

Current situation of reproductive health and health services in North Korea: Experiences of
North Korean refugees

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Abstract

This paper is concerned with how and to what extent famine and economic crises have influenced reproductive health services and behaviors of women since the mid-1990s in North Korea. The data came from (1) a survey with a sample of 202 North Korean refugee women who had just entered South Korea and were housed in a government resettlement center (Hanawon), and (2) in-depth interviews with 16 women and 4 medical personnel who had practiced in North Korea. The survey and interview were designed to ask about these women's reproductive health-related experiences in North Korea. The findings revealed that

North Korean women were highly exposed to seriously abject conditions, such as increasing unsafe abortions, poor contraceptive use and related complications, lack of antenatal/postpartum care, and long-term malnutrition from the country's weakened health infrastructure. Results reinforce that famine has negative impacts on North Korean women's sexual and reproductive health and behaviors.

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Introduction

A deteriorating economy and isolation from neighboring countries, coupled with several natural disasters in the mid-1990s led to a severe food crisis in North Korea, officially known as the Democratic People's Republic of Korea. As the main demographic effects of the famine, there appeared to be a massive number of people dying from starvation and disease, as they migrated inside the country and across the Chinese border. Also, the public health infrastructure has been seriously compromised, with poor hygiene and inadequate provision of health care services adversely affecting the health of its people. This study is concerned mainly with the impact of famine and economic crises on reproductive health services and behaviors of women since the mid-1990s in North Korea.

Methods

Fertility and reproductive health surveys were conducted with a total of 202 North Korean women defectors in Hanawon, a government resettlement center for refugees, in April and July 2009. A series of in-depth interviews with 16 women and 4 medical personnel, along with talks with North Korean medical doctors in Pyongyang and Kaesong Industrial District had been held from 2006 to 2009.

Findings

Among 202 survey respondents, there were 95 women who had been married at least once

when they lived in North Korea, and 107 unmarried women. 160 women (79.2%) came from Hamkyung province, the nearest North Korea-China border. 167 graduated high school and 28 among them were college/university graduates. The majority (except one) of the 16 in-depth interviewees had been married in North Korea, and 12 were from Hamkyung province. Recognizing certain sampling biases and limitations, the contraceptive prevalence rate was 83.2% among married women in Hanawon. The top female contraceptive methods were IUD(53.6%), injection(11.6%) and tubal-ligation(6.4%) but male contraceptive practices such as condoms and vasectomy were rarely used. Interviewees recalled that according to population control policy in North Korea, health institutions had provided free family planning services including induced abortion for women, especially those with two children. Since the mid-1990s, family planning services have been suspended. although women have a higher need for such services due to their increased economic activities in efforts to survive the famine. Additionally, interviewees revealed that most women have been purchasing contraceptive materials in the black market with no information on guidelines nor side-effects of contraceptives.

Induced abortion was widespread in North Korea as a family planning method. When the health system collapsed, unsafe abortions, especially second trimester abortions, and illegal abortions outside the hospital, increased. 30% of our survey respondents received antenatal care in hospitals, only 5.6% of women took folic acid and 7.9% had immunizations against tetanus during pregnancy. 20% of survey respondents experienced low birth weight (below 2.5kg) at childbirth. Average age at menarche was 16.6 ± 2.1 years, later than 12.4 ± 1.0 years among South Korean women born in the 1980s. Further, half of respondents experienced sex education at school, such as explanations of female sexual organs and menstruation (63.4%),

contraceptive methods (3.9%), pregnancy (11.8%), and male genitals (7.2%). Among interviewees, sex education was not given at school or home.

Conclusion

Based on our surveys and interviews, there are a number of reproductive health indicators which underscore the unmet need for fertility regulation in North Korea. North Korean women have been exposed to high risk reproductive health conditions, such as unsafe abortion, poor contraceptive use and related complications, lack of antenatal and postpartum care and malnutrition.

Famine in North Korea is characterized as a protracted and silent form of structural violence. Thus, North Koreans are suffering from high levels of physical and psychological stress, reflected in declining birth rates and poor reproductive and nutritional health for childbearing women and children. The prolonged famine and economic aggravation is an ongoing obstacle to improving fertility and reproductive health conditions in North Korea. The collapse of health care infrastructure exposed North Korean maternal and child health to high risk status.

In the health system perspective, various efforts to rebuild the health infrastructure including human resource development should be urgently made. Also, more support in bundling reproductive health and family planning services as part of maternal and child care should be considered to enhance the quality of health in North Korea.