas, many people were reluctant to use hospital services due to the high medical fee until 1989, when national health insurance was implemented, thereby providing universal coverage.⁷⁰ This situation had at times led people to anticipate the availability of FP workers at health centers for medical knowledge and resources. In a short contribution for *News of Family Planning*, Yi-sun Kim, an FP worker at Heungcheon-gun, shared her experience that she often confronted inquiries about common ailments from people during her travel. She observed that “People in the countryside seem to be more curious about other diseases and want medical care more than family planning.” Given her lack of medical expertise, she was only able to respond to these questions by saying, “I’m not sure about that. I’ll make sure to look it up next time I come back and tell you about it.” Lamenting this situation, she concluded her brief contribution with a recommendation to provide of medical knowledge to address these health care needs in rural areas.⁷¹

In this context, some FP workers have employed their available medical expertise and resources to mitigate opposition to young, single women who attempt to be involved in intimate family matter. Byeong-suk Choi, the nurse-FP worker, is a case in point. Following a one-week training program at the Chungbuk-do office, she was assigned to serve as a village FP worker in Soyeon-myeon, Eumseong-gun. “I would go from village to village,” she stated, “carrying a big bag with educational slides, pamphlets, first aid supplies, condoms, and midwifery equipment.” She was frequently accused by elders of attempting to “end the family line.” She recalled that one of her most significant challenges in her work was addressing the opposition of the “stubborn grandparents.” To persuade these parents, she would provide them with cigarettes, which she purchased with her own funds. However, her most valuable resource was her medical expertise. As she provided care to the sick, assisted with childbirth, administered first aid, and offered guidance on parenting, she was transformed from an unpleased, young female FP worker to a reliable counselor with whom she could “discuss everything.” During her visits to the residence of an impoverished woman with five daughters, she encountered resistance from the mother’s father-in-law. The elderly man, who had only one son, was vehemently opposed to contraception and directed harsh criticism toward Choi.

⁶⁸ It was not until 1984, that the absence of doctors was fully eliminated. Yun-jae Park, *The History of Medicine in Contemporary Korea* 한국현대의료사 (Paju: Dulnyouk Publishing, 2021), 104.

⁶⁹ Min-Hae Yeh, “Investigative Study on the Status of the Management of Medical Facilities in Rural Area 農村地域 病醫院의 運營實態,” *The Kyungpook University Medical Journal* 경북의대지 19:2 (1978), 174–82.

⁷⁰ Yun-jae Park (2021), op. cit., 138, 187.,

⁷¹ I-sun Kim, “On the front lines 일선에서 뛰다가 보면,” *News of Family Planning for Field Workers* 23, 1976. 4. 25., 4.

Subsequently, his daughter-in-law became pregnant with and gave birth to her sixth daughter, suffering from a poor postpartum condition. Choi induced the removal of retained placenta, which dramatically changed the grandfather's attitude.⁷² He subsequently called Choi a "savior" and permitted his daughter-in-law to undergo a "procedure" for contraception.⁷³

The case of Jong-nam Song (an FP instructor at the Gwangju West Health Center) also exemplifies the manner in which, local communities anticipated a specific level of care from the FP workers at the health center, and that some of them were meeting those expectations. In 1975, Jong-nam Song traveled to Hyodeok-dong distant from the health center with two colleagues for their work. There, they encountered a group of elderly women discussing a topic that appeared "unusual." Upon overhearing this conversation, the three identified themselves as FP workers and asked the reason behind the serious discussion. The women were "more welcoming to them than ever," and asked them to help a woman who was "hanging between life and death." Her placenta had not been expelled following the birth but she was rejected the hospital for the lack of money. "Fortunately," Song had previously worked at maternity clinic and the other two had trained there. Upon arrival at the woman's "hut," they met the postpartum woman whose infant had died shortly after birth two days earlier and was still bleeding due to the retained placenta. It is remarkable that the three workers were aware that "FP workers...are not allowed to directly remove the placenta."⁷⁴ However, they decided to assist "the patient who had already been to the hospital and back," and managed to have the placenta expelled within 30 minutes. The trio revisited the village the following day to ascertain the patient, bringing seaweed and rice. They found her to be in "pretty good shape."⁷⁵

While such nurse- or midwife-FP workers employed medical practices as resources, majority of the FP workers who lacked medical expertise used the ability to mobilize the public medical resources in approaching potential users of contraceptives. One such case was that of Suk-im Mun, a senior FP instructor in Seongju-gun, Gyeongsangbuk-do. In *News of Family Planning* of 1975, Mun described the situation in which her affiliated health center would dispatch FP

⁷² Retained placental tissue in the uterus after childbirth causes bleeding. Korean Society of Obstetrics and Gynecology, *Guidelines and Overview of Obstetrics and Gynecology, 4th Edition* (Paju: Gunja Publishing House, 2015) [Aladdin E-book], 423/724.

⁷³ The article does not explicitly delineate the specific type of contraceptive procedure the woman underwent. However, it can be reasonably inferred that it was a loop or tubal ligation, which is commonly referred to as a "procedure." "A Woman Who Has Been Advocating for Family Planning for 15 years," op. cit.

⁷⁴ The article does not specify the exact licenses held by these FP workers, thus it remains unclear whether they were nursing assistants, nurses, or both nurses and midwives.

⁷⁵ In Korea, seaweed soup has been regarded as traditional food for postpartum recovery. Jum-nam Song, "Are Women Childbearing Machines This World? 이 세상에서 여자는 아이낳는 기계인가?" *News of Family Planning for Field Workers* 16, 1975. 9. 15., 5.

workers for conveying not only contraceptives but also emergency medicine. She observed that during the harvest seasons, “The people in the backwoods” were “waiting for arrival of the field workers” with “medicine bags.”⁷⁶

Don-yup Kim, the aforementioned FP village worker, was one of the workers who mobilized medical resources as a rhetorical tool to reach out to potential users. By introducing herself not as an FP worker but as a healthcare provider for children, she alleviated the hostility of Bok-sun’s grandmother and was allowed to enter their house. She “combed Bok-sun’s hair, washed her face, gave sweets” and “told her interesting stories,” while waiting for Bok-sun’s mother, who had visited the hospital. Upon the mother’s return, she had a conversation with her and realized that the mother’s visit was for an “abortion.” Eventually Kim succeeded in convincing the mother, who had an abortion that day, to use oral contraceptives.⁷⁷

The experience of Ms. Yi provides additional illustration of how these workers leveraged medical resources as direct means of attracting potential users.⁷⁸ In 1976, Ms. Yi contributed her strategy in *News of Family Planning* to promote “the loop.” At her health center, FP workers would persuade mothers who came to the center for vaccination to embrace family planning.⁷⁹ Prior to the vaccination day, during door-to-door visits for FP promotion and, during rush hour, they informed the upcoming day of “inoculation (종두),” which was a synonym of vaccination at that time. On the day of the vaccination, the center was filled with mothers accompanied by their children. The field workers partially blocked the entrance and set up a consultation desk near the doorway, determined “not to miss a single person.” On the desk, the workers promoted FP. Any mother entering the door for vaccinations would have no choice but to listen to the workers’ messages. In this sense, the FP workers’ mobilization of medical resources, such as vaccination, placed potential users in physical proximity to contraceptive information and technology.

It is remarkable the way in which Ms. Yi connected the public health resource of vaccination and family planning. While the workers including Ms. Yi were disseminating information on FP, a physician in charge of inoculation arrived. Seizing this moment, Ms. Yi explained that the day’s vaccination using “live bacteria (생균)” was “not readily available at local clinics” and emphasized that this vaccine

⁷⁶ The term “field workers,” as used by Mun, encompasses not only FP workers but also those responsible for maternal and child health (*mojabogeonwon*, 모자보건원) and those involved in tuberculosis control (*gyeolhaekgwallyowon*, 결핵관리요원), who were affiliated with the health center. Suk-im Mun, “Our Governor in Sungjoo-gun Who Bought Me a Bicycle 자전거를 사준 우리 성주군수님,” *News of Family Planning for Field Workers* 16, 1975. 9. 15., 4.

⁷⁷ Don-yup Kim (1976), op. cit.

⁷⁸ Ms. Yi’s full name is partially cut off in the article due to an unknown technical issue. “How I Recommended the Loop 루우프를 권장했던 실례,” *News of Family Planning for Field Workers* 22, 1976. 3. 25., 4–5.

⁷⁹ The name of the health center is also absent from the periodical. It is unclear whether this was an intentional omission or a simple mistake.

was a limited resource. Indeed, all of the smallpox vaccines available in South Korea at the time were live attenuated. In this context, Ms. Yi's emphasis on live bacteria can be understood as a rhetorical strategy designed to garner greater interest among women in smallpox vaccines and thus to foster reliability of the health center. She further explained that if women did not practice family planning and an excess of babies were born, it would be impossible for everyone to benefit from such limited resources.

She herself acknowledged the logic was somewhat exaggerated, as she expressed with the phrase "whether true or false." However, what was significant was the implications of the logic she employed. With the speech, she was implying that the women who did not engage in "family planning" would be unable to benefit from this vaccination. She disclosed that her colleague subsequently expressed concern that her "implicit compulsory" approach would "backfire" and she admitted that herself experienced the same concern. Indeed, a woman grumbled, stating "Everyone already knows [family planning] and if they have a desire for it, they do it. My house is empty, so just get [the vaccination] done quickly." Nevertheless, "the result was better than she expected." Once she was arduously holding, freezing, and feeding crying babies while their mothers underwent the loop insertion, she learned that at the end, "as many as 30" had received the procedure and was gratified by this outcome.⁸⁰

Another medical resource that FP workers mobilized to attract potential contraceptive users was abortion. From 1953 to 2019, in South Korea, abortion was illegal in all any circumstances.⁸¹ However, in order to facilitate the FPP, the government enacted the Maternal and Child Health Act of 1973, which permitted abortions under certain conditions.⁸² Despite the absence of any economic or social conditions that could be deemed valid grounds for abortion, the act served as a rationale for the introduction of menstrual regulation (MR). PPFK, which virtually conducted governmental population policy, introduced and encouraged the procedure, asserting that the government had legalized abortion.⁸³

While the government and medical profession attempted to differentiate between MR and abortion, at least in public discourse, FP workers translated MR into abortion.⁸⁴ Sun-hui Baek recalled that she would announce using a microphone

⁸⁰ "How I Recommended the Loop," op. cit.

⁸¹ The Korean Penal Code of 1953 criminalized all abortions. As in April 2019, the Constitutional Court of South Korea ruled that the country's abortion ban was unconstitutional, effective 2020.

⁸² PPFK, *The History of PPFK for the Thirty Years*, 123.

⁸³ SeungGyeong Ji, "The Planned Parenthood Federation of Korea's Provision of Menstrual Regulation from 1974 to 1990 대한가족 대한가족계획협회의 초기 임신중절로서의 월경조절술(Menstrual Regulation) 제공에 대한 연구(1974-1990)," *Women's Studies Review* 여성학논집 36:1 (2019), 121-158.

⁸⁴ Sin-myung Kang, "Menstrual Regulation That Is Possible Through Aspiration: Simple and Safe Contraception 吸引誘發로 月經조절이 可能 간편하고 安全한 避妊을," *Chosun Ilbo*, 1974. 3. 23.

borrowed from the community center, “If you want to get contraception, if you want abortion, come to the community center.” Introducing herself as a person from PPFK, she advertised that free abortions were available for “those struggling with pregnancy.”⁸⁵ Yeong-ja Song, whom I interviewed, remembered such traveling FP workers circa 1980, when she lived in Gocheok-dong, Seoul, with her husband, one son and one daughter. Every three days, “a van from the health center would drive around” encouraging, “Let’s give birth to only two children and raise them well.” Upon learning of her pregnancy, she consulted with her husband and concluded that they should “raise only two children.” Subsequently, she rode the health center’s van to have an abortion and tubal ligation surgery at a hospital which the health center introduced.⁸⁶

While the emphasis on limitation of vaccines was rather rhetorical, MR resources were indeed limited resource, since the budget for the procedure was limited. FP workers offered MR services to women who also decided to undergo tubal surgeries, which the government deemed an efficient and permanent contraceptive measure. The case of an FP worker who interviewed with Mi-kyung Lee illustrates the way in which FP workers allocated the limited resource of MR or early abortion to women willing to accept tubal ligation, thereby leading to their acceptance of a specific contraceptive technology.

We have a one-year goal of 38 tubal [surgeries], and we only have a quota of 11 menstrual regulation procedures. So we only give it to (pregnant) people who want to have tubal surgery. Why would we give it to just anyone? It was not enough. And the government subsidizes 28,000 won per menstrual regulation. So we can’t give it to everyone.⁸⁷

Connecting Potential Users and Contraceptive Practices

(1) Mitigating Side Effects

The primary objective of FP workers was to reduce population growth through the implementation of effective contraceptive practices, which entailed connecting couples in fertile age with contraceptive technology. As previously discussed, to this end, FP workers removed or alleviated a multitude of social barriers, including negative attitudes held by older generations and a lack of information about contraceptive methods. On occasion, their mission was also to encourage those who

⁸⁵ *A Devotion to Family Planning*, 280.

⁸⁶ Yeong-ja Song, interview with the author, 2021.

⁸⁷ Mi-kyung Lee, “A Feminist Analysis of the State Policy on Birth Control 국가의 출산정책,” *Women’s Studies Review* 여성학논집 6 (1989), 49–78, 62.

did not have a strong desire for contraception to become willing to use contraceptives. However, despite apparent motivation for contraception, the existence of appropriate knowledge and devices for contraception did not always result in effective contraceptive practices. The adverse effects associated with contraceptive technologies, particularly the loop, constituted a significant impediment to women's sustained use of contraceptives. Some women even said, "I would rather choose abortion than [get the loop]."⁸⁸ Consequently, several FP workers sought to address these barriers in a variety of ways.

Some FP workers devised their own, more refined screening criteria to identify the optimal time for the loop procedure. One such case was Sun-hui Baek, the aforementioned FP worker affiliated with PPFK. According to the guidance published by the KIFP such as *Casebook for the Intrauterine Contraceptive Device* or *Methods for Contraception*, the loop could be inserted "at any time except when pregnant," but "during menstruation and within one week of the first day of menstruation" was recommended. The author explained that this was because, since menstruation was confirmed, "first, it is certain that the woman was not pregnant," "second, the cervix was open, which facilitated insertion of the [loop] easier," and "third, it conceals any bleeding that may have occurred from the insertion of the intrauterine device, which reassures the recipient."⁸⁹ Upon the author's observation, in Korea, it was common for the loop to be inserted "within 2-3 days after menstruation."⁹⁰

Baek devised her their own, more refined screening criteria to identify the optimal time, which deviated from the guidance published by the KIFP and the common practice among physicians. During the early stage of her career, Baek observed that the women she had brought into her PPKF clinic for loop insertion were turned away by physicians on the grounds that it was not appropriate timing for the procedure. Despite the aforementioned one-week education, she still "did not know the proper time" for the procedure and was indifferent "when women's menstruation was over." After observing "50 people would come to the clinic (...) and only about five received the loop inserted," she requested herself "to be educated."⁹¹ Upon this education and her continuing observations, she concluded that the optimal time for the procedure is "right after the end of the menstrual cycle." She explained the reason as follows:

⁸⁸ "A Life (8) Family Planning Worker," op. cit., (note 8).

⁸⁹ Yong-wan Kim, Soon-seon Yoon, and Jo-young Lee, *Methods for Contraception* 수태조절법 (KIFP, 1974), 143.

⁹⁰ This book is not an original work by Korean authors, but it is edited by Korean doctors, and as mentioned above, there are some comments that reflect the Korean context. Samuel M and Jaroslav F, *Casebook for the Intrauterine Contraceptive Device* 자궁내 장치 사례집, translated by Yeu-ok Lee (KIFP, 1971), 12.

⁹¹ *A Devotion to Family Planning*, op. cit., (note 8), 266–7, 345.

During the middle of the menstrual cycle, the uterine lining thickens. On the uterine lining, nutrients and other materials are built for the next baby, so that when [the egg] comes in, it implants well. So, if you put a loop in there, how much bleeding would you have? That is not a good idea. I don't know if I should say this, but at that time when you are almost done with your period and you consider using (a sanitary pad) or not, that is the *only time you don't have any side effects*.⁹²

For the women with relatively longer menstrual cycles, she recommended the loop procedure at the time when “a certain amount of menstrual blood flew.” This was because, if in such a case, the menstruation is completely over, “her endometrium has already started to thicken,” which would lead to heavy bleeding and expulsion of the loop. Therefore, she advised such women to undergo the procedure during menstruation. When some women expressed embarrassment to follow this advice, thereby revealing their body during menstruation to doctors, she would persuade them by stating, “Which is more important, your embarrassment or your health?”

Although Baek's explanation may not have been precise from a medical standpoint, it was nevertheless effective in helping people understand what happens to their bodies and in mitigating concerns about side effects. In this way, Baek translated complex medical terminology into everyday language, removing one of the obstacles between the users and the loops. To identify the optimal time, she would record all the menstruation cycles of the women she met in her notebook.⁹³

Some married FP workers underwent the loop procedure themselves to demonstrate its safety. Around 1973, Sam-sik Kang, an FP instructor at the Jeonju Health Center, undertook a visit to Hanjeol-ri in Hyo-dong, accompanied by the director of the health center, who was also a physician with the requisite qualifications to perform loop procedures. Despite having been informed that there were “many candidates for the loop” in the village, her first visit proved to be a disappointment. She dedicated the entire day to identifying potential candidates for the procedure, yet was unable to find anyone willing to participate. She attributed the failure to the fact that she “like a child, just went without considering specific people.” Consequently, she conducted door-to-door visits the following day, which led her to conclude that the women were being “reluctant to get the loop due to concerns about potential side effects.” Therefore, she dedicated several days to attempting to persuade them. Upon her enthusiastic visits, a few women in the village requested her to accompany them to the doctor to have the loop procedure. She was delighted at the prospect to “the point of tears.” On the day when she and the director arrived at the town hall for a second time, they found many women in there, but learned that the women who had decided to have the loop changed their

⁹² Ibid., 345. Emphasis added.

⁹³ Ibid., 345–9.

minds. She was “going crazy,” unable to bear two unsuccessful trips with her boss. In order to change the minds of the hesitant women, she underwent the procedure herself. She described the situation, as follows:

I had no choice but to take off my clothes. In front of several women. I had to demonstrate. I publicly inserted the loop (with the director’s hand). I had no sense of shame about it. At that time, my youngest child was four years old. My husband was being very careful to use a condom. I myself had been trying to avoid the loop, for the concern about its side effects, to be honest. But in this situation, I couldn’t help but make a brave decision.

When I had it in, I felt a quite uncomfortable sensation in the lower part of my belly. But I just smiled in front of the ladies like it was no big deal. Everyone looked surprised. They said, “I’ll give it a try.” I took advantage of this time to strongly promote the intrauterine device. (...) The women’s attitudes completely changed like sugar melting in hot water. On that day, as many as 36 women had the loop inserted.

She was the living proof that demonstrated the safety of the loop. At the same time, by having the procedure from the male physician in front of the others, she relieved the women’s reluctance to expose their bodies to a man. As will be discussed in more detail later, women were reluctant to get the loop procedure from male physicians. Through this process, Kim was transformed from an FP worker to an FP worker-cum-loop user. She wrote: “I had been scared of the side effects of the loop, but it was nice to actually experience it. It only felt a little uncomfortable at the time of insertion. Afterward, I felt great. I didn’t have it removed because of the aforementioned benefits, and I’ve kept it since, with frequent follow-ups.”⁹⁴

In a similar vein, FP workers also attended to follow-ups, which was of equal importance to encouraging people to engage in contraception. Like other FP workers, Jeong-suk Kang was responsible for “monitoring the conditions of all 20 mothers who had undergone the loop procedure to ascertain that women were doing well.”⁹⁵ This was clearly related to the women’s health, but it was also an important example for other women to consider contraception using the contraceptive technology in the future. The results would demonstrate that the loop procedure was not as dangerous as had been rumored.

⁹⁴ Sam-sik Kang, “I Put the Loop in Front of the Director 내가 소장 앞에서 루우프를 끼우고,” *News of Family Planning for Field Workers* 20, 1976. 1. 30., 4.

⁹⁵ “A Day of a Single Field Worker,” op. cit. (note 66).

(2) Practicing Contraceptive Procedure as Female Practitioners

Unlike condoms, jelly, and oral contraceptives, the IUD requires manipulation by practitioners for its usage. Until the Maternal and Child Health Act of 1973, in principle, only doctors were permitted to insert IUDs. However, as mentioned earlier, by the late 1970s, the rural areas of South Korea suffered a shortage of medical facilities and personnel. To address this, the government launched a pilot program for mobile family planning clinics in 1964, and in 1968 expanded the program to cover rural areas with the support of several international organizations, including the International Planned Parenthood Federation (IPPF), Population Council (PC), the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), and the Asia Foundation.⁹⁶

However, as the midwife-FP worker Yeong-sun Heo observed, physicians were reluctant to perform the loop insertion procedure.⁹⁷ Although a few physicians at university hospitals and PPFK clinics have adopted the procedure, general clinicians have not.⁹⁸ This was due in part to the minimal economic benefits associated with the loop procedure. In 1967, the cost set by the City of Seoul for loop insertion was less than half the cost of vasectomy procedure, which was four hundred won (350 won for the procedure and 50 won for doctor's compensation).⁹⁹ As a result, the Korean government, like other developing countries experiencing comparable shortages of physicians, considered to mobilize paramedical personnel to insert the IUD.¹⁰⁰ As a legislative measure, the government included a condition in Article 7

⁹⁶ Korea Institute of Health and Social Affairs, *Population Policy for Thirty Years*, 79–80; PPFK, *The History of PPFK for the Thirty Years*, 414–5.

⁹⁷ *From Sanpa to Midwife*, 316.

⁹⁸ It is difficult to ascertain precise data on the exact number of physicians who performed the loop procedures by their affiliations. However, physicians at university hospitals described in academic journal articles that they performed hundreds to thousands of loop cases. Based on this, it would be safe to assume that physicians were actively involved in the loop procedure. For a few examples of such articles, see Shin Han-su, “Contraception Control by Intrauterine Contraceptive Devices 子宮內裝置에 의한 受胎調節: 루우프 避妊法을 中心으로,” *The Journal of the Korean Medical Association 대한의학협회지* 7:6 (1964), 541–45; Hyun-mo Kwak, “Studies on the Effects of Intra-Uterine Contraceptive Device: With Particular Reference on the Endometrial Changes 피임용 자궁내장치가 자궁내막에 미치는 영향에 관한 연구,” *Obstetrics & Gynecology Science* 8:6 (1965), 253–68; Hyun-mo Kwak and Chan-ho Song, “A Clinical Study on Intrauterine Contraceptive Device in Yonsei University Family Planning Clinic,” *Obstetrics & Gynecology Science* 15:11 (1972), 561–86.

⁹⁹ “Embezzlement of surgical expenses 手術費 횡령,” *Dong-A Ilbo*, 1967. 12. 20.

¹⁰⁰ VJ Hartfield, “The Role of the Nurse in a Family Planning Programme,” *Contraception* 3:2 (1971), 105–114; Hossain A. Ronaghy, Bahram Zeighami, Elaine Zeighami, and Fatimeh Nayeri, “Insertion of IUDs by Rural Midwives in Iran,” *Public Health Reports* 90:6 (1975), 498–501; RP Singh and PP Talwar, “Lippe’s Loop Insertions by Doctors and Para-Medical Staff: A Comparative Study,” *POPEN Newsletter* 5:3 (1979), 1–7; Laura Pastene, Mirtha Rivera, Jaime Zipper, Mario Medel, and Michael Thomas, “IUD Insertions by Midwives: Five Years’

of the 1973 Maternal and Child Health Act. This article stipulates that “contraception control by inserting a contraceptive device into the uterine cavity is permitted only for a physician or other person prescribed by presidential decree.”¹⁰¹ In accordance with the decree, individuals licensed as either “midwives or nurses” were permitted to perform the IUD procedure, provided that they had completed a specific training course of at least two months duration at the KIFP, the National Institute of Health, or a medical institution designated by the Minister of Health and Social Affairs.¹⁰²

Loop procedures by female midwives and nurses proved to be an effective solution to the problem of provider gender. A survey conducted in 1975 among women in 55 villages across the country who had undergone the IUD procedure between January 1, 1974, and September 30, 1975, revealed that 42% of women in urban areas and 46% in rural areas expressed a preference for female physicians. It is noteworthy that female nurses or midwives were also highly preferred with 32% of women in urban areas and 42% in rural areas. Only a small proportion of respondents, at 5% in urban areas and 4% in rural areas expressed preference for male doctor.¹⁰³ This illustrates that, for potential users, the gender of medical practitioners was as important as the level of expertise of that. However, in 1960, out of 7,765 licensed physicians, only 985 were female (12.7%). By 1970, the number of female physicians had increased to 1,786, yet they still accounted for 12.0% of all physicians.¹⁰⁴ A 1973 survey conducted by the KIFP revealed that of the 799 physicians surveyed, excluding the 7.2% for whom data was not available, only 10.4% were women. This represents a significantly lower proportion than the 83.4% of their

Experience in Santiago, Chile,” *International Journal of Gynecology & Obstetrics* 15:1 (1977), 84–87; Zhou Su Wen, Lung Lin, Leonard E. Laufe, and Beth Dixon, “The Introduction of Postpartum Intrauterine Devices in the People’s Republic of China,” *International Journal of Gynecology & Obstetrics* 2:2 (1983), 151–54.

¹⁰¹ As mentioned earlier, the Maternal and Child Health Act of 1973 was primarily intended to legalize abortion, but it also contained other important administrative and legal measures for the FP. Ministry of Government Legislation, “The Maternal and Child Health Act 모자보건법, Implemented on 10 May 1973,” Ministry of Government Legislation, <https://www.law.go.kr/LSW/lsiInfoP.do?lsiSeq=899&ancYd=19730208&ancNo=02514&efYd=19730510&nwJoYnInfo=N&efGubun=Y&chrClsCd=010202&ancYnChk=0#0000> accessed July 8, 2024.

¹⁰² Ministry of Government Legislation, “Enforcement Decree of The Maternal and Child Health Act, implemented on 28 May 1973,” Ministry of Government Legislation, <https://law.go.kr/lsSc.do?menuId=1&subMenuId=17&tabMenuId=93&query=%EB%AA%A8%EC%9E%90%EB%B3%B4%EA%B1%B4%EB%B2%95%20%EC%8B%9C%ED%96%89%EB%A0%B9#undefined> (accessed on July 8, 2024).

¹⁰³ Sae-kwon Kong, Moon-ki Lee, Myung-ai Kwon and Jong-hwa Byun, “A Comparative Study on Effectiveness and Patient Satisfaction for Intra-Uterine Contraceptive Devices Insertion by Physician and Paramedical Personnel,” *Journal of Population Studies* 인구문제논집 20 (1976), 189–213.

¹⁰⁴ Sang-hyun Kim, “The Gendered Structures and Status of Female Doctor in Korean Healthcare Institution 한국 의료제도의 성별구조와 여성 의사의 지위” (Ph.D. dissertation, Pusan National University, 2004), 13.

male counterparts. In the rural areas, excluding the 7.1% of cases with unavailable data, the proportion of female physicians was 9.8%, lower than that of the urban areas (12.2% female).¹⁰⁵

Consequently, female midwife- or nurse-FP workers, who were able to perform the loop procedure, have played a pivotal role in bridging the gap between potential loop users and the loop. They have done so by addressing the quantitative shortage of physicians, while also reducing the women's burden of revealing their intimate body part in front of male physicians.¹⁰⁶ Jeong-sun Kang, an FP worker in Chungcheongbuk-do, observed that "many people who want to get an IUD are hesitant because the provider is usually a man." The experience of Yeong-hui Yu, an FP worker in Chungcheongnam-do, echoes this sentiment. She posited that if nurses and workers, in that, women could perform the procedure, "there would be more success" in FPP.¹⁰⁷ Indeed, FP workers found that potential users responded much more favorably when the loop provider is a woman. Ms. Son, an FP worker at a health center in Gyeongju, reported the following situation. Upon her arrival in a village with a senior FP instructor in a Land Rover van with a microphone attached, the senior colleague announced, "A woman from health center will perform the loop procedure. Don't be shy to come. We will promise a good follow-up." Ms. Son, who conducted home visits while her colleague was on the air, observed the favorable atmosphere. She wrote, "People responded well to the fact that *it is a woman who performs* the loop insertion procedure."¹⁰⁸

Indeed, prior to the enactment of the Maternal and Child Health Act, midwives or nurses were already practicing the loop insertion under the acquiescence of authorities or physicians. In 1973, the KIFP found that 37% of women who underwent loop procedures received them from a female nurse or FP field worker who held qualifications as nurses or midwives.¹⁰⁹ Yeong-sun Heo, the midwife-FP instructor, received training to perform loops. She would then rent space in the homes of midwives she knew, or in hospitals, to create makeshift treatment rooms where she underwent the procedures.¹¹⁰ Ok-gi Yi, with a nursing background, also performed the procedure while working as an FP worker in Daegu. Similar to Heo, she would mobilize a room in a house and transform it into a treatment room in which she put pillows instead of an operation table. In the room, she inserted the

¹⁰⁵ Considering that this number includes practitioners of vasectomy, the actual percentage of female doctors is likely even lower. Eung-ik Kim, Dai-kyoon Park, and Nam-kyoon Oh, "A Study of Designated Physicians in the Korean Family Planning Program 가족계획시술의사에 대한 실태조사" (Korean Institute for Family Planning, April 1973), 9.

¹⁰⁶ *From Sanpa to Midwife*, op. cit., 314–7.

¹⁰⁷ *News of Family Planning for Field Workers* 1, 1974. 6. 15, 4.

¹⁰⁸ The title of her contribution and her name is partially cut off in the article due to technical issues. *News of Family Planning for Field Workers* 7, 1974. 12. 15, 4. Emphasis in original.

¹⁰⁹ Sae-kwon Kong et al., op. cit., 162.

¹¹⁰ *From Sanpa to Midwife*, op. cit., 314–7.

loop using a vaginal speculum of one of the thirty specula that she had prepared.¹¹¹ Sun-rye Yi, the senior FP instructor, also performed the loop procedure. Once other FB workers would bring in women who wanted the loop, she would insert the loop in a similar makeshift treatment room. She was one of the prolific providers of the procedure, which contributed to her office to be “ranked first in 26 cities and counties in Jeollanam-do,” with the highest number of procedures performed.¹¹²

Conclusion

As the Korean government, physicians, and ordinary women did, FP field workers discovered opportunities in the family planning program, which drew upon a diverse array of economic, social, technological, and medical resources for approximately three decades. For many women who began to desire employment, FP workers represented one of the new professions open to women who were educated decently but did not possess special certifications or skills in the 1960s and 1970s. For young, single women, although the occupation was not particularly enviable, it did afford them economic benefits, albeit modest, for their new urban or capitalistic lives during the moratorium from the burden of married women as wife and mother. For some married women who had to earn money, FP workers, who were assigned to communicate intimate issues to married couples, was one of the jobs friendly to married women that were unusual at that time. The position also afforded female paramedical personnel with the opportunity to exercise their expertise. Graduates of nursing schools and nurses who were compelled to leave hospitals upon marriage found positions in the FPP. Some midwives began to do so when their main task, assisting delivery, was threatened due to the declining birth rate in urban areas during the 1960s.

The women assumed the role of mediator between the government’s contraceptive technologies and potential users, each employing distinct strategies and expertise. Through their mediation efforts, they occasionally obscured their roles as implementers of governmental population policy, which aimed to reduce population growth. They translated the complex knowledge about population control, written in jargon, into everyday language that potential users could understand. On occasion, they offered healthcare to those who were underserved and assisted rural women with labor. Indeed, many of these mediation works were conducted with the explicit objective of reaching the government-defined target of contraceptive distribution. Nevertheless, in this paper, the examination of the subtle and intimate interactions between them and potential users—ordinary people—revealed that they were not

¹¹¹ Ibid., 376.

¹¹² Interview of Sun-rye Kim, 36.

simply intermediaries or gears in a nation-state machine that merely translated the governmental will as it was intended.

This paper focused on two groups of mediators in the FPP: village FP workers and FP instructors, who were explicitly called family planning workers and primarily facilitated the use of the Lippes loop. In this regard, this paper has not delved deeply into other contraceptive methods, particularly tubal ligation, the most prevalent contraceptive method between the late 1970s and the 1990s, as well as male contraceptive methods such as condoms and vasectomy. Other relevant groups, such as secretaries, who were predominantly male, and maternal and child health workers have also been excluded from this paper. Additionally, the complex interactions and tensions among FP workers, which have already been noted by interviewees in some of the family planning worker oral histories, have not been explored. These areas warrant further investigation in the future.

Abstract

This paper examines family planning (FP) workers implementing the national family planning program (FPP) in South Korea between the 1960s and 1980s. Despite recent reconsiderations of local actors in Asia in the global population control movement, they have hardly been discussed as a significant actor group. In order to highlight them, this paper investigates how FP workers engaged in the FPP with their own motivations in the socioeconomic context surrounding them. At the same time, this paper regards them as mediators. The experts and bureaucrats involved in the FPP assigned them the role of mere suppliers or intermediaries who would convey contraceptive knowledge and devices to willing couples for FP. However, FP workers encountered unforeseen obstacles between themselves and the potential users, and between the users and actual contraceptive practices. The obstacles included distrust of young single women who attempted to intervene in their intimate lives; antipathy toward family planning among the elderly; concerns about the side effects of new contraceptives; and the reluctance of women to expose their bodies in front of male physicians. The workers overcame these obstacles by transforming, translating, distorting, and modifying what they had initially been expected to convey.

Keywords: family planning, field worker, contraceptive technology, intrauterine devices (IUD), nurse, midwife, mediator