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＜参考資料＞　韓国の子育て支援策の概要

子育て支援策の要素として、①経済的支援、②時間支援、③子どものケア支援という 3 つに分けることができる。「③子どものケア支援」は前述の論文にて詳述したため、ここでは残りの、①経済的支援、②時間支援に焦点をあててその概要をまとめる。

①経済的支援

児童手当や各種控除が相当する。まず、韓国には児童手当という制度は存在しない。一方、控除は日本とは異なる制度が存在する。2002 年現在、「婦女者控除」として、①配偶者がいないか、扶養家族がいる女性世帯主、②配偶者がいる女性に対して 50 万ウォン、「養育費控除」として、6 歳以下の直系卑属がいる勤労所得者に 100 万ウォンとなっている[15]。

また、2002 年 11 月、医療費、教育費、保険料など生活基礎経費に対する所得控除限度条項が新設され、教育費については 150 万ウォンまでを限度に控除の対象となっている[16]。

児童手当や控除以外に、幼児教育・保育料の支援として、就学前 6 歳児の保育料の無償化が段階的に実施されている。なお、韓国の保育料は、階層区分が 3 つであり、日本の階層区分（国レベルでは 7 階層だが、自治体ごとに階層区分は大きく異なる）よりも少ないのが現状である。利用者の状況に即した階層区分へと改革を行うのが課題だとされている。児童手当という制度はないものの、税制面ならびに、6 歳児保育料無償化施策など、子ども家庭の経済的コスト負担の軽減策がある点が日本とは異なる点である。また、日本でも議論されている「バウチャー制度」（利用券）も、韓国では自治体ごとの導入が決定しており、新たな展開が期待される。

②時間支援

出産休暇、育児休業が代表的である。育児休業については、1987 年制定の「男女雇用平等法」において、女性のみが育児休業制度を利用できるという体制からスタートした。その後の幾度の改正を経て、2001 年に労働基準法・男女雇用平等法・雇用保険法が改正される。出産休暇は、90 日となり、最初の 60 日は雇用主が通常賃金の全額を支給、残りの 30 日は雇用保険から一定の算出方式で支給されることになった。また、育児休業制度については、就業中の配偶者（男女）が最大 1 年間取得可能となり、2003 年度の給付金（月額）は雇用保険から 30 万ウォン、2004 年には 40 万ウォンへと上昇傾向にある。

育児休業の取得率は調査によって差があるが、最新の調査によれば次のような状況である[17]。産前産後休暇の取得率は、2002 年 36.2%、2003 年（1～9 月）は 50.5%である。また、育児休業の取得率は、出産した就業女性を母体にしてみると、2002 年 6%、2003 年

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15 イ ジュンギュ(2004)『税法概論(2004 改定版)』624 頁
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16 オ ジョンジン, ムン ミギョン(2002)『性平等の観点からみた租税制度の分析と評価：所得税を中心に』韓国女性開発院, 54-55 頁（・・・, ・・・ (2002) 『・ ・・・ ・・・・ ・ ・・・・・・ ・・・ ・・ :・・・・・ ・・・・ 』・・・・・・・・, 54-55 頁)

17 キム テフン, キム ナンジュ(2003)『韓国の母性保護制度の実施現況分析と改善方案』韓国女性開発院（・・・, ・・・(2003)『・・・・ ・・・・・・・ ・・・・ ・・・ ・・・・ 』・・・・・・・・)

（1～9 月）は 10.3%であった。そして、産前産後休暇取得者の中で、育児休業取得者は、2002 年 16.6%、2003 年 20.4%であり、産前産後休暇取得のみで職場復帰する女性が多い。

しかしながら、こうした制度を利用できる女性の間には、「格差」がある。すなわち、産前産後休暇を取得した女性は、高学歴・平均勤続年数が長い・産前産後休暇取得が高い事業体が主である。企業特性別にみると、業種では金融保険不動産業、職種では管理職、専門職・準専門職、事務職の取得率が高い。特に 1,000 人以上の事業体に従事する女性の取得率が高い。また、産前産後休職と育児休職制度を両方取得した女性の特性としては、30 歳代で、勤続期間が長く、賃金水準が高い女性の申請率が高いという。そして、勤続期間が短く、賃金水準が低いほど、産前産後休暇以降に退職する比率が高い。

Theoretical Explanations of Rapid Fertility Decline in Korea

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1. Introduction

Korean society has experienced a drastic decline in the level of fertility since the early 1960s, and reached a total fertility rate (TFR) of 1.19 in 2003, the lowest level in the world. Indeed, the fertility decline during the past decade has been more remarkable, in terms of speed and magnitude, than most demographers forecasted. Until the mid 1980s, the theory that the demographic transition of Korean society would come to an end and a new period of stability would begin was widely accepted. However, we are now expecting to witness a radical pace of population decline in the near future, and will have to tackle its profound and pervasive consequences.

During the past two decades, the spread of below-replacement fertility has occurred at a rapid pace worldwide (Kohler et al., 2002; Van de Kaa, 2003; Atoh et al., 2004). Arguments that fertility levels may stabilize at around replacement level have become difficult to accept. While demographic transition theory has been widely accepted as a generalized description of the evolution of the demographic process, serious questions as to its explanatory and predictive value can be raised. There has been a great degree of evolutionary pluralism and dissimilarities as well as similarities in the determinants and paths of demographic transition. To establish the general validity of demographic transition theory, a satisfactory framework and knowledge at the country level is needed. In particular, a crucial area for reformulation appears to be the need for an explanation of the recent transition to lowest-low fertility levels.

The underlying assumption of demographic transition theory is that economic development, industrialization, urbanization, and changes in social values and norms are preconditions to fertility transition (Notestein, 1953; Caldwell, 1982; Srikantan, 1982). Other factors to be emphasized as determinants of fertility transition are mortality

decline and migration. Despite some disagreement about the causality between the two, the onset of mortality decline is generally regarded as the starting point in the analysis of fertility transition (Nerlove and Schultz, 1970; Schultz, 1973; Gregory and Campbell, 1976; Mauldin and Berelson, 1978). Migration is also taken to be a determinant of the timing of fertility transition. Urbanward migration tends to reduce population pressure in rural areas and delays the onset of fertility decline. In urban areas, however, massive migration is likely to set up the conditions for fertility reduction and expedites the pace of the transition (Friedlander, 1969; Mosher, 1980a). A third set of arguments centers on the roles attributed to the diffusion of western technology. The principal force accounting for fertility decline in developing countries has been family planning programs with financial and technological help from international organizations.

This paper adopted the concept of second fertility transition to explain the recent decline in Korean fertility to below-replacement levels.[1] Unlike the first fertility transition, the second fertility transition is not intimately connected with mortality and migration, but is more concerned with values and attitudes (McDonald, 2000; Van de Kaa, 2004). It is argued that a profound shift in values and attitudes regarding marriage, lifestyle choice, parenthood and gender revolution is the driving force behind the dramatic changes in the fertility behavior of Koreans.

In this paper, fertility transition in Korea is divided into two stages: the first fertility transition from 1960 to 1985 and the second fertility transition from 1985 to the present. The main objective is to highlight the causal mechanisms of the second fertility transition, and to compare those of the first fertility transition in the 1960s and the 1970s. Key forces behind the recent fertility decline including labor market insecurity, family formation and gender equity orientation are emphasized.

This paper identifies the five stages of demographic transition on the Korean Peninsula according to levels of fertility, mortality and migration. A brief review of the

[1] The concept of "the second demographic transition" was introduced by Lesthaeghe and Van de Kaa in 1986. This paper does not intend to be exhaustive about the debate whether "the second demographic transition" is a useful research concept or only a partial regime change of "the first demographic transition" (Billari and Liefbroer, 2004; Van de Kaa, 2004; Coleman, 2004; Bernhardt, 2004). Considering that recent fertility dynamics in Korea are different from the fertility transition in the 1960s and the 1970s, this paper adopted the concept of "the second fertility transition," and elevated it into a "transition" of the same rank as "the first fertility transition."

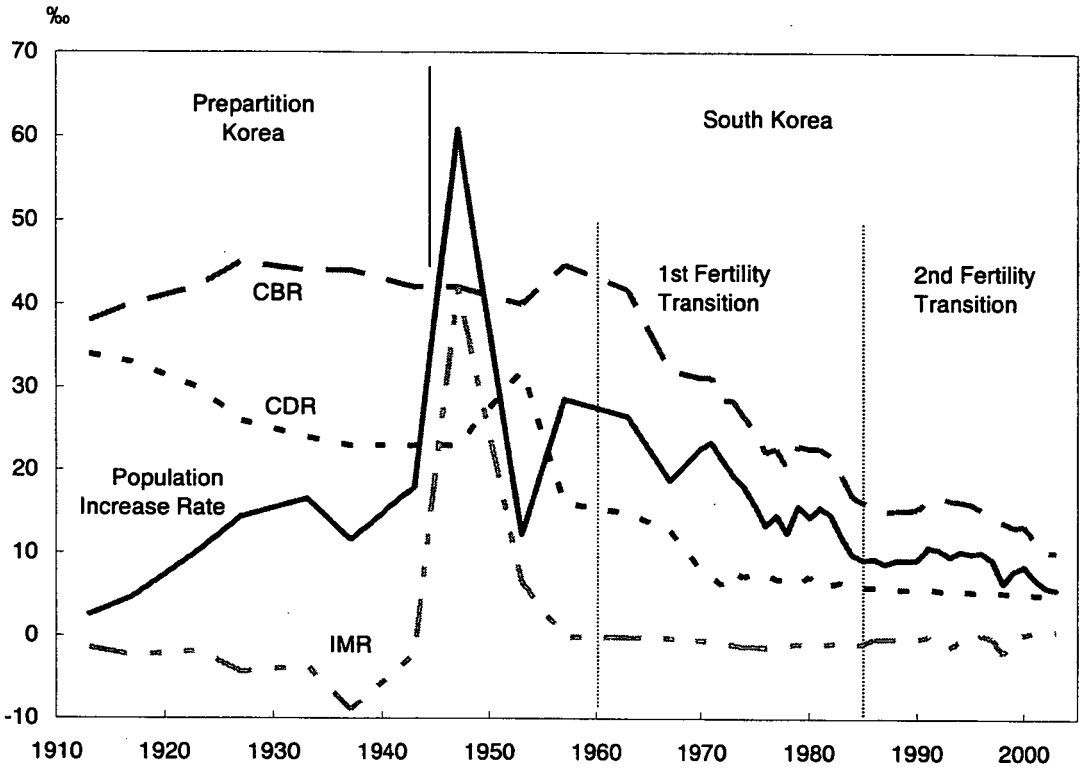
history of the Korean demographic transition is provided in Table 1. Trends in the population increase rate and its components are also presented in Figure 1. Of interest are the questions of why and how Korea has passed through the fertility transition since the 1960s. In this paper, attention is also given to addressing the implications for Korea's policy directions and responses to the recent demographic situation.

Table 1. Demographic Transition and Related Factors in Korea

Stage	Period	Population Growth	Fertility	Mortality	International Migration	Political and Socioeconomic Factors
Traditional stage	-1910	Very low and stable increase	High	High with fluctuation	Negligible	Typical agrarian society/ Mortality fluctuated due to famine, epidemics and war
Early transitional stage	1910-1945	Rapid increase	High	Mortality transition	Massive emigration of farmers to Manchuria and Japan	Japanese colonial rule/ Introduction of medical facilities and medicine
Chaotic stage	1945-1960	Rapid increase except for the period 1949-1955	High	Medium but high mortality from 1949-1955	Massive influx from Manchuria and Japan/ Refugees from North Korea during the War	Liberation, partition of the country, the Korean War, social turmoil, economic hardship
Late transitional stage	1960-1985	Continued decline in growth rate	First fertility transition	Continued decline	Slight increase in emigration after 1970	Modernization, economic development, urbanization, family planning programs
Post-transitional stage	1985-Present	Further decline in growth rate with negative growth potential	Second fertility transition to under-replacement level	Further substantial decline	Maintained low level	Social development, globalization, expansion of education, changes in lifestyle, gender equity, medical insurance

Source: Kim (2004).

Figure 1. Demographic Transition and Its Components in Korea, 1910-2003



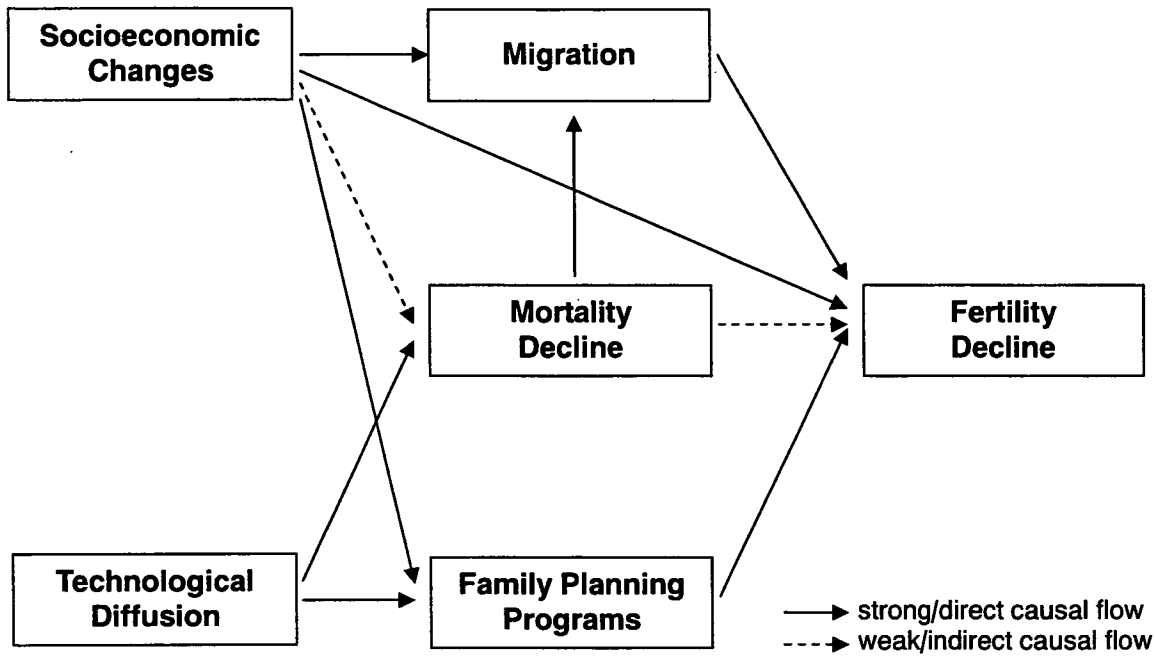
Source: Kim (2004); KNSO (2004).

2. Causal Mechanisms of the First Fertility Transition

1) Determinants of the Onset of Fertility Decline

The proposed explanations of the onset of fertility transition in the 1960s stem from the threshold hypothesis and Davis' theory of demographic change and response. The basic arguments are that fertility decline is triggered when one or more associated conditions reach certain threshold values, and that people under heavy population pressure tend to use every demographic means possible to maximize their new opportunities (Davis, 1963). Figure 2 presents the key concepts and the causal mechanisms of the first fertility transition in Korea.

Figure 2. Causal Mechanisms of the First Fertility Transition in Korea



Source: Kim (2004).

The proposed model in Figure 2 is intended to explain the movement of fertility rates from 1910 to 1985 in Korea. During the early period of modernization (1910-1945) under Japanese colonial rule, declining death rates and sustained birth rates resulted in a rapid natural increase. The dominant rural demographic response was migration to urban areas as well as Manchuria and Japan rather than marital fertility control. In the early transitional stage (1910-1945), early marriage continued to prevail, and fertility remained at a high level (Kwon et al., 1975; Kim, 1987b).

Despite political and socioeconomic turmoil, fertility continued to be stable at a high level in the chaotic stage (1945-1960) in Korea. Figure 1 discloses a mild downward pattern of the crude birth rate (CBR) from 1945 to 1955, but the trend was reversed by the post-war baby boom in the late 1950s. It was not until the early 1960s, approximately half a century after the initiation of mortality reduction that substantial marital fertility declines occurred.

Korea achieved a relatively low level of infant mortality and a high level of educational achievement in the early 1960s. Income, female labor force participation,

and all other development indicators also rose steadily throughout the subsequent period. Even before the launch of the national family planning programs in 1962, induced abortion was widespread in urban areas as a method of birth control, and women's age at marriage continued to rise (Kwon and Kim, 2002). This implies that socioeconomic conditions were favorable for shifts from "natural fertility" to "controlled fertility," and that Koreans were fairly ready to accept and practice contraception.

In the early 1960s, Koreans did not have many alternatives other than marital fertility control as far as demographic responses were concerned. Emigration outlets were no longer available after the end of the Korean War, and remaining single has never been culturally supported in Korea. In this context, the family planning programs played an important role in triggering the onset of the fertility transition. From its initiation in 1962, the family planning program organized by the Korean government has been successful in providing contraceptives. The program also introduced financial, legal and other disincentives to childbearing.

Undoubtedly, pervasive socioeconomic changes in the late 1960s and 1970s have played an important reinforcing role in the fertility decline. In particular, urban-industrial expansion has altered the utility and costs of children in ways well described by many microeconomists (Leibenstein, 1957, 1975; Becker, 1960; Freedman, 1963; Mincer, 1963; Easterlin, 1969, 1975; Willis, 1973; Andorka, 1978). The high costs of children provoked low fertility-oriented norms, values and attitudes. Along with these developments, the transformation of family structure to the nuclear family and the westernization of attitudes have altered perceptions of women's roles and loosened traditional controls on young women. Women in the nuclear family were more likely to be relieved from pressure by the elderly, and thus were able to exercise control over their family size. High expectations of upward mobility as well as fears of social slippage in the process of these changes resulted in a rapid decline of fertility unprecedented in other countries.

Rising age at marriage, increase in induced abortion, and diffusion of contraception were three major factors causing the first fertility transition in Korea. Rising age at marriage and an increasing number of induced abortions were the most important factors causing fertility decline in the early 1960s. The mean age of women at first marriage (SMAM) was 22.9 years in 1966 indicating an increase of 6.3 years since

1925 (Kim, 1987b). The relative importance of age at marriage and induced abortion has been substantially reduced since the second half of the 1960s. Contraceptives were introduced in the early 1960s through the family planning program, and were mainly used by women of a late reproductive age who already had a sufficient number of children. Contraception, therefore, contributed relatively little to fertility decline during the first half of the 1960s. However, the diffusion of contraception has been the factor most responsible for changes in the level of fertility since the second half of the 1960s (Kwon, 1981; Kim, 1987a, 1992).

2) Roles of Mortality and Migration in the Decline of Fertility

To provide a broader basis for the reformulation of demographic transition theory, the nature of the relationship between mortality decline and the onset of fertility transition needs further discussion. One of the major controversies is whether the decline in mortality preceded the decline in fertility, and whether any causal relationship exists between the two declines.

Unlike the situation in western countries, socioeconomic changes exercised little direct impact on the mortality reductions in Korea. Industrial development in the colonial days was based on the exploitation of Korean labor and was achieved at the cost of deteriorating living conditions for the Korean population (Kwon et al., 1975: 24). With very slow restoration after the Korean War, economic conditions were not favorable for controlling mortality. Mortality decline during the colonial period and the post-war years appears to be less related to socioeconomic development or the rising standard of living of the population. This suggests that the introduction and dissemination of health and medical systems as well as new medicines contributed most significantly to mortality decline in Korea.

Ware (1972) argued that there is a threshold level of mortality above which fertility decline does not occur. Based on the equilibrium model, demographic transition theory states that mortality declines first, followed by reduced fertility. However, several empirical studies found that a decline in mortality does not always precede a decline in fertility (Goldscheider, 1971; Ware, 1972; Coale, 1974). The question is whether mortality declined in Korea before fertility started to decline.

It is clear in Figure 1 that the mortality decline in Korea, brought about by the introduction of western techniques for controlling epidemic diseases, preceded the decline in fertility. However, it is difficult to produce a good example of a positive temporal association in the amount of declines in mortality and fertility. In contrast, there have been some counter-examples. When mortality was declining from 1910 to 1925, fertility increased due to improved health conditions. A similar pattern is also observed in the late 1950s.

To conclude, a prior improvement in adult or infant mortality does not appear to have been a major factor encouraging parents to restrict their fertility. The causal connection between mortality and fertility in the course of the Korean demographic transition seems to be tenuous and spurious. If there is a connection between the two, it is likely to be an indirect one. Alternatively, it can be argued that mortality and fertility have been associated with each other rather than being causally linked.

In the original formulation of demographic transitional theory, migration was treated as an exogenous variable along with industrialization and urbanization. Davis (1963) introduced migration into his theory of demographic change and response as an important determinant of demographic transition. The main responses for people, faced with persistent population pressure, were listed to be remaining single, delayed marriage, contraceptive use, abortion, and internal or international migration. Among them, migration is considered to be more efficient and to have more rapid results. It can also be argued that out-migration is a short-term safety valve relieving population pressure and delaying the onset of fertility decline (Goldscheider, 1981). Empirical studies indicate that the timing and rate of fertility decline correlate negatively with out-migration opportunities (Friedlander, 1969; Mosher, 1980a, 1980b).

The role of migration in Korea's fertility transition can be considered as a substitute process in the short-run and as part of the multiphasic responses in the long-run. It is clear that the massive emigration of farmers to Manchuria and Japan from 1925 to 1944 retarded the onset of fertility transition. If out-migration outlets had not been available, the Korean population might have been forced to reduce its natural increase through delaying marriage, abortions, and/or marital fertility controls.

The timing and pace of the fertility transition in Korea have also been influenced by internal migration. During the colonial period from 1925 to 1944, the urban

population increased from 3.2 to 11.7 percent of the total population, and the number of cities grew from 12 to 21. By transferring a large segment of the population out of rural areas that were faced with a high population growth rate, rural-urban migration during the colonial period reduced population pressure considerably and retarded the initiation of fertility reduction.

In contrast, massive rural-urban migration since the mid 1960s has expedited the pace of the fertility transition. It is generally agreed that those who migrate to urban areas have lower fertility than those who remain behind (Goldstein and Tirasawat, 1977). Migrants are more prone or receptive to change processes, and in the process of moving, are likely to accept low-fertility oriented norms and attitudes. It is also argued that migration creates the conditions necessary for fertility reduction, as it affects the role and status of women (Goldscheider, 1981).

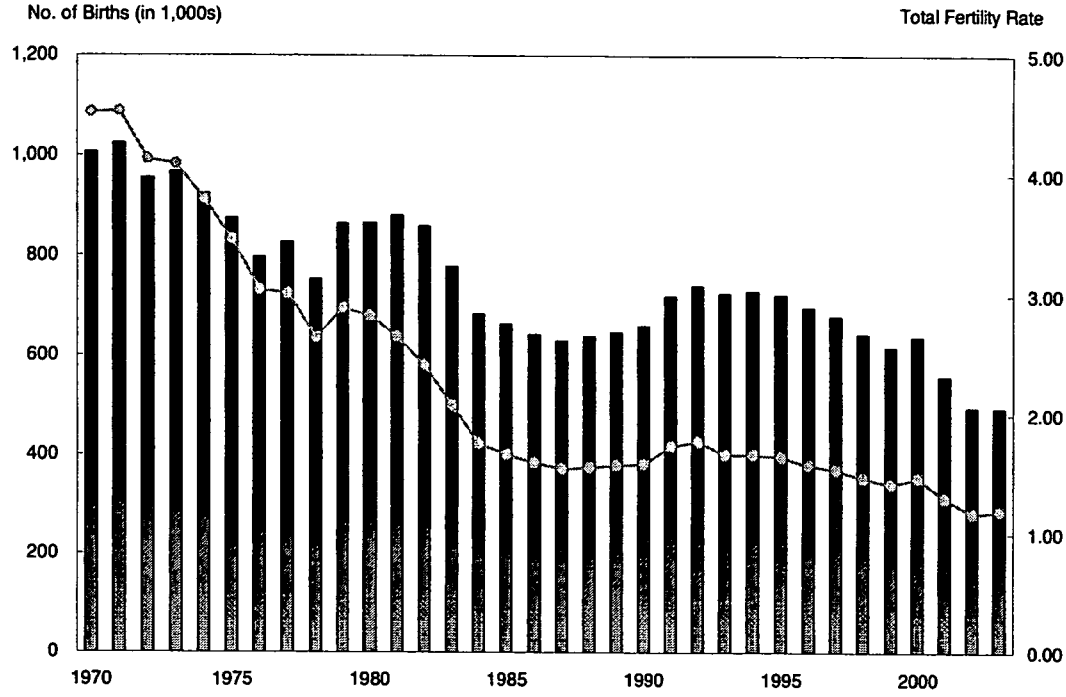
3. Causal Mechanisms of the Second Fertility Transition

1) A New Model for Fertility Decline since the Mid 1980s

The mid 1980s can be recorded as an important turning point in the history of Korean demography. Korea has witnessed a continued decline in the level of fertility, even though a slight upturn was noticed in the early 1990s. Since then, the fertility transition has recently continued to accelerate. Despite traditional cultural factors such as strong son preference, motivations for small families arose and spread widely over the course of rapid industrialization and urbanization (Kwon and Kim, 2002).

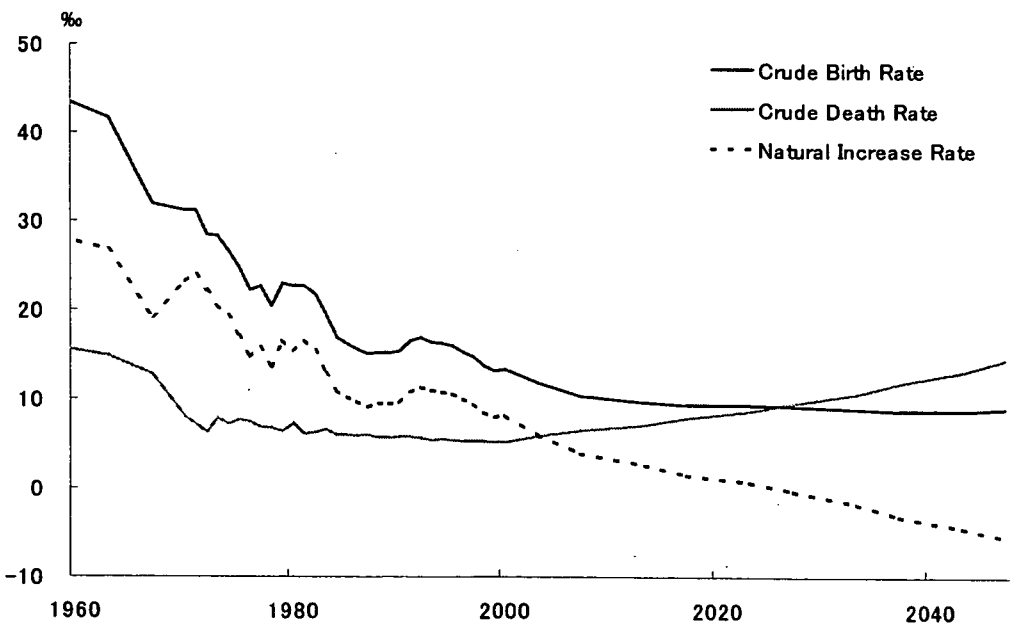
Figure 3 shows that Korea achieved the replacement level of fertility in 1983. Since then, the TFR has continued to decline rapidly. Various indicators reveal that the pace of fertility decline in Korea is even faster than in Japan (Suzuki, 2003). Current fertility is now far lower than the replacement level. The CBR and the TFR were estimated to be as low as 10.2 and 1.19, respectively, in 2003. The annual growth rate of the population was estimated at 5.7 per thousand in 2003, as low as those of developed countries. Under the current age structure, as shown in Figure 4, it is projected that Korea will experience population decline from the early 2020s (KNSO, 2004).

Figure 3. Trends in the Number of Births and Total Fertility Rate in Korea, 1970-2003



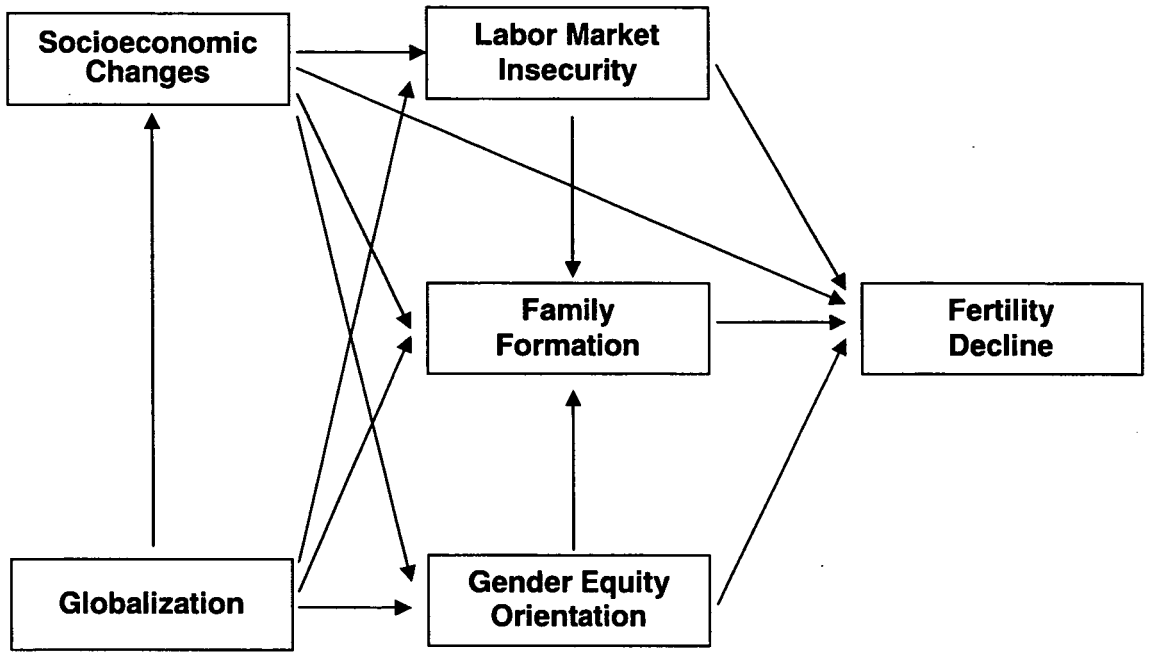
Source: KNSO (2004).

Figure 4. Crude Birth Rate, Crude Death Rate and Natural Increase Rate in Korea, 1960-2050



Source: For 1960-2000: KNSO (2004); for 2005-2050: United Nations (2002).

Figure 5. Causal Mechanisms of the Second Fertility Transition in Korea



Coale and Watkins (1986) suggested that a ten percent fall in fertility can be set as the criterion for the onset of fertility transition. The speed and magnitude of the fertility decline in Korea since the mid 1980s have been remarkable enough to satisfy the above criterion. It is also evident that the dynamics of the fertility decline in Korea since the mid 1980s are different from those of the fertility transition in the 1960s and the 1970s. Based on these observations, we now discuss the theoretical implications of the second fertility transition since the mid 1980s. Figure 5 presents the key concepts and the causal mechanisms of the second fertility transition, which is substantially different from those in Figure 2.

A prominent factor to be emphasized as exogenous determinants of fertility decline in Figure 5 is socioeconomic changes. Without a doubt, socioeconomic change is one of the prominent conditions and underlying forces for fertility decline. Arguing for the importance of values and attitudes in recent fertility decline does not mean that contextual factors are not important. Values and attitudes do not operate in a societal vacuum, but depend on the socioeconomic, political and demographic contexts of society. When socioeconomic change results in the decline of kin dominance over

economic resources and affects social values and attitudes including the role and status of women, it creates the conditions necessary for fertility decline. It is postulated that recent socioeconomic transformation and its accompanying changes in labor market, family formation, and gender equity orientation are the major underlying forces for the rapid decline of fertility since the mid 1980s.

The second set of arguments focuses on the effects of globalization. A tide of globalization and the movement of capital and people around the world have influenced population dynamics through effects on economic restructuring, job opportunities, spread of medical technology, women's status, value orientation, and other conditions that affect fertility, mortality and migration. Globalization is therefore a broader concept compared to the concept of technological diffusion appearing in Figure 2. It is generally agreed that the global spread of family planning technology played a key role in the fertility transition in the 1960s and 1970s. Unlike the situation in the 1960s, government-organized family planning efforts in the 1980s were not as strong as before, and were not substantially responsible for the continued decline of fertility to way below the replacement level.

In the proposed model in Figure 5, the recent fertility decline in the 1980s is hypothesized as a joint product of three factors: an unfavorable labor market due to a poor economy, change in timing and magnitude of family formation, and gender equity orientation. Considering that the Korean population can be regarded as an almost "closed population" (Kim, 2004), and that there has been a slowdown in the pace of urbanization since the mid 1980s, migration is not included in this conceptual model. It is also noteworthy that, in Figure 5, mortality decline is not emphasized as a determinant of recent decline of fertility. With an improved life expectancy of 65.9 and 72.7 years respectively for men and women, by the mid 1980s, mortality rates have been approaching the low level found in western countries, and did not play a major role in recent reductions in fertility.

2) Effects of Labor Market Insecurity on Fertility Decline

Various theories have been advanced in the past regarding the reasons for fertility differentials based on economic status or income. Interest in the effect of income on

fertility is not recent. Malthus believed that an increase in income induces people to marry earlier and abstain less while married, and, thus, leads to higher fertility (cited in Becker, 1960: 212). Beginning in the early 1960s, many economists have tried to analyze the demand for children based on family income from a purely microeconomic perspective, in which children are considered as a type of consumption goods (Leibenstein, 1957, 1975; Becker, 1960; Freedman, 1963; Mincer, 1963; Willis, 1973; Easterlin, 1969, 1975; Andorka, 1978).

Becker (1960) maintains that the negative relationship between income and fertility, found in many empirical studies, is partly due to the negative association between income and contraceptive knowledge: when contraceptive knowledge is controlled, a positive relationship between income and fertility appears. Many other economists also argue that income, other things being equal, is positively related with fertility (Namboodiri, 1970).

Various results have been found in empirical studies that attempt to relate income to fertility at the micro and macro level. After reviewing income differentials in fertility in Western countries, Wrong (1958: 224) concluded as follows:

> three different types of relation between fertility and income represent different stages in a process of transition from the inverse pattern. The 'straight line' inverse pattern yields first to a reverse *J*-shaped curve which is then succeeded by a *U*-shaped pattern. A final equilibrium, characterized either by the emergence of a positive relation between fertility and status may ultimately be attained in relatively stationary populations with uniformly low birth- and death-rates.

Similarly, using U.S. and Korean data, Kim (1987a) found a cubic relationship, that is, socioeconomic status has positive effects on fertility at a low socioeconomic level, but as socioeconomic status rises, the relationship becomes negative. For the highest socioeconomic group, however, the relationship becomes positive. Based on the results from his comparative analysis, Kim (1987a) argued that the cubic relationship between socioeconomic status and fertility can be generalized across the development level of countries, and that socioeconomic differentials in the more and less developed countries as a whole are following such a process of evolution.

It is postulated in this paper that the relationship between economic conditions of family and fertility reverses itself from a negative to a positive one in societies with

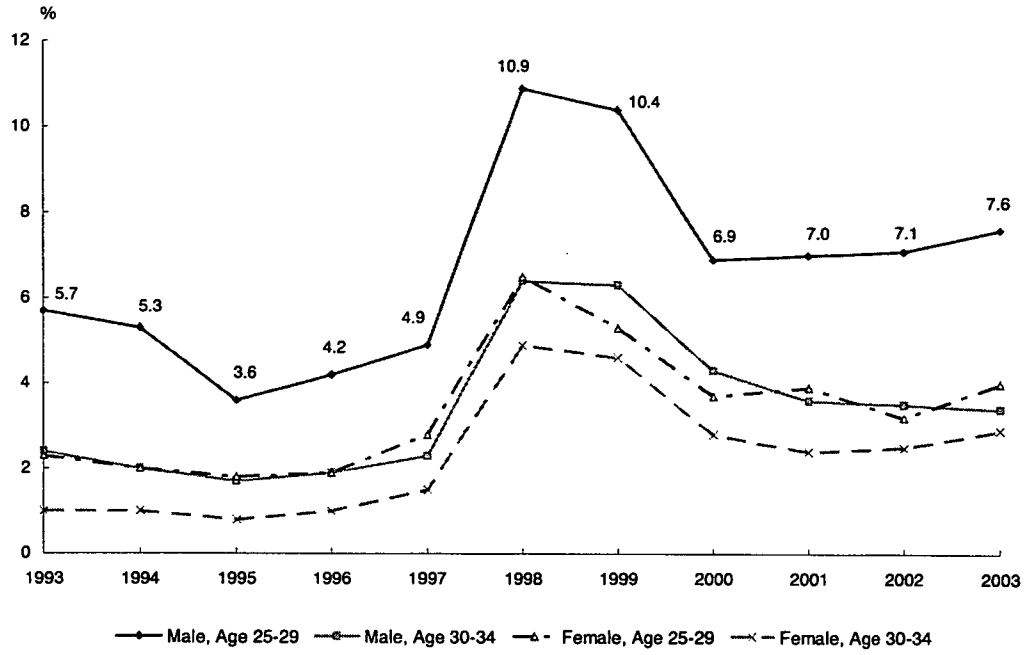
extremely low fertility. This leads to conjecture that globalization and labor market deregulation after the Asian economic crisis are responsible for the fertility decline in Korea. During the past several decades, the world has been swept along by tides of globalization with the spirit of new liberalism. Globalization, characterized by free trade and free flows of capital and labor across international boundaries, resulted in labor market deregulation and increasing insecurity in the labor market in many countries.

Since the mid 1990s, in Korea, employment has become much less secure for young people at the ages of career formation and marriage as well as for those in their late thirties and early forties. Labor market insecurity due to a remarkable increase in unemployment, layoffs, and part-time and temporary jobs has played a decisive role in delaying marriage and widening the birth interval, and thus has had flow-over effects on the decline of recent fertility in Korea.[2] As Davis (1963) argued, fear of relative deprivation, rather than the threat of famine or absolute deprivation, is a subjective stimulus to limiting fertility. By creating fears of social slippage, labor market insecurity and high unemployment associated with the poor economy gave rise to declining fertility in Korea since the mid 1990s.

Figure 6 shows that the unemployment rate for men aged 25-29 rose from 4.9 percent to 10.9 percent between 1997 and 1998. Similar patterns are found for women at counterpart age groups as well as for men aged 30-34. Despite its downfall since 1999, the level of the unemployment rate has turned out to be still higher than the pre-crisis rate. Other statistics on wages, part-time work, layoffs and other conditions of the labor market also show that Korea has not recovered from the economic crises (KNSO, 2004). It is rather widely agreed that the security of the labor market has deteriorated in recent years. This explains the sharp falls in fertility rates for those aged 20-24 and 25-29, the prime ages of entry to the labor market. However, it is interesting to note that the fertility rates for those in their thirties show a slightly increasing pattern in Figure 7.

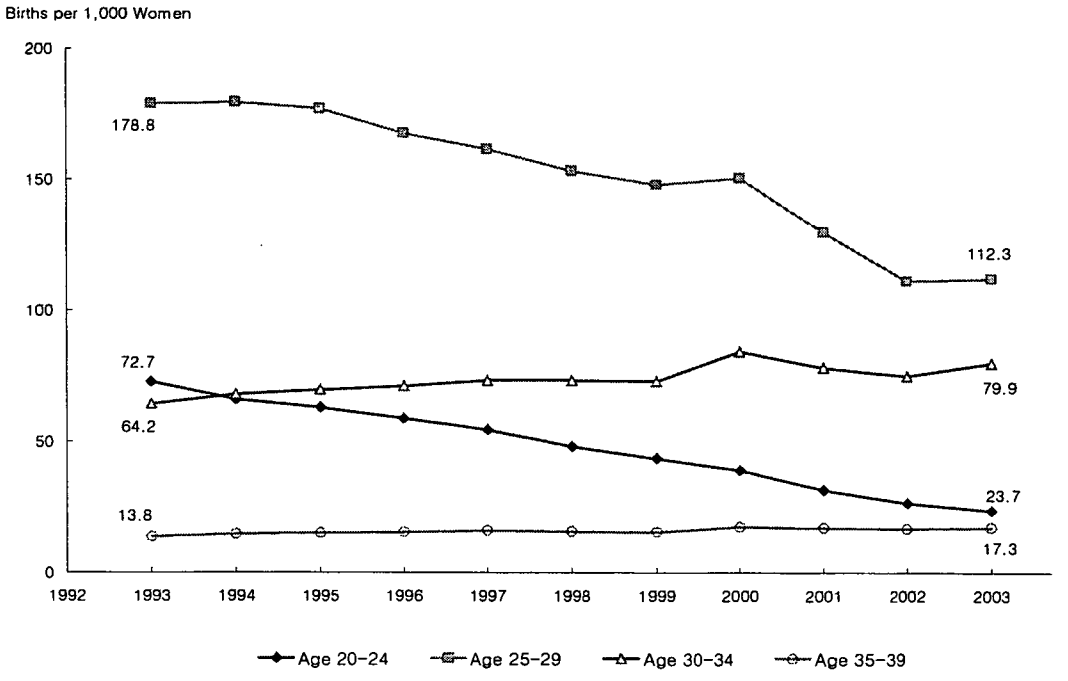
[2] In Japan, worsening household economy is argued to have had a critical impact on reproductive behavior recently, leading to abortions among married women. Empirical evidence shows that Japanese couples have gone through abortions to widen birth interval even if they wanted to have one more child (Hayashi, 2004).

Figure 6. Trends in Unemployment Rates by Sex and Age, 1993-2003



Source: OECD (2004).

Figure 7. Trends in Age-Specific Fertility Rates, 1993-2003



Source: KNSO (2004).

Economic hardship due to labor market insecurity or high unemployment since the 1997 economic crisis does not appear to be the only factor explaining the recent decline of fertility in Korea. Korea has experienced a continued decline of fertility for many years and reached way below the replacement level even before the economic crisis. This paper introduces the concepts of family formation and gender equity orientation as key factors behind the continuing decline of fertility after the mid 1980s.

3) Family Formation and Dissolution as an Intermediate Variable of Fertility

There are clear connections to be made between fertility trends and trends in family formation. In Figure 5, family formation is introduced as an intermediate variable, and refers to delay of marriage, a decreasing proportion of those married and an increasing incidence of divorce. [3] It is hypothesized that globalization, socioeconomic changes, insecurity in the labor market, and gender equity orientation influence the timing and magnitude of family formation which in turn, affects fertility decline. It is also postulated in this paper that, without changes in age at marriage and proportion of those married, there are not many paths through which globalization affects the level of fertility.

Since the mid 1990s, high unemployment due to insecurity in the labor market has led to serious economic hardship for the Korean people in terms of earnings, job opportunities and career stability. As the notion of jobs for life and progression through seniority has gone, a sense of insecurity and risk has been exacerbated. The immediate result for young people was a delay in initial family formation and timing of first birth.

An increase in age at marriage played a dominant role in the decline of the CBR and the TFR between 1960 and 1985, although its relative importance was reduced in the late 1960s and early 1970s (Kim, 1992, 2004). However, evidence shows that the contribution of rising age at marriage to the decline of fertility has been increasing since the mid 1990s (Eun, 2003; Jun, 2004). The mean age at first marriage was 30.1 and 27.3 years, for men and women respectively in 2003 indicating an increase of 2.0 years for men and 2.2 years for women since 1993. The mean age of women at first birth also

[3] Unlike liberal European countries and Japan, cohabitation and extramarital births do not appear to be significant factors of the second fertility transition in Korea.