

Original Article

Family Planning Approaches in South Korea: Past, Present and future and its implication for Ethiopia's Current family planning approach

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Abstract

Background: South Korea's family planning policies have contributed to rapid fertility decline and economic growth over recent decades. Ethiopia, currently facing high fertility rates particularly in rural areas seeks evidence-based strategies to achieve similar demographic and health outcomes.

Objectives: To examine the historical and current family planning approaches in South Korea and evaluate their applicability to Ethiopia's demographic and policy context, using cross-national policy transfer theory.

Methods: A mixed-methods policy analysis was conducted, including (i) historical document review of South Korea's family planning campaigns and policies; (ii) descriptive analysis of demographic and socio-economic indicators from Korean Statistical Information Service (KOSIS), Ethiopian Public Health Institute (EPHI), and the SHaPE 2 project; and (iii) comparative assessment applying policy transfer frameworks to identify strategies potentially transferable to Ethiopia.

Results: South Korea achieved sustained fertility decline through state-led policy reforms, community-centred education, gender-sensitive messaging, and integration of family planning within socio-economic development. Ethiopia shares contextual similarities including reliance on community and religious networks that support adaptation of these strategies. However, differences such as Ethiopia's larger rural population and cultural diversity necessitate tailored interventions, such as rural-focused campaigns and expanded use of digital health tools.

Conclusion and Recommendation: South Korea's experience offers valuable lessons for Ethiopia, including the importance of government commitment, integration of family planning into national development, and culturally sensitive messaging. Thoughtful adaptation rather than direct replication supported by digital innovations and local engagement can help Ethiopia achieve its fertility and public health goals.

Keywords: Family planning; South Korea; Ethiopia; policy transfer; demographic transition; reproductive health.

Introduction

While Ethiopia and South Korea differ markedly in terms of socio-economic status, cultural contexts, and geographic location, both countries experienced periods of rapid population growth that threatened economic and social stability, prompting the state to prioritise family planning as part of national development strategies. South Korea's success in integrating family planning into broader economic and health policies offers a valuable example for Ethiopia, which is similarly seeking to harness demographic transition for economic transformation. Additionally, both nations have health systems historically shaped by strong government leadership and rely on community-based approaches involving religious and local leaders to shift social norms around fertility and contraception (1, 2).

Despite differences in economic development levels and cultural norms, the transfer of policy lessons between South Korea and Ethiopia can be informed by the policy transfer framework, which emphasises adapting not copying, successful elements from one context to another.³ South Korea's family planning achievements were grounded in community engagement, gender-sensitive messaging, and integration with economic policies strategies that resonate with Ethiopia's ongoing efforts to address high rural fertility rates. However, contextual differences, including Ethiopia's larger rural population share and varying religious influences, require careful modification of these approaches to ensure cultural relevance and sustainability. Applying lessons from South Korea should thus be seen as a process of selective adaptation based on Ethiopia's unique

demographic profile, governance structure, and socio-cultural landscape (3).

According to the GDP per capita, which measures the average economic output per person, from 2000 onwards, South Korea's GDP per capita has steadily increased, with notable jumps during certain periods. For example, in 2007, GDP per capita was approximately \$25,080, and despite some fluctuations, it continued to rise, reaching around \$35,570 in 2024. This rise in GDP per capita indicates economic growth and development overtime (4). While GDP per capita has increased, TFR has decreased, suggesting a possible inverse relationship between economic growth and fertility rates (5). This trend could imply that as a country becomes wealthier, people may prioritize economic stability and personal aspirations over having larger families. South Korea's experience with declining TFR alongside rising economic prosperity provides valuable insights for countries like Ethiopia, where policies can be designed to balance economic growth with sustainable family planning strategies. For example: large families with five or more members had a GDP per capita of about \$20,000, often leading to limited resources per child and potential economic strain. Medium-sized families with 3-4 members had a GDP per capita of around \$30,000, which allowed for balanced resource allocation, better education, and health care access, and small families with 1-2 members enjoyed a GDP per capita of approximately \$40,000, enabling higher investment per child and improved overall economic outcomes (5, 6).

By examining South Korea's experience, this study aims to explore policy lessons that could be contextually adapted to Ethiopia's current challenges.

Methodology

This study employed a mixed-methods policy analysis approach to examine South Korea's historical and current family planning strategies and evaluate their potential applicability to Ethiopia. The methodology comprised three sequential components: historical policy review, descriptive demographic analysis, and comparative policy assessment.

First, a comprehensive document analysis was conducted to trace the evolution of South Korea's family planning policies from the 1960s to the present. Key policy documents, government reports, and program evaluations were retrieved from the Korean Statistical Information Service (KOSIS), the Ministry of Health and Welfare archives, and peer-reviewed literature (5-7). This review focused on major national campaigns, legislative reforms, and integration of family planning into broader socio-economic development strategies.

Second, quantitative data were collected from official statistical databases, including KOSIS and the Ethiopian Public Health Institute (EPHI). Indicators such as Total Fertility Rate (TFR), maternal and infant mortality rates, GDP per capita, and women's literacy rates were analyzed to identify historical trends and associations between demographic changes and economic outcomes in South Korea. For Ethiopia, data were supplemented by recent national surveys and the SHaPE 2 project reports to

describe the current family planning landscape and fertility patterns (8, 9).

Third, a comparative analysis was undertaken using principles of cross-national policy transfer and adaptation (3). This framework allowed for the identification of transferable strategies such as community-centered education, gender-sensitive messaging, and integration with economic policies while acknowledging contextual differences between South Korea and Ethiopia. The analysis was guided by the question: which elements of South Korea's experience could be feasibly adapted to Ethiopia's socio-cultural and demographic context?

By combining historical policy review, descriptive data analysis, and comparative policy assessment, the study aimed to generate practical, evidence-informed recommendations relevant to Ethiopia's family planning objectives.






Results

Historical Evolution and Achievements in South Korea

South Korea's family planning journey can be divided into several distinct phases, each aligned with national development goals and shaped by government leadership. In the 1960s, campaigns such as the "Proper Children Movement" promoted smaller family sizes through public education and community outreach, resulting in an initial decline in the Total Fertility Rate (TFR) from approximately 6.0 to 5.4 (Ministry for Health, Welfare, and Family Affairs, 2010). The 1970s introduced the "Three Children" and later

“Two Children” movements emphasizing gender equality and birth spacing which further reduced TFR to around 3.2 by the mid-1970s (4).

During the 1980s, the message evolved into integrating family planning as part of daily life under the slogan, “If you plan your family a day in advance, you can plan your life 10 years in advance,” leading to TFR dropping to about 2.8 (4). The mid-1980s “One Child Movement” aimed to stabilize population growth, achieving a TFR of approximately 2.2 (Ministry for Health, Welfare, and Family Affairs, 2010). Importantly, these policies were supported by coordinated efforts from government agencies, local officials, and religious leaders, reflecting a culturally embedded approach to public health messaging (1, 4). The picture below shows slogans used to promote family planning in South Korea (No. P2019-00160-1)a.

Period	Proper children movement	Three children movement	Two children movement	Family planning movement as a part of life	one child movement
	1961-1965	1966-1970	1971-1975	1976-1982	1983~
Slogan	Let's have the proper number of children and raise them well	(3, 3, 35) Let's have three children three years apart and stop giving birth before the age of 35	Don't distinguish between sons and daughters. Have two children and raise them well	If you plan your family a day in advance, you can plan your life 10 years in advance	The entire country will be filled with population, even if one child is born
					
Total Fertility Rate (TFR)	6.0	5.4	3.2	2.8	2.2
Project Promotion Organization	Ministry of Health and Social Affairs (MOHSA), National Institute for Health (NIH), Planned Parenthood Federation of Korea (PPFK), Korean Association for Voluntary Sterilization (KAVA), Korean Institute for Population and Health (KIPH), Korea Family Planning Association (KFPA), Public health centers, Government-designated treatment facilities, Mother's & Women's Associations, etc.				

Picture 1. Slogans used to Promote Family planning throughout the years in South Korea, Source: Bae EK (2012).

Present Strategies and Outcomes

In the present era, South Korea’s family planning approach is embedded within a broader reproductive health and social policy framework. Government measures include support for parental leave, childcare subsidies, and widespread access to modern contraceptives (7). These strategies have contributed to improvements in women’s literacy rates, life expectancy, and labor market participation (OECD, 2021). Data from the Korean Statistical Information Service (KOSIS, 2023) highlight that maternal and infant mortality rates have declined, reflecting the broader health system impact (6, 10).

However, South Korea now faces the challenge of ultra-low fertility rates (TFR below 1.0 in recent years), leading policymakers to pivot toward digital health innovations and targeted support for low-income and immigrant families (7).

Comparative Insights for Ethiopia

Applying cross-national policy transfer theory, the study identifies areas where South Korea's experience could inform Ethiopia's context. Both countries experienced demographic pressures requiring state-led intervention, and both rely on community structures and religious networks to influence public attitudes toward family planning.² Notably, Ethiopia's recent SHaPE 2 project has demonstrated the effectiveness of digital health tools in improving family planning awareness (8). Despite these parallels, Ethiopia's higher rural fertility (TFR 4.7 in rural areas vs. 2.5 in urban areas) and socioeconomic differences (EPHI & ICF, 2021) mean strategies must be carefully adapted. For example, urban-focused campaigns in South Korea may require broader rural engagement in Ethiopia (9).

Emerging Themes and Policy Lessons

From South Korea's experience, several themes emerge: the importance of sustained government commitment, integration of family planning into economic and education policies, and culturally sensitive messaging that aligns with local values (4). For Ethiopia, actionable lessons include engaging local and religious leaders, addressing contraceptive misconceptions through trusted messengers, and scaling up digital platforms to provide real-time information. Guided by the policy transfer framework these adapted strategies could help Ethiopia move toward its target TFR of three children per woman by 2025 (8, 9).

Discussion and Conclusion

This study set out to explore whether and how lessons from South Korea's family planning experience could inform Ethiopia's current efforts to reduce high fertility rates and accelerate socio-economic development. By applying a cross-national policy transfer framework, we identified both similarities and important contextual differences between the two countries.

The historical review highlighted how South Korea, from the 1960s onward, achieved sustained fertility decline through a

combination of state-led policy reforms, community-centered education campaigns, gender-sensitive messaging, and integration of family planning into broader economic and health strategies (4,5). These interventions were effective partly because they were culturally embedded: local leaders and religious institutions were engaged to shift public norms around family size (1). Quantitative data support this narrative, showing declines in TFR, improvements in women's literacy, and reductions in maternal and infant mortality (6,10).

When comparing this experience to Ethiopia, several transferable strategies emerge: prioritizing community and religious leader engagement, using media and digital platforms to dispel misconceptions, and aligning family planning with national economic goals (2,8). Ethiopia's SHaPE 2 project already demonstrates the promise of digital health tools in rural and urban contexts. However, significant differences remain, including Ethiopia's larger rural population share and cultural diversity (11). Therefore, South Korea's policies should not be replicated wholesale but adapted to Ethiopia's demographic realities and sociocultural landscape.

The findings contribute to the limited body of comparative policy studies connecting Asian and Sub-Saharan African contexts, underlining the importance of selective adaptation rather than direct adoption (3). They also support broader evidence that family planning programs are most successful when they combine policy coherence, community ownership, and integration with sociology-economic development (7).

In conclusion, South Korea's experience demonstrates that culturally sensitive, government-led family planning policies can contribute to demographic transition and economic growth. For Ethiopia, adapting similar approaches strengthened by digital innovations and local engagement may help achieve national fertility targets, improve maternal and child health, and support broader socio-economic transformation. Future research could explore specific pathways for adaptation and implementation, while

continuous evaluation will be essential to ensure strategies remain contextually relevant and effective.

Recommendations

Drawing from South Korea's historical and contemporary family planning strategies, and guided by the policy transfer framework, the following recommendations are proposed to help Ethiopia accelerate its demographic transition and achieve its fertility targets:

Community-Centered Education: Collaborate with local leaders, religious figures, and community health workers to promote culturally sensitive messages about family planning. Evidence shows that trusted messengers can effectively shift norms and dispel myths around contraceptive use.

Integration with Economic Policies: Align family planning programs with broader socioeconomic initiatives, including women's empowerment, education, and poverty reduction strategies, to reinforce the social and economic benefits of smaller family sizes.

Leveraging Digital Health Tools: Scale up the digital platforms to provide real-time information, address misconceptions and improving access to services, particularly among youth and rural populations.

Gender-Sensitive Messaging: Develop communication strategies that emphasize shared responsibility in reproductive health decisions, supporting both women's autonomy and male engagement in family planning.

Tailored Urban and Rural Strategies: Recognize Ethiopia's demographic diversity by designing interventions specific to rural areas where fertility remains high while also addressing the emerging needs of urban populations.

By adapting these lessons thoughtfully rather than directly replicating them, Ethiopia can strengthen its family planning programs to be more equitable, culturally resonant, and impactful. Continued monitoring and evaluation will be essential to refine these strategies and ensure sustainable demographic and economic outcomes.

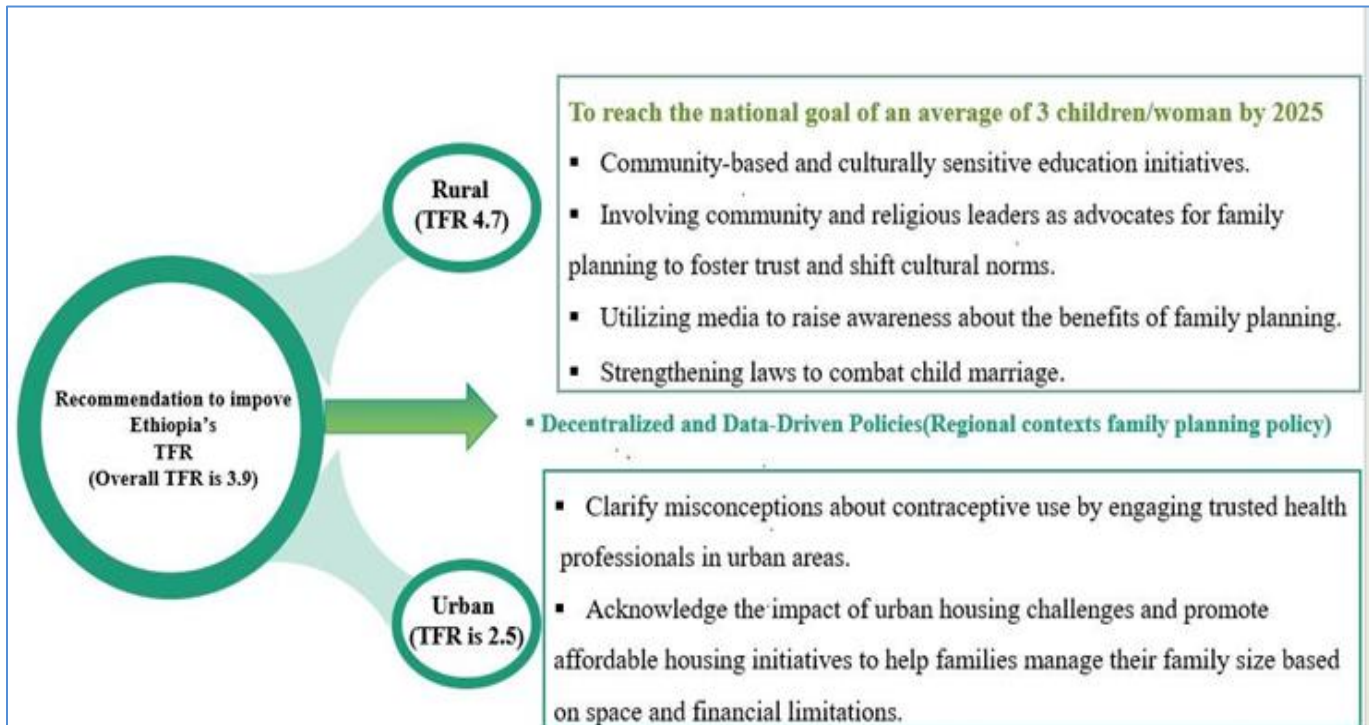


Diagram 1: Context specific recommendation to improve the overall fertility rate in Ethiopia

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